



Triage Notes

Words from Our President

Hello everyone!
Fall is upon us and we know what will follow!

I hope you had a great Emergency Nurses Week and want you to know that what you do daily is what makes you so special. I wanted to share a direct quote from the National ENA website that describes the history of ENA for those of you who have not heard about "our roots".

In 1968, Anita M. Dorr, RN and Judith C. Kelleher, RN, working at opposite sides of the United States, perceived a need for nurses involved in emergency health care to pool their resources in order to set standards and develop improved methods of effective emergency nursing practice. In addition, they wished to provide continuing education programs for emergency nurses as well as a united voice for nurses involved in emergency care.

By 1970, Ms. Dorr had formed the Emergency Room Nurses Organization on the east coast and Ms. Kelleher had formed the Emergency Department Nurses Association on the west coast. The two groups joined forces and the Association was initially incorporated as the Emergency Department Nurses Association (EDNA) in Rochester, New York on December 1, 1970. The first National Association meeting was held in New York in 1971.

In 1985, the Association name was changed to Emergency Nurses Association (ENA), recognizing the practice of emergency nursing as role-specific rather than site-specific.

Originally aimed at teaching and networking, the organization has evolved into an authority, advocate, lobbyist, and voice for emergency nursing. The ENA has nearly 40,000+ members and continues to grow, with members representing over 35 countries around the world.

Thank you for all you do!

This year's National ENA conference was held in San Diego. We were able to send 19 delegates to

represent Michigan at the General Assembly portion of the convention. We discussed and voted on such important issues as Bylaw changes on National officers qualifications, membership status and election rules. There were many resolutions brought to the delegation by fellow ENA members from across the country. These resolutions affect our patients and the care we give. Some of the subjects were: Care of the bariatric patient, chronic pain, defining ED wait times, healthcare worker fatigue, palliative care, and Safe ER discharge of patient, TNCC eligibility and the use of protocols in the emergency department. Watch for position statements, work groups, or further research on these subjects as requested by the resolution writers.

This past weekend we held our 2013 Strategic planning session at the 2013 president-elect's Mark Goldstein's home. Our Board Liaison Karen Wiley flew in from Omaha, Nebraska to help guide us in the process. There was a group of about 10 ENA members who helped to plan the direction of Michigan ENA with a focus on you the members. We outlined this process to mimic National's Strategic plan.

The four areas of the National plan are:

Advance emergency care at home and abroad.

Define, identify and advocate for a culture of safe practice and safe care.

Champion a culture of inquiry, learning and collaboration.

Expand and fortify ENA's membership.

To read the entire plan you can go to ena.org and look under the tab "About Us".

You will see more about our strategic plan for Michigan in the coming months on the michiganena.org web site.

The annual Michigan ENA conference in Mount Pleasant is scheduled for May 1, 2013. Watch for more information in January as it will be another great conference.

Of course, there will be dancing!

Tidbits:

Take advantage of the October special of \$60.00 ENA memberships through the michiganena.org web site. It is a great deal!

Are you aware of scholarships and grants available to you through the national ENA web site? Take a look and you might be surprised what funds you may qualify for!

Have you read the ENA position statements? They offer the position of the organization on a variety of issues that may assist you in your daily work. Look under the about us tab on the National ena.org web site. Are you aware that National offers FREE contact hours on their site for members? There are currently 5 separate offerings with a promise for more to come.

The next State Council meeting for Michigan ENA is November 16th in Lansing. It is held at the MCEP (Michigan College of Emergency Physicians) office, the address is on the web. We invite each of you to come see what your organization is all about. You may find a new friend or a chance for networking. The meetings are also offered by Go to Meeting if that works better for you. Just send me an email and I will be sure to send you the link. boogiebarb@Aol.com

Best wishes and I hope to see you at the State Council meeting and next year's annual conference.

Barb Smith
2012 President Michigan Emergency Nurses Association

Beaumont Grosse Pointe Launches New System to Help Improve Heart Attack Patient Outcomes

By: Mark Goldstein

Web-based LIFENET® System Utilizes Emergent Patient Data to Help Reduce Time to Treatment in Detroit Metropolitan Area

Grosse Pointe, MI — April, 16, 2012

– Beaumont Hospital today announced they have launched a new system to help improve heart attack patient outcomes. The LIFENET System, from Physio-Control, Inc., is the first web-based data network of its kind, offering emergency medical services (EMS) and hospital teams tools to work together to help improve clinical and operational efficiencies. Beaumont's use of LIFENET System has the goal of reducing time to treatment, known as door-to-balloon time (D2B), for patients in Detroit Metropolitan area who experience a dangerous type of heart attack known as STEMI (ST-segment elevation myocardial infarction).

STEMI poses a serious threat to the heart muscle and can result in death or serious disability for the patient. The more quickly patients receive treatment, which may include balloon angioplasty and stent placement in the cardiac catheterization (cath) lab, the more likely they are to have a positive outcome. D2B time refers to the interval from patient arrival at the hospital to inflation of the balloon catheter within the patient's blocked artery – the shorter the D2B time, the greater the chance of survival.

“The LIFENET System will help us reduce time to treatment for STEMI patients,” said Dr. Ghafari & Dr. Dudar, at Beaumont. “Studies show that time from onset of symptoms to treatment is critical to improving survival and outcomes for these patients. Having this new system will enable us to better meet the guideline of treatment as recommended by the Ameri-

can Heart Association and the American College of Cardiology.”

About the LIFENET System

LIFENET System is a state-of-the-art, easy to use system designed to connect EMS teams and hospital personnel with emergent patient data, and to help increase workflow so that a patient can

receive treatment as quickly as possible. LIFENET enables paramedics in the field to alert hospital care teams and provide them with critical patient data so they can quickly identify STEMI patients, determine where to route them for care, and have staff prepared before the patient arrives, reducing time to treatment. This is all securely managed by a web-based system administered by Physio-Control.

EMS crews in the field use a cardiac monitor/defibrillator to obtain a 12-lead ECG, whether from a LIFEPAK® 12, 15 or third party device. The ECG report is then securely transmitted over the internet. Hospital teams are alerted to incoming information, are able to view the patient data and share with other care teams, and engage remote clinicians for decision support through a dedicated iPhone application. The ease of communication throughout the care team helps save critical time, especially important when cath lab activation is indicated.

LIFENET System allows paramedics, physicians and nurses to focus on treatment decisions and patient care while the system works quietly in the background, both in the field and in the hospital emergency department or cath lab. LIFENET is helping communities elevate heart attack care to a whole new level by enabling them to set up systems of care for reducing time to treatment for STEMI patients.

More about STEMI

The American Heart Association (AHA) estimates that close to 400,000 people in the U.S. experience STEMI every year. Studies show that when D2B time is 90 minutes or less, patient outcomes significantly improve, and hospital stays are shorter (*Journal of the American College of Cardiology*, 2006).

The use of pre-hospital 12-lead ECGs plays a key part in reducing D2B times (*Critical Pathways in Cardiology*, 2007). The 2010 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care emphasize the importance of a well-organized approach to STEMI care to activate rapid access to reperfusion therapy.

A 90 minute D2B time has become a core quality measure for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards, and in many states, a condition of licensure and receipt of Medicaid reimbursement.

Mark is the Interim EC Director and Clinical Nurse Specialist in the Emergency Center at Grosse Pointe. He can be reached at 313-473-6487.

Grosse Pointe Emergency Center Recognized for Exceptional, Innovative Performance

By: Mark Goldstein

Grosse Pointe ER Is One of Only Eight Nationwide Honored by Emergency Nurses Association with Lantern Award for Supporting Excellence in Nursing Practice



The Emergency Nurses Association (ENA) has announced that Beaumont Grosse Pointe is one of eight recipients of the second annual Lantern Awards. The awards recognize emergency departments that exemplify exceptional and innovative performance in the core areas of leadership, practice, education, advocacy and research. ENA is a membership organization of more than 40,000 emergency nurses nationwide.

The Lantern Award designation recognizes an emergency department's commitment to quality, safety, a healthy work environment and innovation in nursing practice and emergency care. Emergency departments that receive the Lantern Award designation exemplify a culture of excellence in emergency care, including strong leadership, practice credibility and workplace recognition.

"The quality of care provided in emergency departments is in large part determined by a hospital's commitment to facilitating excellence in nursing practice," said Gail

Lenahan, EdD, MSN, RN, FAEN, FAAN, president of ENA. "The Lantern Awards are part of the Emergency Nurses Association's effort to promote exemplary nursing practice and to recognize hospitals that are going above and beyond in ensuring their emergency departments are providing the highest quality care to patients." Applicants complete a comprehensive application, which is evaluated through a blinded process by a team of reviewers on a range of performance and outcome metrics, as well as qualitative questions about noteworthy practices and attributes of their emergency department. "This year, only eight out of 27 emergency department appli-

cants met the criteria for Lantern Award designation, and they can be very proud indeed."

The Lantern Award is named in honor of Florence Nightingale, who is credited with changing nursing from a mostly untrained job to a skilled, science-based profession. She is sometimes referred to as the "Lady of the Lamp" for her actions during the Crimean War when she would work deep into the night, bringing a lantern with her as she tended to wounded British soldiers as they slept.

About the Emergency Nurses Association:

ENA is the only professional nursing association dedicated to defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership. Founded in 1970, ENA develops and disseminates education and practice standards and guidelines, and affords consultation to both private and public entities regarding emergency nurses and their practice. Additional information is available at ENA's Web site, www.ena.org.

Mark is the Interim EC Director and Clinical Nurse Specialist in the Emergency Center at Grosse Pointe. He can be reached at 313-473-6487.



Emergency Nurses Week

By: Brandi Uren

As we celebrate Emergency Nurses Week I am asked to reflect on why I became a nurse and chose to work in this crazy chaotic emergency department. I thought this would be a simple answer but after thinking, it is quite complex. Really emergency nursing has given me everything in life that I have to be grateful for.

I was burned when I was in second grade while making popcorn with my brother. I did not have the popcorn maker even on the counter before letting go. After letting go of the hot popcorn maker grease spilled down on my thin legs covered with thick netting tights. This only amplified the heat to my scorched skin, which caused third degree burns to my inner thighs. This would scar not only my legs but my way of thinking forever. Inner beauty was something that I appreciated and saw in others before they could see in themselves. The outside skin was a cover to something beautiful that hot oil could never take away. While receiving my care I was amazed at the care I received in the local Emergency Department and Burn Unit. I knew then I would work in either one of those units as a Nurse and make a difference.

Growing up I never changed my professional dream! Being a poor student both financially and scholastically I had to work hard to overcome a lot of chal-

lenges in my life. My grandparents and mother were my huge supporters. I learned that not everyone learns the same way as I learned as I excel best by seeing then doing.

Working in this department I have been able to meet friends who have become more like family. My ED friends have been there at the worst parts of my life and the happiest. One of my ED friends is the proud God Mother to my son, Jonathan. I have worked many places but can say the friends I have met here are "different." My ED friends have given me such joy and a sense of family.

I met my husband while working in this department when he was in his residency. He is someone that without nursing, without this Emergency Department our social classes would have never crossed paths. You don't live in a small town like Jackson Michigan, grow up in a family that does not strive for excellence and marry someone who has an education.

Nursing has helped me be there for my 2 uncles as they passed away with lung cancer. My flexible schedule allowed me to be by their sides and help them enjoy what time they had left. It also helped me help my family understand the death and dying process, as we have had to bear witness too often in the ED.

Nursing has allowed me to financially support myself and assist my family with some of their needs. I will always have a job in healthcare. And if I get too "bored" or burned out in the Emergency Department I can move to another location. Where else in society can you be so blessed? Without going back to school I can do something else within my field.

My Grandfather passed away in May, the strongest man I knew. I took care of his medical needs these past few years. I also had the privilege of taking care of him on his last day on this earth. I was able to speak to him openly about death and dying as nursing has prepared me for those difficult to have conversations. He felt at peace and so did I.

Nursing has given me the compassion, sense of belonging, strength, wisdom from my own life experiences to assist with my patient's and their families. Though I may have touched many lives really this Emergency Department has given more than I have given to it! I am glad I chose nursing and I am proud to say I am an EMERGENCY NURSE!

Brandi Uren BSN, RN, CEN

Proud member of the Emergency Nurses Association



Building bridges towards safer communication within the ED

Building bridges towards safer communication within the ED

Lisa Fetters MSN, RN and Brandi Uren BSN, RN had the privilege of speaking at the MHA Keystone Safe Care Workshop on October 2, 2012 in Dearborn Michigan. Lisa and Brandi spoke to the attendees about the SAFR Huddle tool implementation in the Emergency Department (ED) at Saint Joseph Mercy Hospital (SJMH).

The SJMH ED Keystone Committee completed an analysis of all the serious reportable events that occurred in the ED in 2010. Communication issues and barriers were identified as the most common factor in the majority of the serious reportable events. The ED Keystone Committee decided to develop a program that

focused on improving communication among all of the emergency department team members.

A SAFR Huddle is a standardized communication technique to pull providers together to identify, clarify, and problem solve a patient safety issue, done in a collaborative and nonjudgmental manner. Any team member in the emergency department who is feeling uncomfortable with the care being delivered to a patient can call a SAFR Huddle. If a SAFR HUDDLE is called by any team member staff are expected to:



S=STOP (immediately)

A=ACT (address the issue by having a team time out)

F=FURTHER (Restate the new plan going forward after agreed upon by all members)

R= RESPOND (complete the task, and debrief as necessary)

Lisa and Brandi highlighted their implementation, barriers and success stories with the group on their SAFR Huddle project. The presentation was well received and lots of positive feedback was received from other hospitals.

Government Affairs

By: Barb Davis

On September 25th I received an email from our ENA's President, Gail Lenehan, saying that the Board of Directors made a business decision that they were not renewing the contract with KAR Associates, which is Kathi Ream's group that has been our government affairs resource for several years. The BOD have assigned members of the Government Affairs Committee to each state as our contact, and one assumes, will "feed us" the priority information and concerns that we need to focus on and share with the state membership.

I expressed my concerns via email to Ms. Lenehan. And I emailed Kathi Ream. My first concern is that Kathi's group was a dedicated group to assist us with government affairs. That was their job. The committee members, like us, have other "jobs." They are volunteers, like the state government affairs people. I'm afraid we are going to lose out on some important issues.

The other concern I have is the why this was handled by the BOD. Kathi emailed me that they were not given any information about this decision until the email came out to all the government affairs chairs. There was no face to face conversation. The government affairs chairs had no input in the decision that I'm aware of. I'm not sure why the "business decision." Is it to save money, like the proposed change in voting for the leadership that was brought to the General Assembly?

I realize that we aren't an organization that does lobbying like the unions and the National Nurses United, but we still have some government affairs concerns that we need to lobby as individual nurses for, like, funding for the trauma systems.

We need to be informed about our association and the activities of the Board of Directors, as well as the State and National Government.

GET OUT AND VOTE! Take some people with you.

President

Barb Smith

313 715-7491

boogiebarb@aol.com

Secretary

Deb Wodarek

616 893-3645

wojofarm@aol.com

Treasurer

Marilyn Merkle

734 735-9732

marilynmerkle@att.net

President-elect

Mark Goldstein

markgoldstein1967@yahoo.com

Treasurer-elect

Lisa Fetters

lmfmaf@aol.com

MICHIGAN ENA STATE COUNCIL MEETING DATES

2012

NOVEMBER 16

2013

JANUARY 18

MARCH 15

APRIL 30 (STATE CONFERENCE MEETING)

MAY 1 (STATE CONFERENCE)

SEPTEMBER 13

NOVEMBER 15

ALL MEETINGS ARE HELD AT THE MCEP OFFICE
IN LANSING EXCEPT APRIL 30 AND MAY 1, WHICH
WILL BE HELD AT SOARING EAGLE CONFERENCE
CENTER IN MT. PLEASANT, MI.

MCEP
6647 WEST ST. JOSEPH HIGHWAY
LANSING, MICHIGAN 48917
(517) 327-5700 MCEP@MCEP.ORG

ALL ARE WELCOME.