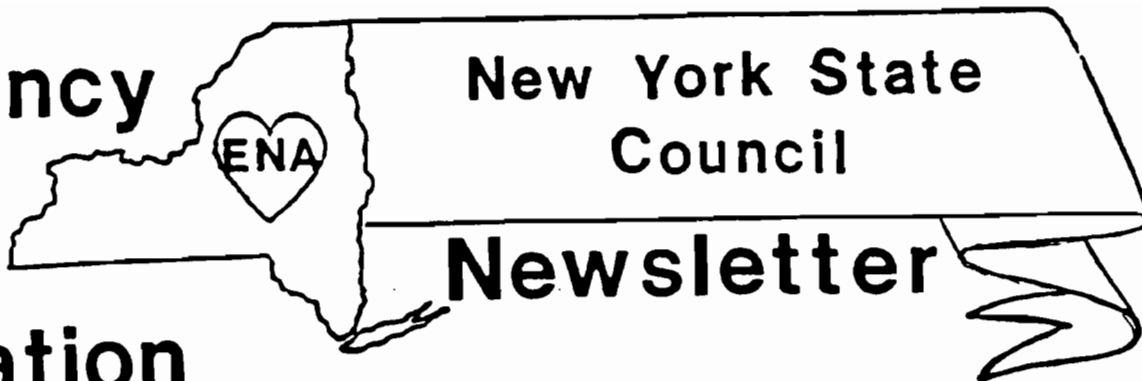


# Emergency Nurses Association



VOLUME 11    NUMBER 2    AUGUST 1990    Editors: Carol Sammann/Sue Strauss

## EXECUTIVE BOARD OF NYSCENA:

President: *Mary Mallory*  
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FROM THE PRESIDENT OF THE  
NEW YORK STATE ENA,  
MARY MALLORY:

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### State President's Meeting in Chicago

Nurses from 45 states gathered in Chicago at the ENA State President's meeting in April for networking and education. President-Elect Fran Sisko and I were proud to represent the N.Y. State Council. We participated in a day long leadership workshop given by Glenn Tecker. This was an active day filled with role playing and discussion. A few of the topics were:

- Reasons people join an organization
- Various ways people participate
- Expectations of organization members

Networking was through round table discussions which focused on issues selected by the State Presidents. These included:

- Big Challenges for Small State Councils
- Educational Offerings - Present vs. Future
- Membership Recruitment and Retention
- Action Through Legislation
- Rural States - Widespread Opportunities and Concerns
- The Inactive Chapter - Resuscitate or Bury?
- Let's Talk About TNCC

National President Joanne Fadale gave us an update on ENA activities. These will be in Etcetera so I will not list them here. Treasurer Susan Budassi Sheehy gave an financial overview by comparing the association's finances and statistics for 1980 and 1990:

	1980	1990
Membership	8,100	19,000
Annual budget	\$795,000	\$3,750,000
Postage	\$43,000	\$89,000
Printing	\$12,000	\$534,000
Rent	\$11,000	\$97,000

The dramatic expansion of services during the 1980's, combined with increased costs of operations, has necessitated an annual dues increase of \$20.00. However, you may save money by joining for three years at a cost of \$200.00 or for five years at a cost of \$300.00.

The final report of the Blue Ribbon Commission was given by Board member Dorothy Hindman. Watch for the Commission's report in an upcoming JEN or Etcetera.

## **Twentieth Anniversary Celebration of New York State ENA**

Where were you May 4th and 5th? If you were not at the New York State "Setting the Pace" Conference in Buffalo, you missed:

### Education   Networking   Awards

Our 20th anniversary celebration was one of our best conferences ever! New York State ENA is getting stronger and better each year. I spoke with many first time attendees and they are looking forward to next year's conference in Binghamton.

## **The National Coalition to Prevent Childhood Injury**

The SAFE KIDS coalitions, sponsored by Johnson & Johnson, held a scald burn prevention program during SAFE KIDS Week, May 14-20. In addition, community coalitions are being encouraged to kick off a residential fire detection program during October's National Fire Prevention Week. You could be of assistance in the 1990 push to prevent childhood injuries by supporting plumbing code language and strengthening local and state smoke detector ordinances. Please help alleviate the childhood burn problem. There are three local coalitions in New York State: Harlem; Valhalla; and Schenectady. For further information on how you can get involved in this commendable campaign please contact your state or local coalition or SAFE KIDS, 111 Michigan Ave. N.W., Washington, D.C. 20010.

## **Upcoming Events**

Plan now to celebrate the second annual Emergency Nurses Day on October 3, 1990.

Our next State Council Meeting will be held on Long Island, September 7-8th at the Ramada Inn in Hauppauge.

## **Chapter News**

After much consideration, the New York State Council Board decided to revoke the charter of the Staten Island Chapter. This decision was based on prolonged inactivity and lack of representation at State Council meetings. We invite Staten Island members to attend meetings of the Brooklyn Chapter or another active chapter. All ENA members may attend State Council Meetings and are encouraged to get involved!

As in the last issue, I will again list a few chapters with the corresponding zip codes, president's name and address. When renewing memberships please list a chapter code. Some zip codes are in two chapters so check with the local President if in doubt!

Chapter: Central New York - 029  
President: Barbara Kirby  
P.O. Box 204  
Fayetteville, N.Y. 13066  
(H) 1-607-687-0064  
(W) 1-607-470-7411  
Zip Codes: 130,131,133-136

Chapter: Genesee Valley - 276  
President: Ann Smith  
9 Broken Hill Road  
Pittsford, N.Y. 14534  
(H) 1-716-248-5089  
(W) 1-716-263-5400  
Zip Codes: 144,145,146

Chapter: Manhattan-Bronx - 034  
President: Wendy Bohr  
319 Ave. C #8C  
New York, N.Y. 10009  
(H) 1-212-674-0903  
(W) 1-212-420-2843  
Zip Codes: 100,101,102,104

Chapter: Mark Twain - 039  
President: Patsy Ballard  
2166 Ellis Road  
Dundee, N.Y. 14837  
(H) 1-607-243-7824  
(W) 1-315-536-4431  
Zip Codes: 137,148,149

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**TRAUMA COMMITTEE NEWS BY  
ANNE WALL, CHAIRPERSON:**

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The Trauma Committee is currently planning for several TNCC provider courses, to be offered state-wide in the fall. Details should be available soon.

National ENA has completed TNCC course revisions, and re-verification procedures. There will be a session during the Scientific Assembly to disseminate this information to all TNCC instructors. All NYS instructors should have received information about this from Anne Wall. Please contact her if you have not.

Eileen Lumb is chairing a task force to plan for TNCC instructor re-verification dissemination across New York. Twenty two TNCC instructors will need to be re-verified in 1991. Any TNCC instructor candidates who have not yet been verified should contact Anne Wall as soon as possible (716/436-8345).

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**"THANK YOU ENA"  
FROM GINNY HENS:**

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Friday, May 4, 1990, at our 20th Anniversary and Awards Banquet, was the absolute high point in my professional life .... I received The Anita Dorr Award!

Having been asked by several colleagues how it feels, I can only say, "GREAT"! For once I was completely overwhelmed and speechless (for which I am sure several people are grateful). To me, the Anita Dorr Award symbolizes the team work, efforts and achievements of the entire New York State Council. We've come a long way and can certainly be proud of who we are.

The past several years have been extremely rewarding for me, both personally and professionally. Just being an emergency nurse has permitted me to

meet and network with so many dynamic and terrific people! Our profession has paved the way for my involvement in a multitude of activities that affect our practice.

To witness and actually have the opportunity to participate in the growth and development of emergency nursing, and of the ENA, gives me a tremendous feeling of achievement.

I salute you all. And from the bottom of my heart, I thank you!

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**NURSE PRACTICE COMMITTEE  
NEWS FROM GINNY HENS,  
CHAIRPERSON:**

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On May 4th, as part of the New York State ENA Conference in Buffalo, the topics of GRIDLOCK and the NURSE IN EMS highlighted and, in fact, monopolized the Issues Forum. Discussion was lively and, at times, emotional as we heard how emergency nurses across the state were coping (or not coping). Overcrowding was defined as the most serious problem facing emergency nurses today, and the most difficult to deal with.

Also of growing significance is the issue of the nurses involved in EMS. Serious concerns about insurance and liability when riding an ambulance as a volunteer, or when serving in the capacity of an EMT were discussed, both from the legal and professional points of view. As professional nurses, we are licensed through the state education department and our performance is judged by a professional standard, regardless of the circumstances of practice.

The local television station in Buffalo, WIVB TV, gave us excellent coverage of the Issues Forum. State Council President, Mary Mallory, past National President, Peggy McMahan, and a former council delegate from the Adirondack Chapter, "Skipper" Boyko, were interviewed. What a great way to inform the public about our concerns for their well-being.

We all enjoyed the discussion and wished it could have been longer. It was a great conference. Here's to next year!

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RESOURCES TO BE USED IN  
PREPARING FOR THE CEN EXAM  
BY ELLEN ELLIS AND  
VIOLETTA AYALON, MEMBERS  
OF THE NURSE PRACTICE  
COMMITTEE:

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I. Emergency Nursing Core Curriculum (third ed.),  
Emergency Nurses Association, W.B. Saunders, 1987.

A. Strengths:

1. Reviews/lists all content that is, or could be, included in the CEN.
2. Presents content in a nursing process framework which would facilitate preparation for the various components (i.e., assessment, interventions, etc.) of the exam.
3. Content is still very current despite the 1987 copyright.
4. Because it is identified by ENA as the "official" Emergency Nursing Core Curriculum, it is reasonable to assume its content is incorporated into the CEN.
5. It is more objective in presentation of content than some individual authors.

B. Weaknesses:

1. Outline format doesn't provide the depth that may be needed by many practitioners to prepare for the CEN.
2. Outline style is boring and may be difficult to pursue.

II. Emergency Nursing: A Physiologic and Clinical Perspective. Stephanie Kitt & June Kaiser, W.B. Saunders, 1990.

A. Strengths:

1. Includes generally the same content areas as the Core Curriculum.
2. Some topics are discussed in more depth than the Core Curriculum.
3. Uses a nursing process format.
4. Written in an interesting, readable fashion.
5. Content very current.

B. Weaknesses:

1. Does not include a number of topics under the broad content areas that are included in the Core Curriculum (e.g. plant and food poisoning; stomach, pancreatic and mesenteric injuries, etc.).
2. Content is organized under different categories than usually found in ED texts and this may be confusing to some people.

III. Assessment and Intervention in Emergency Nursing.  
Nedell E. Lanros, Appleton & Lange, 1988.

A. Strengths:

1. Includes generally the same content areas as the Core Curriculum.
2. Some topics are discussed in more depth than the Core Curriculum.

B. Weaknesses:

1. Skips assessment and evaluation components of the nursing process.
2. Content presented in a less scholarly manner than other references and, at times, is almost patronizing.

IV. Emergency Nursing: A Guide to Comprehensive Care. Janet Gren Parker (editor), A. Wiley Publications, 1984.

The book consists of articles written by several nurse educators and CEN emergency nurses and includes the following sections:

- The role of the E.R. nurse in the E.D and in the health care system, including legal aspects.
- Clinical issues and selected emergencies.
- Emergency nursing and community resources.

A. Strengths:

1. Each chapter has clearly stated objectives and informative clinical information.
2. The perspective differs according to the author.
3. The format is based on specific clinical issues rather than systems or functions.

B. Weaknesses:

1. The bibliography at the end of each chapter is over five years old.
2. Some repetition occurs throughout the chapters.

V. Emergency Nursing: A Comprehensive Review.  
Mildred Finke & Nedell E. Lanros, Aspen Publication, 1986.

A. Strengths:

1. The book format is based on systems review and then certain key topics are addressed.
2. Clinical information is thorough and detailed.
3. The bibliography is reasonably current.

B. Weaknesses:

1. Policy statements and emergency issues are analyzed in depth.

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EMERGENCY NURSE DAY  
REMINDER BY KATHY CONBOY,  
PAST PRESIDENT ON NYSENA:

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Remember October 3, 1990 is Emergency Nurse Day! We hope that you have your plans to celebrate the day well formulated, or if you are a staff member, that you are asking your administration what their plans are for you. Some of the ideas that will be implemented in New York State this year are:

- Open house in the emergency department with special targeting of high schools, schools of nursing and EMTs for recruitment purposes
- Recognition dinners/luncheons
- Proclamations of Emergency Nurse Day by mayors and county executives
- Exhibits at local shopping malls
- Invitations to administrators and legislators to "Walk a Day in my Shoes"
- Presents / gift certificates / trips for emergency nurses
- Chapter meetings / seminars / membership campaigns
- Media events (TV, radio and newspaper coverage)

This is an excellent opportunity to receive a small portion of the recognition we deserve and provide a forum for us to express our views. What better day to have a legislator visit than when you are "holding" multiple critical care patients. Be pro-active and get an early start. Contact us if you need any assistance and Good Luck!!

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**EXCERPTS FROM THE MARCH  
1990 E.M.S. REPORT BY RUTH  
PERRONE, NYSCENA LIAISON  
WITH EMS:**

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The E.M.S. Program has been moved from the State Office of Public Health to the Office of Health Systems Management. The program will specifically come under the Division of Health Care Standards & the Health Care Surveillance Group.

Many proposed budget cuts have been discussed to help eliminate the deficit. Included are:

1. To eliminate funding for colleges.
2. To stop processing of P.C.R. forms from first responder agencies.
3. To cut course reimbursement by 25% across the board except for courses in "high need" counties.
4. To limit funding in all courses to only bona fide ambulance personnel.

The Executive Committee reviewed the impact of different methods of determining high, intermediate, and low need areas as applies to sponsor's reimbursements. A resolution was prepared to send to the Health Commission concerning the E.M.S. fiscal crisis and regional councils, providers, etc. are being encouraged to write to their state legislators. It was agreed that funding will be a key issue when amendments to Article 30 are considered.

A number of additional E.M.T.-D programs were recommended for approval in the state. Suffolk County medical director, Dr. Sciammarella, has proposed a pilot program which would evaluate the feasibility, cost effectiveness & the patient outcome in permitting E.M.T-D's to intubate.

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**BY MARIE BROWNE, TECHNICAL  
ADVISOR FOR THE TV ADS BY  
THE NATIONAL COMMISSION ON  
NURSING IMPLEMENTATION  
PROJECT:**

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A generic "emergency" nurse was needed and I was lucky enough to be the one who represented us all, directed to the project through my involvement with the New York State Emergency Nurses' Association. Thus, my introduction to production began.

My job was to make the scene look "real" for two reasons: so that the public image of the nurse would be improved through showing what we really do; and so that we would appeal to potential recruits in the viewing audience. It was explained to me that the ad had to be as "perfect" as possible. The brevity of the ad would allow the viewers to fully concentrate on it and any errors would be more readily apparent than in a longer presentation. Hence, I learned that the filming of a short commercial is much more complicated than I ever imagined.

The filming was done on a vacant unit of

a hospital that donated its space for the filming. I wondered why we could not use the "real" thing and even offered the ED where I work. However, when I saw the volume of equipment and personnel required to make these short segments, the reason for using a vacant unit became apparent.

I helped with some of the small things - the final touches - that often make a difference. During the cardiac arrest scene, many views of the CPR segment were shot but could not be used in the final edit because our efforts not to hurt our elderly patient resulted in some unnatural-looking movements. It was difficult to get a good view of the nurse "ambuling" the patient. While we had no intention of doing the real thing, the patient had a sinus infection and was sensitive to even minimal pressure of the mask on his face. For the defibrillation scene, we had to reassure him that the machine was not turned on so he would not fear the possibility of an inadvertent shock. We recorded the sound of the defibrillator discharge later "just in case".

The hypoglycemic scene is really the Emergency segment. In the ED we know that the chance of saving a cardiac arrest victim is variable, but that our success with hypoglycemic patients is frequent, simple, and very real. Yet this scene was more difficult to film since it did not involve high-tech equipment and the director was really into believing that high-tech equipment was needed to be impressive. Someone at the hospital, where the filming occurred, told him about the "blood glucose machine" that is the latest technology. Imagine his disappointment at the insignificant looking piece of equipment that is!

I explained that we would not normally run with the stretcher as depicted in the scene, but since it "looked" better, I could live with it (and I prayed my nursing colleagues could too!). Someone remarked that it looked funny to see the patient's shoes sticking out from under the sheet, so the director wanted them removed. I said, "No! ED nurses would not do that unless it was really necessary". The shoes would be: a) lost (or stolen) or b) the patient would have toxic sock syndrome

and kill us all. We compromised and covered the patient's feet with a sheet.

What does a nurse look like? I certainly never thought about this before but two very important people worked hard to help the actresses look like "real nurses" - whatever that is. The wardrobe lady and the makeup artist did a splendid job of making the actresses look like "us". What do you think?

The props people amazed me with the way they transformed empty spaces into a completely believable hospital environment - a homey nurses' station was created overnight with a perfect combination of both essentials and familiar clutter. Some of the hospital staff came to admire the transformation.

Something else impressed me very much. No one said, "no" or "we can't do something". This idea simply does not exist. I cannot see the film crew running out of a necessary item like film or extra lightbulbs as we run out of necessary supplies like syringes, chux, etc. because of bureaucratic problems. I feel that if they had a copy machine broken as often as the one outside of my office, that it would soon be replaced with a working model. In fact, we are all parts of a whole and we should all be responsible and functional - whether man or machine - and if not, changes need to occur. The lesson in productivity and careful planning hit home and I was proud to be of value in creating a "quality" product.

I contributed some, I learned a lot, and I worked hard. But, most importantly, I enjoyed myself tremendously and that is what makes the memory of the experience so unique and satisfying.

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**GOVERNMENT AFFAIRS NEWS  
FROM FRAN SIKSO,  
CHAIRPERSON:**

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It was my good fortune to attend the conference on "Nurses and Public Policy" held in Albany in March. The conference was co-hosted by the Center for Women in Government and several nursing organizations. The participants from the center are experts in the methods of using information to create change. The intent of the conference was to educate nurses in the techniques of taking issues from the work place to the public policy arena.

For two days nurses from every part of the state and from a wide variety of specialties talked, worked, studied, learned, and shared.

Future goals of this on-going project will include the development of policy workshops across the state and national teleconferences for hospital audiences. Watch for these and get involved at the chapter level. Talk with other groups and work together. Nurses together can have a strong voice.

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**1990 CONFERENCE NEWS BY  
MEL WILSON, CO-CHAIR:**

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The New York State Council held their annual state conference in Buffalo, New York on May 4-5, 1990. The conference, entitled "Emergency Nursing Today .....Setting the Pace Tomorrow" was quite successful with the largest number of participants ever registered at a New York State Conference.

The first day began with a Keynote Address by Margaret McMahon, R.N., M.S., C.E.N. The Issues Forum was again an exciting addition to the state conference with emergency nurses networking and exchanging opinions and

ideas on different issues concerning New York State.

A gala banquet ended the first day. It was attended by all of the registered participants, the past Presidents of New York State Council, Stephen Lieber, the new Executive Director of ENA, Joanne Fadale, R.N., C.E.N., the current President of ENA. Ms. Fadale addressed the assembled group concerning the history of the New York's ENA.

Awards were also presented at this time. The Education Award was presented to Mary Ellen (Mel) Wilson, R.N., B.A., B.S., C.E.N. of the Genesee Valley Chapter. Special Recognition Awards were presented to Kathleen Arnold, R.N., M.S.N., C.E.N. of the Nassau Chapter and Peter Bonadonna, Chief Advanced Life Support Technician with Monroe Ambulance in Rochester, N.Y. The Anita Dorr Award was presented to Virginia (Ginny) Hens, R.N. of the Western New York Chapter. Ginny is very active on the State Council and is a former New York State Council President. She is currently

The second day of the conference was as rewarding as the first day. Margaret McMahon gave a presentation on "Professional Ethics". After a full day of presentations, the conference concluded with an address by Deborah Kirby, R.N., J.D. on "Professional Nursing Practice and Personal Risk."

The 1991 State Conference Committee is already planning for next year's conference which will be held in Binghamton, New York on April 19 & 20, 1991. Please look for upcoming information.

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**MEMBERSHIP COMMITTEE NEWS  
BY CAROL SAMMANN,  
CHAIRPERSON:**

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The newsletter of the New York State ENA Council currently has a circulation of 1800, is published quarterly, and reaches all Emergency Departments and ENA members within New York State. We are now accepting paid advertisements meeting the following criteria: ads for products or services which relate to emergency nursing; services within New York State; and, ads are subject to committee approval prior to publication. Advertisements must also be copy ready and reducible.

Advertising space and price (per issue):  
1/8 page (3" x 2") .....\$40  
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