

E N E W S A

PRESIDENT'S NOTE



Happy Emergency Nurses Week (October 9-15).

As a child, I always wanted to be a nurse.

My dream came true and over the years, I have had so many opportunities working as a nurse in a variety of roles including as an emergency nurse/leader, education/clinical instructor, serving as a volunteer with our community ambulance, and for the past couple of years, as Iowa ENA's President.

ENA has prepared me for many of these great opportunities.

Through my involvement in ENA, I have expanded and broadened many of my skills and abilities beyond what I ever thought were possible. Over the years, it has been a privilege representing emergency nurses for our state, traveling to several cities and states, having the opportunity networking with emergency nurses, and developing lifelong connections with colleagues across Iowa and other states.

Thank you for your commitment to our profession, but most of all, thank you for your dedication and caring of patients each and everyday, whether it be directly at the bedside, or in leadership, education, or another role.

I hope you find your experience and connection with ENA as personally and professionally rewarding.

I encourage you to get involved in ENA and share your experience and energy with others.

You can make a difference for your patient, your peers, and the public.

Iowa ENA recently held officer elections for the upcoming year. 2012 Iowa ENA Board of Directors include:

President – Sarah Tripp, West Des Moines

President-elect – Kara Greenlee, Norwalk

Treasurer – Jeff Jarding, West Des Moines

Secretary – Sarah Pike, West Des Moines

Past President – Susan Carzoli, Ankeny

Members At Large:

Jeri Babb, Des Moines

Kathy Bainbridge, Coralville

Deb Chudzinski, Independence

Karen Jones, Norwalk

Sue Hohenhaus has been selected to serve as our National ENA Executive Director. Sue is a nurse, who has been involved with ENA for a number of years and has a strong commitment to ENA's mission and vision. We look forward to her leadership and moving emergency nursing forward into the future.

Iowa ENA's Holiday Party and meeting will be held Wednesday, December 7th @ 2 pm @ Prairie Meadows in Altoona. I encourage members and nonmembers to attend. Come see what is happening at the State level and network with your nursing colleagues and get involved.

Iowa ENA Cookbooks are still available from our fundraiser this year. Cost is \$10 if picked up at a meeting or other ENA function. Add \$3 if requesting cookbook to be mailed.

Recipes were submitted from Emergency nurses across the state and will be a great addition to any kitchen.

Give one as a gift to a friend or family member. Get them now while supplies last! More info available at ENA meeting or on our website: www.iowaena.org.

As always, if you have items you would like to have added to your website (www.iowaena.org), feel free to email me @ Rnsue514@msn.com.

It has been a great year serving as your State President.

Thank You!
Susan Carzoli

September 20, 2011, ENA Board of Directors Meeting

I always enjoy attending the ENA Board meeting because that is where you hear what is being planned for the upcoming year, changes that are happening at the national level, and what members want the board to discuss. This year the large room was packed with members who were active participants to the meeting.

Some of the highlights included the move to incorporate the Leadership Conference into the annual meeting. This will occur around 2015 since contracts are signed out that far. A survey of all members showed a 90% approval to this format. Many in attendance stressed financial issues with trying to attend two or to send people from their organizations.

Emergency Department Operations Work Team will be formed to be inclusive globally in the development of a tool kit. Sue Hohenhaus, RN, our new executive director, will assist the team in the development.

I appreciate the opportunity to represent Iowa at the General Assembly.

Kathy Dolan, RN, MSHA, CEN, CPHRM

ENA Member since 1988



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2011 EMERGENCY NURSES ASSOCIATION GENERAL ASSEMBLY

This year Iowa ENA sent 10 delegates to Tampa, Florida to the General Assembly (see photo on next page). General Assembly is the annual business meeting of national ENA when delegates from all states have the opportunity to participate. It's fun to meet the national officers and gain a better understanding of ENA's mission and goals and how they relate to our everyday practice.

Responsibilities of delegates include attendance and participation in all sessions and reporting back to Iowa members the actions taken regarding voting and discussion. A major portion of the meeting is bylaws and resolutions reference hearings. All national policies and resolutions must obtain a two-thirds vote to adopt.

GA11-015 Resolution & GA11-016 Resolution Stroke Education

Let me first say, I feel very privileged to be chosen as a delegate for the state of Iowa. This opportunity has allowed me to learn more about our organization, understand the inner workings of our organization, and expand my knowledge base of emergency nursing.

This is truly a wonderful experience and I thank you, the Iowa ENA members, for letting me serve as a voice for the state of Iowa. This year we decided to assign each delegate a resolution to investigate and write an article for our newsletter, so here we go. The two resolutions I was assigned dealt with stroke education and the ENA's position regarding stroke education.

GA11-015- This resolution was titled: Task Force to Develop a Position Statement on the Care of the Patient Presenting with Stroke Symptoms. This resolution passed. It was a pretty straight-forward discussion on the assembly floor. The resolution approves the creation of a committee to develop a position statement stating how the emergency nurse is key to quick assessment and rapid intervention on behalf of the stroke patient presenting in the ED. The statement recognizes the importance of the ER nurse and his/her role at the bedside. This statement will be formed in collaboration with the local, state and national members of the ENA, American Heart Association and other stroke advisory boards. GA11-016 Stroke Education: This resolution failed.

I personally wasn't expecting the extensive discussion on this issue, however many good points were brought up by the states. Basically this resolution's authors were asking the ENA to take the lead for stroke, just like the ENA has for TNCC and ENPC. The authors of this resolution wanted the ENA to develop an online course to satisfy emergency requirements for nurses in Stroke Certified Centers. Many points were discussed.

The question was posed, why re-invent the wheel? There are many free and high quality stroke education programs out there, including education from American Heart Association. The point was brought to the table to link some of the high-quality sights to the national ENA website for easy access. The promoters also believe that emergency nurses should take the lead on stroke care because then you have a program where ER nurses are teaching ER nurses, just as in TNCC. Regardless of your feelings on the direction the ENA should take, the importance of continued education in stroke care remains priority for our profession and our organization. Stay tuned for additional resolutions to come from this issue.

Thank you,

Sarah Tripp, R.N., CEN
2011 Iowa State ENA President-Elect

GA11-011 Resolution entitled, Utilization of Paid Reservations for Emergency Department Services.

This was an extremely informative General Assembly this year at the ENA Convention held in Tampa, Florida. I would like to share with you I prepared ahead of time by researching this topic on the Internet since I had not heard of this practice. This is actually a

computer program that can be implemented to assist your emergency department to schedule cash paying patients when volumes are low.

The system keeps their place in line and sends an e-mail, text message, or a phone call when the patient should come in. This is actually for non-emergent patients who have difficulty finding a physician or seeing their own.

There are disclaimers for emergency situations.

If the patient feels they have an emergency they are to go directly to the emergency department. There are a number of vendors offering this service and several of the states represented had implemented just such a process.

Discussion was lively pro and con. A level one trauma center in Missouri thought it was a "wonderful" system.



Iowa Delegates to 2011 General Assembly (Back row left to right) Sarah Pike, Heather Mills, Kara Greenlee, Jeff Jarding, Lynn Tschiggfrie, Susan Carzoli, Kathy Doylean (Front row left to right) Sarah Tripp, Joni Thornton, Jeri Babb

2011 EMERGENCY NURSES ASSOCIATION GENERAL ASSEMBLY (continued)

GA11-011 Resolution entitled, Utilization of Paid Reservations for Emergency Department Services. (con't)

The decision to implement such a service was market share driven to increase reimbursement.

One facility in New York with an annual volume >150,000 visits also used the service. They have so many non-paying patients that they were desperate for cash infusions. The nurse who told her story cited \$50 million debt driving the decision.

Some comments expressed concern for EMTALA, unplanned emergencies, staffing issues just to name a few.

The authors of this resolution really wanted ENA to come out and adopt a Position Statement against this practice. Currently, no research data exists. This resolution passed 388 for and 267 opposed.

Resolution GA-022: Site Selection Committee

This resolution was brought forward by a passionate group of members who felt that the members of the organization should have a say in where ENA conferences are held annually. The Board of Directors used to approve site selection years back but over time it became the sole responsibility of the ENA staff at the main office.

The ENA office was asked to supply the members with the criteria needed to hold these large conferences. This includes the number of hotel rooms needed, meeting space requirements, transportation including access to major airports with 24/7 ground taxi service, off-site activities, and non-union versus union convention staff. Union staff doubles the cost to the organization. If criteria are known more states could be apply to host the annual meeting. Advantages might include increased membership and revenue to the area hosting the conference. North Carolina, New Jersey, and New York were driving the debate. This resolution passed successfully.

Kathy Dolan, RN, MSHA, CEN, CPHRM

2011 EMERGENCY NURSES ASSOCIATION GENERAL ASSEMBLY (continued)

Resolution GA11-012 “Utilization of Advertised Wait Times for Emergency Department Services”.

The authors of the resolution were Megan Long, RN & Nicole McGarity, RN. The authors state in their resolution that little research existed which defined a standard metric of an ED wait time and that there was little known about the effects of advertised. The resolution requested that monies be put

forth with a task force from the Institute of wait times on the general public.

Emergency Nursing Research (IENR) or other appropriate body, to support or encourage research related to advertisement of ED wait times. The research was to include the effect of wait time advertising on the quality of ED care, financial impact and customer services outcomes and the impact of advertisement practice on disadvantaged populations such as uninsured patients, unemployed

patients, and patients without financial resources to pay for their emergency services. At the end of the research period, the ENA would then be asked to develop an opinion regarding the use of “wait times” in advertising. This resolution did not garner the support of the delegation and failed.

**Sarah Pike BSN, RN, CEN
State Delegate**

Resolution GA11-013 “Care of the Pediatric patient with mild to moderate dehydration in the Emergency care setting”.

The author of the resolution was Laura L Kuensting, RN. The author states in the resolution that 1.5 million outpatient visits per year are made by children with mild to moderate dehydration. The author also identified that Oral re-hydration therapy is identified as the first line therapy as recommended by the CDC but is often not practiced.

Difficult IV access was also discussed as being the most common invasive procedure for this population and is also viewed as the most painful part of the experience. This author asked the delegation to resolve that the ENA investigate the most current evidence-based practice research regarding pediatric peripheral access in children presenting to the ED with mild to moderate dehydration.

The ENA also shall put forth an evidence-based nursing practice guideline on alternatives for parenteral re-hydration therapy when difficult access is identified. Finally, that the ENA provide resources and education for the practice of managing children with difficult access. This resolution was supported by the delegation and passed.

**Jeff Jarding BSN, RN, CEN
State Delegate**

Resolution GA11-014 – Ultrasound Guided Peripheral Intravenous Access

While at the General Session of the Emergency Nurses Association Annual meeting we discussed and debated many topics, one interesting one was the use of bedside ultrasound to assist the nurse to gain peripheral IV access. This was brought forth to the delegates by 5 ENA members from around the country and was supported by 24 state councils (including Iowa) and 22 individual ENA members prior to it being brought to the delegation. The authors of this resolution were asking the delegation to approve the ENA to develop an official statement to support the inclusion of ultrasound-aided peripheral venous

access within the scope of registered nurses.

This is important in the fact that ENA is paving the way for the stretcherside nurse to be allowed to so the right thing for their patients which in this case is to decrease their number of IV attempts and decrease the chance that they may need to have a central line placed due to difficult peripheral access. This in turn reducing patients risk of infection and decreasing morbidity and mortality and well as decreasing health care costs.

It just so happens that in June ACEP passed a resolution stating that non-board certified healthcare workers can use alternate means to access veins.

This resolution passed without debate because it is what is right for the patient. So since ENA is a powerful voice in healthcare, look for your institutions to begin training the RN staff to access peripheral IV's with bedside ultrasound. There are some institutions that are already doing this with their higher skilled staff and physicians but you will see it in the future that every stretcherside RN will be trained to perform this skill.

Thank-you for allowing me to represent our state as a delegate to the General Assembly. It is a great honor to be responsible for paving the direction of care for our patients and guiding our profession.

**Lynn Tschiggfrie RN, CEN
CENMembership Chair 2011**

2011 EMERGENCY NURSES ASSOCIATION GENERAL ASSEMBLY (continued)

Resolution GA11-018 embodies

"Advancing the Institute of Medicine (IOM) recommendations for the future of nursing".

There ended up being no debate at General Assembly on this resolution. 667 Delegates unanimously adopted this resolution, which aligns with ENA's mission and bylaws.

The IOM report holds nurses and healthcare providers, the government, businesses, health care organizations, professional associations, and insurance industries accountable to work together to provide seamless, affordable and quality care, which is accessible to all and leads to improved health outcomes.

The IOM launched an initiative (with ENA representatives at the table) to respond to a need to assess and transform the nursing profession.

The ENA board of directors appointed a workteam to research and make recommendations on the education, training, and practice of emergency nurses.

This adoption will allow ENA to move forward with the work that has been done by the future of nursing work team.

The IOM recommendations include:

- Removing scope of practice barriers so advanced practice nurses can practice to the full extent of their education and training. Along with this, developing standards and credentials for advanced practice nurses who practice in the ED.

- Expand opportunities for nurses to lead. ENA already provides Government Affairs Chairperson training and Key Concepts curriculum for leaders, but there is additional opportunity to develop expertise in conflict management and negotiation skills.
- Implement nurse residency programs to allow transition into new clinical area as well as provide recommendation for baseline education requirements for all emergency nurses.
- Increase nurses with baccalaureate and doctorate degrees by 2020, creating a workforce prepared to meet the demands of a diverse population. This is an opportunity for ENA to partner with academic facilities and provide clinical expertise and resources. ENA also has the opportunity to advocate for increased funding for nurse faculty.
- Ensure nurses engage in lifelong learning, providing an opportunity to offer additional advanced training beyond TNCC, ENPC, GENE, and Key Concepts.
- Prepare and enable nurses to lead change. Emergency nurses are quite comfortable with clinical skills, but may not be comfortable speaking to or leading groups of interdisciplinary health care providers. ENA has the opportunity to provide additional related educational programs.
- Build an infrastructure for collection and analysis of inter-professional health care workforce data, and expanding information technology abilities.

ENA will educate and raise awareness regarding this report, and will give emergency nurses a voice in the process.

ENA endorses the recommendations from the IOM future of nursing report and will be working on a position statement specific to the future of emergency nursing.

Thank you for the opportunity to represent all of our emergency nurses and ENA members.

Susan Carzoli, RN, BSN, CEN
2011 Delegate / Iowa ENA
President

MEMBERSHIP

Iowa currently has 428 members. We seem to be holding steady and would like our membership to continue growing. ENA currently has almost 40,000 members world-wide and we are a very powerful voice on healthcare issues.

The partnership ENA has with ACEP (American College of Emergency Physicians) is strong and we are looked at to guide the direction of patient care. The larger the organizations become the louder our voice is. We are very thankful for all of our

members and challenge you to encourage your peers at work to join as well. With power in numbers we can achieve great things for our profession.

**Lynn Tschiggfrie RN,
CEN Membership Chair 2011**