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Greetings!

We are happy to present you with the New York State Emergency Nurses Association's latest electronic newsletter. It's packed full of information and many opportunities for our members. As always, we welcome your comments, feedback and suggestions!



PRESIDENT'S MESSAGE



Setting the Pace 2013 in Tarrytown was a wonderful experience for everyone. You will read about the conference, the NYSENA awards, and all that took place in this newsletter. So I

will just add my thanks:

- To: the attendees who took time off to come
- To: Jill, Mary, Dan, and Wende - our conference committee and all the council members and former committee members who helped them. And to John who helped us coordinate online registration and CEs. Each year we learn more!
- To our speakers: the knowledge you've shared enhances all of us and our patient care
- To our Vendors and Chapter Sponsors: for the financial support

Providing this conference each year takes the efforts of many and we are already planning for Setting the Pace 2014 in Rochester New York!

Election Time is Here!!!

Depending on when this newsletter comes to you, we will be talking about elections. Voting for National ENA Officers and BOD occurs from May 14 to June 12. Each year we talk about those who do not vote and the reasons for that. Our candidates are available on social networking sites and through the web. They have participated in a forum that you can review to see their commitment. And our own council members can tell you about the candidates from personal contacts. ENA is a growing professional organization representing us nationally and internationally. Take the time to vote!!!

Our state and chapter officers and boards will be elected in September. I urge you to take the same time and effort to learn about the candidates for New York State ENA.

We will be holding Chapter and State officer orientation October 18 in Middletown NY at the final council meeting of 2013.

Webinex is our new virtual meeting provider.

Thanks to a grant from ENA we will begin to meet our virtual meeting and phone conferencing goals. We need the input of our members and are aware of the effort it takes to be away from jobs and families. Committee chairs will be holding meetings throughout the year and information will be available on the web site and through web blasts. Professional Issues and Practice, Professional Education and Development, Membership and Fund Development, and Communication will all be taking advantage of this opportunity.

Delegates to the Annual Meeting in Nashville

This is our first year to allow you to enroll on line and it really worked well (ONCE I GET BETTER AT SPREAD SHEETS!) The final list should be ready by June 1.

Stay in touch with us via the web. It has been and will continue to be a busy year for ENA and NYSENA!

Sincerely your 2013 President,

Kathy Conboy RN, BS, CEN

Reminder!

Don't forget to submit your delegate survey by June 1st!!!

NYS ENA 2013 Conference - Tarrytown

Thank you to all who attended the NYS ENA 2013 conference in Tarrytown. We had a great turnout of seasoned and new emergency nurses. There were 70 first time attendees which is a new record for the conference and we hope this will be a continuing trend.

A special thank you to all of our speakers who brought with them a wealth of knowledge to share with us. Jeff Solheim, Deb Delaney, Pat Breaux, Dr. Nicholas Belasco, Dr. Robert Lancey, Larry Loewy, Chuck Margarites, Lisa Matomoros, and Jenifer Nerone.

A very special thank you to all the members of the conference committee- Mary Zellnar, Dan Dennis, Wende Tefel, Bob Breese, and to Kathy Conboy for her patient mentor ship. Please plan on joining us next year in Rochester!

Poster Presentations

By Sue Chalupa Breese

There were many responses for the "call for Poster Presentations" and "Best Evidence Practice papers" at the 2013 ENA Annual Setting the Pace Conference which was held April 11 & 12, 2013 in Tarrytown, NY.

There was excellent opportunity to present the "posters and papers"; discussion was held of problems and solutions too many of the pressing issues in today's emergency health care environment.

The winning posters were selected by Marylou Killian, DNP, RN, and FNP-BC, CEN from National ENA Board of Director and Mary Ann Teeter, MEd, RN, FNP-C, CEN, CNRN, FAEN.

The winning posters were presented by Sue Chalupa Breese:



Linda O'Riordan RN, BS
(Research)
Champions of Change:
Collaboration = power



Susan Masciello RN, BS
(Evidence-Based Practice)
No Hablo Ingles:
Emergency Department Lived Experiences of
Spanish-speaking Patients

Advocacy in Action:

Sandi Tetler RN
NYSENA Secretary



After many years of nurses advocating for change, on August 13, 2010, with the approval of the Governor, and the legislature, subdivisions 3 and 11 of section 120.05 of the Penal Law was amended by adding Registered Nurses and Licensed Practical Nurses to the occupations protected under the law. Cases that were previously charged as misdemeanors will now be charged as Class D felonies, which carry a sentence of 2 1/3 to 7 years in prison. All cases will be evaluated, and applies only to those tried in adult court. Obviously thinking that nurses of New York State are now protected under the law, nurses continue to be assaulted while caring for their patients. Dealing with workplace violence not only hinders the care of our patients but those surrounding them.

Over the past two years we had heard of many difficulties of the members of the New York State ENA concerning workplace violence, enforcement of the law and lack of support of hospital administrations. After attending the Chicago Advocacy Intensives program we were inspired to seek out solutions for this country wide problem in our own state. When returning from Chicago it was obvious and clear this was not an easy problem to solve but the NYS ENA's Professional Issues Committee was looking to address the issues of workplace violence. Trying to find proactive solutions to have the law enforced we looked to find why there had been so many problems with the enforcement of the law. Was it an educational problem that nurses and law enforcement agents are not aware of the law? Why in some cases, nurses were afraid to report an individual who might later become a threat to them? Why some hospitals failed to be supportive of the injured worker? Why were police failing to take the complaint? Why district attorneys did not always present the case and judges did not always sentence, or could not due to other issues concerning the patient, such as a mental health diagnosis? Realizing this issue was prevalent here in New York State the Professional Issue Committee decided to look for answers. Our plan was twofold, increasing the knowledge about the law and to seek out the answers to our questions.

Thinking there was a potential educational component, the committees choose to develop a resource tool for emergency nurses that would be available for the membership and distributed it at the 2013 April "Setting the Pace" conference. At the conference the Professional Issues Committee acquired a vendor table to reach out to the attendees to discuss the issues surrounding workplace violence. We distributed a questionnaire about workplace violence and distributed the resource tools. Over two hundred resource tools were distributed to the attendees at the conference.

Secondly, we wanted to seek out organizations of law enforcement agencies, the criminal justice system and the hospital organizations. We looked to the New York State District Attorney's Association for our first contact. We, the New York State ENA Council decided to seek assistance from the members of the NYS District Attorney's Association.. On April 13 we held our quarterly meeting in Tarrytown at the Double Tree Inn. The NYS Council of ENA met with several of their members to look at these difficulties of enforcing the law. Six representatives from the surrounding counties of Westchester, Rockland, Manhattan, Bronx, Brooklyn, and Kings County met with the council and in an informal forum. A short power point presentation was presented by Sandi Tetler, which gave focus for the discussion. We asked questions surrounding the issue of the law, it's enforcement and the problems we were facing with workplace violence. Enforcing the law is not just a clear cut situation in the interpretation of the law. Each case is evaluated on several aspects. What was the intent of the assailant, were there certain aspects of the situation that alter the validity of the case. And we looked at the definitions; " intent "of the assailant, "severe injury" to the victim and those incidents involving an assailant with mental illness also. It is not an easy situation at all. Every

aspect of each situation is looked at when there is a complaint made.

Through our discussion, we found that most of our difficulties may not lie with the criminal justice system but with individual law enforcement agencies. District Attorney Leroy Fraser, who acts as the coordinator of the NYS Law Enforcement Council offered us an invitation to the council's next meeting in the fall to explore and speak with its members in an effort to advocate for enforcement of the law. The New York State Law Enforcement Council was formed in 1982 as a legislative advocate for New York's law enforcement community. The Council's members represent the leading law enforcement professionals throughout the State, including the Attorney General of the State of New York, the District Attorneys Association of the State of New York, the New York State Association of Chiefs of Police, the New York State Sheriffs' Association, the New York City Criminal Justice Coordinator, and the Citizens Crime Commission of New York City. Since its inception, the Council has been an active voice and participant in improving the quality of justice and in the continuing effort to provide for a safer New York. By speaking with the council we can raise our concerns and facilitate education about the 2010 law that was enacted to protect nurses against assaults in the state of New York.

We look forward to meeting with the council in the fall as well as looking to meet with the NYS hospital organizations to discuss our concerns and get their support with enforcing the law. A nurse may be more inclined to report an incident if law enforcement agents and the hospital for which they work are committed to enforcing the law. Only through support of zero tolerance policies can we make a difference with respect to workplace violence. In the survey that was conducted by ENA in 2009-2010, it was concluded that a lower rate of incidents were noted with those hospitals with a zero tolerance policy. It was also with these hospitals where nurses were supported to file a complaint due to the support of their employment. If the hospitals' administration teams were committed to criminal mitigation, nurses were less likely to experience workplace violence. Cooperation between nurses and their employer is necessary for a safe work environment. Post incident evaluation is crucial. Nurses need to work with their employer and those assaulted to assess the events that have occurred. Nurses are less likely to experience workplace violence in facilities where hospital administration and ED management are committed to active prevention programs. Also, it is a JACHO initiative for a safe work environment (Sentinel Alert Issue #45), and, is also stipulated by 2006 NYS Public Employer Workplace Violence Prevention Law. Every facility is required to have a written workplace violence prevention program that details how these assessments will be conducted. With hope this may lead to a public understanding that assaulting a nurse while on duty is not acceptable and it is the law, a law that will be supported by nurses, law enforcement agents, hospitals and the criminal justice system. Our fight did not end with the passing of the law it only began. There is still work to be done, change takes time and we will continue our fight until every nurse feels safe when caring for their patients and their families. We do not want to be injured while providing care to our patients, after all that is what we are called to do. It is our passion. It is our life's work and we only want to do our best for all.

"Dilaudid and a turkey sandwich please."

By Tammy A. Davis, RN, BSN, CEN, CCRN

Why can't patients have their pain assessed in the Emergency Department? It seems like a simple thing to do while assessing your patient; you ask them if they are in pain. We as nurses cannot accept a simple yes/no answer to the question though. What do we need to ask to properly assess our patient for pain? First, we need to establish if the pain is acute or chronic. The intensity is assessed using an appropriate scale for the patient such as the numeric 0-10 scale, PAINAD for dementia patients, FACES pain scale, and FLACC, NIPS, and N-PASS for pediatrics. Included also in the assessment is the type of pain, location, radiation, duration, precipitating and/or alleviating factors, and if the level of current pain is acceptable to the patient.

What causes patients to be assessed inadequately for pain management? Pain is considered the 5th vital sign and it is still frequently missed by clinicians during patient assessments (NPC, 2012). One of the largest reasons that a patient visits the emergency department is for pain management (Motov & Khan, 2009). Problems that occur for pain management is that staff fails to acknowledge the patient's pain, assess their pain, document pain, implement pain management guidelines for the emergency department, and fail to meet the patient's needs for pain management (Motov & Khan, 2009). Patients often wait hours for and then when they receive pain medications, they receive less than optimal doses (Motov & Khan, 2009).

What are some of the barriers to pain management? The physicians are skeptical of the patient in pain, they fail to believe the patient's self-report of pain, and there is also racial, ethnic, age, and gender bias (Motov & Khan, 2009). What nurses and providers fail to remember is that pain is subjective and the clinician needs to accept the patient's report of pain (NPC, 2012). Observations of the patient's behavior or potential physiological signs should not replace a patient's self-report for pain and pain tolerance varies between individuals (NPC, 2012). Specifically nurses can

feel overwhelmed in the emergency department setting and when it comes to prioritizing tasks, pain is usually not a priority (Bergman, 2012). Nurses have also felt dissatisfied with nursing administration's understanding of bedside nurses tasks and also feel pressured with non-patient care tasks such as chart audits, in-services and meetings and feel patient care is neglected in lieu of administrative requirements (Bergman, 2012). Nurses can feel frustration because the emergency department is an ideal place for drug abuse and can feel like a drug-pusher because the doctors are too quick to give narcotics, or the opposite, and they are frustrated because the doctors do not place orders in a timely fashion (Bergman, 2012)

What can we do as nurses? Speak up for our patients. Speak to the doctors to get medications ordered in a more timely fashion. Establish trust and respect between yourself, the patients, and the doctors for better pain management. Ask for an education program for the doctors and the nurses in the emergency department about proper pain management and non-pharmacological pain management techniques. Believe your patient's self-report of pain (unless there are strong indications to believe otherwise) and do not let their physiological signs or behavior deter what maybe their real pain level. Lastly, don't forget the turkey sandwich!

Bergman, C. (2012). Emergency nurses' perceived barriers to demonstrating caring when managing adult patients' pain. *Journal of Emergency Nursing* 38(3):218-225.

Motov, S. & Khan, A. (2009). Problems and barriers of pain management in the emergency department: are we ever going to get better? *Journal of Pain Research* 2:5-11.

National Pharmaceutical Council. (2012). Pain: current understanding of assessment, Management and treatments. National Pharmaceutical Council, Inc. Retrieved from the American Pain Society website on April 29, 2013
<http://www.americanpainsociety.org/education/content/enduringmaterials.html>.

From the NYS Council Emergency Nurses Association

April 11 and 12 saw almost 100 ENA members enjoy the spring weather in Tarrytown. One of the highlights of this year's conference was the awards luncheon on Saturday. Even though several honorees were unable to attend the ceremony, all were applauded and recognized for their dedication to NYS ENA.

The Rising Star Award:

Is awarded to **Jamla Rizek RN from Central Chapter.**

Although a relatively new ED nurse, Jamla is secretary for Central ENA and a member of St Joseph's DEMAC team. As a basic EMT, she has developed a volunteer home visit program in which the EMS volunteer makes a home visit to review safety issues which may be present, thus helping to prevent frequent calls for assistance. In that same vein she is mentoring w/Judy Jax at the state level on Injury Prevention. She is dedicated to her ED role and brings energy and enthusiasm to the Council.

The Ginny Hens award:

Is given to an ENA member who promotes collaboration between prehospital care providers and ENA through various activities and projects. **Fred Roemer RN who works at Peconic Medical Center** in Riverhead NY is also an EMT-CC for the East Marion Fire Department. He merges both aspects of his professional life by helping educate the EMS volunteers with whom he works on giving a better sign off report and has taught EMT-Bs tasks they can do to assist ALS providers and expedite transport. Fred has worked to get NYS grants to help EMS purchase needed equipment and helped establish a cooperative agreement between 3 departments to ensure that an ALS responder is always available. He is a knowledgeable and experienced ED nurse who is able to work both ends of the spectrum- EMS and Acute care.

Emergency Nursing education is a changing field daily as newer and more technical medical findings are discovered. This year's **Education Award** goes to **Laura Terraquez-Kasey MS RN CEN** currently on the nursing faculty at SUNY Binghamton. Her previous experience was in the US Army and as an ED nurse. Laura is also a member of the NYS D-MAT team and regularly involves local EDs in her disaster prep drills, sending students as both victims and as nurses to local facilities. During the recent flooding in the Binghamton area Laura's students cared for up to 2300 members of the community in a designated "special needs" evacuation site. Laura rec'd several letters of recommendation from previous students who regard her as an excellent role model in education and emergency nursing, reflective of a professional responsibility to step forward in a disaster situation and serve the community.

The Anita Dorr Award,

given in honor of one of our co-founders, is given annually to a NYS ENA member who exemplifies the

leadership example set by Mrs. Dorr. This year's winner has served as a national delegate several times, representing NY admirably. She has been an active member of her local chapter for more than 20 years, serving in several capacities at that level. Her nomination for this year's award was highlighted by her courageous and lengthy battle as our most recent state treasurer, during the trying time of applying to become a 501(C)3 non-profit organization, and is reflective of her commitment to our association.

The complexities of the change in tax status incurred many obstacles, all of which she managed to overcome while continuing to work full time, go to school for her MSN, and mentoring every chapter treasurer in the new changes. Many hours of personal time were given to working with the accountant, straightening out the bank accounts, and developing spreadsheets which make the chapter treasurer's work a little easier. The Anita Dorr award for 2013 is gratefully given to **Rosa Waldroff** for the 4 year task of getting us through the 501 (C) 3 journey and educating her peers in order to allow them to successfully manage their chapters Congratulations Rosa!!!

While it is always nice to honor special members, there are many among us who do great work every day. Take the time to say thank you to a peer today for a job well done and consider nominating them next year for recognition.

2013 NYSCENA Committee Chairs/Chair Elect

Chair	Chair Elect
Professional Issues & Practices	Deb Taylor (Coordinator)
EMS Liaison	Coleen Vesely
Injury Prevention	Judy Jax
Government Affairs	Adaline Otero
Prof. Development, Education & Research	Sue Breese (Coordinator)
Conference	Jill McLaughlin
TNCC Chair	Mary Ann Teeter
ENPC Chair	Joanne Fadale
Communication	Dawn Mac Mullen
Membership & Fund Development	Mickey Forness
Awards	Ginny Hebda
Nominations	Audrey Sealey

SAVE THE DATE 2013

July 26th - 27th - NYSENA Council Meeting
Delegate Orientation
Rochester, NY

Sept 17th - 21th - ENA Annual Meeting/Conference
Nashville, Tn
Gaylord Opryland Convention Center
General Assembly - September 17-19
Educational Sessions & exhibits 19-21

Oct 18th & 19th - NYSENA Council Meeting
Election of Officers
Newburgh

Questions?

Please submit any suggestions or articles to:
Dawn MacMullen at enadawn@gmail.com

Or NYSCENA.Newsletter@gmail.com

2013 New York State Officers

President - Kathleen Conboy, Southern kconboy@verizon.net

President Elect - Ginny Hebda, Lower Hudson vhebda@rochester.rr.com

Secretary - Sandi Tetler, Lower Hudson enasandi@tetler.net

Treasurer - Mary Ellen Jennison, Southern Tier MaryEllenJennison@uhs.org

Immediate Past President - Audrey Sealey dr.sealeyphdfnp@yahoo.com

Director at Large - Sue Chalupa-Breese, Genesee Valley sbreese@rochester.rr.com

Director at Large - Jacquie Glendinning, Chatt Barleeley97@hotmail.com

Thank you for spending some time with us today.