

# California Emergency Nurses Association

# THE MONITOR

## President's Message

Welcome to the June Edition of *The Monitor*. First I would like to thank all of you for building our membership the highest in the county. With over 3100 ENA members in the state, we are able to have the largest delegation improving our voting power at our National General Assembly in Minneapolis. What has been happening since our last newsletter?

Congratulations to Anna Valdez as the Daniel Kelleher Scholarship Award Recipient. Anna will receive one thousand dollars to complete her doctoral program. This year we did not receive any nominations for the Entry Level Scholarship.



Jackie Magnuson has agreed to serve as our webmaster. I would like to thank our previous webmaster, Jason Moretz, for moving our organization professionally through new innovations of webmastery. Thank you to Philips Medical for their recent sponsorship of Cal ENA. Philips generosity to support our organization cannot go unrecognized.

2008 Elections are in June 2008.

This will be the first year of on-line voting. Ballots will be mailed to those members without an email address.

Our midyear review shows we are meeting our strategic plan and on target to meet our approved budget for 2008.

ENA General and Scientific Assembly's will be in Minneapolis this year. Please join us as a delegate at the General

Assembly and have a voice in the future of emergency nursing. Applications can be found along all Cal ENA Information at [www.calena.us](http://www.calena.us) Again, thank you for the emergency nursing care you deliver and let us remember, we accomplish our profession for our patients and their families. I look forward in seeing you at our August Meeting in Santa Barbara.

*Matt Powers, RN, MS  
Cal ENA President '08*



The CFEDwest conference in May was met with success. Over 210 Emergency Nurses attended from the disciplines of Management, ED nursing, Prehospital nursing and Disaster nursing. We achieved our goal to reach out to our membership and to our profession. As a multidisciplinary partner with other organizations, we are excited to bring you even a better conference for next year. Next years conference will be held the second week of May in Palm Springs. We have attached our State Council Meeting to align the day before the conference gets underway. We are in negotiations for a possible TNCC pre-conference per the request of our members. Thank you to our nursing vendors for sponsoring this conference showing both product and fiscal support.

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# Cal ENA Directory

## Board Members 2008

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**Past-President:** Robert Toman  
**Secretary:** Terri Sturgill  
**Treasurer:** Louise Hummel  
**Treasurer-Elect:** Linda Broyles  
**Dir-at-Large:** Anna Valdez

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

## Committee Chairs 2008

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**Cal ACEP Rep:** Janet O'Leary  
**Education:** Anita Fligge  
**EMS Commissioner:** Matt Powers  
**EMS Committee:** Jan Ogar & Anna Valdez  
**ENAF/Fun Raiser:** Diane Schertz  
**Government Affairs:** Debby Rogers  
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Angela Hackenschmidt  
**Membership:** Ellie Encapera  
**National Board Liaison:** Bill Briggs  
**Newsletter:** Mark Wandro  
**Pediatrics:** Marty Hay  
**Trauma:** Anita Ruiz-Contreras  
**Web Master:** Jackie Magnuson

## Chapter Leaders

**223 East Bay** Cheryl Balderson  
**224 Greater LA** Carole Snyder  
**225 Mid-Valley** Janet Williams  
**226 Orange Coast** Christine Marshall  
**228 San Diego** Linda Rosenberg  
**230 San Francisco** Dave Staconis  
**232 Loma Prieta** Diane St. Denis  
**253 Sacramento** Anna Valdez  
**362 Inland Empire** Susan Smith  
**378 Channel Islands** Janet O'Leary  
**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 3000. The State Council meets 4 times a year. Correspondence may be sent to:

**Cal ENA**  
President Matt Powers  
[president@calena.us](mailto:president@calena.us)

### Sponsorship Rates

The fees per insertion are:  
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1/2 page: (7 x 4) \$450      Whole page: (7 x 8.5) \$800

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[editor@calena.us](mailto:editor@calena.us)



## Education and Events

### TNCC Dates: 2008

June 21-22: Murrieta -  
Gail Dodge

September 15-16: San  
Francisco - John Fazio [john.fazio@sfdph.org](mailto:john.fazio@sfdph.org)

November 13-14: San Francisco - John Fazio



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)

### ENPC Dates: 2008



July 18-19: Rady Children's  
Hospital, San Diego - Marty  
Hay (619) 464-8680

October 9-10: San Francisco  
General Hospital - John Fazio  
[john.fazio@sfdph.org](mailto:john.fazio@sfdph.org)

October 17-18: Rady Children's Hospital, San Diego  
- Marty Hay (619) 464-8680

### CATN Courses

October 23 & 30: San Francisco General Hospital,  
John Fazio [john.fazio@sfdph.org](mailto:john.fazio@sfdph.org)

### CEN Review Classes

June 14-15: San Diego - Cathy McJannet  
[cathy.mcjannet@usa.net](mailto:cathy.mcjannet@usa.net)

July 30-31: French Camp—Sacramento ENA  
[jascottrn@comcast.net](mailto:jascottrn@comcast.net)

August 11-12: Anaheim, Embassy Suites—Paragon  
Education [www.paragonRN.com](http://www.paragonRN.com)

Don't forget to vote for next year's Cal ENA  
officers. Look for the ballot in your email. If  
you don't have an email address, the ballot is  
included with this issue of *The Monitor*.  
Deadline is July 15.

**Courses and Educational Events maybe added  
or cancelled after publication. Please confirm  
dates with course directors or at:  
[www.calena.us](http://www.calena.us) and then go to Educational  
Opportunities for current course listings.**

### Important Dates

#### 2008 Board and State Council meetings

August 14-15: Santa Barbara  
Annual Business Meeting

September 24-27: Minneapolis, MN  
General & Scientific Assemblies

November 6-7: Monterey  
with Cal ENA Leadership Symposium &  
Educational Event

Next Newsletter Deadline: Sept. 30



#### **Email or Snail mail?**

In an effort to save mailing costs, we are  
sending the Monitor by email unless you  
request otherwise. Please notify the edi-  
tor (address on the last page) if you still  
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You can also download  
*The Monitor* from the web site at:  
[calena.us](http://calena.us)

Be sure national ENA has your current  
email address.

### Frequently Asked Questions

Has it been a while since you thought about your shock patient not having enough ATP? Are you experienced with managing ill and injured patients but looking for a way to challenge and stimulate your thinking and decision-making? CATN is for you!

The Course In Advanced Trauma Nursing: A Conceptual Approach to Injury and Illness (CATN) was developed by ENA emergency nurses who recognized a need for a trauma course that was more advanced than the Trauma Nursing Core Curriculum (TNCC) course. CATN is a dynamic, unique course where participants discuss scientific principles and physiologic concepts as they relate to specific clinical problems and situations. Complex case studies are included in the course, providing an opportunity to synthesize scientific knowledge, decision-making, ethical considerations, and professional practice considerations.

Emergency nurses who attend CATN commonly say that the course helped them focus on *why* we do what we do, and that using a conceptual approach can help with prioritizing and understanding the relationships between specific clinical problems.

Sometimes nurses are confused about CATN or not sure if it is right for them. Here are some frequently asked questions:

**The course flyers say CATN-II. Do I have to take Part 1 first?** No. The “IP” indicates that this is the 2<sup>nd</sup> edition of the course. There is only one current CATN course.

**I don't work at a trauma center. Can I still take the course?** Yes. When the CATN course was revised to CATN-II, the authors recognized that the concepts and issues discussed in the course apply to medical patients as well as to trauma patients. The complex case studies are focused on trauma patients, but now also include medical cases.

**Will I get a card or be CATN-certified?** No. This is a continuing education course only, not a certification or verification course. RN participants receive CE credit for the course. A few individual hospitals may accept attendance at CATN in lieu of required TNCC re-verification, but check with your facility.

**What if it has been a long time since I have**

**been in school or studied content such as cellular physiology?** That's ok. Nurses should be familiar with core anatomy and physiology knowledge before taking CATN. Previous TNCC course completion is strongly recommended, although not required. The course manual chapters each include the prerequisite knowledge the nurse should have as a foundation in order to thoroughly understand the concepts reviewed.

**I have been an emergency nurse for less than 5 years. Can I still take CATN?** Yes. The only requirement is RN licensure. However, this is not an introductory course. Reviewing the recommended prerequisites and course manual will help participants prepare for and get the most out of the course.

**Tests make me nervous. Is there a test?** No. The course uses interactive discussion and review of case studies in a collaborative learning environment.

**Should I take TNCC first?** TNCC, which covers core content for every emergency/trauma nurse, is strongly recommended. The conceptual framework and format of CATN is more advanced.

**How should I prepare for the course?** Make sure to register in advance with adequate time to read the course manual. The course director will provide additional tips after registration. You will get out of the course what you put into it, in terms of preparation and active participation in the class discussions.

**I don't see publicized CATN courses being offered near me. How can I find the nearest available course?** See the websites below, or contact the Trauma Committee about bringing a course to your area.

#### Resources:

CATN course dates/locations in California:

<http://calena.us/education.htm>.

Course details and national course information:

[http://ena.org/catn\\_enpc\\_tncc/catn](http://ena.org/catn_enpc_tncc/catn).

Additional questions: Contact your California Trauma Committee Regional Director, or Committee Chair Anita Ruiz-Contreras ([trauma@calena.us](mailto:trauma@calena.us)).

*Angela Hackenschmidt, RN, MSN*

## A Message from the President-Elect of Cal ENA

I was very fortunate to be invited to speak on behalf of Cal ENA at the California STEMI Summit 2008. The Summit was held on May 31<sup>st</sup> at the beautiful Paradise Point Resort in San Diego. Hospital Sponsors were Alvarado Hospital in San Diego, and Northridge Hospital in Los Angeles. Industry Sponsors were Philips Healthcare, The Medicines Company, and Zoll Medical Corporation. Society Sponsors were CAL/ACEP, Cal ENA, AHA & ASA, and the California Chapter of the American College of Cardiologists.



Dr. Ivan Rokos, ED Physician extraordinaire, asked me to present a 20-minute lecture on “ER Triage in the era of Over-Crowding: The Nurse’s Perspective”. I had months to prepare. How much time do you think I actually had to put this together? Yep you guessed it 10 minutes! Thankfully, I had what I consider a fairly “easy” topic. Something that is discussed every day at my “house”. By easy I do not mean easy job by any stretch of the imagination. By easy I mean there is not one ER Nurse that I know that does not have a horror story about triage gone badly due to ED overcrowding, every day. There is a wealth of info out there to support a lecture of any length.

Here is how it ended up.

I chose to present 2 high publicity patient scenarios.

Case Number 1:

33-year-old male presented to ED c/o chest pain and left arm pain, history of substance abuse, no 12 lead capabilities in triage, patient told to wait in the ED lobby after triage was performed. Patient collapsed and died in the parking lot of the hospital approximately 3 hours after arrival to triage.

Case Number 2:

45-year-old female presented to the ED c/o throat pain radiating into her epigastric area, history of hypertension, 12 lead not done in triage, patient told to wait in the ED lobby after triage was performed. Three hours later patient brought into ED, 12 lead

performed, diagnosed with a STEMI.

I then discussed “what went wrong?”, “what can you do?”, “what are we doing?”, and “what next?”

The “what went wrong “in both cases were the following:

The ED was understaffed. (reportedly not uncommon in either ED)

The ED was overcrowded. (reportedly not uncommon)

The hospitals were full. (reportedly not uncommon)

The ED was boarding “inpatients”. (surprise! Reportedly not uncommon)

The ED wait to be seen was > than 3 hours. (yep, I know. Another surprise!)

Neither patient’s symptoms were identified as “at-risk” for a STEMI.

12 leads were not done on either patient in triage.

Now the “So what can you do?” part:

First and foremost, protect yourself and protect your patient.

What do I mean?

Organize and collaborate with your co-workers, physicians, ancillary services etc. Put best practice measures in place. Create policies and procedures that outline the expectations of triage and patient care. The ENA and ACEP websites are great resources for information. If you are not a member of a list-serve, join now! There are many to choose from.

Do not recreate the wheel. Use evidenced-based best practice measures that are already in place nationwide. The internet is a great place to start your search.

If you do not have the equipment, the training, the staff, etc. that you need to do your job safely and effectively make sure that your administration is aware, constantly.

Administrators are the ultimate decision makers and they need to make decisions that are in the best interest for you and your patients.

*(Continued on page 11)*

## Committee News

### Membership

These are the most current totals for our 12 active Chapters and overall total for the California Council as of April 2008. Our state membership has reached the highest state total ever, surpassing 3000!

| Chapter # & Name          | 1/08        | 4/08        |
|---------------------------|-------------|-------------|
| (223) East Bay            | 264         | 282         |
| (224) Greater LA          | 457         | 489         |
| (225) Mid-Valley          | 245         | 255         |
| (226) Orange Coast        | 265         | 270         |
| (228) San Diego           | 324         | 336         |
| (230) San Francisco       | 235         | 260         |
| (232) Loma Prieta         | 226         | 229         |
| (253) Sacramento          | 327         | 345         |
| (362) Inland Empire       | 244         | 265         |
| (378) Channel Islands     | 111         | 119         |
| (379) Superior            | 115         | 121         |
| (442) Kern County         | 35          | 47          |
| (NCA) No Chapter Assigned |             | 5           |
| <b>Total</b>              | <b>2848</b> | <b>3023</b> |

Join the Cal ENA Delegation of up to 60 in Minneapolis this fall. Submit your application before the June 5<sup>th</sup> deadline. All you need to apply can be found at [www.calena.us](http://www.calena.us)

**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 their mailing address and zipcode location. Any member may change their chapter affiliation. Just log on to [www.ena.org](http://www.ena.org) and under the Members Only section, update your personal profile.

If you’re 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. **Only the individual member** may make address, email and chapter preference requests.

**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.**

Chapter packets with membership information will be available to chapter representatives @ each State Council meeting.

*Ellie Encapera*

### Pediatrics

The peds committee met at 9am in lovely Sacramento. We are still working on the carseat distribution program for Mid Valley ENA chapter. Our main contact person Evelyn was not present, so we will see what happens between now and our next meeting in August.

We are looking for interested persons to take the national carseat safety course. This committee will reimburse each person taking the course \$250.00 after completion. We plan to work with the injury prevention committee on a project to bring a speaker to the next ENA sponsored education event.

ENPC continues to grow. There is now a one day recert course. As of today, this has not been offered, but look for it in the near future. It is a quick study, and participants do need to be prepared.

*Marty Hay*

### Injury Prevention

The Injury Prevention Committee has agreed establish the following goals for 2008

- Establish a committee budget (\$5,000)
- Expand committee’s active membership
- Obtain and review copies of ENA/ENCARE injury prevention programs
- Provide chapters with a written injury prevention reporting process that details:

*oWhat type of activities to report*

*oHow to report activities*

*oWhen to submit reports to the CalENA State Council*

*oAssist chapters with identifying local injury prevention resources, programs, and partners*

*oWork with other CalENA State Council Committees to promote injury prevention activities.*

Please join us in Santa Barbara on August 13, 2008, when we will be reviewing ENA’s new *SBIRT Implementation Tool Kit for the ED setting.* For more information on the Injury Prevention Program, please contact Patrice Christensen at (650) 573-3728 or [pchris-tensen@co.sanmateo.ca.us](mailto:pchris-tensen@co.sanmateo.ca.us)

*Patrice Christensen*

### ENA Foundation Report

1. ENAF Scholarship applications may be found on the ENA website at [www.ENA.org](http://www.ENA.org). Application deadlines were June 1, 2008.

## Committee & Chapter News

2. Several fundraising activities took place at the Leadership Conference in Hawaii last week. The keynote speaker Erik Wahl (from San Diego area) spoke on the "Art of Leadership". During his presentation he painted 3 portraits (Bono, Elvis and Martin Luther King) which he donated to the Foundation. They were raffled for an on-site donation along with 17 gift certificates to be used in Minneapolis in September. The Elvis in Hawaii event took place Friday night with proceeds going to the Foundation.

3. The State Challenge began on March 1<sup>st</sup> and continues until June 30<sup>th</sup>. We encourage chapters to consider making a \$1 per member donation to the Foundation and designate it toward the California State Council contribution.

4. The Foundation held its On-Line Auction from May 14<sup>th</sup> to June 4<sup>th</sup>, 2008. The State Council contributed an item to the auction and encouraged individuals and chapters to make a contribution. The Auction was a success and the amount raised will be reported on by national ENA soon.

5. Minneapolis will be the site of the Annual Meeting in September and the ENAF Jewelry Auction. Cal ENA will also be contributing to this fundraiser.

6. Thanks to the Sacramento Chapter for contribution of today's Taste of Hawaii Beach Bag Bounty give away. We raised \$241 which will be applied to our State Challenge donation.

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

### Chapter News

**Channel Islands ENA** reports they now have a President-elect as well as a Secretary/Treasurer for 2008. Their November meeting was sponsored by AMR. They are planning an educational event for next year.

**East Bay ENA** reports they had 4 nursing students at their first meeting this year. They got tour of an ED. Featured was a speaker on Kidney Failure

**Greater LA ENA** had 15-16 members attending their first 08 meeting, representing 4-5 core hospitals, mostly south county. They will keep the Bylaws used by the state. They may do joint CEN Review with OC.

**Inland Empire ENA** continues their monthly meetings. Friday, October 10 is the date for their annual

"Timely Topics" educational event in Palm Springs. It will focus on Pediatric outreach.

**Mid Valley** continues their monthly meetings. They will be at a Fresno State job fair to push ENA. Their EMS Conference was on May 10.

**Kern County ENA** had a successful ENPC course in January. They hold monthly chapter meetings on the third Thursday.

**Sacramento ENA** reports record attendance at their first meeting this year. See the posting about their upcoming CEN Review.

Thanks to the Trauma Com, they got a grant for a TNCC class.

**CEN Review**  
Presented by  
**Sacramento Chapter**  
**Emergency Nurses**  
**Association**

**July 30 & 31, 2008**  
**French Camp, CA**

*[Click here to download brochure](#)*

**Loma Prieta ENA** continues to meet on the third Thurs evening of every month. They had their Annual Update on CSI on May 15. Their June 19 meeting is at West Med College with a speaker on End of Life Care in the ED.

**Orange Coast ENA** reports their Feb meeting at Scott's Seafood had 25 attendees. They gave away 6 memberships and had a speaker on Pediatric Obesity. Their April 22 meeting was on Earth Day and they had a speaker on Stroke Research and treatment.

**San Diego ENA** had a big February meeting with Student nurses. Their Del Mar conference is coming up soon.

**San Francisco Bay Area ENA** had a big turnout (8) at their February meeting. ED Boarding was the hot topic. They are updating their local contact lists.

### Announcements

Steve Tharratt, MD is the new Director of EMSA

EMSA is interviewing to fill a new Program Coordinator position who will be responsible for multiple activities. The DIG will be under this new position. Three other senior positions were approved but denied by the Legislature.

Cal Med volunteers are now in 33 counties. Eleven more are scheduled to come on-line soon. The remaining counties are expected to begin the program soon.

Mission Support Team training has started. A pilot program is training in Santa Clara. A second program will begin training in Ontario.

Lessons from the So Cal fires will be incorporated in both Mission Support Team training and Disaster Management Team training. The three teams are stationed in Sacramento, Santa Clara and Ontario.

The next statewide exercise will be in the spring of 2009.

The next Golden Guardian exercise will use one of the mobile hospitals.

The CA Disaster Manual is open for comments until 29 May. State is thinking about using "functions" similar to the Federal plans.

Medical Shelters – this is a top issue under State H/HS. They are updating documents including definitions, flow charts, working with ARC, basic medical support and medical fragile and geriatric shelters. October 1, 2, 3 is the CHA Disaster Conference.

### So Cal Fires

Patty Skoglund gave a very interesting presentation on hospital evacuation and lessons learned.

- >Activate all Section Chiefs at the beginning.
- >Have open-ended Credit Cards.
- >Evacuation had a huge impact on the Lab and X-Ray.
- >They had multiple ports in the EOC. Unfortunately, they have to be activated every 30 days or they go dormant. It took Data Services some time to fix them.
- >It took about 20 minutes to load a bus.
- >Briefings are important. They had them every 30 minutes. Briefings had to include

both internal and external happenings. Information was also posted on the hospital web site for off duty staff.

>Because location was important to the scene of the disaster, call back was done by zip codes.

>In this emergency it was vital that the Liaison Officer be familiar with EMS procedures. An MICN in the Medical EOC was a big help.

> Identify routes to staging areas. Have signage. There was congestion in the holding areas.

> Have a supply staging area to evacuate needed supplies

> They did back-up of medical records on thumb drives.

> Having a physician in the EOC was very important.

> Security was needed throughout the hospital. They were important at the supplies loading area and in the holding areas.

> Logistics was inundated with free supplies.

### Next Meeting

The next meeting will be July 28th

*Judith A. Scott, RN MS*

### **Be part of the dynamic Cal ENA Delegation in Minnesota this fall.**

Applications are still being accepted even after the **June 5, 2008** deadline. With our continued growth in state membership totals, there may be as many as 60 slots to fill. Join us to two days of debate and decisions on vital ENA issues.

**Instructions and electronic applications can be found on our state website: [www.calena.us](http://www.calena.us)**

Be sure to advise your chapter president of your intent to apply and send all copies of certifications via snail mail to Ellie Encapera as per the instructions.

No faxing is available this year...

***Don't delay, get your delegate application in today!***

## CFEDwest Conference at Pala, May 21-23

“Hey, how was that EMS conference down in SoCal?” People want to know. Ask any of the almost 2000 attendees and you will get a little different answer from each one. Or ask one of the almost 200 RNs who attended. I was one of them and I will give you my take.

Though the main conference was May 21-23, it actually started on Monday, May 19, with a Leadership Academy that dealt with EMS Quality Improvement. On Tuesday, May 20, there were three tracks: a Fire Chief’s Summit, an EMS Executive Summit, and a Counter-Terrorism Summit. On Wednesday, May 21, the exhibits opened and the Opening Remarks took place. There were talks from the state Homeland Security Director; the new director of Cal EMSA, Steve Tharratt; the Cal Fire Chiefs President; and representatives from the LA Fire Credit Union, AMR and Inland Counties EMS. Then a retired US Fire Administrator gave a speech on how we may not be as ready for a disaster as we think. An LA Fire chief spoke on field and administrative management of a catastrophe.

Then we were happy to take a break and visit the over 130 exhibits. Most dealt with tools for firefighters and rescue squads, but there were some nursing related stuff, such as Zoll, Stryker, AMR, Hill-Rom, Chill Vests, Channing Bete and Cal ENA, among others. There were drawings and I was the lucky winner of an iPod Shuffle from AMR! Thank you!



I was glad I got back for the next big talk, because it was by Dr. Pinny Halperin, Director of the Tel Aviv Med Center. He spoke about how his facility in Israel deals with

the bombings and terrorist attacks in his city. It has worked well he says because medics in the field do not take time to start treatment on victims. They leave the dead, clear and open airways, control bleeding and transport quickly to the nearest hospital where treatment can be conducted in a more controlled environment. The START system we plan to use would be too cumbersome and consume valuable time. The only triage they do in the field is for stress reactions that account for 40-50% of casualties. They are sent to special centers staffed by Psych professionals and Social Workers. Ambulances mostly load and go. Each of them has a GPS device and the central dispatch knows where each one is throughout the city.

Lunch was on our own and we went to one of the 5-6

restaurants in the casino. The food was good and if you had extra time, you could play the slots or the tables.

After lunch, we broke into tracks for each specialty: Fire, EMS, Nursing and Disaster. You could attend any of the two classes in each. I took the Nursing track and went to the panel discussion on nurses who work outside the hospital with the other agencies. One of the panelists is a nurse lawyer. They spoke of the conflict that still exists between Fire and Medical services, one big problem being that fire medics are first on the scene and begin treatment before the private ambulance comes to pick up the patient and transport them to the ED. So the ED does not get a first-hand report of what occurred in the field and fire medics rarely hear about patient outcomes. HIPPA is perceived to be part of this problem. Whatever happened to tape reviews? CPAP is being used in some counties by paramedics in the ambulance and this has been shown to decrease hospital length of stay. Are you doing it in your area? It was suggested that paramedics should spend a day in the ED each year and RNs should spend a day in the field to see how the other side works.

Scott DeBoer, RN, presented his entertaining slide show on the history of medicine in the same inimitable way he has done at ENA conferences. Later that evening there was a Charity Poker Tournament to benefit the Fire Family Foundation. This was followed by a Karaoke Night that yours truly entered, but did not make it past the first round. A group of enterprising firemen were selling their special Fireman’s Brew.

Thursday, May 22, started with a great talk, Changing Faces of the Hazard Zone by Chief Bobby Halton, of *Fire Engineering Magazine*. Here are some pearls from his talk.

We don’t work for a company or a paycheck, we work for the patient.

Judge your success by patient death rates.

There are three kinds of lies: Lies, Damned lies and Statistics.

Human error is a symptom of trouble deeper inside the system. Don’t look to see where an individual went wrong, but how their assessments made sense at the time.

The system keeps firefighters (or RNs) safe, not the other way around.

The health of the person is your first goal, not Safety for itself.

Technology doesn’t necessarily make life safer.

Preparation doesn’t equal survival.

Errors are predictable. Focus on strengths, weaknesses will resolve.

Systems make mistakes, not people.

## CFEDwest Conference at Pala, May 21-23

Don't breathe smoke, it leads to Cancer.  
Some good books: *Chaos, Mind Over Machine, Sitting in the Hotseat.*

Then we broke into one of the four tracks again. The first nursing track echoed some of the preceding talk. It was on adverse drug reactions and legal issues as the speaker was both a lawyer and an RN. She said errors are often due to Systems Failures, not staff failures. There are so many systems now and many RNs find work-arounds.

Another track session on Disaster was led by Dr. Halperin from Tel Aviv. He told us how when the alarm goes off in his hospital signaling a terrorist bombing, their hospital Command and Control center is set up at once. As many as 15-20 RNs from other units, who have been pre-designated, come to the ED. The most experienced workers (MDs or RNs) triage incoming injuries at the door. There is no triage outside the hospital. The less experienced staff do the actual care in the ED, but they learn quickly. Not all blast injuries need fluids and it is often difficult to start an IV in a maimed pt. He emphasized that terrorist bombing injuries are a different type of injury and they need to be brought to definitive care in the ED or OR quickly. So little time is spent in the field. Medics do the ABCs, load, go, drop off and return to the field. Linda Rosenberg tells me she went to all of the Disaster track and says it was just excellent. She encourages all to attend next year.

A third track session was a Nursing Grand Rounds that traced the history of CPR. Did you know that we did not have Mouth to Mouth until 1958? That compressions were introduced in 1960 and CPR as we know it began in 1966?

Controversies in pediatric trauma discussed NEXUS (Nat'l Emergency Xray Utilization Study). Based on its studies, there is no documented criteria for when to take a child out of C-spine precautions. But mental status of the child is most commonly used for kids.

The final speech of the day was by a doctor who has developed a machine to do EEGs in the field. It is a way to diagnose Status Epilepticus and the sooner this can be done, the better the outcome. He wants us to use his machine and have Seizure Alerts the same way we do Stroke Alerts. You can see more info at [www.jordaneuro.com](http://www.jordaneuro.com). That night we had the Firehouse Island BBQ. It was supposed to be out by the pool, but we were having a thunderstorm and so it was moved inside. There was a burger-eating contest, but it looked like everyone won.

The final day, Friday, May 23, was in the main arena again. Bobby Senn, a New York firefighter who was

trapped in the Twin Towers, presented a moving slide show about his experience on 9/11. By the way, there was a very good display, presented by firefighters from New York, that had pictures and badges of all the depart-



ments that assisted in the disaster.

We heard about the Code of Conduct from Chief Ronny Coleman. The pearl I got from him was, "You gotta believe in something, or you'll fall for anything." We know this topic as Compliance Training.

The closing address was given by Chief Mike Metro of the LAFD, who had worked 17 years as a paramedic. He spoke on Multi-Disciplined Approaches in a Complicated World. Some pearls were: "Position is what you want, Interest is why you want it." "Leaders motivate others to follow." He said that the top three motivators in a job are: Respect, Interesting Work and Recognition. Make sure your staff has these three and they will be ready to interact in the new multi-disciplined world.

There were at least 11 other courses that I was unable to attend. My nursing colleagues agreed that the conference was an opportunity to interact with other disciplines in emergency care. The only one missing was the police and I am told they will be represented next year. It was a fast-paced, fun conference in an exciting location. Many thanks to our President Matt Powers and Education chair Anita Fligge for getting us involved with this conference and enabling us to take part in a great learning experience. I hope more of you can attend next year.



Mark Wandro

## A Message from the President-Elect of Cal ENA

(Continued from page 5)

Work collaboratively with your team. Work collaboratively with your administration.

Join committees within your institutions. Become a part of the decision making team.

Become familiar with the D2B Alliance and the E2B Alliance for information on STEMI patients. The AHA and the American College of Cardiology have a wealth of information available on their websites.

Finally promote ENA and other professional organizations. We need all the help we can get on our team!

“What are we doing?”

Cal ENA is working collaboratively with other professional organizations to protect you, your patients, and physicians.

Our patients deserve better than a 3-hour wait in an ER lobby full of sick and injured people, sitting in something that resembles the departure lounge of an airline terminal. (And no, I'm not talking about the frequent flier 100,000 sky miles lounge either!) Our co-workers deserve to get breaks, to have enough staff to care for the influx of sick and injured, and to have the equipment they need to do the job safely and efficiently. Our physicians deserve to sit with a

patient for longer than 3 minutes, to know that the best care possible is being delivered safely to each and every one of “their” patients. Our administration deserves to feel confident that we have what we need to get the job done, regardless of where it is in “the house”.

We all deserve better. So let's work together as a team.

Okay, “what next?”

Make sure that your co-workers belong to their professional organization, get involved, get educated, get trained, and by all means do 12 Leads on patients c/o chest pain!

I look forward to the 2009 STEMI Summit. Maybe I'll be asked to speak on something like this:

“What no wait to be seen? What happened to all of those boarded patient's anyway?”

One could only hope!

Oh and I have to say real quick. My lecture followed Dr. Billy Mallon's lecture. Billy is the 2009 CAL/ACEP President. Let me just say Billy has more energy than my Abyssinian!

Congrats on your new role Billy! I am looking forward to our on-going collaboration.

*Janet O'Leary*  
2009 President Cal ENA

**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. Know advantages of taking CATN II.
2. Learn some solutions for overcrowding.
3. Know about chapter and committee activities.
4. Have an appreciation for Disaster work.
5. Know the highlights of the CFEDwest sonference.

Name \_\_\_\_\_ License# \_\_\_\_\_

Address \_\_\_\_\_

1. Name two reasons to take CATN II.
2. What is STEMI and D2B?
3. Is a higher Stroke Scale # a sign of improvement?
4. How many delegates can Calif have this year?
5. Where are the 3 Disaster Management Teams?
6. What were the tracks at CFEDwest?



# Next Meeting

**Board Meeting:  
Thursday, August 14, 2008  
4-8pm**

**State Council Meeting:  
Friday, August 15, 2008  
9am-3pm**

Results of elections for 2009 officers!

## **Hotel Mar Monte**

1111 East Cabrillo Blvd.  
Santa Barbara, CA 93103

[www.hotelmarmonte.com](http://www.hotelmarmonte.com)

This annual business meeting will be held in a beautiful coastal setting allowing for the opportunity to relax, unwind and refresh. Make your reservations now!

**California Emergency Nurses Association**

## **THE MONITOR**

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