

California Emergency Nurses Association

THE MONITOR

A Seat at the Table: The New Delegate Experience

In September I had the honor and privilege of serving as a first time delegate for Cal ENA at the national ENA General Assembly. Having never attended the national meeting, I began the journey to San Antonio feeling unsure about what to expect. As I reflect on the days spent as a delegate, I am moved to share my experience with my emergency nurse colleagues across the state.

I can scarcely begin to express what a truly amazing opportunity it was to be a delegate. From the very start, I received a warm welcome from the State Council members, my fellow delegates, and the many other ENA members that were present from across the nation. I can not remember a time when I felt more proud to be an emergency nurse. The spirit of collegiality and level of professionalism demonstrated by our nurse colleagues left me with a renewed optimism about the future of nursing.

During the first day of the general assembly, the delegation heard updates from the national ENA board about the significant strides that had been made in the past year. I was impressed by the many accomplishments that have been achieved by our professional organization including the implementation of the resource specialist program, introduction of the GENE online course, collaboration



with healthcare partners to improve emergency care issues, and the landmark membership enrollment exceeding 31,000. I was equally excited to hear about strategic plans for the future including the launch of the *Oriental to Emergency Nursing* in online format, Emergency Nurses 411 program, and the development of a national certification exam for pediatric emergency nurses.

Following the General Assembly opening, the delegation had the opportunity to hear about two proposed bylaw amendments and four resolutions as presented by their authors and/or sponsors. After hear-

ing this overview, the floor was opened allowing delegates the opportunity to ask questions and offer comments in support or against the proposal. At the end of the day – after a passionate debate – delegates were invited to attend revision meetings where suggestions could be made to modify the proposed resolution/bylaw amendment language. Dozens of emergency nurses participated in these meetings and offered their ideas and expertise to the revision process.

On day two of the assembly, the delegation heard an update from the bylaw amendment authors and the resolution sponsors about the revisions that had been made the previous evening. I was struck by the professionalism demonstrated by members that had poured their hearts into developing these proposals. I was equally impressed by the careful and thoughtful consideration that the 600+ delegates gave each and every item prior to voting. At the end of the vote, one bylaw amendment and four resolutions were passed resulting in some important issues affecting emergency nursing practice being addressed at the national level.

Over the period of the five days that I spent in San Antonio attending the annual ENA conference, I had the opportunity to meet and spend time with a number of truly amazing emergency nurses. Professionally I gained insight into the various strategies that emergency nurses are employing to address the plethora of concerns facing us across the nation. The time spent networking with peers left me rejuvenated - able to step back from the discussions about how bleak the future looks - possessing a renewed sense of confidence that our profession has the strength, talent and commitment to address the challenges that lie ahead. After attending the conference this year, I leave San Antonio feeling certain that this experience was the first of many.

In closing, I would like to offer my sincere appreciation to all of my ENA member colleagues for going out of their way to welcome me to the table. I am grateful for the kindness and humbled to sit beside you.

Anna M. Valdez

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Cal ENA Directory

Board Members 2006

President: Robert Toman
President-Elect: Matt Powers
Past-President: Diana Contino
Secretary: Janet O'Leary
Treasurer: Michelle Ruiz
Treasurer-Elect: Jackie Magnuson
Dir-at-Large: Jody Haynes

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

Committee Chairs

Bylaws: Diana Contino
Cal Nursing Coalition: Diane Schertz
Cal ACEP Rep: Lani Williams
Education: Becky Petersen
EMS Commissioner: Jan Ogar
EMS Committee: Diane St. Denis
ENAF/Fun Raiser: Diane Schertz
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Injury Prevention Institute: Jackie Jones
National Board Liaison: JoAnn Lazarus
Newsletter: Mark Wandro
Nursing Leadership In Practice: Julie Wanstreet
Pediatrics: Michael Vicioso
Recruitment & Retention: Ellie Encapera
Trauma: Anita Ruiz-Contreras
Web Master: Tom Trimble

Chapter Leaders

223 East Bay Michael G. Bertram
224 Greater LA Catherine Kalie
225 Mid-Valley Suzanne M. Kruzic
226 Orange Coast Jody R. Haynes
228 San Diego Ricarda G. Jackson
230 San Francisco Mark Wandro
232 Loma Prieta Garret Chan
253 Sacramento Carole Mennell
362 Inland Empire Terri M. Sturgill
378 Channel Islands Janet O'Leary
379 Superior Kara L. Davis
442 Kern County Francis Harris
443 North Coast MaryAnn Mahoney

The California Emergency Nurses Association is a non-profit professional organization with a membership of approximately 2500. The State Council meets 5 times a year. Correspondence may be sent to:

Cal ENA
President Robert Toman
president@calena.net

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Election Results for 2007 Officers

The results of the voting for next year's State Council officers are in. The newly elected officers will be:

Pres-Elect – Janet O'Leary, RRT, RN, MICN, CEN Janet reactivated the Channel Islands chapter in '94. She works as an EMS coordinator in Ventura Co.



Treas-Elect – Louise Hummel, RN, MSN, CNS, CEN Louise is proudly once again a staff nurse at Scripps in San Diego. She has served both Orange Coast and San Diego as Treasurer prior to serving as state Treasurer in '01 and President in '03.



Director-at-large – Jody Haynes, RN Jody is Asst Mgr at Saddleback Memorial in Laguna Hills. She worked with hurricane victims in New Orleans and is Orange Coast president this year.

Secretary – Terri Sturgill, RN, CEN Terri works nights at Desert Regional in Palm Springs as a staff nurse. She has been active in the Inland Empire chapter where she currently serves as president.



Matt Powers will advance to **President**
Robert Toman will be **Past President**.
Jackie Magnuson will be **Treasurer**.

PROPOSITION 86 UPDATE

California Emergency Departments (EDs) are on the frontlines caring for patients with smoking-related illnesses. Heart disease, stroke, a host of cancers (lung, mouth, esophagus, bladder, cervix, pancreas and kidney), emphysema, asthma, bronchitis, pneumonia, peripheral vascular disease and low-birth-weight babies are all linked to tobacco use. An estimated 25 percent of all hospital ED visits are related to tobacco usage.

Yet hospitals across California are experiencing many challenges. More than 70 hospitals have closed in the past decade, 11 in the past two years: Most of those hospitals had EDs. One in five Californians is uninsured. But when they need emergency care, hospitals are there for them — 24 hours a day, seven days a week — regardless of their ability to pay. In 2005, California hospitals provided \$6.6 billion in uncompensated care.



To help address these unrelenting problems, the California Emergency Nurses Association has joined forces with the California Hospital Association, California Chapter of the American College of Emergency Physicians, Association of California Nurse Leaders, the American Cancer Society, American Heart Association, American Lung Association of California and a host of children's advocacy groups in supporting Proposition 86, The Tobacco Tax Act of 2006.

Proposition 86, which will appear on the November 7 statewide general election ballot, will increase the

state's tobacco tax by \$2.60 per pack (13 cents per cigarette). This bold measure will raise about \$2 billion annually, with approximately \$758 million per year allocated for hospital emergency and critical care services. Hospitals can use the funds to:

- Improve, maintain or expand emergency and critical care services, facilities, personnel and equipment.
- Pay on-call coverage fees to specialist on-call physicians.
- Help cover the costs of uncompensated ED care.

Proposition 86 also will allow hospitals to work together to develop plans for providing maximum coverage of specialty medical services, and to coordinate coverage of particular medical specialty services. The hospitals' plans must be approved and supervised by the county or other local emergency services authority.

According to the California Department of Health Services, Proposition 86 will prevent 700,000 kids from becoming smokers and will save the state an estimated \$16.5 billion in long-term health care costs. Research confirms that raising cigarette taxes is one of the most effective ways to help smokers quit and to keep kids from ever starting to smoke. According to one estimate, there will be a 43 percent reduction in youth smoking as a result of Proposition 86. California will be a healthier place to raise a family, live and work because of Proposition 86.

Proposition 86 will reduce smoking and save lives. For more information, please visit the Yes on Proposition 86 website at www.yesprop86.com.

Submitted by Debby Rogers



We Were Roadrunners

The continuing story of the early years of ENA

In 1974 -1975, Millie Fincke was national president. In those years, the presidency began at the end of the Scientific Assembly rather than the first of the year. Accomplishments during her tenure included:

- Core Curriculum completed and published;
- JEN first issue published January 1, 1975;
- More work on the certification process;
- More educational programs presented nationwide;
- A means for awarding continuing education credit developed with American Nurses Association;

Joint publication of Standards of Emergency Nursing; Attended January and June meetings of the Federation of Specialty Organizations and ANA; Developed two Position Papers; Membership increased to 9,400 with 118 chapters; Paul Hubbard became our Executive Director; Scientific Assembly was held in Las Vegas, Nevada, October 6-8, 1975.

In 1975-76, Anna Mae Erickson, president, presided over the following events:

Federation of Specialty Nurses Organizations and ANA were hosted in our offices in East Lansing, MI;

(Continued on page 4)

Education and Event Calendar

TNCC Dates: 2006

October 27 & 28
Community Hospital - San
Bernardino, Gail Dodge
(909) 472-2680



November 2 & 3 - Doctors Medical Center – Modesto,
Elaine Paradis (209) 576-3614

November 4 & 5 - Citrus Valley Med Ctr, Intercom-
munity Hosp - Covina, Gail Dodge (909) 472-2680

November 18 & 19, - Ridgecrest Regional Hospital -
Gail Dodge (909) 472-2680

November 30 & December 1 - San Francisco General
Hospital - John Fazio (415) 206-8196

December 2 & 3 - Ridgecrest Regional Hospital - Gail
Dodge (909) 472-2680

December 5 & 6 - Memorial Med Center Conf Ctr,
Modesto - Elaine Paradis (209) 548-7880



ENPC Dates: 2006

October 20 & 21 - Children's
Hospital & Health Center - San
Diego, Marty Hay (619) 464 8680

October 21 & 22 - UC Davis
Medical Center, Elaine Paradis

(916) 734-9787

November 10 & 11 - Methodist Hospital – Arcadia,
Gail Dodge (909) 472-2680

November 16 & 17 - San Francisco General Hospital -
PALS Renewal available also John Fazio (415) 206-8196

November 18 & 19 - St. Joseph Hospital – Orange,
Flora Tomayasu

November 28 & 29 - Memorial Medical Center Conf
Ctr, Modesto, Elaine Paradis (209) 548-7880

**Courses and Educational Events maybe added
or cancelled after publication. Please confirm
dates with course directors or at:
www.calena.net and then go to Educational
Opportunities 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

Fazio/Ruiz & Associates (800) 339-2RNS
Randolph Associates (707) 875-9422

Important Dates

Board and State Council meetings

November 2 & 3: Orange Coast

January 18 & 19, 2007: San Fran Bay Area

April 18 & 19: Lake Tahoe, in conjunction
with “Emergency Summit”.

July 12 & 13: San Diego

August/Sept: Conference Call - TBA

November 8 & 9: Los Angeles

Next Newsletter Deadline: Nov. 30

Roadrunners *(Continued from page 3)*

Participated in a “Tuesday at the
White House” meeting in DC;

Participated in a conference to further
explore Quality Assurance and PSRO;

Began a new educational service in the review and
approval of CE programs;

Work progressed in attempting to determine the meth-
odology most appropriate for testing the certification
program;

State Coordinating Councils began to form to replace
the State Chapters;

The Core Curriculum went into its second printing;
Scientific Assembly was held in New Orleans.

In 1976-77, President Marion Dover worked with the
Long Term Goals Com to set forth these 10 year goals;

-to define and implement the standard of ED care;

-to represent emergency personnel in government,
organized nursing and academia;

-to provide public education and information about

emergency health services and systems;

-to provide education and information for health pro-
fessionals;

-to provide a structure within which to accomplish the
purposes and objectives of EDNA.

Scientific Assembly was held in San Francisco.

Liz Taylor and Judy Kelleher



It was such an exciting conference that I want to share with you some of the pearls I learned at the 2006 Scientific Assembly. It all started on Tuesday evening, Sept. 12, with a most unusual California State Council meeting. We met in one of the conference rooms at the Marriott Rivercenter Hotel. Almost 40 RNs attended, which is more than we have had at meetings in California. We congratulated the new officers for 2007 and reviewed the proposals and resolutions that we would vote on at the General Assembly. Robert kept the meeting on the agenda and we were done in less than 2 hours. The minutes are posted on the web site and some of the items are reported elsewhere in this newsletter.

The first big event was lunch on Wednesday, when Susan Budassi-Sheehy gave a talk entitled, "Zen and Art of Emergency Nursing." It focused on Zen as a philosophy, not a religion, as taught to her by one of her original nursing school educators. She left a powerful and lasting impression on Susan that she shared with us through colorful stories. Wednesday night was the President's Party at Knibbe Ranch, a working cattle and tourist ranch 35 miles outside of San Antonio. We piled on buses for the 45 minute ride to the ranch. While there we feasted on grilled chicken, roast beef covered with barbecue sauce and purchased drinks. Some of us got to mount the tame long horn bull. And some of us rode the redneck hayride – a flatbed trailer pulled by a pickup. It was educational as we got to see ancient archeological sites, view the Texas hill country and get up close and personal with the Texas mosquitoes. Then we all went back to the barn and did some dancing to a live DJ and got instructions on Texas line-dancing. The Wagon-Wheel chorus of "full-o-sh_t" showed us what happens when you dance in a barn. Scientific Assembly opened Thursday afternoon with a presentation of awards to top nurses in our field. You can find the list on the ENA.org website. The only California winners this year were among the group of past national presidents that the President's Award was presented to for the inspiration they provided to this year's president, Nancy Bonalumi.

The first general session was presented by famed nursing author and researcher, Linda Aiken. It was a long, but well-thought-out talk that reminded me why research is



Emergency Nursing in the REAL



**Orange Coast Chapter of ENA
presents a
Unique Educational Offering**

*Thursday, November 2, 2006
0730 — 1500 7.5 CE's
Then plan to attend State Council on Friday
Hilton Irvine/OCAirport
ENA member fee: \$65
Register online at www.CalENA.net*

often seen as a dull subject. But her conclusions were good: nursing and patient outcomes can be improved through improved RN education and staffing. She showed research that showed how the work environment can be improved through adherence to evidence-based practice as found in magnet hospitals.

Now I will give a brief synopsis of the classes I took. For every one I took, there were 4 or 5 others presented at the same time, so it was impossible to sample everything. I did buy a CD that contains the complete audio from almost every class, so if you are interested in hearing a complete presentation, let me know.

(Continued on page 10)

Committee News

Recruitment and Retention Report

Delegates, representing 50 state councils over 30,000 ENA members, convened in San Antonio for the National General Assembly on September 13-14, 2006 to debate and steer our association into the future. Each voting delegate represented 50 state members and is responsible to those members to make sound and informed decisions.

California had 49 Delegates and 2 Alternates. It was a pleasure to see you all and I thank you for your service to CalENA. To the newest members of our delegation... we hope you enjoyed the experience and we hope to see you again next year. To our experienced members... your expertise and eloquent presentations are to be admired. I am proud to know you. Thank you for letting me guide you through the delegate process. Watch for our call for delegate applications in the spring of 2007 and join us in Salt Lake City, Utah in September 2007.

These are current totals for our 13 active Chapters and the California Council as of September 2006:

Chapter # & Name	7/06	9/06
(223) East Bay	223	221
(224) Greater LA	399	400
(225) Mid-Valley	202	201
(226) Orange Coast	241	233
(228) San Diego	307	316
(230) San Francisco	173	169
(232) Loma Prieta	191	192
(253) Sacramento	274	262
(362) Inland Empire	225	224
(378) Channel Islands	95	95
(379) Superior	71	73
(442) Kern County	19	29
(443) North Coast	21	32
(NCA) No Chap Assigned	16	70
Totals	2469	2507

Regarding “unassigned members”: When someone joins ENA for the first time and does not indicate a chapter preference, they are assigned to a chapter based on geographical location. If any member chooses to change their chapter affiliation for any reason, just notify the Membership Services Office at National by calling **1-800-2-GET-ENA**. Remember that any member may choose to belong to any one chapter within a state (3 tiered) by request, through the National office.

Sponsoring a new member? Tell them what chapter number to write on their application according to

their address or personal chapter choice.

To receive timely communications and optimal membership services, we encourage all members to **keep email & mailing addresses current with the National office.**

The CalENA Board continues to mount an intense focus on recruitment and retention this year. 100 pre paid membership awards, purchased by CalENA and were distributed to each chapter in early January. 78/100 have been returned so far. Janet O’Leary will coordinate the collection of undistributed applications and chapter leaders may request them for redistribution.

Check out ENA on line at www.ena.org providing members with information, professional development, networking opportunities and on-line shopping. The “members only” section is great so check it out and sign up today!

Spread the word to educational coordinators that this committee prepares Cal ENA mailing labels for approved buyers. **Encourage them to advertise in your local and state newsletters.**

Ellie Encapera, Chair

Membership Memoes

Congratulations are due to both **Vicki Sweet** and **Diane Schertz** on their induction into the new **Academy of Emergency Nurses** in San Antonio. Much deserved!



* * *



Perusing the August issue of JEN reveals more than one research article by California members **Angela Hackenschmidt, Garret Chan** and their colleagues at UCSF and San Francisco General. Good work!

* * *

A recent issue of *NurseWeek* featured a nice write-up on our own **Ellie Encapera and Denise King**. (*National Sec/Treas-elect Denise is pictured here with Pres-elect Donna Mason*) Good exposure for ENA!



Cal ENA Mailing Labels are available to approved buyers. Need to invite members to educational events? Contact Ellie Encapera, RN, Recruitment and Retention Chair, for order processing and pricing at: miselliern@socal.rr.com

Committee News

Government Affairs Report (GAC)

The Legislature ended its 2-year session at the end of August. Governor Schwarzenegger had until the end of September to sign or veto all the bills on his desk.

Here is a list of the bills CalENA has been following that are likely to land on the Governor's desk:

Vetoed bills:

AB 2554 (Ridley-Thomas) – We opposed—would prohibit the local EMSA from disciplining an EMT-I/II if the employer has disciplined the employee. This will impede local medical control and will further fragment the EMS system.

AB 2108 (Evans) – We supported—requires booster-seats for children up to age 8 and other auto safety measures.

Signed bills:

AB 2083 (Vargas) – support – extends existing law regarding training and legal immunity to the AED law.

SB 409 (Kehoe) – CalENA watched – appropriates \$7 million for pandemic flu preparations.

AB 2265 (Nava) and SB 1773 (Alarcon)

Authorizes Santa Barbara County to increase traffic fines to pay for emergency services until 2009.

Dead bills:

AB 2427 (Canciamilla) – Oppose—would have repealed the helmet law for adults over 18.

SB 1350 (Romero) – Support – would have created a statewide trauma systems with regional trauma care regions. It was likely held because of the cost to the state for the regional coordinators and the planning. It will be back in 2007 for another attempt.

Debby Rogers, chair

EMS Committee

Diane St. Denis, chair

AB2554/EMT1 Regulations

Three components are being considered:

- Statewide registry;
- Background checks for new EMTs;
- Standardized discipline at the Authority level.

(For clarification purposes, EMT-P licensure and discipline is all done at the State level including background check (live scan). Many would like for all EMTs to have background checks, as do all other Health Professionals and for EMTs to have a statewide registry for disaster purposes. There are cost concerns for fire departments, since many of them pay for the cost of certifica-



tion including background checks. Currently, the local fire departments provide classes at minimal cost and some do their own certification. The National Registry, required as of this year for new EMT-1s, already increases that cost by \$20. The new cost would be for certification as well as a single fee for the background check, which includes both state and federal fees.

These costs are usually borne by the local fire departments, not the applicants. The committee members questioned whether the state can handle the volume associated with the addition of EMT certification and review. All state agencies are behind on disciplinary investigation & actions, including the BRN. Statewide registry must not be compromised by the disciplinary requirements, so the committee opposes AB2554.

CMS Letter Re 'Parking' of Ambulance Pts in ED

CMS has sent a memo regarding "Parking" of patients in the ED. It clarifies that if there is no transfer of care from the medics to the ED staff, there may be an EMTALA violation. Anna Valdez pointed out that if the ED is continuing to triage patients that walk in the front door, why aren't the EMS patients coming in the back door being triaged? Appropriate patient care should start on the EMS gurney until an ED bed is available. This is clarification of the EMTALA language for "coming to the Emergency Department". There was agreement from the committee that much of the issue with throughput is related to hospital inpatient issues. Concerns about ambulance diversion and bedding patients in the ED is referenced in the IOM report on the State of Emergency Care. Jan Ogar stated that there is an ENA position statement on overcrowding. A copy of the CMS letter and the full text of the committee's discussion are posted on the Cal ENA website.

Heat Related Issues

There was a letter from Ron Lopez, detailing his experiences in Modesto as a CCT nurse transferring patients from a SNF that had no air conditioning. He shared his concerns about the safety of the patients, especially those that had to remain in the facility, where hallway temperatures were 100+. Also included was an article in the LA Times discussing the heat related emergencies, including the overcrowding of the morgue in Fresno County. Jan sent out a letter that included the "Governor's Instructions to State Agencies on the Heat Related Response." The counties specifically targeted are Fresno, Stanislaus, San Bernardino, Imperial, & Kern Counties. Currently, there are only episodic plans to deal with heat related issues, per

Committee News

DHS. DHS does not require air conditioning or heat in SNFs in order to be licensed for patient care. Judy Scott stated that of all the natural disasters that occur, more deaths come from heat related disasters. Recommendations include involving the Cal ENA Board, the GAC and EMS in determining if there is interest in legislation on this topic. ACEP may also be interested in legislation and injury prevention activities. We should also include farm workers as a targeted group.

Injury Prevention

Jackie Jones requests that if your chapter is involved in any projects on this topic, please forward the info to her so she can get a better picture of what is going on around the state.

ENA Foundation Report

Cal ENA is donating a gold nugget pendant encrusted with a brilliant cut diamond on an 18 inch gold chain valued at \$450 for the jewelry auction at the Annual Meeting.

There was an online auction of items (trips, artwork, collectibles, sports memorabilia, etc.) to benefit the Foundation. The auction began on August 21, and ran through the Annual Meeting.



The State Council voted to donate \$1085 to ENAF Auction to round out packages for the auction with the stipulation that Cal ENA receive recognition for their contribution.

Further donations to ENAF were tabled at this time pending the outcome of events in San Antonio.

*Diane M. Schertz,
"FUNdrai\$er"*

Education: 2007 Emergency Summit

The major Cal ENA education event that was cancelled in August will be held next year in Lake Tahoe at the MontBleu Resort Casino and Spa (formerly Ceasar's), **April 18-21, 2007**. The Summit will coincide with a Cal ENA board meeting on the evening of April 18 and the State Council meeting on April 19. The main educational event will take place on April 20 and the new Basic Disaster Life Support course will take place on April 21. Matt Powers will be overseeing the project. He reports that a round-trip shuttle from the Reno airport costs \$44. An Aveda Spa and store will be opened there in April, 2007. Contact Matt if you want to be a part of this exciting project. So far,

the Speakers Committee includes Anna Valdez and Jan Ogar. They will be sending out a survey to members to get suggestions for topics. The Vendors Committee is being set up by Michelle Ruiz, Jody Haynes and Jackie Magnuson. A large orange flier was distributed at General Assembly in San Antonio. Nevada ENA members are also very interested in taking part.

Chapter Reports

San Diego's 911 Conference in June was a big success. Their Day at the Races on September 6 went over well.

Inland Empire proudly took out chapter member Denise King to dinner to celebrate her election as President-elect of national ENA. Their EMS Conference in Palm Springs was well attended. Check out the Cal ENA website for several ENPC courses they are sponsoring.

Orange Coast has scheduled their educational event, *Life in the Real OC*, to be held the day before the State Council meeting in Irvine. See the ad on page 5.

Mid Valley is hosting their annual Emergency Nurses Dinner during ED Nurse Week in October. It will be held at a local winery and will include a silent auction and an award for ED Nurse of the Year.

Sacramento is also planning an educational event during ED Nurse Week in October.

East Bay is currently focusing on new member recruitment.

San Francisco will have a vendor sponsor their next meeting and bring dinner on October 18 at San Francisco General.

Greater Los Angeles reports that Carol Snyder is running for chapter president-elect. They are planning a Holiday Dinner/Meeting on December 6. Scientific Assembly **pins** are still available for both Nashville '05 and San Antonio '06. These are collector's items, be sure to get yours soon.

Loma Prieta's October meeting will celebrate ED nurses and will include AACN colleagues. Their annual *Totally Trauma* consortium is planned for October 23-24.

A new chapter may be formed in **Redding** by a group of ED RNs in that area. The Superior chapter is just too big, geographically.

General Assembly Report

It was another remarkable ENA Scientific Assembly. Lots of classes, lots of exhibitors and lots of partying marked an exciting five days in Southwest Texas. And since the Riverwalk connected the major hotels and the Convention Center below street level, it felt like we were really in another world.



The whole thing started off with General Assembly on Sept 13. You can read the results of the debates on the ENA website, but you had to be there to understand the underlying politics. There were two national **Bylaws** proposals. The first one was put forward by our own **Cathy Tylka** and was a rewrite of a similar proposal from last year. She wanted to modify the requirements for national board eligibility so you could not be on the board for more than 6 or 8 years. There are several on the national board that keep getting re-elected due to name recognition



alone. Our association does not allow campaigning, so members really can't judge the talents of new candidates. But after heated debate and some revisions, this proposal was defeated by a narrow margin (60-40). Many saw this as a term limits proposal and did not want that. (Later in the day, a long time ENA office-holder was once again reinstated to the board.)

The **second Bylaws** proposal dealt with establishing a category of membership for senior members 65 and over. The idea was to retain members who may have lower income as their career winds down. Annual fees would be tied to the Associate level, currently \$57. The difference between Senior and Associate membership would be that Senior members would retain all the voting rights and privileges of Active members, whereas Associate members cannot vote or hold office. Some of the assembly confused this category with Retired members. Seniors only have to be 65 and licensed to qualify. They could still have jobs, or not. There is no Senior membership category, so a group will be working on a proposal to set one up for next year's assembly. With a few minor modifications this proposal passed overwhelmingly (95%). Then debate turned to the four **Resolutions**. The first dealt with the requirements for ED clinical nurse managers. ENA was being asked to say that clinical managers should possess the same competencies and training as the staff they manage. The term *clinical* was specified to distinguish them from managers or directors who are more administrative. The underlying intent was to register

ENA's disapproval of non-RN or non-ED RNs managing the clinical aspect of EDs. Debate centered on clarifying this distinction and it passed (86%).

The **second resolution** dealt with setting up a work group to set up a practice framework for Emergency Clinical Nurse Specialists. Though there are many ED CNSs out there, there are few training programs for them and no certification process. This is an attempt, spearheaded by our own **Garrett Chan**, to have ED nurses set up practice guidelines and certification for ED CNSs as well as NPs. If we don't do it now, some other organization or agency will. Thank you Garrett, for all your good work, the measure passed overwhelmingly (89%).



The **third resolution** was a response to the recent disasters that RNs have responded to. It asks ENA to set up an Emergency Preparedness/Management Committee. In light of the many organizations who are now trying to make some sense out of the disorganization experienced last year in New Orleans and elsewhere, it was decided that ENA should have a committee that would study the problem and develop initiatives in the areas of mitigation, planning, response and recovery from disasters. This is an important step for us and almost all of the delegates agreed in passing this resolution (99%).

The **final resolution** was an emergency one that was brought up from the floor by a delegate from Massachusetts. It wanted to restrict the board from imposing any additional eligibility requirements on prospective board members. He thought the board was overstepping its bounds when they ruled in July that an RN could not serve on the board if they had been an employee of ENA or BCEN within the past year. The board countered that they had legal opinion backing their move. They wanted to avoid any conflict of interest. He ended up changing the resolution to support the board as long as they went ahead with a Bylaws change for next year. The whole issue was obtuse enough that it barely passed (57%). The rest of the General Assembly included reports from the President, President-elect, Treasurer and Executive Director. It was a good opportunity to see the personalities behind the names of our leaders. Our 2007 President, Donna Mason, appears to be a lively, animated Southerner. And our own **Denise King** was installed as 2007 Secretary/Treasurer, which is usually the stepping stone to running for national President. The most interesting statistic was about our income. Membership dues account for only \$2.6 million out of a total of \$14 million. Most of our income is from educational events and programs such as TNCC and ENPC.

Mark Wandro

(Continued from page 5)

My first class was an outstanding audio and video presentation on the effects of hurricane Katrina at the Medical Center of Louisiana at New Orleans by the nurse manager of the Emergency Department. This first-hand account of the tragedy brought home the immensity of the sacrifices that staff made to keep their patients alive. They ingeniously rigged up batteries to keep the power going and used a ham radio to keep in touch with the rest of the world. Some points worth remembering were: have a ham radio and batteries available (along with an operator), hand-held walkie-talkies are a must for in-house communication, flashlights are indispensable - even for surgery, SureVent oxygen-powered ventilators are small and do not need power to keep patients alive, diagnostics such as lab and X-ray will be down, communicate with all staff and keep them up-to-date, debriefing and stress counseling afterwards is very important. He also told us that the prosecution of nurses and doctors for killing patients at another New Orleans hospital is a big

frame-up by the corporations running the hospital and an attempt by them to blame someone for their own failures. (The CEO and other top officials had themselves airlifted out of the hospital on the day after the storm, leaving the staff to run the hospital.) This is all a part of corrupt New Orleans politics.



Officers Jody H, Jackie M and Janet O

Thursday night the Opening Reception was held in the Marriott ballroom. This is traditionally a huge event, hosted by Stryker, and marked by a taste of the local food and a big dance party. This year, the food was so-so, mainly hot dogs and chicken breasts. The music was great and some lively and floor-packed dancing kept us going until the power went out about 10 pm.

Friday morning I attended a class on Sepsis Management in the ED. An amazing statistic is that deaths from sepsis in the hospital at 28.6% are higher than stroke (12-19%) and MI (8%) combined. And this rate has not declined since 1960 whereas the MI death rate has dropped almost 70%. To combat this major problem, the speaker recommends optimizing oxygen, at least by cannula, or preferably by intubation to decrease the work of breathing. As a major indicator of cell level hypoxia, lactate levels should be monitored in the ED and maintained above 4mmol/L. Intravenous access and treatment is very important and he recommends early insertion of a CVP line for any patient with sepsis. EDs should have in their protocols a Line Insertion Bundle to ensure near OR-like conditions when inserting a CVP line. Every hour delay in getting the appropriate antibiotic leads to a 7.6% increase in mortality. Advanced therapy includes the use of Activated Protein C in adults. Vasopressors such as Levophed or Dopamine should be used to keep the MAP above 65. This talk showed how Early Goal-Directed Sepsis Therapy in the ED can save patients' lives and lead to better outcomes overall.

Later that morning I attended an innovative class that consisted of a Research RN describing current studies and a Clinical RN discussing the practical implications. The first topic was pain relief in trauma. Trauma patients are still not getting enough early pain relief. A Fentanyl bolus

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Save the Date!

California State Council

Presents

Emergency Department Summit

April 18-21, 2007

Wednesday, 4-18 CA State Board Meeting

Thursday, 4-19 CA State Council Meeting

Friday, 4-20 Emergency Department Summit

Saturday, 4-21 Basic Disaster Life Support



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Pearls from San Antonio (cont'd.)

(Continued from page 10)

and drip is the best drug as it has a high Morphine Equivalency Score (MSE) and does not affect blood pressure as much as Morphine or Dilaudid. Next vomiting was discussed. Research shows that Oral Replacement Therapy (30cc every 5 minutes for an hour) started fifteen minutes after a dose of Zofran is better tolerated by patients and leads to fewer return visits. Practically, Zofran is very expensive and not practical for all patient's budgets. Next, End Tidal CO2 research shows it is the earliest indicator of respiratory compromise. This needs to be continuous and not just an initial sampling at the end of the ET tube. The technology exists and we should see JCAHO setting up continuous capnography as a standard, especially with procedural sedation patients. Then, obtaining CVP measurements through PICC lines was discussed. Research shows that since PICC lines are inserted close to the right atrium, they do give accurate readings. Practically, this could save patients from having extra lines inserted.

The next study concerned screening all ED patients for suicide risk. Currently, there is no objective test to judge a patient's risk for suicide. Not enough studies have been done and it would be impractical to send every patient to Psych who said they were having a bad day.

Automatic CPR devices were studied, especially those known as Load Distributing Devices (LDBs). These devices, when



Debbie R and Ellie E

applied properly, do chest compressions automatically. Only two studies were done, one overseen by the manufacturer and the results were contradictory. (I think you could guess which study was favorable). Until the technology improves, it is better to do CPR the tried and true way and monitor success with capnography.

That afternoon, I was at a class on differential diagnosis of common symptoms seen in children. Diarrhea is usually treated with a simple BRAT diet. But if it is painful as indicated by the child drawing up or stiffening when crying, there could be other problems. Bloody diarrhea could be caused by an anal fissure or a polyp that has torn. If the stool is described as currant jelly, this is a late sign of Intussusception. This can be diagnosed and repaired by an air contrast enema. Sometimes surgical repair is necessary. For vomiting, be sure to get a thorough history. Serious alternative diagnoses include Newborn Necrotizing Enterocolitis and Pyloric Stenosis with accompanying projectile vomiting. The speaker warned against suggesting this symptom, as parents tend to always feel their child has it. Malrotation is a surgical emergency that occurs in the first few days of life and involves the abdominal organs failing to properly rotate into place. Bilious or green emesis is the presenting symptom.

(To be continued in the next issue. I encourage other attendees to write about their experiences.)

Mark Wandro

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

Or mail to: **Becky Petersen**
2100 Powell St. Ste. 900
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You will receive your CE certificate within 30 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. Discuss the history of ENA.
2. Know how General Assembly affects members.
3. Understand how EMS licensure is evolving.
4. Learn about issues and classes presented in San Antonio.

Name _____ License# _____
Address _____

1. When was the first issue of JEN published?
2. How many members does each delegate represent?
3. Are both Paramedics and EMT-Is licensed by the state?
4. Does ENA currently certify ED CNSs?
5. Name the best method for monitoring respiratory compromise, according to current research.



Next Meeting

Thursday, November 2
4-7pm Board Meeting

Friday, November 3
9-3pm State Council Meeting

Hilton/OC Airport
18800 MacArthur Blvd
Irvine, CA 92612
(949) 833-9999

Free shuttle from airport

Upcoming Meetings and Events:

January 18 & 19, 2007: San Fran Bay Area

April 18 & 19: Lake Tahoe

April 20: Emergency Summit—Lake Tahoe

July 12 & 13: San Diego

August/Sept: Conference Call - TBA

November 8 & 9: Los Angeles

California Emergency Nurses Association

THE MONITOR

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3512 Orinda Dr.
San Mateo, CA 94403
editor@calena.net

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