



EMERGENCY NURSES ASSOCIATION

MESSAGE FROM THE PRESIDENT—SHERRY STACKHOUSE

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A belated Happy New Years to all emergency nurses in BC!

There has been a lot of activity behind the scenes of ENABC. Our provincial page was removed as of January 2015 and all information will be posted on the BC page of NENA; so please have a look. NENA board members have been busy updating and posting documents, course and conference information.

ENABC is hosting an educational webinar "*Management of Acute Agitation using Ketamine*" by Dr Gary Andolfatto, Emergency Physician and Researcher, on March 6th, 2015; 12 to 1pm. Webinar information will be sent out closer to the date.

Emergency nurses are continuing to receive training for handling potential Ebola exposures and resources are updated regularly at the provincial and local levels. This situation continues to remind front-line staff of the vigilance required for screening all patients who present for any potential infectious illness.

For those of you interested in ED Operations, consider attending the 5th annual Western Emergency Department Overcrowding Conference (WEDOC), to be held this year in Vancouver BC, April 16 & 17th.

This conference will be preceded by a nursing workshop on April 15th. The agenda for this one day workshop will be

attached to this newsletter.

I am very grateful to our committed BC executive, who have been working in the background to ensure sound financial footing, as well as linking together emergency nurses across BC for educational courses and conferences.

Cassi Gray has stepped forward as President-Elect and is working to understand her role for the next year.

Buckets of spring flowers to Anne Morgenstern, our treasurer, who has worked many extra hours with our accountant to develop policies and reporting structures. This work is paramount in providing clear information to the board, robust external financial reporting, as well as sharing information with our members.

Andree Lineker, our ENPC coordinator, has been logging hours to work through a sound process for all Provincial Instructors and Course Directors as we migrate our resources to the national website. We have a commitment to continue to offer this course to all emergency nurses in the province.

My thanks to all board members, this work wouldn't have happened without you and your energy. Your executive needs your voices. I challenge each of you to encourage a friend (or two) to join our journey. Yes, I said this last time too, and will continue to seek new voices and energy for this group.

Sherry Stackhouse
BC President

ENABC BOARD OF DIRECTORS:

President: Sherry Stackhouse at Sherry.stackhouse@vch.ca

President Elect: Cassi Gray at Cassi.Gray@fraserhealth.ca

Treasurer: Anne Morgenstern at Anne.Morgenstern@interiorhealth.ca

Secretary: Colleen Brayman at Colleen.brayman@interiorhealth.ca

Education: Melina Kerrivan at Melina.kerrivan@interiorhealth.ca

Newsletter: Katie McTaggart at KatieP.C.McTaggart@shaw.ca

ENPC Coordinator: Andree Lineker at lineker@telus.net

In order to be kind to the environment . . . we will now be sending the newsletter electronically to our members. If you would prefer to receive paper copies, please notify Katie McT. At the above email address.





PREPARE FOR THE UNEXPECTED – WORKING IN THE EMERGENCY DEPARTMENT; NENA 2015 CONFERENCE . . .

April 30 to May 3, 2015

Come and be prepared for the unexpected! Two and a half exciting days of learning, networking and playing in one of Alberta’s most beautiful cities . . . Plus uber shopping at the West Edmonton Mall!

Venue and reservations are at the Double Tree by Hilton; home of the warm chocolate chip cookie on arrival—mmmm!

Register online at: <https://ers.snapuptickets.com/NENA2015>

This year the ENABC executive is proud to sponsor the following five ER Nurses with \$1000.00 each to attend the conference: (drum roll please . . .)

1. **Karen Keis; Northern Health Authority**
2. **Jennifer Marinella; Interior Health Authority**
3. **Kerris Richardson; Island Health Authority**
4. **Alison Beaty; Vancouver Coastal**
5. **Nicole Smith; Fraser Health Authority**

Congratulations to all of you! We hope you have a wonderful time and look forward to hearing about your adventures when you return. Please contact Katie McT at: KatieP.C.McTaggart@shaw.ca with your written submissions for the next newsletter telling those of us who could not attend—what we missed.

Thank you to all who participated in the draw — you never know, it might be you next year!!!!

Conference program topics include—(just to name a few):

- Street Drugs
- Pediatric Homicide
- Geriatric care in the ER
- Code Orange and Mass Casualty Incidents
- Accidental Hypothermia
- Reacting to victims of sexual assault
- CISM
- Cultural diversity in the workforce and patient population
- The “Man” Flu
- Long ED wait times
- Connecting in Crisis
- Gun Violence and Wound Management

Edmonton Alberta at dusk . . .



TRAVELLERS TIP: If you are the kind of ER nurse that likes to soak in a bubble bath (with a glass of wine) after a long day of networking at the conference . . . Make sure you ask if your room has a bathtub or stand-up shower . . . Just sayin’

For Reservations Phone: 1.780.484.0821

Room Rates: Deluxe 2 Queen or 1 King for just \$169.00 + tax





UPDATES FROM AROUND THE PROVINCE

BCIT Message:

Kathy Kennedy MSN - Program Head/ Emergency Specialty

BCIT is pleased to be offering an advanced practice certificate in pediatric emergency nursing! The certificate program was developed in response to the demand from Health Authorities, emergency and pediatric nurses, as well as students.

The development of this certificate program is favorable, with what is occurring across Canada at this time; a recently identified need for standardized, pediatric, emergency care.

The largest gap in available education for emergency nurses working with pediatric patients in the emergency room context begins with its foundational theoretical knowledge and its practical application in a supervised clinical environment.

This innovative specialty option will fill the gap and meet the current needs of industry across Canada, our students, and employers.

Who would be an ideal candidate for the Pediatric emergency nursing advanced certificate?

This program is available to registered nurses looking for career advancement into the specialty clinical nursing area of pediatric emergency nursing. Ideally, candidates who are placed to begin this certificate are nurses working in general emergency departments, or experienced pediatric nurses wanting to work in the pediatric specialty area of the ED.

Island Health:

Andree Lineker—ENPC Coordinator ENABC

A quick update from island news. Soon the entire island will be divided into new regions complete with new executive directors and medical executives. There will be many changes, but this is all part of the plan to standardize process and flow throughout island health.

June 20 2015 is the go live date for Nanaimo Regional and Dufferin to go completely paperless and switch to the electronic health record. This is a huge endeavour. Once Nanaimo is established the plan is to roll out phase 2 to many other sites within 3-6 months.

And the biggest news: On January 28th, Oceanside Urgent Care was the first healthcare facility in Canada to get nurse access to Pharmanet. This allows nurses to view and verify all prescribed medications for patients. This is much safer than trying to guess which "BP med or green pill" a patient is taking.

That's all for now!!!

Vancouver Coastal Health:

Sherry Stackhouse—ENABC President

In one word the focus for VCH continues to be Cerner, or CST, Clinical Systems Transformation. The go live for the first site will now be in 2016, not fall of 2015. The senior executive has committed to 'getting it right'. Subject matter experts, 'SME's', have been working to represent all aspects of emergency department care. It has been fascinating to watch and read all the email threads around various ED topics. For further interesting reading please go to CSTproject.ca

Another interesting piece for VCH ED staff is the Familiar Faces work. If you work in an ED within VCH and are not familiar with this work ask any of your colleagues. The care plans are created and shared for a group of patients that present to multiple EDs. It has shown a significant reduction in visits, better care for patients and decreased work for health care providers. There have been plans shared from VCH to Fraser and Island Health as well.

Affairs of the heart . . .

This January alone, Emergency Services across Canada suffered the losses of:

- Constable David Wynn, Edmonton—Alberta
- Paramedic Greg Turner, Edmonton—Alberta
- Paramedic Ryan Ferrier, Maple Ridge— British Columbia

Many emergency organizations offer peer support and crisis response teams to their staff, but the biggest challenge is the stigma around coming forward and asking for help. Those who suffer are often concerned about how their colleagues will treat them afterwards.

We need to see a culture change within the ranks of emergency services.

Signs and symptoms may vary, but most often those suffering from PTSD will seek isolation — withdrawing from friends and family. Those employed in emergency services will be exposed to multiple traumas over years or even decades. Emergency Nurses are especially vulnerable to post-traumatic stress reactions due to repetitive exposure to work related traumatic incidents. This not only personally affects the nurses, but can also impact the quality of care.

A nurse seeking help when experiencing PTSD should not be viewed as personal weakness, nor should it be seen as dangerous to one's career. Some nurses become quickly overwhelmed by distress and leave their jobs, while others stay for decades, seemingly emotionally undaunted. But most nurses' responses to the stresses of their work fall in the middle of a bell curve. Burned out but functional, they're unaware of—or deny—the cause of their headaches, gastrointestinal troubles, insomnia, eating disorders, smoking, addictions, and ragged emotions displaced onto partners, colleagues, and patients. *AJN* ☐ **March 2005** ☐ *Vol. 105, No. 3. ** this reference might be ten years old . . . But still stands true today.*

Did you know this service exists above and beyond your organizations CISM?

Critical incident response—Providing critical incident intervention to workers and employers in B.C.

WorkSafeBC's Critical Incident Response (CIR) Program provides critical incident intervention to workers and employers who have experienced a traumatic event in the workplace. The goal is to reduce the distress experienced immediately following an event and to prevent the development of further, more serious difficulties.

Early intervention is intended to mitigate the impact of a critical incident on workers and employers. Service can be provided up to three weeks from the date of the critical incident.

The CIR Program is a **free, confidential, and voluntary** service. It does not address labour relations issues or concerns regarding safety at the worksite. All such concerns will be redirected to occupational health and safety departments, management, unions, or employee assistance programs where available.

On a personal note—for my ER colleagues and I . . . February 14th will never be the same. Valentines day now marks the anniversary and loss of one of the most beloved nurses in our ER department. Hindsight is always 20/20. Please, if you or any of your colleagues are experiencing: loss, grief, PTSD, anxiety, depression, addiction— seek help, tell a friend or co-worker you trust, ask the difficult questions of a co-worker . . . Three years later, we still carry a heaviness in our hearts and if any of us had the chance to relive the time leading up to that day, I can assure you—we would do things differently. I also wish we had—had the opportunity to access this service as a team.



Affairs of the heart . . . continued

What is a critical incident?

A workplace critical incident is an event — like an injury, fatality, or robbery — that causes emotional or psychological trauma in people exposed to the incident directly, or indirectly. It is a sudden, powerful event outside the range of normal experience — and outside of the worker's control.

Reactions to highly stressful events can include:

- Feeling jumpy, anxious, moody, or irritable
- Having difficulty concentrating, making decisions, or thinking clearly
- Having trouble going near the accident scene, or to places that trigger memories of the accident or incident
- Having trouble being around people
- Having difficulty being alone
- Sleep disturbance/nightmares



These reactions are normal responses to stressful or abnormal events. Workers' feelings about their jobs and the workplace can be seriously affected, and the whole workplace may suffer after a critical incident. Effects may include poor morale, decreased productivity, increased accidents and sick time, higher disability claims, and greater staff turnover.

Contact CIR

If your workplace has experienced a critical incident and you would like support or information about our service, please page the CIR Program at:

1 888 922-3700

Hours 9:00 am to 11:00 pm

7 days a week

Emergency Nursing Continuing Education & Certifications:



In many instances, preventable pediatric deaths are the result of delayed recognition and treatment by emergency department personnel where proper intervention may have prevented these outcomes.

ENPC 4th edition provides emergency department personnel with the knowledge and tools needed to prepare for pediatric patients, following the Guidelines for Care of Children in the Emergency Department created by ENA, AAP and ACEP.

ENPC is a 16-hour course designed to provide core-level pediatric knowledge and psychomotor skills needed to care for pediatric patients in the emergency setting. The course presents a systematic assessment model, integrates the associated anatomy, physiology and pathophysiology, and identifies appropriate interventions. Triage categorization and injury prevention strategies are included in the course content.

ENPC is taught using a variety of formats including, online learning, lectures, videos, group discussion and hands-on skill situations, in a risk-free setting.

Highlights of ENPC include:

- Completing an observational or across-the-room assessment
- Identifying subtle changes that indicate deterioration
- Developmental approach to pediatric care
- Cultural considerations in pediatric care
- Pain assessment and management for children
- Techniques for family-centered care

Vancouver, BC	February 27 to March 1 2015	<u>Instructor:</u> Sharron M. Lyons	<u>Contact:</u> (604) 594-5407 Sharon_Lyons@telus.net
Abbotsford, BC	March 20 to March 22, 2015	As above	As above
North Vancouver, BC	April 17 to April 19, 2015	As above	As above
Surrey, BC	May 22 to 24, 2015	As above	Cristina Follador (778) 688 9572 Nurse_cristina@hotmail.com

Emergency Nursing Continuing Education & Certifications:



Developed by the international Emergency Nursing Association, the seventh edition of the course is the premier course for hospitals and trauma centres worldwide. TNCC empowers nurses with critical thinking skills, and hands on scenario-based training for:

- Rapid identification of life-threatening injuries
- Comprehensive patient assessment
- Enhanced intervention for better patient outcomes

TNCC is an Intensive Course that is taught by expert instructors. There is a faculty ratio of approximately one faculty per four learners.

The course includes:

- A Systematic Approach of Initial Assessment:
The first few minutes of trauma care are critical to achieve better patient outcomes. The A – I mnemonic and the Trauma Nursing Assessment will assist nurses in providing appropriate and early intervention.
- Hands-on Training Using both an Individual and Team Approach:
Three Psychomotor skill stations offer nurses the opportunity to practice the systematic approach of the initial assessment in real life situations. The skill stations covered are Trauma Nursing Process, Airway and Ventilation, and Trauma Interventions.

Location	Dates	Instructor:	Contact:
Victoria, BC	February 21 to February 22 2015	Landon James	courseinfo@prneducation.ca
Penticton, BC	February 28 to March 1, 2015	As above	As above
North Vancouver, BC	March 24 to March 25, 2015	As above	As above
Trail, BC	April 11 to April 12, 2015	As above	As above
Vancouver, BC	April 11 to April 12, 2015	As above	As above
Nanaimo, BC	May 2 to May 3, 2015	As above	As above
Prince George, BC	May 23 to May 24, 2015	As above	As above
Kelowna, BC	June 3 to June 4, 2015	As above	As above

Emergency Nursing Continuing Education & Certifications:



A tool that enables Emergency Departments to:

- Prioritize patient care requirements
- Examine patient care processes, workload, and resource requirements relative to case mix and community needs

The triage level assigned using the CTAS criteria is a mandatory data element to be used in all Canadian Hospital Emergency Departments for reporting to the Canadian Institute for Health Information

The CTAS allows ED nurses and physicians to:

- Triage patients according to the type and severity of their presenting signs and symptoms
- Prioritizes patients when emergency department capacity has been exceeded
- Ensure that a patient's need for care is reassessed while in the Emergency department

The CTAS allows ED managers to:

- Measure the case mix (volume and acuity) of patients who visit the ED
- Determine whether the ED has an operational plan and the resources to meet patient needs
- Assess the ED's role within the hospital and health care region

When at triage . . . Above all—Remember to:





Coffee

In the spirit of February's Heart and Stroke Campaign . . . Be the "14th" person to send a picture of your completed crossword to:

KatieP.C.McTaggart@shaw.ca and win a \$25.00 dollar gift card to your choice of Starbucks or Tim Horton's!

Across

1. Women tend to be safeguarded from heart disease prior to menopause because of the protective effect of _____
5. a buildup of fat and cholesterol in the blood vessels, can lead to _____
6. All of the blood delivered from the heart to the systemic tissues of the body passes through the _____
9. refers to the finished product after healthy venous tissue has been transplanted from one part of the body to another, from one person to another, or from an animal to a person. 2 words
10. 'mini-stroke" happens when a clot stops blood from flowing to the brain for a short time - 3 words.
11. irregular rhythm prone to clot formation
12. _____ - _____ pacemakers use one lead in the right atrium and one lead in the right ventricle of your heart.
13. body's hardest working organ
14. is a distinctive polymorphic ventricular tachycardia in which the QRS amplitude varies and the QRS complexes appear to twist around the baseline
16. refers to muscle tissue which is dead.
19. risk factor for heart disease
20. can correct sudden, life-threatening rhythm abnormalities such as cardiac arrest by delivering high-energy impulses or shock (defibrillation).
21. heart month
22. song used to pace your compression rate during CPR
23. may affect the electrical activity of the heart (QT interval prolongation)

Down

2. in a small proportion of women, _____ - _____ increase the risk of high blood pressure and blood clots
3. Most sudden cardiac arrests result from . . .
4. is a lightweight, portable device that delivers an electric shock through the chest to the heart.
7. between left atrium and left ventricle
8. Acronym to assess for signs of a stroke
13. risk factor for stroke
14. drug shortage in Canada no longer have _____ as a thrombolytic
15. More women than men die from heart disease and stroke. True or false?
17. Excess _____ can form plaque between layers of artery walls, making it harder for your heart to circulate blood
18. _____ in women cancels out the protective effect of estrogen

Name: _____

Heart & Stroke Month

Complete the crossword below



RECRUITMENT & CALL FOR NEWSLETTER SUBMISSIONS:

Calling all ER Nurses:

This newsletter is only as good as its' contributors. We do not want the articles in this newsletter to come from only one source . . . we want to know and share what is happening around the province in the ER's of BC!

If you have an interest in contributing short articles, interest pieces, kudo's or concerns in your neck of the woods, please contact me at:

KatieP.C.McTaggart@shaw.ca

Topics of interest include:

- Philanthropic ventures by ER nurses
- ER Nurse Leader vs. Nurse Manager . . . Which do you have?
- Thinking outside of the box – we did this with this patient and it worked!
- Forensic Nursing
- "Sex sent me to the ER" (personal or professional contributions welcome)
- On that note – just for laughs: Can you believe that just happened?
- Extended family – working with BCAS, RCMP and the BC Coroner's Service.
- How your department deals with overcapacity/surge.

If you have suggestions regarding what you wish to see in your newsletter, I would really like to hear from you!

Emergency Nursing Association of British Columbia:

Emergency nurses in British Columbia face unique challenges based on the geographical vastness of our province. Whether you practice in a rural emergency department or in the city, up North or in a nursing station on the various islands; we are BC's emergency nurses and together, we have a collective voice.

The group's purposes are:

- To support and maintain a high standard of ethics, integrity, credibility and education in the specialty of Emergency Nursing.
- To promote collaboration among nurses working in the field of Emergency Nursing.
- To research and communicate matters of mutual interest.
- To provide a voice within the profession, to outside bodies and to the public recognizing the specialty, professionalism and value of Emergency Nurses.

Benefits of membership include:

- Add this professional affiliation to your CV or resume.
- Reduced rates for educational courses and NENA conferences.
- Bursaries available provincially and nationally for members.
- Tax deductible.
- A subscription to the Canadian Journal of Emergency Nursing (CJEN), NENA's official publication, published semi-annually.

ENABC Recruitment 2015:

Help us make 2015 our best year yet! We invite you to share the possibilities of joining ENABC at staff meetings, in-services etc. across the province.

Currently our membership stands at: 136 members provincially . . . We need to do better!

By increasing our membership we could offer:

- more courses
- reduced rates
- Prizes for participation
- More bursaries and/or a chance to attend a conference

Please encourage your ER colleagues to consider joining ENABC and help us . . . help you!