Triage Notes

Summer 2015

EMERGENCY NURSES ASSOCIATION of MICHIGAN

2015 MENA Meetings

- ✓ Sept 18
- ✓ Nov 13

MENA Website
www.michiganena.org

President's Message

Chris Baker, RN, MSN, CEN

Summer Review

It is hard to believe that summer is soon coming to a close. ENA's conference in Orlando is fast approaching, September 28th –October 3rd. We will be sending 16 delegates to Florida this year for the 3 day delegacy opportunity. National ENA has changed the forum to include half day sessions followed by an opportunity for education. We will bring a report back to the state about the experience to our members and how it will affect our practice, so more to come.

I have sent out an email to all Michigan ENA members to notify everyone of a process change. For quite a few years, Michigan ENA has been very fortunate to have had the opportunity to offer members a discount on ENA membership. In saying this, National ENA has notified us that we will no longer be able to purchase prepaid memberships which allowed us to offer a significant savings to Michigan ENA members. The National ENA office has asked us to send members to the National ENA website to renew or join ENA. They are offering a discount to members that group together to renew or join. This change is taking place immediately. This also means that discounted memberships will no longer be available at our annual Michigan ENA spring conference.

Now, on a different subject, I want to take a few minutes to talk to you about the concepts of kindness and compassion. I have been an emergency nurse for over 30 years and have seen many changes in technology and process. We are now facing a number of challenges that seem to have no end in sight. Patients boarding and ICU holds are a norm and it is not unusual to have psychiatric holds within a department for over 24 hours. Emergency nurses are recognized as specialty nurses and I have been told we are a different breed. I am in awe of the new nurses that are entering and onboarding in our EDs and often reflect on the strength and stamina of these emergency stretcher side nurses. It never ceases to amaze me when one is asked to take an extra patient since we no longer are able to divert, or to work without a tech since there were call in's. It is the emergency nurse that takes the lead and does not even bat an eye and moves forward. Kindness and compassion need to be extended to each other as well as to our patients and family. Medical emergencies are stressful enough without adding the regulation constraints of CAUTI and CLABSI, boarding etc. We know we all want to do what is right for our patients, but don't forget that a THANK YOU to a co-worker, manager or educator that has offered a helping hand goes a long way. A warm smile and some kind words to a new orientee to welcome them and tell them they did a good job go a long way when they are unsure of themselves. Thank the people around you--the unit clerk, the housekeeper, the volunteer, the registration clerk. Without them, we most certainly would not be able to do what we need to do. Take a minute today and thank someone around you for what they do and let them know how you appreciate them for who they are. Kindness and Compassion will get you farther as an Emergency Nurse and you will personally be happier yourself. Kindness is contagious!

Government Affairs

Naomi Ishioka

"Day on the Hill" 2015
Washington, DC

Each year the national Emergency Nurses Association has a "Day on the Hill" event in Washington DC. This event was held April 28th and 29th of this year and was designed to introduce emergency nurses to advocacy and encourage those at the bedside to become more involved in a purposeful way. As citizen nurses, we have the right—and responsibility—to influence elected officials to change laws and policies that affect our daily lives. The two day event began with a forum introducing the more than 100 attendees from across the nation on how the Capitol works, as well as how to be most effective when speaking to politicians and their staff. They also had a review of several current issues including mental health care and funding for trauma care systems in this country.

Three following Michigan ENA members attended this event: Naomi Ishioka, Barbara Davis and Jennifer Gegenheimer-Holmes. We were able to attend the National ENA board meeting in the morning and then enjoyed the Day on the Hill workshop learning about the issues and how to speak to our legislators effectively. The second day we had the privilege of meeting with Alex Graf, the legislative aide from the office of Senator Debbie Stabenow, and Greg Mathis Jr., Legislative Assistant for Senator Gary Peters' office. We also met with Evan Armstrong who is legislative counsel to Representative Tim Walberg. In every case, the meeting was positive and we felt that they listened to our message.

The message we carried was this: Mental health in this country is broken and we all are affected by this every day. Comprehensive Mental Health Reform Legislation introduced June 4th 2015 in the senate will help to ensure resources are available for the mentally ill. The bill focuses on programs and funding for resources for psychiatric patients and their families. The language in the bill includes additional funding for inpatient and outpatient treatment through Medicaid, which is ultimately safer and more appropriate than repeated ED visits. In addition to discussing Mental Health, we also asked for support or continued support for the nation's Trauma and Emergency Care Programs.

Government Affairs

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"Day on the Hill" 2015 Washington, DC

So how can you get involved? First, be encouraged. Each person has a voice. In a recent poll, most politicians say that they listen to constituents and take their concerns seriously. Over 90% stated that a visit, personal call, or personal letter written to their office has a high likelihood of changing their mind on an issue. Input that is particularly swaying includes personal stories, a compelling argument that will show that impact within the district or state, and impact on people's lives. As a nurse, a letter written to Washington or Lansing can make a difference. A phone call or visit in the office of your politician can be even more effective. Before going, take a few minutes to review what you want to say and how you want to say it. Identify one or two topics and research them. With a quick internet search, you can find what bills have been supported in the past and what position your legislator has taken in the past on the topics. Deliver your message concisely and clearly. If possible, have a brief personal story of how this topic affects your life or the life of somebody you personally know. Follow this with a concise statement of what you want "We are asking you to support (or oppose) _____" and at the end, thank them for their time and remind them that you will be following up with them. Have a card ready with your contact information and offer to help if you can. Follow up with an email within the next week, thanking them for their time, and reminding them you are going to keep in contact. If every district in the state had one or two nurses contacting their elected officials at the state and national levels, think of how our voice would be heard!!

For more information on national level issues, please click on the "Government relations" tab on the national ENA website. For local issues, follow the Michigan ENA Facebook page where current state issues of note will be posted, or contact our state ENA legislative affairs committee.

Please join us for the

Michigan Emergency Nurses Association

Huron Valley Chapter

"Fall Into ED Nursing" Conference 2015

ENA
EMERGENCY NURSES ASSOCIATION
SAFE PRACTICE, SAFE CARE
Huron Valley Chapter

October 17, 2015

9am-3pm

Oakwood Hospital Kalman Auditorium

18101 Oakwood Blvd

Dearborn, MI 48124

Registration Fee $50

($20 for current nursing student with no degree)

-light breakfast and lunch provided

Guest Speakers & Topics:

- Vicki Bobo, BSN, RN Sepsis
- Crystine Peeples- Organ Donation
- Sheila Briggs, BSN, BSW, RN, SANE-A- Evidence Collection
- Dr. Christiansen, MD- Airway Emergencies
- Dr. Lopez, MD- Trauma

Tear off bottom portion and mail to: Huron Valley ENA- 2962 Jackman, Petersburg, Mi 49270

Name: _____ Company: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

E-mail: _____ ENA Member: yes no

Please make checks payable to: Huron Valley Chapter ENA

Emergency Preparedness Drills & Real Events: Are you really prepared?

Mark Goldstein, RN, MSN, EMT-P I/C

It seems every time there is an emergency or disaster drill, hospital administrators and managers staff up in response to the drill or blow off the importance of the drill. Many staff nurses believe a disaster will never happen in their community let alone their own emergency department. Many historical experiences are that nurses felt these drills were a nuisance to their daily work performance. Let's face it, during any drill, we are working with real patients. What happens when there is a real disaster and all of the seasoned staff are not there?

Recently there was a community wide drill which involved the county emergency management offices and local emergency service providers(fire department, local hospitals and city government). In order not to accommodate the disaster drill, one emergency department took the approach to **not** increase staffing and to **not** alert the staff of the upcoming drill. This was to assist in ensuring that the staff would come to value emergency preparedness. This ED ensured their emergency department staff receives annual hazmat and decon training, obtains classes in National Incident Management System (NIMS) and obtains a sundry of emergency care education.

Now the test! It's 8:00 AM, the ED staff was just settling in and the drill scenario began. The 800 MHz disaster radio is alerting the charge nurse that a disaster has occurred involving a commercial airplane in a residential neighborhood. The initial radio report was 54 patients whom required transport. A short time after the initial radio report, EMSystem (computer) is alarming asking all agencies to update their status. The status updates included how many patients they could receive (e.g. red, yellow, and green), what their current status was and any incident information. Roughly five minutes later, there was more radio traffic updating incident information and giving patient reports to the ED. This challenged the charge nurse who communicated to the staff to prepare for incoming patients on top of their own patients whom they were caring for. Part of this information helps the ED staff know and understand that a functional disaster drill is in progress and the staff needs to communicate to their patients and visitors that a community wide drill is occurring. Typically, patients and visitors become impressed that the emergency response system is taking part in disaster preparedness.

The leadership identified early that they had to stand up incident command and notify the appropriate members. Impressively, senior leadership was engaged along with emergency management coordinators. Again, the 800 MHz radio was alarming for more patient reports. The first wave of patients were arriving to the emergency departments and staff was preparing patient treatment areas. Remarkably, the Registration department (patient access) was heavily engaged, logged all patients and tracked their movement. Still, the 800 MHz radio continued alarming every 15-20 minutes with incoming patient reports and simultaneously the ED was receiving more patients for triage and treatment. It was noon already and the ED had triaged, logged and simulated treatment for more than 69 patients in just four hours. The disaster drill ended for the emergency department but was still operational for incident command until 4:00 PM. A "hot wash" occured at 5:00 PM with key stakeholders and players reviewing how the events of the day unfolded. At the end of the day, the team discovered there had been over 200 patients triaged, transported and treated from the community perspective.

In a recent report card published by the American College of Emergency Physicians (ACEP), it showed that there is a greater need to fund and support disaster preparedness and the medical response for these incidents. The after-action review of this community wide event was enlightening and provided an opportunity for improvement. Every disaster drill and real life incident not only brings lessons learned, but the need for lessons applied for future planning and preparation. If you were not aware, this is a Joint Commission Standard. As indicated before, many hospitals value the importance of these disaster drills and quickly realize everyone has an integral part in the success. This past Fall, many of us were educated on Ebola and other emerging diseases. So when you have an upcoming disaster drill or real event, think about what resources you require, how you would manage it and how you would communicate. As an emergency department nurse and adult Boy Scout leader, I live by the motto, "Be Prepared".

2015 West Michigan ENA Conference Speakers

Brad Riley MD
Emergency Care Specialists
Medical Toxicology of West Michigan

Jeff Trosper CCT-PIC
Education Coordinator AMR of West Michigan

Molly Kane-Carbone RN, BSN, M-ED, CIC
Infection Prevention Spectrum Health Grand Rapids, MI

Karen Bergman PHD RN CNRN
WMU/Bronson Professor

Stephen Cohle MD
Chief Medical Examiner, Kent County MI

Sherri Veurink-Balicki MSN, RN CEN
Trauma Clinical Nurse Specialist
Trauma Program Manager
Mercy Health Saint Mary's Grand Rapids, MI

Siera Richer BSN RN, CPEN
Staff & Charge Nurse Helen DeVos Children's Hospital ED
Grand Rapids, MI

Eric Sorenson BSN, RN
Emergency & Trauma RN
Mercy Health Saint Mary's Grand Rapids, MI

Yvonne Prowant, RN, BSN, MM, CEN
Director - Trauma Services
Metro Health Hospital

This activity has been submitted to the Emergency Nurses Association for approval to award contact hours. The Emergency Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Kristie Potts
6545 144th Avenue
Holland, MI 49423

West Michigan ENA
8th Clinical Symposium

Falling for Emergency Nursing

ENA
EMERGENCY NURSES ASSOCIATION

West Michigan
Emergency Nurses Association
Conference

OCTOBER 7, 2015

Frederik Meijer Gardens and Sculpture Park
Grand Rapids, Michigan

Program Description

The West Michigan chapter of ENA is pleased to provide a clinical symposium addressing a variety of issues related to the care of the emergency patient. The goal is to provide information on the latest trends and evidence-based practices in the emergency setting. We welcome all emergency healthcare team members to join us.

Conference Location
October 7, 2015
Frederik Meijer Gardens and Sculpture Park
1000 E. Beltline NE
Grand Rapids, MI 49525
Exhibits from the international art competition ArtPrize *will be available for viewing.*

For further information visit:
www.mapquest.com
www.meijergardens.org

Registration
Must be received by **September 23**. The registration for the October 7th Conference includes the full day of speakers, lunch and refreshments. No refunds will be given. If unable to attend you may have someone else attend in your place.

Registration Fees:
$65.00 for ENA members
$75.00 for non-ENA members

Questions: Contact Kristie Potts at (616) 394-3681 or kristi@hollandhospital.org or Sherri Veurink-Balicki at (616) 685-6798 or veurinks@mercyhealth.com

SCHEDULE OF EVENTS:

7:30-8:00	Registration/Vendors
8:00-8:10	Welcome
8:10-9:10	**"Tox in the Trenches"**
	Brad Riley MD
9:10-9:40	**Break/Vendors**
9:40-11:10	**Bedside 12 Lead ECG Interpretation**
	Jeff Trosper CCT-PIC
11:10-12:10	**Ebola, Pertussis, Rubella, etc...Oh My!**
	Molly Kane-Carbone BSN, RN, M-ED, CIC
12:10-13:10	**Lunch/Garden Visit/Vendors**
13:10-13:15	**Drawings**
13:15-14:15	**Concussion Discussion:**
	Update on Concussion Management
	Karen Bergman PHD, RN, CNRN
14:15-15:15	**There are No Secrets!**
	Stephen Cohle MD
15:15-15:30	**Break**
15:30-16:20	**PANEL CASE REVIEWS**
	Did You Hear About?
	- Interesting Case Presentations
Moderator:	Sherri Veurink-Balicki MSN, RN, CEN
Presenters:	Siera Richer, BSN, RN, CPEN
	Eric Sorenson BSN, RN
	Yvonne Prowant RN, BSN, MM, CEN
16:20-16:30	**Closing remarks/Drawings**

REGISTRATION FORM: PLEASE FILL IN COMPLETELY

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Employer: _____ Department: _____

Symposium - October 7, 2015

Amount Enclosed: ☐ ENA member $65.00 ENA# _____
☐ ENA non-member $75.00

Payment to: **West Michigan ENA**
Detatch and mail to: Sherri Veurink-Balicki, 861 Parkhurst N.W., Grand Rapids, MI 49504
☐ *Yes, I would like an email confirmation (otherwise no confirmation will be sent) My email address is:* _____
print legibly

We got your back – or not!
The New Michigan EMS Spinal Precautions Procedure and Spinal Injury Assessment Protocol

Mark Goldstein, RN, MSN, EMT-P I/C

The time has come that the science of spinal immobilization is becoming obsolete or somewhat revised. As a Paramedic and former Flight-Nurse, I have often questioned…. "Why are we backboarding"??? The new *Michigan EMS Spinal Precautions Procedure and Spinal Injury Assessment* is a state-wide protocol affecting all Emergency Medical Service Agencies (e.g. Fire Departments, EMS, Ambulance, & Flight Programs) and Emergency Departments. Our goal is to provide you general rationale and guidance for the changes to the Michigan Spinal Injury Assessment Protocol and Spinal Precautions Procedure. To disclose and give full credit, we would like to thank Dr. Chelsea White, Medical Director, of the Bernalillo County Fire Department and Dr. Robert Domeier, EMS Medical Director of Washtenaw/Livingston Medical Control Authority who spearheaded and championed this new guidance along with many other providers. The new state model protocols support the assessment and appropriate management of spinal precautions on select patients with spinal injuries.

The American College of Surgeons – Committee on Trauma (ACS-COT) partnered with The National Association of EMS Physicians (NAEMSP) and released a joint position paper in 2013 titled "EMS Spinal Precautions and the Use of the Long Backboard". It states, "Utilization of backboards for spinal immobilization during transport should be judicious, so that the potential benefits outweigh the risks."

There were early spinal injury research studies from 1963 and 1965 stating up to 25% of death occurred from mishandling of patients with spinal injuries. As we know it, backboarding and spinal immobilization has been used since the beginning of EMS. We know there were additional spinal studies stating that long backboards are used as tools to help extricate and move patients from automobiles that decreases trauma.

Let's put things into perspective. Remember when we used MAST (military anti-shock trousers) trousers, or for the newer generation of Emergency Care Providers, Pneumatic Anti Shock Garments (PASG) for trauma and hypovolemic shock? We are now at the crossroads where validating what we do makes sense and our outcomes have benefits. Right?

Over the past twenty years, there have been studies looking at the backboard and spinal immobilization. Studies regarding respiratory compromise, pain, skin and tissue breakdown. Clinical presentation and examination can assist in ruling out spinal injuries. In the late 1980's, Emergency Departments researched whether radiological imaging was necessary for patients with suspected spinal injuries. Another important safety fact is the need to reduce the amount of radiation exposure. These studies indicated that many patients did not require radiological imaging and were "cleared".

There were two hallmark studies conducted by Emergency Physicians: National Emergency X-Radiography Utilization Study (NEXUS), 1992 and the Canadian C-spine rule, 2003. The goal of NEXUS was to reduce patient exposure to radiation. The Canadian C-spine rule is a little more comprehensive and age was a key factor (>65 years) in the equation. Simultaneously, ED and Emergency Medical Services Physicians were studying the efficacy and safety of backboards. Several studies demonstrated that EMS Providers were able to apply the NEXUS and Canadian C-Spine Rule and determine whether the patient required a backboard. Outcomes were reviewed and there was a decrease in use of backboards by up to 40%. The literature also states that only 3% of trauma patients secured to a backboard actually have a spine injury. Still, backboards have not demonstrated the prevention of spinal immobilization (e.g. movement) and additional neurological injuries.

The current practice and recommendation supported by ACS-COT and NAEMSP encourages patients to be removed from a backboard as soon as possible. Many Emergency Departments have policies and procedures for log rolling patients off of the backboards, but still have the patient wear the c-collar until further appropriate imaging is completed and "cleared".

Spinal Immobilization

Continued from page 8

The new Spinal Injury Assessment protocol is just that an assessment to determine whether the patient requires spinal immobilization. The first step in this protocol is to assess the mechanism of injury (MOI). Examples of MOI are: fall, MVC, assault with significant head, neck, or back trauma, or anything else that could cause spinal injury. Another important element of the evaluation is to determine whether the patient has altered mental status, intoxication or distracting injury. These can help identify if the patient can assist in a reliable exam. If the patient is unreliable (any of the above listed), spinal precautions are indicated. Common sense… Right?

According to the new State EMS Protocols, patients who present with positive spinal injury during assessment or are over 65 with a significant mechanism of injury and a negative injury assessment require spinal immobilization. This includes those patients under age 65 and without a significant MOI and negative spinal injury assessment who do not need spinal precautions.

The second State EMS Protocol is the Spinal Precautions Procedure. This procedure goes into details on how to manage the patient requiring spinal immobilization, indications and special guidance. One caveat of this protocol is that patients >65 years have a higher false negative even when the spinal injury assessment is negative. Therefore, patients >65 years should have at least a c-collar applied as indicated for spinal precautions.

For more information regarding the new Michigan EMS State Model (Spinal Precautions Procedure and Spinal Injury Assessment) Protocols, please go to http://www.michigan.gov/ems for details.

Backboards have been used for almost 50 years and have value. Working in EMS since 1985, I can name many cases where I felt backboards could have been avoided, but our protocols stated otherwise. I am glad of the new change! They are great extrication devices and allow for emergency care providers to move our patients from one location to the next. Our goal is to improve care, outcomes and the lives of our patients. So the next time our EMS colleagues bring in a patient without a backboard and only wearing a c-collar (or not), remember these new protocols. This evidenced based medicine took many years to validate and operationalize to provide high quality healthcare.

Michigan Department of Community Health
MDCH

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EMERGENCY NURSES ASSOCIATION
of MICHIGAN

2015 Michigan ENA Awards

Michigan ENA recognizes its members and chapters for various achievements throughout the year. This year we recognized at the Annual Spring Conference who over time has been an advocate for Emergency Nursing, our State Council and especially our patients.

The **2015 Michigan ENA Lifetime Achievement Award** goes to *Barb Davis*. Barb has been involved with ENA since its inception. She has been involved with Michigan ENA and Montana ENA in almost every capacity. Barb has lead the state to improve advocacy and government affairs. She is passionate about the underserved population and is known as a leader in emergency health care. The journey she has endured has provided us the wisdom and been instrumental improving our State Council and membership regarding advocacy.

The **2015 Michigan ENA Rising Star Award** goes to Brendan Franklin. Only two years into his nursing career, and as a new graduate, Brendan went on the addictive journey on completing TNCC, ENPC, ACLS and completing his CEN within one year of becoming a nurse! Brendan is an engaged member of his Emergency Department Team and Hospital. Because of staffing challenges, he is now a midnight Charge Nurse who is learning and guiding others. During his first year as an ER Nurse, Brendan was encouraged to help with an Emergency Department Process Improvement. Ironically, Brendan had co-authored a poster abstract which was accepted and presented at last year's ENA National Scientific Conference. The title was: "Bedside Handoff – Raising the Standard of Care for Emergency Patients". He was a first-time attendee as well. While someone might see him as young lad, Brendan comes with real-world experience. You see, Brendan is an Eagle Scout and only 2% of all Boy Scouts of America achieve this rank. Brendan is now in graduate nursing school while balancing a full-time job and getting married.

The **2015 Michigan ENA Manager/Leader Award** goes to *Joan Shimko*. Joan has been recognized by her peers expressing her as an outstanding emergency nursing leader. She is dependable, efficient, and unfailingly punctual. She also is Adjunct Faculty for the University of Detroit-Mercy and Wayne Community College Nursing Programs where she has students be oriented and exposed to the emergency setting. Joan is involved with patient callbacks who ask patients and family members their experience in the ER. This assists the ER and hospital identifying what additional needs and opportunities can be taken for the next patient experience. She has a calming effect with the team. Thus, patient satisfaction scores have improved. Joan is also involved with the ER and In-Patient Nursing team to improve throughput and relationships.

The **2015 Michigan ENA Excellence in Emergency Award** goes to Michelle Most. Michelle demonstrates exceptional qualities in the areas of initiative, flexibility, and motivation. She seeks opportunities to be engaged, as evidenced by her involvement in extensive transformation work related to transitioning the Emergency Department into a fully electronic medical health record system. Michelle has demonstrated insight, knowledge and creativity as she assists in designing and implementing such meaningful work, which directly impacts patient safety and quality. Her greatest achievement thus far is her self-initiated, self-driven work in our Emergency Department and at the Genesee County level related to the care of Sexual Assault Victims, both adult and pediatric. Michelle has designed and developed a warm and comfortable room dedicated to the sexual assault exam and interview process. It allows for all equipment and supplies to be available in a private setting. In addition, Michelle has created policies and procedures, resource material, and has provided education to her peers to improve the competency within the department when caring for victims of sexual assault. Her work related to this was accepted as a Poster Abstract for the 2015 MENA Spring Conference.

Lastly, there are many great Emergency Departments in this great state that should receive national recognition. The **Lantern Award** is a recognition award given to emergency departments that exemplify exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy and research. The award is a visible symbol of an emergency department's commitment to quality, presence of a healthy work environment and accomplishment in incorporating evidence-based practice and innovation into emergency care. In 2014 ***The University of Michigan Health System – C.S. Mott Children's Hospital*** obtained this award. In 2011 ***St John's Medical Center – Detroit*** and in 2012 ***Beaumont Health System – Grosse Pointe*** both obtained this award. Please consider making the accent to achieve the ENA Lantern Award.

Submission Guidelines:
Michigan ENA encourages evidenced based clinical articles, letters to the editor, chapter reports, case reviews, research, advocacy or leadership inspired artless of interest. References requires AMA style, 10th Edition referencing. Cite references **by number only** in the text, consecutively, in the order of their mention. Articles must be typed and double spaced

2015 MENA Meetings

- ✓ **Sept 18**
- ✓ **Nov 13**

Left to Right: Barbara Davis, Government Chair– Hilda Vivio, Secretary, Kimberly Johnson, Treasurer– Chris Baker, President

CHAPTER INFO

Huron Valley #145 President : Sheri Belanger, crawford1922@aol.com (734)-320-4289

S.W. Michigan #151 President: Deb Wiseman, debra.wiseman@borgess.com

West Michigan #153 President : Alison Zeerip, Zeeripa@mercyhealth.com

Little Traverse Bay #345 President: Dianne Wren, dwren10044@aol.com

Western Upper Peninsula # 449 President: Barbara Davis, Barbara.davis0473@gmail.com

Michigan ENA Spring Conference May 3rd & 4th, 2016

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