



NYSENA-Pacer
2017

JANUARY

Message from the President

~ Ivy Budhai-Henry

To: NYS ENA Members:

As we approach a new year I wish you a healthy and prosperous 2017. We indeed have everything new in the coming year - a new President of the USA and a new New York State Emergency Council president.



As your 2017 President, I pledge to you that I will work hard to maintain the integrity of our council and the members. The NYSENA is very proud of our heritage considering it was one of our founders, Anita Dorr who had the vision of starting a common voice for all emergency nurses along with her west coast colleague Judith Kelleher to form the Emergency Nurses Association. We have become the voice of safety and innovation and are well respected worldwide as the trendsetter in practice and efficiency. In the next 3 years we will celebrate our fiftieth anniversary as an organization; thanks to our founders we have been able to encourage other emergency nurses to be a part of the family. We are now over 40,000 nurses strong and agencies rely on our expertise to help frame the future of healthcare in the USA. You are an important professional - kudos!!!

Those of us who have upheld the standard of emergency nursing are getting ready to retire and we have to do all in our efforts to pass the torch to the younger nurses to replace us in the emergency department. We need to extend an extra effort to include them in our daily routine, teaching them and embracing them.

So often we eat our young, but patience, tolerance and mentoring works. Some of the strategies that we can embrace are keeping ENA in all your conversations with your peers and administration. Talk about our involvement in legislative issues such as collaboration with other nursing organization to bring about change in the healthcare arena e.g. mental health and opioid addiction, think about Anita Dorr's innovation of a crash cart which was a first. The first crash cart in the world is now on display in our national office in Chicago, Illinois. Our Journal of Emergency Nursing has such wonderful articles and is updated with evidence based practice to keep us current with the latest research. Our daily ENA connect in your email box is a wonderful strategy to allow every practicing nurse and manager to be on the same page nationally. I implore every emergency nurse to be proactive, enjoy your profession and you will be able to stay in the field as long as most of us You have a multitude of mentors; use them so that you can one day say it was good being an emergency nurse because I saved so many lives.

As we reflect on our mission let us hear from you. Be involved in your State's affairs. We are a group of nurses who truly care for you.

Thank you

Ivy Budhai-Henry, RN, CEN

2017 President, NYSENA

Calling for STARS from Old Glory

~Jamla Bergman



I would like to take this opportunity to inform you of a project that the New York State Emergency Nurses Association (NYSENA) is currently undertaking to recognize those veterans who seek care in Non-VA facilities.

In recognition of their service, our project involves giving embroidered stars from retired American flags to those veterans who seek care in non-VA facilities. To provide this type recognition, our organization is in need of retired American flags; the stars of these flags must be embroidered not printed. Our organization is will remove and distribute the stars to all non-VA emergency departments across the state on behalf of the NYSENA so that they are able to recognize all veterans.

After the stars are removed, they will be properly disposed of according to U.S. Flag Code, which requires flags be "destroyed in a dignified way, preferably by burning."

Our organization would like to work together with you on this project so that we are able to recognize all that our brave men and women have, and continue to do every day in service to our country.

Thank you for your consideration.

Stars at the Setting the Pace Conference

~ Mickey Forness

The State Council is currently participating in a special project to honor our veterans. Under the leadership of Jamla Bergman, we are collecting used American flags with embroidered stars. The stars will be places in packaging with a thank you to the veteran and distributed to veterans seeking care in non-VA facilities. The flags will then be appropriately retired. *Anyone who attends the conference and brings an American flag with embroidered stars will be given an envelope of free raffle tickets.*

Conference Considerations

~ Mickey Forness

Annual Basket Raffle

As the yearly Setting the Pace conference approaches, it's time to think about our annual basket raffle. The proceeds will go to the ENA Foundation state challenge for scholarships for emergency nurses. In the past, we have had such items as Broadway show tickets, flat screen TV's, wine baskets, and the ever favorite lilac bush. This year again we expect some great items. We are planning a fun twist this year. We will have each chapter bring a basket that



represents their region and the vendors will vote on the best theme basket and a special prize will be awarded. Come to the conference and enjoy this fun event.

Challenge to all Chapters

It is ENA Foundation state challenge time! A challenge goes to all chapters to make a donation to this fund. In the past New York State Emergency nurses have received over \$193,000 in scholarships. At the April meeting, we will collect all the chapters and individual donations to be sent to the ENA Foundation. An ongoing thanks to all our contributors.



Injury Prevention

~Cristy Meyer

New Link for Reporting Injury Prevention Activities
Have you participated in an injury prevention activity in your community, region or state?

Report your injury prevention activity: [Injury Prevention Reporting](#)

The New York State Emergency Nurses Association Council sponsors and supports Emergency Nursing's role in injury prevention. Each year our council reports to National ENA our member's health promotion and injury prevention participation.

Our state council will be compiling any injury prevention activities are members participate in each year.

Sample activities:

- Fall prevention activities
- Driving safety
- Alcohol and Substance Abuse Prevention
- Helmet Safety
- Firearm safety
- Child passenger safety
- Outreach/Street Fair participation

For more injury prevention resources log in at ENA.org: [ENA injury prevention links](#) or contact NYS ENA injury prevention chairperson Cristy Meyer at injuryprevention@nysena.org

Call for Injury Prevention Committee Members!

Join the New York State Emergency Nurses Association Injury Prevention Committee. If interested please send you name, contact information and why you would like to join the injury prevention committee. We will be having a conference call soon.

Contact Injury Prevention Chairperson: Cristy Meyer, MSN, RN, CEN, TCRN at injuryprevention@nysena.org



ENA Board Liaison Report

~Sally Snow

Board Liaison Report

Greetings New York State ENA members. It is such a pleasure to be serving as your board liaison again in 2017. I enjoyed meeting so many of you in Binghamton last October. I was very excited to be asked to provide your keynote address for this year's state conference in Sarasota Springs in April. That brings me to the subject of my communication today. My keynote will center around ED preparedness to care for kids. This is such a timely subject for New York ED nurses. We will be talking about the Guidelines for



Care of Children in the ED (guidelines). This joint policy statement, published in 2009 and co-authored by the American Academy of Pediatrics, American College of Emergency Physicians and the Emergency Nurses Association, established the standard for ED preparedness to care for kids. In 2013 the National Pediatric Readiness Project (NPRP) a quality improvement initiative, assessed readiness to care for children in over 4,100 ED's across the country. Many ED nurse leaders in New York completed the NPRP assessment. The beauty of this process was the automatic response from the assessment that provided ED nurse leaders with a gap analysis based on the guidelines. I will share specific strengths and weaknesses from New York's assessment with you in April. Exciting news on the horizon in New York is the development of a medical facility recognition program for emergency departments. The EMS for Children Innovation and Improvement Center located at Texas Children's Hospital and Baylor College of Medicine in Houston is leading this national effort. A Quality Improvement Collaborative of 14 states, including New York, has been working since April of 2016 to build state champion teams to bring medical facility recognition to their respective states. Your EMS for Children State Partnership Manager, Martha Gohlke, is leading the NY team. The New York state team is very interested in having New York State ENA as a partner in this effort. I look forward to bringing you additional information about these efforts in April. I will be meeting with representatives from the 14 QI collaborative states in Las Vegas at the State and Chapter Leaders Orientation (SCLO) in February to help educate ENA leaders from those states about the EMS for Children efforts and the State Champion Teams in their states. It is my hope that most of the states have already engaged their ENA leaders and if not, that we can facilitate that moving forward. It is 89 degrees in North Central Texas today, I hope you all are enduring the cold and snow and that it's all gone by the end of April. Until then.....

Respectfully,

Sally K. Snow, BSN, RN, CPEN, FAEN
2017 ENA Secretary Treasurer
Board Liaison to New York

Our Mind Matters

~ Marina Grennen
Behavioral Health Committee

The Behavioral Health Committee (BH) would like to welcome you to the first edition of "Our Mind Matters" in the NYSENA newsletter. In this corner, we plan to have quarterly updates on pharmacology news, practice issues and other information on BH.

We have been working on an Education Needs Survey for ED nurses on Behavioral Health patients.

Pending IRB approval, you will shortly be receiving an anonymous survey via Constant Contact. The purpose of this survey is to determine if there is an education knowledge gap with regards to education on care and management of Behavioral Health patients in the ED.

Please complete the survey and we will publish the results in the newsletter. We will use the information to assist with developing education modules on BH.

Please be on the lookout for a hyperlink from NYSENA to the National ENA website for access to Behavioral Health resources.

If you have any questions or information that you would like to share please contact us. ""



Reading and Evaluating Nursing Research

~Audrey Dupree- Sealey, PhD, FNP, TNCC-I LNC
Brooklyn Staten Island Chapter



Nursing research has become a very important part of nursing education and the growth of the professions.

It supports the concept of evidence based nursing practice

A review of the literature identifies ten key questions that should be used to validate the relevance of a reach project.

1. Is the Study's research question relevant to today's practice?

Even if a study is of the highest methodological rigor, it is of little value unless it addresses an important topic and adds to what is already known about the subject.

2. Does the study add anything new?

It is well known fact that new ideas and knowledge are developed on the basis of pervious work, . For example : , a study might increase confidence in the validity of a previous research by replicating its findings.

3. What type of research question does the study pose?

The most fundamental task of critical appraisal is to identify the specific research question that the project and or article addresses..

4. Was the study designed appropriate for the research question?

Studies that answer questions about effectiveness have a well-established hierarchy of study designs based on the degree to which the design protects against bias.

5. Did the study methods address the key potential sources of bias?

In epidemiological terms, the presence of bias does not imply a preconception on the part of the researcher, on the contrary means that the results of a study have deviated from the truth.

6. Systematic reviews and Meta-Analyses

A meticulous, standardized protocol is used in a systematic review to identify the subject.

7. Randomized controlled trials (RCT)

In a RCT, the random allocation of participants should ensure that treatment groups are equivalent in terms of both known and unknown confounding factors.

8. Cohort Studies

Cohort or longitudinal studies involve following up two or more groups of patients to observe who develops the outcome of interest.

9. Case - control Studies

These studies are always retrospective by nature- the case patients are selected because they have already developed the outcome of interest.

10. Does the study test a stated hypothesis?

A hypothesis is a clear statement of what the investigators expected the study to find and is central to any research as it states the research question in a form that can be tested and refuted.

At the completion of your analysis you should asked these questions:

- Were the statistical analyses performed correctly?
- Does the data justify the conclusions?
- Where there any conflicts of interest identified?

Reference:

[http://www. Medscape.com /view article/706399_2](http://www.Medscape.com/view/article/706399_2)

Run for the Board! Positions Available!

~ Jacquie Glendenning



Needed: Energetic, motivated emergency nurses to run for a coveted spot on the NYSENA Board of Directors.

Positions available: President-elect

Secretary

Director at Large

Nominations are being accepted, election will be in Oct. 2017. Join the board, make a difference!!

Contact Jacquie Glendenning, Immediate Past President at barkeley97@hotmail.com

Nurse Practitioner News

~Maria Giganti, Audrey Sealey, Members of BSIENA Chapter 028 & Laila Yvonne James

On Saturday Feb 4, 2017, Dr. Audrey Sealey PHD, FNP and Maria Giganti FNP, CEN, SANE presented at the N.Y. State Nurse Practitioner Association Region and Teaching Day. It was held in the Sheraton Downtown, Brooklyn. Dr. Sealey presented a lecture on Atrial Fibrillation Identifying patients and treatments Meditation in N.P. practice. Maria Giganti presented sexual Assault and Domestic Violence. What practitioners should look for in their practice and the resources available to N.P's and their clients other specters.



Government Affairs

~ Tammy A. Ophardt

Calling for **HOT TOPICS!**

What concerns you and your co-workers in the emergency department?

What do you think our legislators should know about?

What do you think the ENA advocates should lobby our government for?



Please send your ideas to Jamla Bergman: jamlabergman@gmail.com

Dept. of Homeland Security's Stop the Bleed Initiative & its Impact on the Emergency Nurse

~Lori Barker, MS, RN, CEN, CPEN
Adirondack ENA

Perhaps your first awareness of the DHS' Stop the Bleed initiative came from the Oct 11th public service announcement following an episode of CBS' Code Black, <https://www.youtube.com/watch?v=ZM5qh-cGQ>. Perhaps this is your first encounter with it. If so, let me enlighten you.

The "Stop the Bleed" campaign was launched last year, to provide bystanders with the tools and knowledge to stop life threatening bleeding. The goal is to place bleeding control kits in all public AED locations and train bystanders in their use to help save a life. This campaign is a result of the Hartford Consensus recommendations following the Newtown, CT school shootings.

The National Association of Emergency Medical Technicians (NAEMT) lists the following on their website (www.NAEMT.org): Uncontrolled bleeding injuries can result from natural and manmade disasters and from everyday accidents. If this bleeding is severe, it can kill within minutes, potentially before trained responders can arrive. Providing bystanders with basic tools and information on the simple steps they can take in an emergency situation to stop life threatening bleeding can save lives. Research has shown that bystanders, with little or no medical training, can

become heroic lifesavers. Similar to the use of CPR or automatic defibrillators, improving public awareness about how to stop severe bleeding and expanding personal and public access to Bleeding Control Kits can be the difference between life and death for an injured person. Our national preparedness is the shared responsibility of all levels of government, the private and non-profit sectors, and individual citizens. The goal of this initiative is to build national resilience by empowering the general public to be aware of the simple steps that can be taken to stop or slow life threatening bleeding, and to promote the general public's access to Bleeding Control Kits in public spaces, while they travel, and in the home.

I reached out to the ENA to see what their stance is on this initiative and Catherine Olson, MSN, RN, Director, Institute for Quality, Safety and Injury Prevention replied: "Thank you for taking the initiative to contact the Department of Homeland Security to obtain more information on the Stop the Bleed Campaign. ENA has been engaged in this project through an ENA Board member, Tiffany Strever, who participated in the National Security Council roundtable Bystanders: Our Nation's Immediate Responders which led to this White House initiative. We have posted a link to the campaign on our Injury Prevention web pages:
<https://www.ena.org/practice-research/Practice/Safety/Injury%20Prevention/Pages/Default.aspx>. We continue to explore other ways ENA can increase awareness of the campaign to emergency nurses, such as through TNCC courses, social media, and our ENA QSIP State Chairs."

Paul Brooks, EMS Program Manager, U.S. Department of Homeland Security, Office of Health Affairs offered the following advice to me: "The process to implement Stop the Bleed in your community is pretty simple - pick a training curriculum, identify instructors, advertise it to your staff and citizens, and start training them. It really is a free-form program that you can do as much or as little with, as your resources allow. As a CEN, you are already qualified to teach the key concepts of STB - tourniquet application, wound packing/use of hemostatic agents, and basic airway positioning (modified jaw thrust and/or position of comfort). There are a number of courses that train people in advanced bleeding control (beyond what is taught in a basic first aid class), specifically on the use of tourniquets and hemostatic dressings. This training is absolutely practical for civilian use, and the whole campaign is directed toward the civilian population, sort of a, "what to do before help arrives" stopgap measure. I think that the NAEMT B-Con course would be perfect for your teaching audience."

NAEMT developed the Bleeding Control for the Injured (B-Con) course to teach basic life-saving medical interventions, including bleeding control with a tourniquet, bleeding control with gauze packs or topical hemostatic agents, and opening an airway to allow a casualty to breathe. The course is designed for NON-tactical law enforcement officers, firefighters, security personnel, teachers and other civilians requiring this basic training.

Myself and two other Adirondack ENA TNCC instructors took the two-hour B-Con course at Wilton EMS this November and I found the training quite valuable. As a result, I feel better able to teach tourniquet application and management, as well as, utilization of hemostatic dressings in junctional location wounds (groin, shoulder/axillae, & neck) where tourniquets cannot be applied. I am also now able to access the B-Con course materials to teach others.

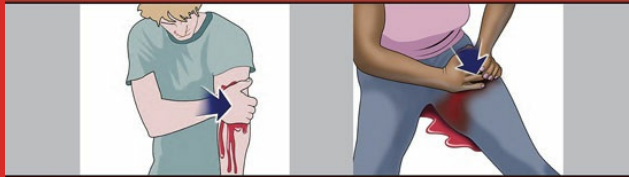
I anticipate our communities will look to us as emergency nurses to help them learn how to employ hemorrhage control measures; to be the help, until help arrives. Please consider taking advantage of the tools and training at our disposal and support this initiative. For more information on these efforts and how you can get involved in the "Stop the Bleed" campaign, please visit dhs.gov/stopthebleedandhttp://bleedingcontrol.org and www.naemt.org.



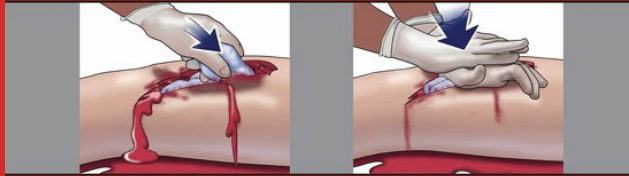
STOP
THE BLEEDSM
SAVE A LIFE



1 APPLY PRESSURE WITH HANDS



2 APPLY DRESSING AND PRESS



3 APPLY TOURNIQUET



WRAP

WIND

SECURE

TIME

CALL 911

Remembering

~Reflections by Joanne Fadale, BSN, RN, FAEN

"The first meeting of the newly formed New York State Coordinating Council of the Emergency Department Nurses Association was held at the Holiday Inn west on August 28, 1975 with the State Chairperson Jerrie Van Every presiding". What a day that was. Ten ED RN's sitting all over a hotel room on the beds, in the chairs and on the floor. Yes, we were not very sophisticated and had no funds at this point. So we gathered where we could just to get us started. Four chapters were represented, Tri-County of South East NY, Genesee Valley, Adirondack and Western New York and the pending chapter of Southern Tier was also present.

"Carol Brown made the motion that we form a temporary council until after the meeting of the national assembly where national bylaws concerning state coordinating councils will be discussed". A question at this point of the progression to become a coordinating council came forward because at that time national EDNA had not made the decision if the council should be a governing body rather than just a coordinating body. "All agreed the council should only serve as a coordinating council". The council remained in this capacity until 1985, after the recommendations of the first national Blue Ribbon Commission was instituted.

It was identified at this first meeting we needed to have emergency nurses on the New York State Emergency Medical Services Board. Zana Coates had the vision and requested that a letter be sent to the Commissioner of Health who at that time was Dr. Whalen. This became a struggle for the Council. It took a long time and much "pushing" for the Council to be recognized as a specialty voice for emergency nursing in New York State before the position was granted and then it was only one nurse. It is rewarding to know that even today we do have a representative to that Board.

"Bonita Shaw made a motion that we suggest to national headquarters that they put additional



information on membership lists concerning local chapter membership if any and place of employment of each member". It is hard to imagine now, that in those days, all the information shared came thru the mail (snail mail that is). They did not have instant electronic information. It took months to contact potential members and communicate information.

"Officers were elected as follows: Vice Chairperson, Carol Brown, Secretary, Bonita Shaw; Treasurer was held until after National Assembly with the moneys until that time to be held by State Chairperson Jerrie Van Every. Two hundred dollars has been allotted us from National to form the NYSC." "Question was raised where money would come from for council activities. It was agreed we should not assess local chapters". We certainly did start with a very small amount of funds but it was clear that those beginning officers did everything possible to lay a foundation to assure we would be successful in the future.

It was not possible to send information to everyone at that time due to the funds. "Copies of the minutes of the Coordinating Council meeting will go to each chapter president, National president and our regional representative. I am not sure if in those early years, the officers and members even had an idea what their potential for membership would have been.

Finally, at that meeting, "A statement of purpose of the Coordinating Council was formulated.

1. Coordination of chapters and with allied health fields
2. Information distribution
3. Advice
4. Legislative watchdog
5. Communication
6. Council as a whole review and forward requests for local charters"

The new Council was formed and Emergency Nursing went forward in New York State.

NOTE: Quotes in the article were extracted from the minutes of the New York State Coordinating Council dated August 28, 1975 submitted by Bonita Shaw, RN Secretary

2020

Setting the Pace Award Nominations

~Martha Reid

Calling for Nominations!!!

Do you know an ENA member who really shines? Someone who stands out amongst their peers? The NYSCENA is looking to recognize them at our upcoming conference in April with one of our annual awards. Please take a moment to look over the categories and details at AWARDS on our Conference page and then just hit the link to fill out and return the form and supporting nomination letter to presidentelect@nysena.org . To get there you can just click on the link above or cut and paste to go to our web-site [link](#) .



All nominations must be in by March 15, 2017.

RN White Coat Ceremony

-Audrey Sealey

On October 25, 2016, I was asked to be the key note speaker for the White Coat Ceremony. I addressed the Accelerated Nursing Program students, their families and the College of Nursing faculty at SUNY Downstate. It was truly an honor and a beautiful experience. Being a graduate of the SUNY Downstate Advanced Nursing program, I was proud to see the progress and strides that have been made since I graduated.



The History of the White Ceremony

The white Coat Ceremony was started at the University of Chicago's Pritzker School of Medicine in 1989, but the first full-fledged ceremony was at the Columbia University College of Physicians and Surgeons. In 1993, Dr. Arnold P. Gold, a teacher and pediatric neurologist, created the first full-fledged WCC at Columbia University College of Physicians and Surgeons. Before this ceremony, medical students typically received the Hippocratic Oath for the first time at commencement. This ceremony marks a change in tradition, introducing students to the Oath before starting their first year of study. This was intended to provide students with well-defined guidelines regarding the expectations and responsibilities appropriate for the medical profession prior to their first day of class. Since its conception at Columbia, the WCC has spread rapidly to schools of medicine, dentistry, osteopathic medicine, and nursing worldwide.

White Ceremony for Nursing

On August 8, 2014 The Arnold P. Gold Foundation (APGF) and the American Association of Colleges of Nursing (AACN) announced that 100 nursing schools were selected to receive funding support to pilot White Coat Ceremonies and in 2015, 60 nursing schools were selected. The Arnold P. Gold Foundation and AACN hope to continue supporting inaugural White Coat Ceremonies at additional nursing schools in 2016.

"By offering White Coat Ceremonies, our schools are sending a clear message to new nursing students that compassionate care must be a hallmark of their clinical practice," said AACN President Eileen T. Breslin. **"Securing a commitment to providing patient-centered care at the beginning of a nurse's professional formation will help to raise the quality of care available to all patients."**

Extending The White Coat Ceremony's to nursing programs gives the students a sense of honor and accomplishment, and a sense of being welcomed into a prestigious and rewarding profession. While the historic tradition was lost with the symbolic dawning of the "cap," it's exciting to have a new rite of passage. The White Coat Ceremony honors the essential role nurses play in health care profession and recognizes their parity with their medical counterparts.

"I am truly proud to be a member of the nursing profession "

Dr. Audrey Dupree-Sealey, PhD, FNP



Contact

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