

Who's Who in the New York State Council

Meet Your Board Members At-Large

Susan A. Prezzano, RN, CEN, EMT



Susan is a clinical leader for the emergency department at St. Francis Hospital in Poughkeepsie. She has been active in emergency care since 1970, working in every aspect from aide to nurse manager. Susan received her initial nursing

training from Grassland School of Nursing in Westchester and later received an associate's degree from the University of New York. She is presently pursuing a BSN from the University of New York Regents External Degree Program. "Emergency nursing has been my life and my reward," Susan said, "I have precepted many others in emergency nursing and have enjoyed watching their growth and accomplishments. I too, have grown with ENA at my side and am proud to be a Member-at-Large." Susan has been a delegate to the ENA National General Assembly, and she is a past-president of the Mid-Hudson Chapter.

Patsy Ann Ballard, RN, CEN

Patsy has been the working supervisor of the Emergency Care Unit at Soldiers and Sailors Hospital in Penn Yan since 1984. She has been very active in the pre-hospital care arena and is now the president of the Yates County Emergency Medical Services Council.



Patsy received her nursing diploma from Arnot-Ogden School of Nursing and is presently enrolled at Elmira College in pursuit of her BSN. She has been the chairperson for the Special Interest Group on Rural Nursing since 1988.

Patsy was the co-chair of our very successful 1991 NYSCENA Conference and has been a delegate to the ENA National General Assembly. Patsy is from the Mark Twain Chapter. ♦

Governor's 1991 Program Bill # 34

Gwen Williams, RN, BSN, CEN, Chairperson, NYSCENA Government Affairs Committee

Health Personnel Shortage

There is now a bill on the floor of the legislature that would take the licensure process out of the hands of the State Board of Regents. To understand the bill, a brief legislative history is necessary.

A unique system for granting and regulating licensure presently exists in New York State. The Commissioner of Education and the Regents, a citizen body, are empowered with responsibility of education, licensure, and discipline of the professions. The professional boards have an advisory role.

In 1988, to deal with the shortage of health care personnel, the Health Professions Act was promoted by an advisory task force appointed by the Department of Health. While the act contained some good suggestions, it consistently described licensure as an impediment to recruiting health care workers. It was theorized that if students were not required to study a standardized curriculum or achieve a passing score on a licensing exam, there would be no shortage of health care workers. The Governor did not sign this bill.

In 1990, the Department of Health convened a new committee which proposed several recommendations. Two of these were mentioned in the Governor's "State of the State" address and are contained in the Governor's 1991 program bill #34. They are:

(Bill #34 - continued on page 4)

Emergency nursing has been my life and my reward.



President's Letter

Fran Sikso, RN

State Scientific Assembly

Thanks to everyone who attended the State Scientific Assembly in Binghamton. It was indeed our best conference to date. Your participation shows an increasing concern for improving emergency nursing care. I hope everyone is looking forward to next year's conference in Albany, April 10-11. The Conference Committee has been working diligently and we predict it will be the finest conference yet.

My hat is off to this hard working committee.

Emergency Department Overcrowding

Recently, Maggie Weeks, from the Nassau/Queens chapter, and I were in Washington to attend a Congressional briefing on Emergency Department Overcrowding. We had an opportunity to exchange thoughts and ideas with congressional aides in an effort to solve this spreading dilemma of gridlock. We also attended the National Government Affairs Committee meeting. Currently, the committee is actively working with members of Congress to find answers to the overcrowding issue. We went to several congressional offices to encourage participation in the caucus on overcrowding.

The Brady Bill

While in Washington, we spoke with and thanked many who supported the Brady Bill. Many in Congress "took it on the chin" for supporting the bill. If your congressional representative voted for the Brady Bill, please write him/her a note thanking them for their support.

The New "Strategic Planning" Committee

Strategic Planning, a new committee chaired by Sonia Libatore of Rochester, has been formed at the state level. This committee has created excellent long range plans for ENA. Watch for news on this committee in the future.

Participation

All of our committees are especially busy on the state level and hopefully, on the chapter level. With each committee member taking on a small role, we can achieve significant results. No individual can do it all. Your chapters need YOU to participate in their activities.

Remember, you are all members of the State Council and you are encouraged to attend the state meetings. If attendance is impossible and you have suggestions or comments, please write or call me. Hope to hear from you soon. ❖

EMERGENCY NURSES' DAY

is
October 2, 1991

Join in the Celebration!

News from New York ACEP

Conference on Domestic Violence

The annual meeting of the New York Chapter of the American College of Emergency Physicians was held June 14, 1991, at the Holiday Inn Crowne Plaza. Prior to the meeting, an educational course was held on *Domestic Violence: Identification, Assessment, and Intervention*. Participants included physicians, nurses, social workers, EMTs, public health workers and police.

The conference provided an excellent overview of child, elder and domestic abuse. Issues of legality, state mandated reporting, state health codes and JCAHO standards were reviewed in detail.

The primary trauma care of the victims of urban violence as well as support systems were discussed. The conference also offered the child abuse certification course required by New York State for relicensure. The conference syllabus contained copies of NYS regulations, articles on spouse abuse, child abuse and elder abuse, statistics, protocols and resources.

Copies of the conference syllabus are available for \$35 plus \$5 shipping and handling. Please contact: New York ACEP, 1070 Sibley Tower, Rochester, NY 14604, (716) 546-7241. ❖

With each committee member taking on a small role, we can achieve significant results. No individual can do it all. Your chapters need YOU to participate in their activities.

New York State Council News is published four times a year. The opinions expressed in this newsletter are not necessarily those of the New York State Council of the Emergency Nurses Association.

President Fran Sikso
President-Elect Gwen Williams
Secretary Anne Wall
Treasurer Jeanette Barth
At-Large Board Members . . . Patsy Ballard
. Susan Prezzano

1991 State Awards Presented

The New York State Emergency Nurses Association State Conference Awards were presented at the Awards Banquet in Binghamton Friday, April 19, 1991 to acknowledge those people who have made important contributions to our organization.

The Anita Dorr Award

Kathy Conboy, RN, CEN

The Anita Dorr Award is presented to the emergency nurse who most exemplifies the ideals of dedication and commitment to emergency nursing. This year, the award was presented to Kathy Conboy, RN, CEN, of the



Pictured with award winner Kathy Conboy (far right) are Gwen Williams, Fran Sikso and Mary Mallory (left to right).

Southern Tier Chapter. She was president of this chapter from 1983-85 and 1988-89. She has also been a chapter delegate since 1988.

On the state level, Kathy has served in many influential roles including president of NYSCENA in 1989, chairperson of the Public Health/Education Committee and chairperson of the Conference Committee. She has been a delegate to the National General Assembly since 1985. Kathy is presently a member of the National Scientific Assembly Committee. She has been a major contributor in her many endeavors for ENA and is an excellent role model for all emergency nurses.

Kathy's professional activities outside of ENA include a position on the Board of Directors of the Crime Victims Assistance Center and membership in the Broome County Community Coordinating Council on Child Abuse and Neglect, the Susquehanna/Adirondack Regional EMS System and the Union Volunteer Emergency Squad. She is presently employed as an emergency department staff nurse at United Health Services, Wilson Memorial Hospital, Binghamton. Kathy was nominated by the Southern Tier Chapter of ENA.

The Education Award

Angela Karnes, RN, BSN, CEN

The Education Award is presented annually to an emergency nurse who has demonstrated a major commitment to the education of his/her fellow nurses. The 1991 New York State ENA Education Award was presented to Angela Karnes, RN, BSN, CEN, of the Genesee Valley Chapter.

Angela has been a member of ENA since 1976. She has been president of the Genesee Valley Chapter as well as a delegate to the National General Assembly. Angela has been a frequent lecturer at the State Conference. She is an instructor

for ACLS and TNCC courses and is well respected for both her formal and informal teaching abilities. Angela presently works at Rochester General Hospital as an emergency department clinician and education coordinator, a position she has held since 1981. Currently, Angela is completing her MSN at the University of Rochester School of Nursing. She was nominated by Gwen Williams, a Genesee Valley Chapter member and co-worker.

Special Recognition Award

Physician Services Associates

The 1991 New York State ENA Special Recognition Award was presented to Physician Services Associates (PSA) of Binghamton. PSA staffs several of the Binghamton area emergency departments. Nominated by the Southern Tier Chapter, PSA has been most generous in sponsoring scholarships to the State Conference from each of their hospital EDs. PSA has been a strong supporter of ENA since the founding of the Southern Tier Chapter. The award was accepted by Faith Lynch, RN, for Dr. Patrick O'Hara.

Exhibitor's Award

Calgon Vestal

The 1991 Exhibitor's Award was presented to Calgon Vestal. They have supported ENA for several years, including sponsorship of receptions and refreshments at several ENA State Confer-



Pictured above (left to right) are Gwen Williams, Maureen Favo, Tom Afflick and Dennis O'Hara.

ences. This year, Calgon Vestal supported speaker Martha Pratt who presented a discussion on burn care. Calgon Vestal was nominated for this award by the 1991 Conference Committee. The award was accepted by Tom Afflick. ❖

The newsletter of the New York State Council of ENA currently has a circulation of 1800, is published quarterly, and reaches all ENA members within New York State. NYSCENA accepts paid advertisements for products or services that relate to emergency nursing within New York State. Ads are subject to committee approval prior to publication. Advertisements must be copy ready and reducible.

Advertising space and price (per issue):

1/8 page (3" x 2") \$40

whole page \$300

Make checks payable to NYSCENA and return to Gwendolyn Williams, NYSCENA, PO Box 202, West Seneca, NY 14224.

The New York State Council of ENA disclaims any responsibility or liability for advertising material and does not guarantee, or endorse, any product or service advertised.

(Bill #34 — continued from page 1)

1. Waiver of licensure
2. A comprehensive review of the health professionals' licensure and regulation process

New York State Nurses Association (NYSNA) has made inquiries to the Department of Health. The Department of Health believes a provision to waive licensure is an essential component of its strategy to resolve the health personnel shortage. However, the bill has no limitations on what can be waived; it applies to all licensed health professionals. The proposed bill would increase the control of the Commissioner of Health while markedly limiting the influence of the Department of Education and the Regents.

The Commissioner of Health is a gubernatorial appointee charged with delivering health services to the citizens of New York. In contrast, the Regents are appointed through the Legislature. Any effort to license, regulate or control the professions through the Department of Health constitutes a greater opportunity for conflict of interest between cost control efforts and those to increase access and guarantee quality of care.

As currently written, this bill could open the door to institutional licensure and/or the introduction of unlicensed personnel such as RCTs. The purpose of licensure is to establish minimum qualifications for professional personnel. A waiver of licensure could lower the standard of competence and erode the public's confidence.

Blaming standards and licensure for the personnel shortage is not the answer. This only serves to cloud over the real issues of inadequate pay for performance, poor and dangerous working conditions and a lack of upward mobility within

the profession. Patient census and rising patient acuity contribute to these issues. The waiver of licensure will lead to institutional certification and the widespread use of unlicensed, less expensive, and less competent personnel.

Each chapter has received a packet of information describing the Governor's bill #34. As the Government Affairs Chairperson, I encourage each member to write to their State Senators and Assembly representatives. The NYSNA Legislative Program suggests that you address the following key points when discussing the bill:

1. Expand service sites to rural health facilities, certain urban facilities, and all state operated facilities.
2. Innovation is necessary. Expand the incentive programs to all health facilities, not just hospitals.
3. Oppose waiver of licensure.
4. Maintain State Education Department and the Regents' control over health professionals.
5. Support efforts to waive public health rules and regulations that will reduce paperwork and other requirements that do not affect the quality of patient care.
6. Oppose the proposed study which diverts scarce funds that are better used to implement immediate strategies to resolve the health care shortage.

Our voices as emergency nurses must be heard in Albany. Write to your State Senators and Assembly representatives citing the points above which have been provided to NYSCENA by the NYSNA. You may use the sample letter included at the end of this article or, preferably, write your own letter. Remember to include these points:

- Use your legislator's correct title and address
- Type or write legibly
- Identify yourself as an emergency nurse and a voter
- Identify the issues of concern to you
- Use examples from your practice
- Be concise
- Give your address and ask for a reply
- Sign the letter

Sample Letter:

The Hon. (Name of Legislator)
Member of Assembly or State Senator
Legislative Office Building
Albany, NY (11248 for Assembly or 12247 for Senate)

Dear Senator/Assemblyman/Assemblywoman:

I am a constituent and a registered nurse concerned about sections of the Governor's 1991 program bill #34. This bill would permit waiver of rules and regulations governing professional licensure in certain demonstration projects.

Waiving licensure will have a negative effect on the quality of care delivered to patients. In the hospital where I work, I already see the impact of substituting minimally trained technicians for RNs. Just one example is that these technicians cannot provide the patient education needed to prepare seriously ill patients to return home. This lack of preparation can and does lead to unnecessary complications and readmission to the hospital. That harms patients and wastes scarce health care funds.

I urge you to vote against any waiver of licensure and to support high quality health care for all New Yorkers. Please let me know your stand on this issue.

Sincerely,
Jane Doe, RN

**If you want to help preserve RN licensure,
NYSNA wants to hear from you!**

Name _____

Address _____

City _____ State _____ Zip _____

Clinical Expertise _____ Phone _____

NYSNA Member District Member CNP Member

I am willing to participate in the legislative process: (check as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Writing Letters | <input type="checkbox"/> Making Phone Calls |
| <input type="checkbox"/> Visiting Legislators | <input type="checkbox"/> Educating Other Nurses |
| <input type="checkbox"/> Running for Office | <input type="checkbox"/> Being a Legislative Key Contact |
| <input type="checkbox"/> Serving on Task Forces | <input type="checkbox"/> Presenting Testimony |

Other _____

For more information, complete & return form
(with a CV, if possible) to:

NYSNA's Legislative Program, 2113 Western Ave., Guilderland,
NY 12084 or call 518-456-5371.

New York State Health Care Proxy

The New York State Health Care Proxy Law went into effect January 18, 1991. This law allows a competent adult to provide advance instruction in their health care in the event they are unable to make such decisions themselves. The individual, or principal, appoints an agent to make those decisions on his/her behalf.

Appointing a health care agent is an important decision which the principal should discuss with family, close friends and their physician. The proxy should be completed in advance of illness or hospitalization. Although an important legal document, the Health Care Proxy does not require a lawyer for completion.

The health care proxy gives the agent the authority to make all health care decisions for the principal including removing or withholding life sustaining treatment. Health care decisions may include any intervention to diagnose or treat the principal's physical or mental condition. Further, a health care proxy is useful for decisions to withhold treatment as well. However, the agent may not make decisions that are contrary to those stated on the proxy.

This law allows a competent adult to provide advance instruction in their health care in the event they are unable to make such decisions themselves.

This law contains an important exception to the general rule that an agent must act in the best interest of the patient/principal. With specific knowledge of a patient's wishes, the agent may refuse artificial nutrition or hydration.

A health care proxy is different from a living will in that a living will is a document generally used to declare the specific conditions under which a person would refuse life sustaining treatment. Unlike a living will, a health care proxy does not require the listing of specific conditions that might arise. Instead, the agent can interpret the principal's wishes as medical circumstances change. If both a health care proxy form and a living will exist, the living will provides instruction for the health care agent and will help guide their decision making.

The agent must be an adult (over 18) and may be a family member or close friend. The agent should be informed by the principal that they have been chosen to be the health care agent and be briefed on their health care wishes. The law provides that the agent, acting in good faith, receive civil and criminal immunity for their actions. Copies of the health care proxy should be kept by the agent, the principal's physician, and on the principal's person. The exceptions to being considered as a health care agent include:

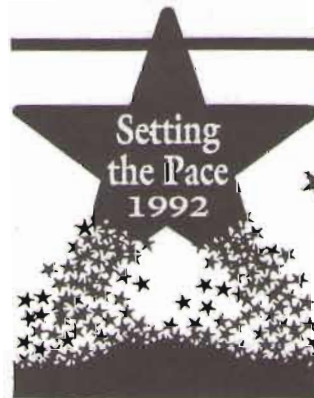
1. The employee of a health care facility cannot serve as an agent unless the employee is related by blood, marriage or adoption.
2. An agent is limited to a maximum of 10 principals who are not related.

3. If a physician is appointed as an agent, he/she cannot act as the person who determines competency.

There are several provisions in the law that allow for the revocation of the proxy. These include:

1. The principal may specify that the proxy remain in effect until a certain date or condition occurs. Otherwise, the proxy remains in effect indefinitely.
2. The principal maintains the power to revoke the proxy at any time by notifying the agent or health care provider, verbally or in writing. Once the health care provider is notified, the revocation must be immediately recorded in the record of the patient.
3. The execution of a new proxy automatically nullifies any previous proxies.
4. In the event of a divorce, a proxy naming an ex-spouse is revoked unless the principal specifies otherwise.

As emergency nurses, we will be called upon by our patients to answer questions about the Health Care Proxy. As patient advocates, we must be aware of changes on health care legislation. To obtain a Health Care Proxy Booklet, write to the New York State Department of Health, Box 2000, Albany, NY 12220, or contact Gwen Williams, Chairperson, Government Affairs Committee, 83 North Park Dr, Rochester, NY 14612. ♦



NEW YORK STATE EMERGENCY NURSES ASSOCIATION

RECOGNIZING THAT
EDUCATION FOR
NURSES MUST MEET
OUR CHALLENGING
ENVIRONMENT



ALBANY MARRIOTT - WOLF ROAD
APRIL 10-11, 1992

Committees Update . . . Committees Update . . .

EDUCATION COMMITTEE

Mary Ellen Wilson, RN, BA, BS, CEN

Setting the Pace 1991, our state conference, was a tremendous success. There were approximately 160 registrants and 22 exhibitors in attendance. The Conference Committee did a great job. Thank you!

Next year's conference, *Setting the Pace 1992*, is already being planned by the committee. It will be held in Albany April 10-11, 1992, and will feature guest speakers Deborah Kirby, RN, JD, and Grady Bray, PhD. Mark your calendar now and plan to attend! We'll keep you updated as the program develops.

Members of the Conference/Education Committee also serve as liaisons for the chapter education chairpersons, and we are available to provide assistance. ❖



The 1991 Conference Committee enjoyed a moment's rest at the luau festivities.

Our state conference was a tremendous success. There were approximately 160 registrants and 22 exhibitors in attendance. The Conference Committee did a great job.

EMERGENCY MEDICAL SERVICES REPORT

Excerpts from the March 6 NYSEMS Council Meeting

Ruth Perrone, NYSCENA Liaison with EMS

New York State EMS Budget

The Executive Operating Budget for New York State EMS is 3 million dollars for fiscal year 1991-92. The estimated deficit for EMS, based on current levels of funding for training, will be in excess of 1.2 million dollars. The legislature would need to add \$500,000 for training and \$550,000 for Block Grant Agencies to bring the total to last year's level. This budget eliminates all funding for block grant agencies beginning April 1, 1991.

Accountability for Pre-hospital use of Controlled Substances

In the May 1991 issue of the newsletter, the responsibility for control and distribution of controlled substances on non-hospital affiliated ambulances was addressed. Further work has been done to clarify the issue of accountability.

The following are the Part-80 Controlled Substances Regulations:

1. Hospitals can provide controlled substances to certified ambulances or approved Advanced Life Support (ALS) agencies for pre-hospital use in an ALS system.
2. Hospitals may be reimbursed for the cost of the drugs without creating a distribution issue.

3. With proper documentation and transfer of the drugs, the ambulance/ALS agency assumes responsibility for the inventory and the hospital is relieved of responsibility.

4. Pre-hospital agencies must designate an agent approved by the medical director to be responsible and accountable for the drug inventory.

5. Pre-hospital agencies must operate within an ALS system, have approval of the systems medical director and have a designated supervising physician.

6. Provisions must be made for safeguarding, storing and using controlled substances in the station and/or ambulance.

7. Limited but specific record keeping provisions include:

- a. An administration/inventory log
- b. Physician ordering record
- c. Pre-hospital administration record (PCR)

8. Certified ambulances and approved ALS agencies operating within ALS systems are exempted from the normal requirements for the control and use of needles and syringes. ❖

Access to Care in Rural America

Patsy A. Ballard, RN

Rural communities in America are small but numerous, and they dot the countryside. In many rural areas, most of the companies or factories that employed the majority of the townspeople in better days are gone. Some have moved to urban locations while others have simply disappeared. But the people stay. Their desire for a rural lifestyle remains firmly entrenched. My home and workplace is in one of these rural communities — the heart of the New York Finger Lakes Region.

Members of my community have chosen to make longer drives for work, shopping and entertainment. What are the effects of these sparse populations and greater distances on access to and delivery of health care? I believe that they provide both unique challenges as well as advantages.

Due to the nature of rural areas, the community hospital, small as it may be, serves a significant population. In addition, agriculture, as a primary industry in rural areas and one of the most dangerous occupations, causes unique problems for rural medical care including heavy equipment trauma, pesticide poisonings and access difficulties.

Response to medical emergencies is always critical to quality health care. Rural communities must rely on numerous, small, *all* volunteer ambulance services to provide basic life support. The response times are greater because of the longer distances they must travel. As there are no ALS units, a response to a call for chest pain has the potential to become a full arrest by the time the patient arrives at the hospital. The Mennonite community also lives in our picturesque countryside. These families rarely have phones in their homes to call for assistance, creating further delays in emergency treatment.

The rural area is a perfect setting for EMT-D services. However, an ambulance squad must be certified in order to qualify for its use. New York State regulations for certification require staffing each ambulance with at least one EMT. Unfortunately, many squads are unable to meet this requirement. These volunteers, though skilled and dedicated, have a limited amount of time to donate to the EMS system.

Reimbursement rates cause an administrative challenge in the rural hospital. Hospitals in these communities have historically been given lower rates of reimbursement. One reason often cited is that the cost of living is lower. However, small hospitals have equal and sometimes greater expenses for purchasing and recruitment, and salaries are generally lower. This fact further exacerbates the problem of staff recruitment and retention.

Our "graying" population and the rural poor create large Medicare and Medicaid populations. Added to these groups is an increasing number of people with no source of health care insurance. A vast majority of primary care is managed through the emergency care services. According to a recent article in *Emergency Medicine News*, hospital emergency departments receive 81.7% of the outpatient pie.¹



Lack of subspecialty backup creates further challenges for the rural emergency staff. Patients with major trauma, head injuries, emergency childbirth, burns and pediatric emergencies all must be stabilized and then transferred to facilities better equipped to handle such cases.

Despite the many challenges, there are also advantages that rural living provides to health care access and delivery. There are many people who volunteer to help in their rural community. There is also a different atmosphere within a rural hospital. Caring friendships exist among the staff and patients due to the close knit relationships within the community. Many vacationers, used to two-three hour waits in their city emergency departments, are surprised when we apologize for having them wait 30-60 minutes to receive care. Furthermore, admitted patients are not held for protracted periods of time in the emergency department.

In all, I feel that this combination of challenges and unique advantages found in a rural hospital setting provides a different and enjoyable emergency nursing practice. ❖

Reference

1. Anwar, Rebecca, M.D., Emergency Medicine Crisis: Burned-Out MD's., *Emergency Medicine News*, April 1991.

This article was written in collaboration with the staff of Soldiers & Sailors Memorial Hospital.

TNCC Instructor Course

The TNCC Instructor Course will be held in Albany, Thursday, November 14, 1991. Space is available for 16 people. The number of candidates selected from a region will be based on the needs of the area. Candidates should ideally have some teaching experience. Preference is given to those applicants who are active in local chapter activities. TNCC Provider status must be current.

The course fee will be approximately \$300. Applications are to be received no later than September 1, 1991. A letter of reference from your local ENA chapter and a current C/V are required. Please send your application to Mary Hayes, RN, 31 Lincoln Walk, Breezy Point, NY 11697. ❖

EMSAward: Call for Nominations

The New York State Council of the Emergency Nurses Association EMS Award is given annually at the New York State EMS Banquet held in Albany in November. Take a moment to consider who among your dedicated colleagues is most deserving of this honor. Nominees should be an ENA member active in EMS. Candidates need a letter of recommendation from their chapter president or local EMS council.

Submit the following typewritten information by September 1, 1991 to Gwen Williams, 83 North Park Drive, Rochester, NY 14612-3913:

- Name and address of nominee
- Professional achievements as a nurse in EMS
- Curriculum Vitae of nominee
- Letter of nomination from the ENA chapter president or local EMS council that includes the rationale for nomination and the address and telephone number of the nominator

Candidates will be notified by mail of their nomination. The award recipient is expected to attend the EMS conference. ❖

Calendar of Events

The Calendar of Events and the course announcements section are provided for your convenience and use. Submit requests for inclusion to the next Calendar of Events to the editor by September 7.

August

- 1 Deadline for *Et cetera* submissions
- 2-3 TNCC—Adirondack Chapter
- 8 Mid Hudson Chapter Meeting
- 15 Brooklyn Chapter Meeting
- 15 Deadline for Nominations to National Committees
- 19 Suffolk Chapter Meeting
- 20 Genesee Valley Chapter Executive Meeting

September

- 1 Deadline for nominations for NYSCENA EMS Award
- 4-5 ENA National General Assembly
- 6-8 ENA National Scientific Assembly
- 7 Deadline for NYSCENA Newsletter submissions
- 12 Mid-Hudson Chapter Meeting
- 16 Western Chapter Meeting
- 17 Central Chapter Meeting
- 18 Genesee Valley Chapter Executive Meeting
- Adirondack Chapter Meeting
- 30 Deadline for CEN Newsletter submissions

October

- 1 Deadline for *Et cetera* submissions
- 2 National Emergency Nurse Day
- 3 Mid-Hudson Chapter Meeting
- 7 Manhattan/Bronx Chapter Meeting
- 15 Genesee Valley Chapter Executive Meeting
- 17 Brooklyn Chapter Meeting
- 21 Suffolk Chapter (tentative)
- 24 Central Chapter Annual Educational Program

November

- 4 Manhattan/Bronx Chapter Meeting
- 7 Mid-Hudson Chapter Meeting
- 15-16 New York State Council ENA Meeting, Albany, NY
- 18 Central Chapter Meeting
- Western Chapter Meeting
- 19 Genesee Valley Chapter Executive Meeting
- 20 Adirondack Chapter Meeting
- 28 Happy Thanksgiving

December

- 1 Deadline for *Et cetera* submissions
- 2 Manhattan/Bronx Chapter Meeting
- 4 Adirondack Chapter Meeting
- 5 Mid-Hudson Valley Chapter Meeting
- 7 Deadline for NYSCENA Newsletter submissions
- 13 Deadline for applications for February CEN Exam

New York State Council
Emergency Nurses Association
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