



# Triage Notes

## Lead Story Headline

Greetings fellow  
emergency nurses!

Spring time is upon us and that means it is time for the Michigan Emergency Nurses Association Annual education conference at the Soaring Eagle Conference Center in Mount Pleasant on May 1<sup>st</sup> and 2<sup>nd</sup>. This year's conference is going to be a great one with over 200 people already registered! There is a great membership deal offered with your registration, both the conference and 1 year membership cost \$60 each.

There will be a MENA State Council Meeting from 11:00-2:00 pm on May 1<sup>st</sup>, and you are all invited. We do ask that you RSVP so we have a count for the lunch that is provided. This is a great way to meet the state leaders and see what MENA is all about. We value your input and welcome questions.

The evening starts at 5:30 pm with the exhibit hall opening with an opportunity for networking and interacting with the vendors. Free hors d'oeuvres

will be served.

The awards presentations will begin at 6:30 pm with your friends and colleagues being honored for the great work they do in emergency nursing. Please come and support them.

From 7:00 to 8:00 pm we will be having a nationally recognized speaker Edie Brous, RN, MSN, MPH, JD speaking on the Legal Aspects of Social Networking and Social Media.

Her reviews are wonderful as she is a powerful speaker who will make you question some of the legal implications in your own practice.

There will be an opportunity for networking and dancing from 8:00-10:00pm with a local DJ and a cash bar.

The next morning starts at 7:30 am with registration and a continental breakfast. The day is filled with great speakers including our national Board of Director liaison Karen Wiley, MSN, RN, CEN who will speak about workplace violence. Karen was the chair person for the 2009-10 Emergency Department Violence Work Team that

produced the Workplace Violence Toolkit available from the national ENA web site at ena.org. Did you know there are people in this state who are working on a bill to make assaulting a healthcare worker in Michigan a felony?

Additional topics for the conference are documentation and liability, massive transfusion, Vitamin B 12 deficiency, Emergency preparedness, PTSD, Caring for the Geriatric patient, Pain management, STEMI to stable, Pediatric pain management, pediatric trauma, unique trauma cases and Emergency Nursing Past, Present, and Future. The closing session is being presented by one of our past National ENA presidents, and if you have never heard her speak you will love her great sense of humor!

I promise you a great conference with networking, education, food, and fun. For more information go to the michiganena.org web site and follow the link. See you there!

*Continued on next page.*

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The 2012 ENA Board of Directors and Nomination Committee elections open May 10. Please go to the National web site @ ena.org and read about the candidates and vote. You have until June 8 to cast your vote. Most states have a very poor showing at the elections polls and let's try to make Michigan known for getting involved.

Have you ever checked out national web site for the ENA Position Statements? There are plenty of statements that influence your every day practice in emergency nursing. Many of these have been updated and more are in the works. Look at them and see where ENA stands on an issue as it relates to emergency care. You might be surprised there are statements about : Access to Health care, Alcohol screening in the ED, certification in emergency nursing, Clinical Nurse Manager competency, family presence, improving patient flow in the ER , HOLDS in the ER, and a host of others. See what your organization is doing for you!

Best wishes and have a safe summer!

Barb Smith

Michigan ENA President 2011-2012



The Emergency Nurses Association Government Affairs Committee provided its members an opportunity to immerse themselves into "On the Hill" tactics and methods. This workshop provided us the opportunity to effectively communicate with our legislators and understand the "real issues" we face every day. We discovered how to navigate through the many legislative resources and toolkits ENA has to offer on their website. We meet Friday evening January 27<sup>th</sup> in Washington DC. We had two solid days of workshops. Our last day, Monday, January 30<sup>th</sup>, we used our new knowledge and skills which

## Government Affairs.... What's in it for me? What does it mean?

addressed our concerns with our legislators. This was an incredible experience.

We discussed funding the Emergency Medical Services for Children Program (EMSC).

Pediatric care in our nation's emergency care system historically has been overlooked, resulting in dramatic gaps in success of treatment and mortality rates between pediatric and adult emergency patients. Did you know there are over 31 million pediatric Emergency Department (ED) visits annually? Although children make up 27% of all visits to the ED, many hospitals and EMS agencies are not

well equipped to handle these patients. According to the 2006 Institute of Medicine (IOM) Report; a number of large cities do have children's hospitals or hospitals with pediatric EDs that offer state-of-the-art treatment for children; however, more than 90% of ED visits by children are made instead to general hospitals, which are less likely to have pediatric expertise, equipment, and policies in place for the care of children. Only 6% of U.S. EDs have all the supplies necessary for

handling pediatric emergencies, and only about half of the departments had even 85% of the essential supplies. With the establishment of the EMSC Program in the Health Resources and Services Administration (HRSA), every state EMS office has received funding to pursue important issues related to pediatric emergency care. EMSC's efforts for the past quarter century have been a key factor in the 40% reduction in the pediatric death rate due to injuries. However, in the current economic environment, a serious rollback in funding would be deleterious to the progress made by the EMSC to better prepare our communities and states to appropriately care for our children in emergencies. Fortunately, Michigan has received over \$143,000 in grant funding annually from EMSC.

We also discussed continued funding of the Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral health is a key factor in improving everyone's health status, as well as in

containing health care costs; and SAMHSA is the cornerstone of the nation's behavioral health safety net. SAMHSA programs provide a critical source of flexible funding for states to be innovative in providing essential, intensive community-based behavioral health services that reduce expensive ED usage and inpatient hospitalizations. The economic downturn has forced states to cut behavioral health spending by \$3.42 billion between FY 2009 and FY 2012, which is the largest single combined reduction to behavioral health spending in the United States in generations.

As a result, the continuing mental health (MH) and substance use disorder (SUD) funding cuts are significantly increasing the burden on community supports such as homeless shelters, on law enforcement diversion of front line patrol officers to handle psychiatric emergencies, and on EDs. In 2007, 12.0 million ED visits involved a diagnosis related to a MH and/or SUD, accounting for 1 out of every 8 ED visits. The number of patients with MH and/or SUD treated in EDs will rise as MH disorders pose a great risk to the health of active, reserve, and guard military personnel, and their families. Many returning military personnel need help confronting a variety of war-related problems, such as traumatic brain injury, post-traumatic stress disorder (PTSD), depression, anxiety, sleep disturbances, and substance abuse (e.g., tobacco, alcohol, prescription drugs).

Lastly we discussed the Bipartisan legislation "*Preserving Access to Life-Saving Medications Act*"

(S 296/HR 2245). For the last 10 years, prescription drug shortages have been monitored and studied. A small number

of drugs experience a shortage in any given year including drugs that are commonly used in EDs around the country, but the federal Food and Drug Administration (FDA) has shown the number of shortages increasing. According to the FDA, the number of reported prescription drug shortages in the United States nearly tripled between 2005 and 2010, going from 61 to 178. As a result, health care providers have had to go to heroic lengths to find needed medications, spending time tracking down the product, and delaying or altering patient care plans. In many instances, no safe alternatives to these prescription drugs exist, leaving patients including those that walk into EDs everyday with an increased risk of side effects and adverse drug interactions.

Under current law, unless a drug is deemed "medically necessary" by the FDA, manufacturers are not required to report to the agency when they experience an interruption in the production of their products. The FDA can only require drug manufacturers to disclose the discontinuation of a critical drug when the drug is available through a single manufacturer. Even in cases where the drug is deemed medically necessary and reporting is required, FDA has no enforcement mechanism to penalize a drug maker for failing to report these problems. However, when information about the interruption or discontinuation of a product was made available to the FDA, the agency has been able to avoid shortages

by implementing countermeasures, such as urging alternate suppliers to step-up production of a product to offset the decrease in supply. FDA successfully prevented 233 drug shortages between the beginning of 2010 and December 2011.

As an advocate for patient safety and quality care, ENA believes that the early warning system proposed in the "*Preserving Access to Life-Saving Medications Act*" (S 296/HR 2245) could be the initial policy-making effort of congressional action to address the troubling public health threat of prescription drug shortages. We also believe that steady funding for EMSC is critical to ensure pediatric emergency care systems and providers have been equipped and properly trained for routine day-to-day emergencies as well as in the event of a disaster. We also encourage and support continued funding for SAMHSA is critical to close a vast treatment services gap while supporting states in meeting the demand for critical behavioral health services in this time of heightened need.

So what's in it for me again? What does this mean? It means we all can make a difference! This is our Civic Duty Right! Please value advocacy and get involved! We are the advocates for our patients, family, community and the Emergency Nurses Association.

Mark Goldstein

2012 Michigan ENA President-elect

## Triage Notes

West Michigan ENA is focused on increasing education of all Emergency Department Nurses. In response to a request to bring a TNCC course to a rural community a request was made to Michigan ENA for financial support. A generous grant of \$1000.00 was approved and on January 25<sup>th</sup>, a TNCC course was held in Reed City Michigan. The grant money will also be used for an additional TNCC and ENPC course to be provided in the fall. Reed City Hospital is a critical access hospital, but nurses from Mercy Hospital in Cadillac, and Mecosta County General also attended. Instructors commented that “this was the best course we have taught”.

What started out as an opportunity to provide trauma education actually resulted in “a reality check” education for the instructors. It is important for those of us that work in trauma centers to realize the challenges that our peers experience every day, functioning without the resources that we are so accustomed to. One of the participants, approached us privately on the first day and wanted to share that one of the RN’s might struggle since her 3 year old died from a traumatic incident. Specific details were

shared not as “gossip” but truly caring for the nurse as a team member and colleague. This verified the strong support shown for all team members is.

At the end of the course we had an opportunity to speak with the nurse whose daughter died. As we stood talking with her, she shared her story, as our eyes became moist. A Grandmother who died with a brain tumor, a brother-in-law who suffered a spinal cord injury, and was transferred to a trauma center, and subsequent rehab, and lastly a beautiful 3 year old daughter full of life, adored by her family, who was backed over by a family member ,all within less than 12 months. She shared the “rules” that are in place at our institutions, and police departments that may impede a family’s grief.

TNCC covers the psychological impact of trauma, but I challenge you, as an ED nurse to realize that when the news that a family member has died, that they are not “the MVA”, but a blond hair, blued eye’s princess that hid her glow worm in the cupboard. . As ED nurses what can we do to keep those “memories” alive forever? Sometimes it as simple as asking, “tell me what they liked to do”. Thank you Brandi, for sharing your daughter’s life with us, and may we strive to provide the same support that your colleague provided you when he shared his concern.

—JoAnn Beckman





### **Michigan ENA Annual Spring Conference**

Join us for the Annual Spring Conference. There is something for everyone!

#### When

May 1, 2012 MENA annual meeting

Evening reception

May 2, 2012 Spring Conference

Eastern Time Zone

#### Where

Soaring Eagle Resort and Conference Center

2395 South Leaton Road

Mt. Pleasant, MI 48858 USA

Register at:

<http://cvent.com/d/IRNkg2xXwkW8BiMkk045mg/rjr2/P1/1Q?>

**Illuminate and Empower**  
**By: Meri Trajkovski RN, BSN, SANE**  
**Michigan State Council Scholarship Recipient**  
**National ENA Leadership Conference**  
**New Orleans 2012**

First of all, I would like to thank the Michigan State Council for awarding me this scholarship. This truly was a once in a lifetime experience. New Orleans is like no other city I have ever been too! We arrived the day after the Mardi Gras parade. Initially, I was somewhat taken back by the smell of vomit, but I quickly realized, this is not so different then the ED.

The New Orleans Council were terrific host. We were welcomed with

an Emergency Nurse Mardi Gras style parade filled with music, costumes, beads and masks. I attended several breakout sessions that not only provided me with information that I could apply to my practice-Illuminate, but also encouraged my growth as a leader-Empower.

My favorite part of the conference was the networking. From simply talking to Anne Marie Papa on the shuttle, to sharing a mule drawn carriage tour with my Michigan colleagues, the opportunities to share and connect are what make this con-

ference memorable. I encourage everyone to attend a leadership conference. It is the showcase for our profession and us as professionals. With sincere thanks and fond memories, Meri



## Leadership In New Orleans 2012 - The Readers' Digest Version

Having only been to New Orleans once before, I had never been there the day after Fat Tuesday. In some ways it was so different and others not at all from life we are all use to working in Emergency Departments across the State of Michigan. Wednesday was overcast and warm; the streets were slick with the washing out of the festivities from the days and nights before. However, Thursday came like the sane shift that follows a crazy busy one—a bright and sun filled day, and the streets dried out, taking the left over familiar ED smells of stale beer, vomit and urine with them.

New Orleans is a fascinating city full of street music, fresh seafood, and many interesting shops and antique stores for viewing during evening walks. Not to mention Bourbon Street and all of the culture and entertainment found there. However, New Orleans was also a city filled for the better part of a week with Emergency Nurses. The city was host to our annual Leadership Conference and even though Mardi Gras was over, New Orleans welcomed us with her hospitality.

What a wonderful opportunity to network and get to know fellow ENA Leaders! The Board Meeting and Leadership Day brought all kinds of useful knowledge with information to under-

stand our ENA system for Governance, Liability, and Taxes organizationally. A few pearls I picked up along the way include facts like... articles of incorporation need to be with us and our state forever...but tax returns can be destroyed after 7 years. Our members list is protected information and really can only be released by National. Policies can be changed by a vote of majority whereas bylaws take a 2/3 majority of the vote, whether you are talking the Chapter, State, or National. I got to share the commuter ride to the conference center with Ann Marie Papa and had one on one conversation with her about her role as a CNS in the Emergency Department.

I also learned that the media can be our allies and are important to get the word out to the public. Tony Phipps lead us on a journey to learn why both reporters and snakes make *good*, but not *great* pets. Even though the world is enamored with doctors, the public trusts nursing. And rightly so, as nurses are the ones spending time with the patients-- triaging the patient, explaining things to and advocating for your patients daily. When working with a reporter to get the message out, Tony suggests that we answer the posed question, use a bridging statement and then concisely get the message out we want prior to the next question being asked. This cycle can repeat and repeat until the message is clearly under-

stood. He is our communication strategist for ENA and offered to assist if ever we have any questions/concerns. National will also help with things like position statements and press releases if ever we need assistance.

Many presentations were full of helpful, practical information. I attended lectures by many of our nursing colleagues including Lisa Wolf, PhD, MS, RN, CEN. She is a researcher who works in the Emergency Department as well as conducts research and teaches at the collegiate level. In a lecture titled "You want Owners, Not Renters," Lisa discussed how change is a motivator and opportunity for some, tolerated by others and rejected by a few. However, change is not without challenge. We need to encourage and focus on both the people and systems within the Emergency Department. The department is only as strong as the weakest link. There are no more reserved seats in the Emergency Department. If you can't be a team player to achieve healthcare, hospital, departmental and patient outcome goals—you need to seek employment elsewhere.

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A key tactic to strengthening our departments can be accomplished with Leader Rounding. It is important to recognize people within the department who do a good job and are engaged as well as encourage those who have challenges and are not engaged. Gather feedback from staff including specific questions such as:

- Tell me three things you love about working here.
- What are three things you dislike?
- What suggestions do you have so the department runs more smoothly?
- What is going well today?
- What systems could be working better?
- Do you have the tools and equipment you need to do your job?

Our focus for the day is \_\_\_\_\_, can you assist with this?

If you asked your colleagues to rate how satisfied they are with their current job, what rating do you think they would give it? The literature shows that when most people take a survey or answer a questionnaire using a Likert type scale assigning satisfaction on a 1-5 scale, the most ratings popular are 2, 3, & 4. 1's, and often 2's are very unsatisfied and hopefully with either be coached or choose to do something else. These folks can be toxic to a work environment. It may take a dozen positive comments to make up for the one poor/bad comment they offer to a colleague. Also, according to the survey experts like Rebekah Hamilton present at the conference--a rating of 4 designates satisfied, people who are satisfied are willing to look at other

options, such as a different place to work! We are looking for the 5's which show loyalty to their position. Keeping people informed can go a long way to having them feel a part of the whole and improve empowerment and satisfaction.

Lisa Wolf also suggests the use of daily unit huddles to keep staff informed. These should include any new information pertinent to the ED. Education just in time should be there as well. Further, include celebration of accomplishments of staff, the current state of the ED as well as appreciation and recognition. She also suggests partnering with your providers to do a 'medical minute' with interesting teachable moments in the department to keep folks up to date and in the know. This also helps with collegiality and team building.

Change is inevitable in healthcare, it is how our business works, and yes it is a business—most of us need paychecks rather than volunteering our time to the Emergency Department. Change can be catalyzed by either a stick or a carrot. A carrot is better but at times leadership is left with being the enforcer and tasked with the role of assisting our colleagues with gaining the understanding of the healthcare process and need to focus on outcomes. Sometimes a crucial conversation is needed. Some ideas for conversation starters with these can be:

- May I speak freely?
- My purpose in talking to you is....

- When you \_\_\_\_\_, I feel \_\_\_\_\_.

- I imagine that...

And because we both want...

The last pearl I gained I will currently share with you is: In order to obtain positive outcomes for our Emergency Departments we need to engage our patients in their care. Interesting stats are that of all the prescriptions we write from the Emergency Department: 1/3 of these prescriptions are never filled; 1/3 are not taken as written; and 1/3 are taken but not as directed. Some studies indicate as many as 50% of the prescriptions written are not filled. With the state of our economy in Michigan, we need to be mindful of this when we are giving home care instructions to our patients. Help them to determine if they cannot fill all of their prescriptions, which is most important. How/where can they get prescriptions either free or at lower costs, for example, those antibiotics available in your area, in my area I would suggest seeking reduced price prescriptions at Meijers or Target.

—Meri Trajkovski

## **2012 Michigan ENA State Council Meeting dates**

**May 1**

**September 7**

**November 16**

**All meetings are held at the MCEP office in Lansing except May 1, which will be held at Soaring Eagle Conference Center in Mt. Pleasant, MI.**

**MCEP**

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**All are welcome.**