

California Emergency Nurses Association

THE MONITOR

President's Message

First, I want to congratulate the entire State Council on a job well done. For a third year in a row, we have won the esteemed Emergency Nurses Association State Council Achievement Award for 2008. We could not have accomplished all that we have without all of you. So with that, thank you all so much for all that you do everyday for Cal ENA. The award will be presented at the Leadership Conference in Reno Nevada March 6, 2009 from 8:00-9:30 am in the Grand Theatre at the Grand Sierra Resort and Casino. I hope to see you all there!



Planning is in progress for a Government Affairs Legislative Day April 2 in Sacramento. Please save the date. It is a well-known fact that strong leadership, in numbers, influences change. To have a strong voice we need a large presence. I encourage you all to participate in our Legislative Activities. More information to follow.

Finally, I had the pleasure of spending four days with the Joint Commission recently. They arrived in the lobby of my hospital, St. John's Regional Medical Center in Oxnard, unannounced at 7:15 am on February 10. Allow me to share with you some very important information that we learned during the site survey. Following are some of their questions and my observations:

"Tell me about your evacuation plan. If you had a patient in active labor, 9 centimeters dilated and there was a fire in the nurse's station, where would you move your patient?" *(The answer: to the next enclosed smoke compartment.)*

"What type of agent is in that fire extinguisher? What type of fire would you use it on?" *(It was a K type fire extinguisher, highly effective in extinguishing fires found in deep fat fryers. These types of extinguishers are typically required in a commercial kitchen.)*

"What is your Suicide Risk Assessment and how were you trained? Is the training done annually and how? Who is responsible for determining if a patient should continue on a Suicide watch? How is that communicated? Do you have doors to patient restrooms that swing bi-directionally? If a

patient were to barricade themselves in a restroom how would you get to them?" *(The recommendation is to place bedside commodes in suicide-risk patient's rooms if restroom doors are not bi-directional.)*

"Do you have an Infection Control plan? Show me a patient in Isolation. What do the signs on the doors mean? What type of isolation is your patient in and why? How is the patient and family/visitors educated about the type of isolation? When is a patient taken off isolation? Who makes that decision? Does the infection control nurse round on all of the patients that are in isolation? How often?"

Specific for the Emergency Department: "How easily would it be for your staff to identify an infected patient? How fast would you know the infectious agent? What type of isolation does a patient with MRSA or VRE require? If you had a patient walk in to Triage with a cough and fever, what would you do? What would you do if you had an influx of infectious disease patients? Who would you notify? How and when would you activate your Emergency Operations Plan? How many N-95 masks do you have in your facility right now? During normal operations how many N-95 masks would you need to sustain 96 hours of operation? *(You would need to know the annual volume of respiratory isolation patients requiring N-95 masks, and then do the math.)* What types of patients require the use of an N-95 mask?"

"What would you do for pets during a declared disaster? What if you had staff that refused to respond during a disaster because they had no where to take their pets?" *(Not kidding, it was a recommendation that we set up a kennel type of shelter for pets. It was also recommended to keep Pythons away from small pets. Apparently, something learned from Hurricane Katrina. Again, not kidding.)*

"Tell me how you collaborate with your partners in your community to plan for a Surge in patients. Do you know where your alternate care sites are?"

"Do you have MOUs with your vendors for Emergency Drops during a disaster? Have you tested them? How do you deal with things like pepper spray and/or tazers that may be brought into the facility by staff or patients? Do

(Continued on page 7)

Cal ENA Directory

Board Members 2009

President: Janet O'Leary
President-Elect: Terri Sturgill
Past-President: Matt Powers
Secretary: Tobin Miller
Treasurer: Linda Broyles
Treasurer-Elect: Louise Hummel
Dir-at-Large: Janet Williams

*Contact all
Cal ENA
leaders at:
CalENA.us*

Committee Chairs 2009

Bylaws: Matt Powers
Cal ACEP Rep: Terri Sturgill
Education: Anita Fligge
EMS Commissioner: Matt Powers
EMS Committee: Judy Scott & Carole Snyder
ENAF/Fun Raiser: Diane Schertz
Government Affairs: Debby Rogers
Historian: Liz Taylor
Injury Prevention Inst: Patrice Christensen
Leadership In Practice:
Angela Hackenschmidt & Julie Rossie
Membership: Ellie Encapera
National Board Liaison: Denise King
Newsletter: Mark Wandro
Pediatrics: Christine Marshall
Trauma: Robert Toman
Web Master: Mark Wandro

Chapter Leaders

223 East Bay Marcy Kalogiannis
224 Greater LA Joan Rolland
225 Mid-Valley Ted Ganiron
226 Orange Cst Sharon Hoier (Gibson)
228 San Diego Lanan Wood
230 San Francisco Rachel Perry
232 Loma Prieta Julie Rossie
253 Sacramento Anna Valdez
362 Inland Empire Susie Smith
378 Channel Islands Sarah Melgoza
379 Superior Kimberly Malson
442 Kern County Lisa Harding

The California Emergency Nurses Association is a non-profit professional organization with a membership of approximately 3100. The State Council meets 4 times a year. Correspondence may be sent to:

Cal ENA

President Janet O'Leary
president@calena.us



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C A L I F O R N I A
emergency nurses association

Education and Events

TNCC Courses

04/13/09 Monterey, Lisa Latham:
831/277-4414

www.centralcoastcorecourses.com



04/16/09 San Francisco, John R Fazio: 415/550-1285
john.fazio@sfdph.org

04/16/09 Roseville, Christy Frecceri/Margaret Martan:
Martanm@sutterhealth.org

04/20/09 Greenbrae, Mary Jane Boyd: 415/925-7251,
Elizabeth Pickens: pickene@sutterhealth.org

04/22/09 Palo Alto, Michelle-Melissa/Catingub Woodfall:
650/723-9474 mwoodfall@stanfordmed.org

04/29/09 Salinas, Diana J Lemke: 775/980-7347
Dianajoan@yahoo.com

05/02/09 Sun City, Gail K Dodge: 909/472-2680
entityeducation@live.com

05/07/2009 Modesto, Dorothy Clonts: 209/576-3614

05/11/09 Palm Springs, Gail K Dodge: 909/472-2680
entityeducation@live.com

05/14/09 Greenbrae, Mary Jane Boyd: 415/925-7251,
Elizabeth Pickens: pickene@sutterhealth.org

06/24/09 Palm Springs, Vicki Dippner-Robertson:
760/323-6249

06/27/09 Laguna Hills, Gail K Dodge: 909/472-2680
entityeducation@live.com

07/09/09 Modesto, Dorothy Clonts: 209/576-3614
dcern@sbcglobal.net

ENPC Courses

3/20-21/09, San Diego, Rady Children's
Hospital, Marty Hay martyhayrn@gmail.com

6/6-7/09, Palm Springs, Eisenhower MC, Gail Dodge

7/17-18/09, San Diego, Rady Children's Hospital, Martha
J Hay: 619/464-8680

03/26/09 Loma Linda, Mindy Jo Reeves-Potter:
909-558-7375 mjreeves@llu.edu

03/30/09 Modesto, Michelle V Davis: 209/548-7878
davismv@sutterhealth.org



04/09/09 Modesto, Dorothy Clonts: 209/576-3614

07/30/09 Tracy, Michelle V Davis:
davismv@sutterhealth.org

Courses and Educational Events may be added or cancelled after publication. Please confirm dates with course directors or at:
www.calena.us/education.htm
for current course listings.

CEN Review Classes

Call one of these providers for their next class:

Selfridge, Sparger, Shea Assoc.
(800) 270-2500

CME Associates (714) 998-2208

Paragon Education (800) 997-9937
(previously Randolph Associates)

Cathy McJannet
cathy.mcjannet@usa.net

Important Dates

2009 Board and State Council meetings

May 11-12: Palm Springs
Wyndham with CFEDWest

Aug 13-14: Universal City Hilton

Nov 12-13: San Diego TBA

Next Newsletter Deadline: June 10

Don't forget to register for the
CFEDwest Conference, May 13-15

[Click here to download complete brochure](#)

CFEDWEST
CONFERENCE & EXPO 2009

Committee News

Membership

These are the most current totals for our 12 active Chapters and overall total for the California Council as of January 2009. Our state membership numbers fluctuate month to month but continue to grow.

Chapter	9/08	11/08	1/09
(223) East Bay	289	284	285
(224) Greater LA	466	467	471
(225) Mid-Valley	269	269	270
(226) Orange Coast	255	261	254
(228) San Diego	336	334	332
(230) San Francisco	247	253	251
(232) Loma Prieta	225	229	222
(253) Sacramento	405	415	416
(362) Inland Empire	282	283	277
(378) Channel Islands	127	132	137
(379) Superior	141	141	137
(442) Kern County	53	53	49
Total	3097	3122	3108

Cal ENA's 2009 state membership campaign "Up for Grabs, Again" will be scaled down to a total of 50 memberships purchased. Distribution to each chapter will begin in January via written request by Chapter Leaders and only three awards will be distributed before a remaining ten awards will be "up for grabs" after the initial batch is returned. The remaining 4 awards will be retained for special distribution, as designated by the Board. Each Chapter is strongly urged to **match this gift** and double our totals by awarding additional free memberships from their chapter funds.

Ellie Encapera

Membership and Communications

The purpose of this group is to provide a venue for Cal ENA members to seek advice and share ideas with their colleagues. Timely communications are essential to our members who take the time to stay informed. They look to state and chapter leaders for current, concise information regarding meetings, events and educational offerings. Newsletters and

electronic communications are the best venues to convey dates, times and locations of meetings and events.

At our first meeting in San Francisco, members discussed the need for structural formats for reporting, deadlines for the calena.us website and ideas for blogs, message boards and links to alternate sites. These ideas will be investigated and reviewed as we continue to explore our options. Send your updates to the Webmaster for uploading on a regular basis.

Chapter reports to The Monitor, our state newsletter, are encouraged and should include vital information of interest to its members. Meetings, events and educational offerings should include dates, time, location and content. Advertise educational events, brochures, costs, etc. and share your news with surrounding chapters.

Join us during committee meeting time at our next state council meeting.

Ellie Encapera

ENAF

For 2009, the annual State Challenge will combine with 2010, when ENA celebrates our 40th Anniversary. They hope to raise \$40,000 in the next two years for scholarships. The catchphrase is "40K on the 40th".

Diane M. Schertz

Bylaws

The Standard Operating Procedures (SOP) and the Bylaws are required to be reviewed every two years. Committee chairs need to review their SOPs and submit changes to Matt for board review. SOPs can be revised at anytime for corrections or deletions. Bylaws can only be revised at the annual business meeting in August. Anyone wishing to change the Bylaws must have the requested change in writing to the board no later than the May meeting. Any proposed change to the Bylaws must be distributed to the membership for comment. For proposed changes to the Bylaws, chapter representatives, after discussion with their chapters, should submit comments to the board prior to the annual business meeting. All proposed changes to the Bylaws will be discussed at the annual business meeting in August and then voted on by the chapter representatives.

Matt Powers

Committee News

Government Affairs

New regulation in effect for fingerprinting of all RNs in the state. Newer nurses are already fingerprinted. Goal was to start March 1. This date may not happen. Currently the BRN believes that this will be in effect by March 1st. Talked in November meeting about doing legislative visits. If coincide with ACEP would be March 18th. Jan may take the lead on this. Another option is March 11th which is the date that CHA is having their leg day. Could work with CHA in the morning and on own in the afternoon.

Three bills that may affect ENA:

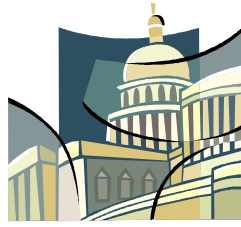
- DUI ignition bill – bill changed into a bill that MADD was not totally in favor of – Debby and Patrice will keep board informed of progress
- AED Law from 10 years ago says that to be immune from civil liability then you need to have a medical director and check the defib, etc. Currently you can purchase an AED without an Rx. Debby has been in contact with American Heart to help create a bill if necessary to change this law. ACEP wants to introduce a bill regarding ED crowding using a scoring system that if certain criteria is met making you “dangerously overcrowded” you could break ratios, use hall beds etc.
- Good Samaritan law changes – clarification that good Samaritan law only covers medical treatment. Change to bill may be to include medical and non medical in Good Samaritan law.

Debby Rogers

Trauma

We will be sponsoring 2 TNCC instructor courses this year. One will be in the San Diego area in May and another in the San Francisco Bay Area in September. The cost of the course and instructor will be paid for by the Trauma Committee. The committee requests those attending agree to serve as course directors within 2 years of obtaining instructor status. If interested please contact the Committee for more information.

Robert Toman



Pediatrics

The CalENA pediatric committee met with a new chair and the same issues. We all agree that it is very difficult to get ENPC courses to the nurses who really need them. We are proposing increasing the ENPC directors to 6 (six) in California to try and get more availability to those in need. Financial assistance is still offered to the hospitals that want a course but cannot afford it. Contact the pediatric committee for more information.

Patrice Christenson introduced an article that suggested that all pediatric traumas be transferred to a PICU (not simply an adult ICU). Jan Fredrickson gave an update on the new one day ENPC recertification course. This sounds good for the experienced pediatric nurses but most agree that a good refresher never hurt. Christine Marshall is part of the national pediatric committee for ENA and requested input on what hospitals are using to take temperatures in their pediatric patients (oral, axillary, rectal, tympanic, or temporal artery). It was agreed that more research needs to be done as no method is 100% reliable. Premie resuscitations in the emergency department were also discussed as it was brought up on the ENA pediatric list-serve. Suggestions for “cheat sheets/badge cards” were also given and this information will be brought back to the national ENA pediatric committee.

Christine Marshall

Injury Prevention

Goals carried over from 2008. Chapters are being taught how to report injury prevention activities to national. The committee would like to present this to the board with other committee chairs present. Cal ENA was asked to host the Senior Injury Prevention conference on May 28. (See ad on page 11.)

Patrice Christensen



Founder Judy Kelleher, recovering from shoulder replacement surgery in October, loves to hear from her ED nurse colleagues. A card or letter means a lot to her. Her mailing address is:

10711 Thornton Rd, Apt 220
Stockton, CA 95209

Disaster Interest Group

Healthcare Volunteers website is ready to go. There are 49 categories of volunteers. The list is incredible. Please broadcast this registration within your hospital and with other persons in your community. These volunteers are for deployment in their own area should the need arise. You can be sent out of home area only if you desire. This will only be a success if we all work to get the categories filled.

www.healthcarevolunteers.ca.gov

Disaster Medical Supply Units – There are now 26 vans stocked for deployment if needed. They were dispatched recently for the bus accident in Colusa County and the fires in Butte County this past summer. They include MRE's, water and a portable toilet.

Ambulance strike teams are ready for deployment.

Three mobile hospitals are ready for use when needed. These are big and need a large area for setting in place. Because of problems during the last set-up, asphalt instead of dirt is preferred. The Regional Disaster Medical/Health Specialists are identifying pre-designated sites for set-up.

The California Disaster Medical Operation Manual Plan (CD_MOM) is completed and on-line. All are asked to review and use the terminology when updating material in their own area. The development of the Public Health Plan (CD-HOM) is in progress. These will both be compatible with the new California Emergency Plan under development by the new State Department CalEMA (combined OES with Homeland Security).

<http://www.emsa.ca.gov>

Field Treatment Site Guidelines are ready for public comment. Please review.

<http://www.emsa.ca.gov>

State exercise is 18 June. It is hoped all hospitals will participate. Check with your local (city/county) to see if they too will activate to allow hospitals the opportunity to interface with other agencies during this activity. Guidance and analysis are available around 01 Feb and the Guidebook 10 April.

<http://www.emsa.ca.gov>

Funding is in place for updating HICS

California Hospital Assoc is working on a checklist for use in your Emergency Operation Plan. There are also plans to work with a consultant to survey hospitals on hospital readiness. Their annual conference will be in September. Please review their website for updates.

<http://www.californiahospitalassociation.com/>

Check with your own county to see the status of their 2-1-1 program.

Another program under consideration is a self-assessment to repopulate your facility. A work group is in place.

<http://www.californiahospitalassociation.com>

Next Meeting will be 27 Apr 2009

Judith A. Scott, RN

Association of California Nurse Leaders Honors Robert Toman

The ACNL announced that our own Past President Robert Toman is the recipient of the **2008 Excellence in Leadership Central** award.

Each year, ACNL recognizes nurse leaders for excellence in nursing leadership and advancement of clinical practice. We also recognize individuals who have made significant contributions to or demonstrated significant support of the nursing profession. The ACNL recognized Robert, in his position as Clinical Director of Emergency Services at Madera Community Hospital for his clear demonstration of this support and consider him a true nurse leader. In all, 14 awards were presented at their 2009 Annual Meeting.

His colleagues, who are most impressed and pleased with his contributions to our honored profession, nominated him. The award was presented at the 31st Annual ACNL Conference, *Exploring the Treasures of Nurse Leadership*, February 8-11, 2009, as part of the Awards Banquet Luncheon.

Congratulations, Robert, on your outstanding achievements!



President's Message *(continued from front page)*

you have a policy that states how such items are stored or holstered?"

"How do you educate law enforcement and emergency responders to your disaster and safety policies? Do you have them sign a document stating that they have received copies of the policies and are knowledgeable of the content? Do you maintain a log of all the signed forms of acknowledgement? Please provide this log for review." (*Forensic Orientation*)

Staff was asked to name the National Patient Safety Goals. Several staff on duty were asked to give the JC hands off communication and asked the tool that is used to do so. "I would like you to give me report on your patient using hands off communication." (*We use SBAR.*)

In the OR they looked for site markings and watched as a team did a time out prior to a procedure. They looked at a syringe that was being used during a procedure in the Cath Lab. They were looking to see if the syringe was labeled and it was. (*Make sure you are using a gown, gloves, mask during central line insertions all the time.*)

Foam in, foam out! Our staff have been taught to wash their hands as they enter and exit a room and to say, "I'm going to take a moment to wash my hands....."

"Do you have certified interpreters? How are they certified? Do you have alternate means for interpretation?" (*The answer is yes, we use the Cyraphone.*)

Process Improvement and Patient Satisfaction were also very hot topics. The four JC site survey team members asked every department that was interviewed about their process improvement and outcome measures. Staff were asked if they knew what was being done in their departments in regards to process improvement.

"Do you have a policy on approved and unapproved abbreviations? What if someone writes an abbreviation that is not on the approved or unapproved list? How do you deal with that? Does your policy reflect how that would be handled?"

All orders must be dated and timed. Medical records must be legible. All orders must be authenticated. (*Something to be said about an EMR.*)

"In the Emergency Department, how do you follow up on patients that left without being seen?" (*We do discharge phone calls on 100% of our patients, so if they register they receive a phone call.*)

"Are your lead aprons checked annually? Who is responsible for that? How is that monitored?"

"Do you have the capability to decontaminate contaminated patients and staff? Show me where your decontamination equipment is?" (*FYI: I was told by more than one person from more than one organization that the likelihood of the JC activating a disaster drill was high. They did NOT activate a disaster drill. They asked me a zillion questions in regards to disaster preparedness, but there was NO drill. For those of you that coordinate Emergency Preparedness and Disaster Management in your facility, it seems to me this may depend on how solid your EOP is and how often you plan and participate in preparedness activities.*)

"How are you set-up to handle patients receiving dialysis during a disaster with complete water outage?" (*Good question! I am working on this. The recommendation was made to test this with our dialysis contractor. I will let you know how this works out.*)

"Do you provide violence training to your staff? How often?" (*Mandatory annual training for all frontline staff*) I wish I could say that's about it, but that's just the tip of the iceberg. A lot of you are front line staff and many of you are in some type of management role. Everything that I have included was not only discussed with management but also with front line staff. So I guess my take-home message for all of you, and something that was stated over and over again at our 7am briefings and our 6pm survey debriefings, was the collaboration, education, and open communication that was so apparent to our surveyors. Every staff member that was lucky enough to be asked some sort of random question either knew the answer, whom to ask, or where to look for the right answer. The site surveyors repeatedly stated that teamwork and collaboration with administration, medical staff, and frontline staff are the keys to success in any organization, but especially in a healthcare organization.

I will leave you all with one last thought. Times are tough for many. The economic disaster that looms over us is affecting our friends, families, and co-workers. As a professional group of Emergency Nurses, I ask each and every one of you to reach out to those in need. Something as simple as a bag of donated clothing to someone that you know is struggling can make a huge impact and difference in their life. Please share with each other and let us help turn this financial disaster around.

Kindest Regards to you all,

Janet O'Leary, RN, 2009 Cal ENA President
(Oh, I almost forgot to tell you all the best part.

We passed the JC Site Survey!)

Creating Safe Practice, Safe Care Through Healthy Work Environments

By Julie Rossie, RN, MS, CNS, CCRN and Angela Hackenschmidt, RN, MS, CNS, CEN
Nursing Leadership in Practice Committee

You are assigned to precept a new hire with eight years of emergency nursing experience. You are excited and welcome the addition of an experienced nurse to help fill some of the many open shifts in the schedule. During the orientation you notice this experienced nurse is taking a few too many shortcuts for your comfort level. When you mention it, she responds defensively, loudly proclaiming she has been an ER nurse for eight years and has never had a problem before.

A 42 year old woman and family arrives to the ED with a complaint of recent onset of expressive aphasia and tunnel vision. She is immediately placed in a room. You note the expressive aphasia and right-sided facial droop. Suspecting an acute stroke, you call a stroke alert. The ED physician comes to the bedside and completes an assessment from the foot of the bed. He cancels the stroke alert stating the patient is just hyperventilating and having an anxiety attack.

At the start of your shift, as you are taking report on a patient awaiting admission for an appendectomy, you note the name of the admitting surgeon. You let out an audible groan. The physician is notorious for being difficult to work with. Maybe today he will be in a better mood.

These are but a few examples of situations that challenge our work environment and undermine our goal of safe patient care. Many of us have been faced with similar situations and struggle with solutions. As professionals, we have an innate goal to provide the best possible care for our patients. As a person, we are challenged to do so in environments that do not foster collaborative communication.

When we think about a healthy work environment, many ideas may come to mind. Did I get the days off that I requested? Am I finally on a day shift? Do I have my own locker in the breakroom? These are all important for us as individuals but what are the components of a healthy work environment as nursing professionals? A healthy work environment is one that fosters collaboration, open communication, mutual respect and ultimately excellence in patient care and improved outcomes.

Conservatively, more than 60 percent of medication errors are caused by mistakes in interpersonal communication. JCAHO has suggested

that communication is a primary contributor in sentinel events. In 2005, [VitalSmarts](#), in partnership with the American Association of Critical-Care Nurses (AACN) conducted the landmark study *Silence Kills: The Seven Crucial Conversations in Healthcare*. The title may well say it all. By not speaking up, our patients suffer. The study identifies seven crucial conversations that healthcare providers too often fail to engage. This failure to engage contributes to unacceptable error rates. Improvement in these crucial conversations may also increase staff commitment and employee satisfaction and reduce nursing turnover.

Seven Crucial Conversations

- 1. Broken Rules**
- 2. Mistakes**
- 3. Lack of Support**
- 4. Incompetence**
- 5. Poor Teamwork**
- 6. Disrespect**
- 7. Micromanagement**

The seven crucial conversation categories identified were broken rules, mistakes, lack of support, incompetence, poor teamwork, disrespect and micromanagement. Although many of the respondents in the study witnessed some of their colleagues taking shortcuts, making mistakes and demonstrating significant incompetence, fewer than one in ten fully discussed their concerns with the coworker. Additionally, most of the surveyed healthcare workers believed it was not possible to call attention to the behavior nor was it even their responsibility to do so.

One of our basic professional responsibilities is patient advocacy. It is our responsibility to speak up. It is also our responsibility to promote an environment that encourages and in fact expects healthcare providers to speak up. There are those that are confident in their skills to engage in difficult conversations. According to the Silence Kills research, ten percent of those surveyed were tackling the crucial conversations. They observed improved patient outcomes and expressed greater satisfaction and commitment to their job. These results imply that if more healthcare providers develop similar communication skills that raise crucial concerns, we could reduce errors, increase productivity and lower turnover.

As the coming year unfolds, we plan to further the discussion on healthy work environments in hopes of engaging our colleagues in crucial conversations. Healthy work environments support ENA's mission statement of advocating for patient safety and excellence in emergency practice. Emergency nurses are notoriously not a quiet bunch, but like many other nursing professionals we are guilty of avoiding difficult conversations. As you await further discussions, we hope that you take some time to review some of the references listed below. A healthy work environment is every patient's right and every healthcare professional's responsibility!

References at www.calena.us/references.htm

State Council

New Business

New officers were welcomed, their biographies are found elsewhere in this issue.

State Leaders Conference was held in Chicago in December – Janet as President and Linda as Treasurer attended as the representatives from California. In other national news, the **Strategic Plan** is out for 2009. Look for it on the ENA web site.

2009 State Achievement Award

It is with great pride that we announce that the California State Council of the Emergency Nurses Association has won the ENA State Council Achievement Award for the third year in a row!

The award will be presented on Friday, March 6th between 8:00-9:30 am at the opening session of Leadership Conference 2009 in the Grand Theatre at the Grand Sierra Resort and Casino in Reno, Nevada.

National ENA Changes: National ENA is developing a new Voluntary Leadership Model for 2009. To coordinate this, they are setting up listservs in these areas with support from state leaders (in parentheses): Membership (Ellie), Media (Janet O.), Certification (Angela), Student Nurses (Tobin), Volunteer Development (Janet Williams). Look for reports in the future.

National ENA is also considering changes to how they delivering the biannual State Leaders Conference. Instead of having two a year, in December and February, they propose having just one in January and not invite chapter leaders. However, this conflicts with the annual Government Affairs Conference in Washington. Discussion at our January meeting led to the idea of meeting in February or March in combination with the Leadership Conference that all are invited to attend. The change is driven by cost-saving considerations.

National is also thinking about retooling General Assembly for the same reasons. With membership now at 36,000, this means there are over 781 delegates, making it a bigger and more expensive meeting. Some ideas are to scale down the number of delegates (from 1:50 to 1:100), use Webinar, reduce speech times, eliminate the ACEP speech, cut out

keypad questions, eliminate the town hall meeting and get more information out prior to the assembly. But it would cut the number of delegates from California by half, yet allow smaller states to have the same number of delegates. The unanswered question was, "If a membership increase is desirable, then why cut services or representation?" Don't more members give us more money to provide more services?

Website Changes: Mark Wandro has taken over as webmaster. Send all changes and updates to him at webmaster@calena.us Enhancements were discussed, including adding a Chat or Message Room.

2009 Elections: It is not too soon to start thinking of which state office you are interested in for 2010. This is so we can assign you a mentor. In that vein, Matt Powers has submitted his application for national office. His campaign slogan is "Bring the patient back to the table."

2010 meetings: Locations for 2010 State Council meetings were announced:

January - Sonoma

May - Palm Springs

August - Monterey or San Jose

November - Huntington Beach

Awards

Matt presented all chapter presidents with an ENA clock engraved with their names. They were applauded for their hard work in keeping the chapters running and relevant.

Chapter News

East Bay Chapter has set dates for their 2009 meetings. They announced that they are planning a CEN Review for Northern California.

Greater LA had a successful two day EDAP Conference with a good vendor .

Mid Valley held their annual elections on Feb 7. They are also sponsoring a Safe Kids, another car seat event.

Orange Coast held their annual Installation of Officers Dinner at Maggiono's Restaurant. They had an Educational event in February at Mission Hospital on the use of Arctic Sun.

Chapter News & Scholarships

San Diego began their monthly meetings in January. They are preparing for their annual 911 Conference on April 17 at Scripps La Jolla. They will award 6 CEUs for attendees.

San Francisco met in January with new officers. They will meet again in February to discuss plans for an Educational Event, a fundraising Relay Walk across the chapter and an Injury Prevention Day for kids and bike helmets.

Channel Islands The Channel Islands Chapter is planning a Chapter Meeting and CE/Dinner Presentation on March 19th, 2009 at St. John's Regional Medical Center, from 4p-6:30p. For more information and RSVP please contact Mila Ebuon at 805-988-2500 ext. 1856.

Loma Prieta On January 15, we had our monthly meeting at Valley Medical center that was attended by about 20 members. We had a one hour education offering titled *STROKE: The Nurses Role in the ED*. We also had a lively discussion on the proposed re-tooling of the General Assembly. February's meeting will be at Good Samaritan hospital. Please save the date for our Annual update on May 21, at Regional Hospital of San Jose. Title "First Breath to Last"

Inland Empire set goals that include 2 ENPC courses, another Timely Topics educational event in collaboration with EMS RNs. They plan to increase ENA awareness by moving their meeting sites to different hospitals to attract new members.

Sacramento had 20 members, mostly new, at their December meeting. Education, Outreach and Legislation is the platform for 2009. On Sept 8-9, they are planning an ED Nuts and Bolts Conference. Currently, they are meeting on a bimonthly schedule between two facilities: UC Davis and Bayview Hospital in Vacaville.

Superior will meet next on March 14, at Mt. Shasta Ski Resort. They will have a talk on Ballistics for 3 CEUs. On the coast of their large chapter, they plan a TNCC or ENPC. They want to work on the east side as well.

Kern County has their new officers in place. They moved their November X-Ray and Ultrasound Interpretation class to February 21.



Leadership Awards (Two Awards)

- 1) Each chapter may nominate one person for outstanding leadership for Chapter activities.
- 2) Each chapter may nominate one person for outstanding leadership for State Council activities.

Each chapter may submit only one nomination in each category. The written nominations must include a summary of the individual's activities involving their local chapter or State Council. The following criteria are considered:

- * Attendance at Chapter, State and National Meetings
- * Committee Chair or committee membership on State or Chapter level.
- * State and/or National Committee Service in an appointed or elected position at any level and Contributions to ENA.
- * The nominee must hold professional nursing licensure in the State of California and be a current national ENA member.

Scholarships (Two Scholarships)

- 1) The Dan Kelleher Scholarship is awarded in the amount of \$1000 to a qualified applicant who is seeking to further their nursing education to a baccalaureate degree or higher. This scholarship may be divided between two or more qualified applicants at the discretion of the State Council Board of Directors.

The written application must include:

- * Resume or Curriculum Vitae
- * Letter of intent, written by the applicant, to include how the profession of emergency nursing will benefit from further education
- * Involvement in ENA, including all offices or appointed positions held within the organization
- * Photocopy or other proof of enrollment or acceptance to a National League of Nursing accredited school.

- 2) The Entry Level Scholarship is awarded in the amount of \$500 to a qualified applicant who has been accepted to an entry-level registered nursing

Conference and CEs

program. The scholarship also includes a one-year affiliate membership in the Emergency Nurses Association. This scholarship may be divided between two qualified applicants at the discretion of the State Council Board of Directors.

The written application must include:

- * Resume or Curriculum Vitae
- * Letter of intent written by the applicant, to include how the profession will benefit from your entry into nursing
- * How the community will benefit from your education
- * Photocopy or other proof of enrollment or acceptance to a National League of Nursing accredited school.

Nominations for Cal ENA awards and scholarships must be submitted to the California State Council President in one of the following methods:

Email: janetoleary1@sbcglobal.net or
 Mail: Janet O'Leary
 263 North Brent St
 Ventura, CA 93003



And must be postmarked by Friday, May 1st, 2009
 Please contact your chapter leaders with any questions.

(2009 ENA Foundation Scholarship Opportunities are listed on the National website at www.ena.org.
 Deadline for submission of applications for all ENAF scholarships is June 1st, 2009.)

Janet O'Leary, 2009 President Cal ENA

Save the Date

9th Annual California Senior Injury Prevention Conference

Thursday, May 28, 2009

**Handlery Hotel and Resort
 950 Hotel Circle North
 San Diego, CA
 7:30 am—4:00 pm**

**For Information call:
 Colleen Campbell – 510.577.3535
 CCAMPBEL2@ACGOV.ORG**

Hosted by:
 Senior Injury Prevention Partnership
 Cal ENA
 Calif Dept of Public Health

You can earn one (1) CE, at no cost, for reading the Monitor. After reading the newsletter, complete the evaluation below and email or mail to:

**Anita Fligge: fligster@sbcglobal.net
 2426 Pleasant Hill Rd #1
 Pleasant Hill, CA 94523**

You will receive your CE certificate within 90 days by mail. Provider approved by the California BRN Provider #10609 for 1 contact hour.

Objectives:

After reading the Monitor the reader will be able to:

1. Be ready for JCAHO surveyors
2. Be able to discuss current state and chapter activities.
3. Know current disaster plans.
4. Know about Leadership Awards.
5. Be able to discuss healthy work environments.

Name _____ License# _____

Address _____

1. Will you be setting up pet shelters in a disaster?
2. Name our biggest 2009 educational event.
3. Name 2 bills that may affect ED nurses.
4. When is the next State Disaster drill?
5. Name the 7 Crucial Conversations.
6. Which chapter discussed the retooling of GA?



Next Meeting

Monday, May 11, 2009

Board Meeting: 4-7pm

Tuesday, May 12, 2009

State Council Meeting: 9am-3pm

Palm Springs Convention Center

Wyndham Palm Springs

888 East Tahquitz Canyon Way

Palm Springs, CA 92262

(760) 322-6000

Followed by **CFEDwest Conference**
May 13-15

California Emergency Nurses Association

THE MONITOR

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Report email and address changes to National ENA
www.ena.org Members Section