

California Emergency Nurses Association

THE MONITOR

For the Record

In the Beginning, We Were Roadrunners....

The following article is taken from a history of Cal ENA written by our own Historian, Liz Taylor, with the help of our co-Founder, Judy Kelleher.

Early in 1970 Anita Dorr and other emergency nurses started meeting in Buffalo, New York, on a rather informal basis with an eye toward a formal organization. On the West Coast, Judy Kelleher announced at the American Academy of Orthopedic Surgeons course for emergency nurses in May, 1970, that she had sent out letters to all the hospitals in Southern California to announce the formation of a yet unformed organization for emergency nurses. That meeting was held June 10, 1970, at Downey Community Hospital, California. Forty-five nurses attended and a Steering Committee was formed along with an Advisory Committee. The Steering Committee consisted of Judy Kelleher, Hope McCrum, Eileen Farrell, Cathy Griffith, Althea Kennedy, Monica Reiss and Vivienne Thomas. The Advisory Committee consisted of Dr. William Stryker, Dr. Howell Wiggins, Dr. J. Cuthbert Owens, Dr. John Abbey and Dr. Vern Nickel. Two other nurses who helped a great deal in the early days were Alice Kerr and Florence Weiner.

At the Orthopedic Academy's Meeting in May, 1970, in San Diego, an editor of RN Magazine was in attendance. He wrote an article about Mrs. Dorr and Mrs. Kelleher and put the two in touch. In October, 1970, these two nurses on opposite coasts of the United States got together by letter and phone and made plans to combine the two organizations. Anita worked out of her basement to direct the Emergency Room

Nurses Organization and Judy worked out of a corner of her bedroom to direct the Emergency Department Nurses Association. Judy was adamant about utilizing "Department" instead of "Room" because she felt the Emergency Department should be equal to any other Department in the hospital. Anita agreed and the national organization became the Emergency Department Nurses Association and was chartered on December 20, 1970. Her Advisory Committee consisted of Dr. George Anast, Dr. David Kluge, Dr. Robert Wilbee and Odry I. Erickson, RN.

It is important to acknowledge the great support from the American Academy of Orthopedic Surgeons and the American College of Surgeons Committee on Trauma. As a result of the article in RN Magazine, inquiries came pouring into the make-shift "offices" both in California and New York. Application forms were quickly xeroxed in both places and with less than a shoestring to work with, EDNA was started. Dues were \$5.00 per year. Downey Community Hospital allowed the

use of hospital stationery for xeroxing and Anita managed to get help also. Through many of these letters it became apparent that more groups were meeting in other areas of the country: Anna Mae Erickson in Washington, Millie Fincke in Pennsylvania and Ruth Miller in Florida. They had dreams like we did, but didn't know where they were going.

(to be continued next issue)



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Save the Date!

Annual ED Summit

August 9, 10, 11, 2006

San Mateo Marriott

A grand tradition returns!

Watch for details in the mail
and at www.calena.net

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

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

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



The California Emergency Nurses Association is a non-profit professional organization with a membership of approximately 2203. The State Council meets 5 times a year. Correspondence may be sent to:

Cal ENA
President Robert Toman
president@calena.net

The Monitor is the Official Publication of California State Council Emergency Nurses Association. *The Monitor* is published 5 times/year. For inquiries, article submission, or ad placement, please contact the editor:
editor@calena.net

Chapter Leaders

223	East Bay	Michael G. Bertram
224	Greater LA	Catherine Kaliei
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	Diane Schertz
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

Education and Event Calendar

TNCC Dates: 2006

May 11 & 12— San Francisco General Hospital, \$275,
415 206-8196, john.fazio@sfdph.org

July 12 & 13 - Memorial Medical Center - Modesto
Elaine Paradis (209) 548-7880



August 3 & 4 - Doctors
Medical Center - Modesto
Elaine Paradis (209) 576-3614

September 14 & 15 - San
Francisco General—John Fazio,

(415) 206-8196

September 16 & 17 - UC Davis Medical Center
Elaine Paradis (916) 734-9787

September 30 & October 1 - St. John's Regional
Medical Center - Oxnard, Janet O'Leary

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

November 30 & December 1 - SFGH, John Fazio,
(415) 206-8196

ENPC Dates: 2006

May 20 & 21 - UC Davis
Medical Center - Sacramento
Elaine Paradis (916) 734-9787

June 6 & 7 - Memorial Medical
Center - Modesto
Elaine Paradis (209) 548-7880

June 24 & 25 - Saddleback
Memorial Med Center - Laguna Hills, Flora Tomayasu,

July 14 & 15 - Children's Hospital - San Diego
Marty Hay

July 19 & 20 - Memorial Medical Center - Modesto
Elaine Paradis (209) 548-7880

June 1 & 2—San Francisco General Hospital,
\$275 - ENPC, \$290 - ENPC with PALS Renewal,
415 206-8196, john.fazio@sfdph.org

June 24 & 25- Saddleback Memorial Med Center -
Laguna Hills, Flora Tomoyasu

July 14 & 15 Children's Hospital—San Diego
Marty Hay



July 19 & 20- Memorial Medical Center Conference
Center – Modesto, Elaine Paradis (209) 548-7880

September 6 & 7 - Memorial Medical Conference Center
– Modesto, Elaine Paradis (209) 548-7880

October 5 & 6 - Doctors Medical Center - Modesto
Elaine Paradis (209) 576-3614

October 13 & 14 - Rancho Springs Medical Center -
Murrieta, Gail Dodge (909) 472-2680

October 20 & 21- Children's Hospital & Health Center -
San Diego, Marty Hay

October 21 & 22 - UC Davis Medical Center -
Sacramento, Elaine Paradis (916) 734-9787

CEN Review Classes

June 6-7—San Diego, Cathy McJannet (619) 435-1087

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

Courses and Educational Events maybe added or cancelled after publication. Please confirm dates with course directors or check the Cal ENA web site for updated information. Go to www.calena.net and then to Educational Opportunities for current course listings.

Important Dates

Board and State Council meetings

May 16 & 17: Fresno

August 17, 7pm: Conference Call

September 12: San Antonio, TX

November 2 & 3: Orange Coast

Next Newsletter Deadline: June 10

And Now for Something Completely Different . . .

Does your ED suffer from ODERS?

Medical folks have long warned that the national nursing shortage, plus an ever-increasing patient load, equals one very smelly situation--and now new studies prove that emergency department staffs have, indeed, been adversely affected. This stress-induced condition, called **O.D.E.R.S** (**O**vercrowding **D**isorder of **E**mergency **R**oom **S**taff), has reached epidemic proportions. Therefore, the CDC requires you to report any of the following symptoms:

Top Six Signs Your ED has O.D.E.R.S.

Sign # 6:

You begin to find mysterious sketches of tents and campfires. These appear on your ED's patient assignment board--next to the names "campers" waiting more than two days for ICU beds. Staff members are seen rubbing alcohol wipes across Sharpie-smudged fingers.

Sign #5:

You observe two-man ED reconnaissance teams covertly advancing on the ICU: a person to distract staff, another to assesses the status of rooms "being cleaned," for . . . "seven and a half freakin' hours?"

Sign # 4:

Your staff engages in desperate games of Rock, Paper, Scissors . . . selecting which person must brave the ED waiting room and announce "anticipated wait times," Administration's newest attempt at improving public relations. Fast reflexes and thick skin factor into the selection.



Sign # 3:

You intercept a budget request for **GPS** units to track patients in the newest treatment areas: "**Outer Hallway Gurneys**" numbers One

through Six, "**Triage Corridor Chairs**" Seven through Twenty and, of course, "**Chapel Overflow**"

Sign # 2:

You observe that incoming staff can accurately predict "wait-time" by **mathematical equation**: number of cell phones outside, added to half the quantity of cigarette butts on surrounding pavement, multiplied by sum of MacDonald's sacks scattered inside on waiting room floor. (Add four hours to resulting figure, if off-going staff member greets incoming staff with, "Oh, man, I am so glad to see you!")

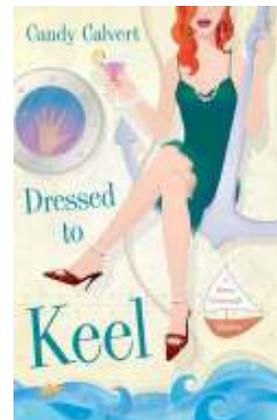
And the NUMBER ONE SIGN that your peers suffer from ODERS:

You attend a staff meeting and someone presents a clip from that old medical-thriller, "Coma." The eerie scene where vast numbers of patients are suspended overhead by wires, moving along in a serene and orderly fashion toward their treatments--like clothes on a drycleaners rack. No one watching this shudders. Instead, several people takes notes while another studies hospital architectural plans. "Dude, this could solve everything"

© 2006 Candy Calvert

Candy Calvert R.N. blames her quirky humor on "survival tactics learned in the trenches of ER." Contributing author to *Chicken Soup for the Nurse's Soul*, she applauds the heroic efforts of emergency staffs providing such excellent care in these challenging times--and figures you are in serious need of a vacation and a deep belly laugh. She offers R&R aboard a fictional cruise in *Dressed to Keel*, her debut novel featuring ER nurse heroine Darcy Cavanaugh. It launches a series of laugh-out-loud romantic mysteries from Midnight Ink, with a release date of May 2006. Candy welcomes you to visit her website at:

www.candycalvert.com.



Research Results:

Family Witnessed Resuscitation

Dominique Bartow is a Senior Nursing Student at Dominican University of California. She attended the March 15th State Council meeting in Sacramento where she presented her senior research project and asked that they fill out her short survey.

My project, entitled *Emergency Room Nurses' practice and opinions regarding family witnessed resuscitation*, has given me so much more insight into the real world of nursing. I was fortunate enough to be asked by the board to present my results in this issue of *The Monitor*, so here goes!

60% of the 20 nurses surveyed stated that their unit does not have a written policy that **allows** the option of family presence during both CPR and invasive procedures. As that goes, no one's unit has a policy **prohibiting** family presence during CPR and invasive procedures.

75% of the 16 who answered the question, stated that their unit allows (but has no written policy) the option of family member presence during CPR and invasive procedures.

80% of the 20 people surveyed have taken a family member to the bedside during CPR in the past year, and 4 have not, but would if the opportunity arose. When asked how many times they have taken family members to the bedside during CPR, answered ranged from 1 to 10 or more.

60% of the 20 surveyed would prefer a written policy **allowing** the option of family presence for CPR, whereas 40% prefer no written policy to **allow** the option of family presence for CPR

70% of those surveyed have been asked by a family member in the past year to be present during CPR, and when asked how many times they have been asked, answers ranged from 1 to 20 or more.

95% of those surveyed have read literature that addresses allowing/prohibiting family presence during CPR.

When asked for comments about family presence during CPR, and more than half stressed how important it is important to have a chaperone present to do nothing but support, and explain things to the family member. Other comments included what a positive experience it is for the family especially with children as the patient, that it is important to take each situation on a case by case basis, and it is usually the physicians that are not comfortable with the family being present.

Thank you to those who filled out my survey!

Dominique Bartow

Team Building Tip

Few places in hospitals rely on team work to the degree that staff and providers must in the Emergency Department. Yet team building can seem like a hopeless proposition on many days. Increased demands, decreased resources and an inability to maintain consistent staffing can cause team building activities to take a back seat. Managers simply don't have the time; if they aren't trapped in hospital mandated meetings, they are probably dealing with the people on the team who contribute the least.

This, then, is a very simple and effective way to get some positive energy flowing to the people in the department who show up and make a difference every day. At your next staff meeting, hand out blank note cards and ask the team members to individually imagine the person they work with who is always someone who can be counted on. "When you come to work and see that person on duty, you know the shift is going to go well no matter what hits the door". Then ask them to write that person a "Thank You" card on the spot. You can help them with ideas for what to say by having a flip chart page already prepared with reasons such as:

Thank you for...

- Making my job easier
- Your terrific attitude
- Your willingness to listen
- Your courage
- Your integrity
- Your commitment to quality
- Your quick action

Add your own ideas

After the cards are written, have them address the envelopes with the recipients' names, seal them and give them to you. Your job is to deliver them and watch as your valuable team members are recognized and appreciated. I guarantee it will make their day.

Encourage staff to make "thank you" cards a part of their routine. You can make it easy by keeping a supply on hand in an easily accessible location in the department. You can also encourage people to write to people outside the ED who make a difference. Imagine the Xray Technician who receives a "thank you" card from an ED nurse or provider. This is a small investment of both time and money that can create big rewards and even bigger smiles.



*Becky Petersen
Education Chair*

Senior Practice Management Consultant MedAmerica

Committee News

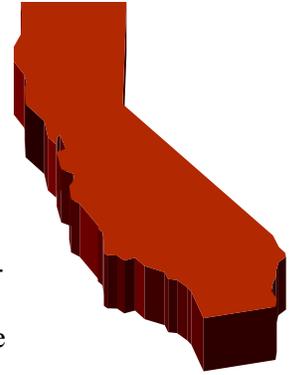
Recruitment and Retention Report

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.**

These are the most current totals for our now 13 active Chapters and overall total for the California Council as of March 2006:



Chapter # & Name	10/05	1/06	3/06
(223) East Bay	183	190	185
(224) Greater LA	331	340	339
(225) Mid-Valley	183	207	196
(226) Orange Coast	213	215	203
(228) San Diego	290	290	270
(230) San Francisco	153	158	157
(232) Loma Prieta	162	172	171
(253) Sacramento	231	246	248
(362) Inland Empire	194	211	205
(378) Channel Islands	62	78	80
(379) Superior	58	62	60
(442) Kern County	8	14	15
(443) North Coast	10	18	21
(NCA) No Chapter Assigned		2	76
Totals	2172	2203	2226



The 2005 State Campaign was entitled “Over the TOP...” a challenge to each chapter to recruit new members, bring back past members and be the chapter with the highest increase in percentage of members over the year. The Sacramento Chapter, with almost a 21% increase in membership,

was awarded a one-year ENA membership.

The CalENA Board continues to mount an intense focus on recruitment and retention this year. They purchased 100 pre-paid membership awards, and distributed them, by percentage of each chapter’s membership, to the chapter presidents in early January. Chapter leaders may distribute these awards as they see fit, to recruit and retain members.

Please award these and send back to Ellie by May 31. Chapters are encouraged to “match the gift” and offer even more membership opportunities. **What a great time to join ENA!**

Join the ENA Connection 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 and recruiters that this committee prepares Cal ENA mailing labels for approved buyers. **Encourage them to advertise in your local and state newsletters.**

Ellie Encapera, Chair

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: misellern@socal.rr.com

Committee News

Education

Becky Petersen reports the Education Committee is planning the **First Annual Cal ENA Emergency Summit August 9, 10 & 11, 2006**. The first day's focus is on the state of Emergency Care in California from the perspectives of Nurses, Physicians, EMS, and Regulatory Bodies. In addition, Trauma Committee has offered to sponsor the annual Gary Sparger lecture.

The subsequent two days include day-long breakouts on such topics as CEN Review and Basic Disaster Life Support Certification. (Final agenda is still in development) The Summit will be held at the beautifully remodeled San Mateo Marriott which has negotiated a rate of \$109 per night including free shuttle from SFO, free parking, and free WiFi. The property has terrific break out rooms for programs as well as an exhibition hall for vendors.

Look for a "Save the Date" flyer soon.

Becky Petersen, RN, MS

Coalition of Nursing Organization in Calif.

The deadline for legislative bill submission was the Friday following the last meeting so there will be more legislative information after our meeting next week.

Legislation last session allows for pilot projects to offer Bachelor of Science, Nursing on community college campuses. One community college will be offering this program in the future and hopefully others will be able to follow.

There has been a lot done to increase nursing as a career choice and schools have responded with creative programs to increase enrollment. However, the shortage of nurse educators continues to be problematic. Increasing salaries for nurse educators needs to be resolved to help eliminate this shortage

California Association of Nurse Anesthetists continues to monitor the Board of Registered Nurses lawsuit by the California Society of Anesthesiologists claiming that the BRN advisories concerning CRNAs' scope of practice are underground regulations.

School Nurses had a report aired by CNN and an ABC affiliate in LA that highlighted the serious health issues faced daily in the public schools which are sorely understaffed by RNs. There are major issues concerning diabetic and asthmatic students besides the mainstreamed medically fragile students.

The Universities and Community Colleges have been working on standardized pre-requisites to aid in the relief of the nursing shortage. Several bills have allocated money for infrastructure for nursing programs and some is

being used for simulation laboratories. Deans have been using the grant process to find money to increase salaries and educator positions.

ENAF Report

The Night at Esther's Follies was sold out at Leadership in Austin. The Foundation is moving forward with plans to do an on-line auction which will be coordinated with fundraising activity at the Annual Meeting in San Antonio this September. More information to follow.

The meeting raffle raised \$168 for the Foundation. Thanks to the Sacramento Chapter and California Emergency Physicians for the donation of the prizes.

Diane M. Schertz, RN,C, BS, CEN, CAPA

Trauma

There are outreach grants available for TNCC courses in underserved areas. Ironically, the most populous area, LA, is the most underserved as far as TNCC courses. This year, the committee was able to give \$4108.45 back to Cal ENA (percentage of money earned from holding courses in state each year and it was the second check that was received in 2005). The Committee is opposing the request made by National to submit TNCC Indirect fees and fees for the manuals prior to hosting TNCC course. To renew TNCC, one only needs to challenge the evaluation stations and take the written exam, but the fees charged are the same as taking the full course, and this is controlled by National. There are one day courses in Northern California, check the Cal ENA website. We are still looking for a CATN Course Director.

Anita Ruiz-Contreras

EMS Committee

The Accredited Paramedics as Nurse Extenders OSHPD Project at SJRMC in Oxnard, Ventura County, was approved and initiated. The all volunteer paramedics are working within the emergency department after 40 hours of didactic, with 40 hours of clinical in progress. This is a work in progress, and is awaiting the site survey and final evaluation of the project. The medics are not meant to replace RNs, but if you are concerned about this trend, let the committee know.

EMT licensure is moving away from regional accreditation to the State level. There are a lot of pros and cons. Many of you work or volunteer as "Fire Nurses". Currently, there are no standards. Again there are a lot of pros and cons about standardization.

Diane St. Deni

Government Affairs Committee

The big news here is that due to a job change, Lani Williams had to resign as chair. We are fortunate to have Debby Rogers step in while we search for a new chair. Debbie was GAC chair back in the early 90s and she got so involved in politics that she has been working in Sacramento as a lobbyist and consultant ever since. In this time of budget cutting, the committee is working to increase trauma funding. Specifically, we should support SB 1350—Trauma Funds; support AB 586—Medical Disaster Mobilizing; support AB 2083 that repeals the sunset date on AED use; support SB 1339—EMS Evaluation – only if EDs are not burdened with data collection. She advises a watch on AB 2108—Child Passengers; watch AB 2265—Maddy Fund (all counties should benefit); watch SB 1301—Adverse Events; and watch SB 1811—EMT Licensure. Oppose AB 2427—Helmet Law – repeals its use.



Leadership in Practice

The committee discussed Rapid Response Teams—teams involving non-ER staff. They reportedly decrease the length of stay and decrease the burden on the ED, but it is felt that ED staff involvement is very important in smaller community hospitals. We found that only two represented areas had actual teams in place. One medical Center in San Jose and one in Orange County. Two reported working on a plan. Plans should not include the emergency physician or nurses, however in smaller hospitals those are your experts. The Rapid Response Team should consist of Critical Care nurses that can respond and assess a patient and perhaps intervene before a Code situation develops. These teams will decrease the numbers of code situations thereby decreasing the need to pull Emergency staff from the department. It has been noted that length of stay is decreased which creates more bed availability and a decrease in holding patients in the Emergency department. So while the Emergency department is not involved actively on

the team, they should be involved in the creation of the team and be champions for the need. It will impact the emergency department positively.

Updates from the American Heart Association involve major changes in the BLS, ACLS and PALS algorithms. They have gotten more complicated. There is still confusion about standards for monophasic and biphasic defibrillators.

Julie Wanstreet

Pediatric Committee

Several hospitals are hosting ENPC courses. See the calendar. Triage was a hot topic as some hospitals have either implemented or are planning to utilize a doctor in triage. Most pediatric visits to EDs are primary care non-urgent visits. The physician in triage can complete the MSE and discharge the low acuity patients. They can also initiate care on the sicker ones. Overall satisfaction increases and time in department decreases. Several hospitals have policies and practices for reassessment in triage. Most are acuity based. The sicker the patient, the more frequent the reassessment in triage. Some policies specify a time (ie. Q one hour or Q two hours). Some facilities have allowed special dispensation to RNs, allowing them to perform a medical screening exam (MSE) in triage. They then can redirect some low acuity patients to the clinic

Pertussis can be very dangerous in infants. There is a new vaccine for pertussis that has been combined with the tetanus vaccine. As we know, 11 & 12 year olds (tweeners) are carriers of pertussis and are the primary vaccination target. Some hospitals are strongly recommending that front line clinicians (Folks who work in the ED) get vaccinated.



This season has been (and still is) a vigorous RSV season. Childrens Hospital, Orange County (CHOC) has recently seen a decline in admissions for RSV. Hopefully this is a sign that the season is ending.

Several hospitals have high census plans. Some for

Committee and Chapter News

particular patient populations (IE. NICU). Others for general patient population. Childrens Central has a holding bin. They request 72 dispensations from DHS to use the pre-op area for holding patients. Other facilities page the charge nurses and managers throughout the hospital every 3-4 hours with ED census information.

“Gang Share” is used by some facilities to create incentives for the RNs. For example, if elopements are contained to a certain percentage, the ED staff are given a coffee card or free movie tickets.

EMS-C is a federal guideline that assures a minimum standard for pediatric care in pre-hospital and hospital setting.

LA County uses EDAP (Emergency Department Approved for Pediatrics) designation for a higher standard. A suggestion was made that the committee explore the need for an even higher standard of care at the state level

Michael Vicioso, RN, BS

* * *

Sacramento Reports the chapter is meeting every other month. They are hosting a CEN Review course at Mercy San Juan Hospital on May 4 & 5.

Judy Kelleher was recently hospitalized but is now home with her daughter and doing better. Please send well wishes to her at:

1812 Middlefield Ave
Stockton, CA 95204

* * *

San Diego is taking part in the Y-ME Breast Cancer *Mother's Day Walk to Empower* (3 miles).

Their big chapter fund raiser is the **911 Conference on June 30.**

They are also planning a Day at the Races on September 8.

* * *

Superior has been sponsoring TNCC classes. An ENPC class is coming as well as a Pre-hospital Conference in Redding. They are also working on a newsletter.

* * *

Loma Prieta's next meeting will be May 16 at Regional Medical Center. At their last ENPC class, they tacked on \$25 to the fee. This raised \$600 that they will send to RNs in Mississippi who were impacted by Katrina. The State Council will match this, so the donation is \$1200!

* * *

Channel Islands had a chapter meeting and fund raiser on March 18. They awarded memberships. They are participating in the EMS Conference in Westlake Village on May 19.

* * *

Kern is having a Pediatrics Conference at the end of April.

* * *

East Bay's last meeting was sponsored and featured a speaker. They awarded free memberships also.

* * *

Orange Coast is busy educating their members. Mike V. reports that they had a presentation on Emergency Ultrasound and their next meeting will feature a talk on Financial Planning. They are also busy organizing an all-day conference emphasizing Bariatrics and Pediatrics on November 2 prior to the State Council.

* * *

Mid-Valley will host a Wine and Cheese Party at the Holiday Inn in Fresno before the Board Meeting on May 16.

* * *

Inland Empire will have a vendor table at the big Riverside EMS Conference. Terri reports they are planning their own ED Conference in October, maybe in Palm Springs. They just sponsored an ENPC at Eisenhower there in February.



Save the Date
911 Annual Conference
June 30, 2006
(Sharp Spectrum)
Presented by San Diego ENA Chapter
Register online at www.calena.net

Survey Results

We want to thank all 253 respondents (a twelve percent response rate) for taking the time to give the Cal ENA Board, Chapter leaders and Committee Chairs the feedback we need to continue to improve member services. The survey results are posted at www.CalENA.net for everyone to see. The comments to the open-ended questions are also posted and you are encouraged to review them and discuss them at your chapter. There are some great suggestions that could be incorporated into the Cal ENA 2006 strategic plan and initiatives.

The respondents indicated that education is clearly the most important service we provide. The most valuable services were ranked as follows:

- ⇒ Email news and updates 55%
- ⇒ ENA National educational events 54%
- ⇒ Cal ENA educational events 52%
- ⇒ The Monitor Cal ENA's newsletter 50%

Sixty-six percent of the respondents felt we could increase membership if we increased our educational offerings, including some online education. And 57% requested email groups to increase participation at the chapter and state level. At the state level, 77% of the respondents stated they don't attend the State Council meetings, for reasons that are very understandable. A combined 66% of the respondents said it is difficult to get time off work and it was difficult to attend a full day meeting. However 51% said they would come if there were educational presentations at lunch.

There are clearly some areas we can enhance. Sixty-four percent said our Chapters need to improve communication efforts for the following reasons: 35% didn't know where the meetings were and 40% said they were too far away or at inconvenient locations. However, many clarify that they don't attend because their lives are very busy with family and work responsibilities, however they appreciate the educational events and newsletters. Just shy of 70% felt the newsletter meets their needs and 72% felt the website meets their needs. There are also some very good



suggestions to improve these services.

A resounding 96% of you would recommend ENA to a colleague and 92% plan to renew their membership. For all your support, time, suggestions and all that you do for Cal ENA and our Chapters, thank you very, very much for your feedback.

We will need your assistance to increase the Cal ENA educational offerings through the Newsletter, State Council and Chapter meetings and conferences. Matt Powers, President-Elect, is the Board Liaison to the Education Committee and Becky Petersen is the Education Chair. Please don't hesitate to contact either of them to offer to speak at a meeting or to suggest an outstanding speaker. Perhaps you know a vendor that may be available to sponsor one of our meetings or upcoming educational events. We need your help to increase educational opportunities and continue to be the best that Cal ENA can be! We can't do it without you, your expertise and suggestions.

Diana Contino

INFORMATION ABOUT THE TOBACCO TAX OF 2006 INITIATIVE

California Emergency Nurses Association Proud To Be A Part of The Healthy California Coalition

California is experiencing many health care challenges that are affecting all Californians and we can't wait any longer for solutions. At a time when California's tax on cigarettes is below the national average, the Tobacco Tax of 2006 provides a critical and desperately needed investment for improving the health of all Californians through children's health insurance, improved access to emergency department care, nurse education and training, smoking reduction, and disease prevention, treatment and research efforts.

According to the California Department of Health Services, smoking costs Californians \$8.6 billion a year in health care costs. Every dollar invested in tobacco education and prevention saves three dollars in the long run.

A cigarette tax increase is a logical funding source for the programs identified in the initiative. Plus, experience has shown this will result in fewer smokers — another significant health benefit for all Californians.

News

The California Association of Emergency Nurses joined forces with the Coalition for a Healthy California, the California Hospital Association, and the California Chapter Academy of Emergency Physicians to sponsor a statewide initiative that would raise the state's tobacco tax by \$2.60 per pack of cigarettes to fund emergency departments, health insurance for children, nursing education, tobacco-related disease prevention and treatment, care for patients and to reduce smoking addiction.



Joining the initiative effort include the American Cancer Society, American Lung Association of California, American Heart Association, The Children's Partnership, the California Hospital Association, the California Chapter, American College of Emergency Physicians, California Emergency Nurses Association, PICO California, Children Now, California Primary Care Association, Campaign for Tobacco Free Kids, Association of California Nurse Leaders, Emergency and Acute Care Medical Corporation, and the California Association of Physician Groups.

The initiative will raise approximately \$2.1 billion annually and be distributed as follows:

Treatment -- 52.75% Includes hospital emergency care services (\$758 million), nursing education (\$92 million), community clinics (\$58 million),

emergency physicians (\$66 million), Steve Thompson physician education fund (\$7.5 million), prostate cancer treatment (\$18 million), tobacco cessation services (\$18 million)

Prevention -- 42.5% Includes children's health insurance (\$371 million), tobacco control, education and enforcement programs (\$177 million), cancer, heart and asthma prevention and control programs (\$267 million)

Research -- 5% (\$96.5 million) Includes tobacco-related disease and cancer research Funding for Proposition 10 programs (\$159 million) and estimated administrative costs (\$3 million)

When talking to your colleagues, friends and family about the importance of this initiative, in addition to discussing how these funds will help provide funding for emergency department patients who have no health insurance, you may also want to explain that this cigarette tax achieves two goals: it will reduce smoking, especially among kids, and fund other critical health care priorities such as emergency department care, disease prevention, medical research, and children's health insurance.

For a complete list of supporters or to find out more about the initiative please log on to:

www.healthycalifornia.com

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

Becky Petersen at: petersenr@medamerica.com

(or mail to the Editor at return address on back page)

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. Tell how ENA was founded.
2. Know how to contact ENA leaders.
3. Understand how research can clarify ED practices.
4. List new ways your chapter can involve its members.

Name _____ License# _____

Address _____

1. Were the education objectives met?
Yes No
2. What hospital supported Judy Kelleher's early efforts?
3. Dominique's research shows what % of EDs do not allow family presence during resus?
4. What ages are carriers for pertussis?
5. Name 2 ways Cal ENA chapters are getting involved in their communities.



**Next Meeting:
Fresno**



Tuesday, May 16
4pm Mid-Valley Wine & Cheese Reception
Meet the Board
Board Meeting—to follow

Wednesday, May 17
8am-3pm State Council Meeting

Holiday Inn, Fresno Airport
(559) 252-3611
5090 East Clinton
Fresno, California 93727
(Hiway 99 to CA 180 towards airport. Then a left onto N. Chestnut and a right onto East Clinton.)

Upcoming Meetings and Events:
August 9, 10, 11: ED Summit, San Francisco
August 17, 7pm: Conference Call
September 12: San Antonio, TX
November 2 & 3: Orange Coast

California Emergency Nurses Association

THE MONITOR

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Editor: Mark Wandro, RN, CEN
3512 Orinda Dr.
San Mateo, CA 94403
editor@calena.net

Report email and address changes to the National ENA office: (800) 243-8362 or enainfo@ena.org