



Ohio State Council

**OHIO STATE COUNCIL OF THE EMERGENCY NURSES ASSOCIATION (OSCENA)
NEWSLETTER
June 2009**



LETTER FROM THE OHIO ENA PRESIDENT

Greetings, fellow Ohio ENA members! Summer is here and with it often comes a change of pace. The pace changes in our emergency departments (EDs) as we experience increased numbers of injuries from outdoor summer activities among our patients. "Trauma season" is jargon used by many experienced ED nurses I know to sometimes describe this seasonal occurrence.

Work aside, the pace often changes in our personal lives as well. I especially enjoy the varied pace that Summer brings with children home from school, graduations and weddings, and trips to new places near and far that stimulate my senses.

ED nurses are especially talented at changing pace and "going with the flow" of the moment. An opportunity to "change pace" presents itself among Ohio ENA members who attend a local chapter ENA meeting and/or the Ohio State ENA Council (OSCENA) meeting. YOU have so much to offer as we all work together to improve ED care and outcomes for our patients and profession!

I hope that summer finds you with the ability to unwind a little and enjoy time with family, friends and self that sometimes seems a rarity at other busy times of the year. Be safe! Thanks for your continued interest in ENA. And for those of you who are looking ahead to the change of pace in October that the National ENA General Assembly and/or Symposium in Baltimore brings, I very much look forward to meeting you there!

Nancie Bechtel, RN, BSN, MPH, CEN, EMTB
Ohio ENA President 2009-2010
(Orient, Ohio)

UPDATE FROM THE OSCENA TRAUMA (TNCC)/PEDIATRIC (ENPC) COMMITTEE

Deb Zang, RN, BSN, CEN, SANE (Pickerington, Ohio)

We just had a TNCC and ENPC Instructor Course in Columbus. We look forward to the new instructors helping to teach TNCC and/or ENPC in our state!

We have new "DICE" in the State: Sherry Lauer (Toledo), Collette Libertin (Akron), Lisa Love (Akron), Ben Melynkovich (Youngstown), Carolyn Nagy (Toledo) and Jason Samburg (Toledo). DICE are *Designated Instructor Candidate Evaluators* who can assist in verifying new Instructor Candidates when Faculty is not readily available. DICE are not permitted to conduct Instructor Courses, however. Per National ENA *TNCC & ENPC Administrative Procedures* (October 2007), only Faculty can conduct TNCC and/or ENPC Instructor Courses.

Recently National ENA held a conference call with State TNCC/ENPC Chairpersons. ENA leadership discussed the trend of an increased number of students failing the written course exams. Course Directors were urged to stress to participants the need to read the course book prior to class. It was also suggested that registration periods be set to facilitate students getting their books as soon as possible to allow ample time to read the material prior to a course. Many on the call felt that class days set a week apart vs. in consecutive days also augments students' ability to digest course concepts.

National ENA plans to have the TNCC Recertification Course done by October (2009). A TNCC pretest will be added to be distributed with pre-course materials. Some ENPC Faculty, however, felt that a pretest was not proving helpful to them in ENPC Recertification Courses. Instructors were encouraged to go more in depth in regards to trauma pathophysiology at courses, for example the pathophysiology accompanying chest trauma with tension pneumothorax and cardiac tamponade. In the chapter on disaster concepts, instructors were encouraged to stress the zones of a disaster in order to help students gain key concepts from the chapter.

Remember that no chapter, hospital or course site is permitted to library TNCC and/or ENPC books for course participants. National ENA TNCC & ENPC Administrative Procedures prohibits librarying of books "because the participants should be able to use the manual as a reference before, during and after the course." There is an increase this year in the cost of the TNCC manual.

It also was brought up that TNCC is required by all military nurses and that there is a 97% survival rate if the patient gets to the right facility in the quickest time. We are seeing an increase in rural nurses taking TNCC and this is anticipated to improve trauma care delivered to patients.

Lastly National ENA is working to close out courses that have not been closed out from last year. If anyone knows of any of these courses, please contact National ENA at phone #1-800-900-9659, extension 2, as soon as possible. Remember that per ENA TNCC & ENPC Administrative Procedures, post-course materials are due to National within 30 days of a course. Course Directors who fail to meet this obligation may be denied from serving as a Course Director in future courses.

NOTES FROM THE OSCENA MEMBERSHIP LIAISON

Beverly Clensey, RN, MSN, CEN (Columbus, Ohio)

Hello, I am Beverly Clensey. I work at Mount Carmel West Emergency Department in Columbus, Ohio as the ED Clinical Educator. I have 23 years of experience in the Emergency Department. Even though I have been in the Emergency Department for a long time, I have only been an active member of ENA since 1999. I am currently the President of the Central Ohio Chapter. I am on the Education Committee at the National level.

As Membership Liaison, I oversee the delegate selection process to the ENA General Assembly National Meeting. There have been 20 applications submitted to date. Applications were due June 1st. I will present a slate of delegates to the OSCENA Board of Directors for approval at the June meeting. Applicants will be notified if they have or have not been selected as a delegate. Another membership liaison responsibility is to seek nominations for officer positions for next year. If anyone is interested in becoming an officer, please contact me at bclensey@columbus.rr.com or 614-272-7396. Thanks!

NOTES FROM THE OSCENA INJURY PREVENTION LIAISON

Gordon Gillespie, PhD, RN, PHCNS-BC, CEN, CCRN, CPEN (Fairfield, Ohio)

National ENA has launched the S.T.O.P Injuries Program (Strategic Thinking on Prevention of Injuries). Information can be found at <http://www.ena.org/ipinstitute/STOP/default.asp>.

The ED Workplace Violence Surveillance Survey begins this summer. One-fourth of all ENA members will be solicited for recruitment every quarter. This survey is part of ENA's Workplace Violence Task Force. State Injury Prevention Chairpersons recently participated in a conference call when the task force was meeting in Chicago to identify strategies for the management of workplace violence. A focus for current/future activities will include the screening, prevention and early referral for patients at risk for substance use related injuries and disorders. The next EIC conference call is scheduled for August.

A strategic goal for 2009-2010 is to increase the number of Ohio emergency nurses in a network focused on injury prevention. Persons interested should contact Gordon Gillespie at gordon.gillespie@uc.edu. Current network members include Deb Deedrick and Gordon Gillespie.

NOTES FROM THE STATE EMS-C LIAISON

Julie Burton, RN (Cincinnati, Ohio)

"EMS-C" stands for *Emergency Medical Services for Children* and is a federal program under the U.S. Department of Health and Human Services' Health Resources and Services Administration. EMS-C promotes the delivery of appropriate emergency medical care to children across the U.S. The EMS-C program has provided grant funding to all 50 states, the District of Columbia, and five U.S. territories.

The Ohio EMS-C is housed within the Division of Emergency Medical Services (EMS) under the Ohio Department of Public Safety. Ohio EMS-C strives to incorporate children's issues into all aspects of the EMS system. Currently Ohio EMS-C's main goal mirrors a National EMS-C goal of improving performance measures. Current EMS-C Performance Measures are to:

1. Measure and improve on-line and off-line medical direction for EMS agencies.

2. Measure and improve pediatric equipment and supplies for available for EMS agencies.
3. Develop an emergency department recognition system for pediatrics.
4. Verify written inter-facility guidelines and agreements for transferring pediatric patients.
5. Integrate EMS-C priorities into existing EMS', hospitals', and health care facilities' statutes and regulations pertaining to the Ohio Administrative Code.

Preliminary reports from Ohio EMS agencies indicate that only 22% of (Basic Life Support (BLS) and 18% of Advanced Life Support (ALS) EMS units carry the appropriate equipment for pediatric emergency medical care.

WOW! If improving performance measures for pediatric emergency medical care in Ohio sounds like a big task---it is! The voice of nursing is ever present and active on the Ohio EMS-C Board. Sherri Kovach, RN, from Nationwide Children's Hospital in Columbus, Ohio is one such voice. She is actively working on a presentation for the International Trauma Life Support Course (ITLS) seminar in February 2010 which will address pediatric equipment and supplies that should be on EMS vehicles.

The Ohio EMS-C Committee is also looking at ways to support and improve pediatric care that is provided in adult-based emergency departments (EDs). Those of you who practice in primarily-adult EDs should feel free to drop me a line with any ideas you have about how the EMS-C work can help you address the needs of pediatric patients better.

I am so impressed with all the nurses I have met and continue to meet. You all are so professional and caring. The voice of emergency nurses is important not just for our patients, but to inspire and lift each other. I am humbled to represent Ohio's emergency nurses on the EMS-C Committee, and I am more humbled to see each of you every day in the work that you do.

NOTES FROM THE OSCENA OHIO MEDICAL RESERVE CORPS LIAISON

Deb Zang, RN, BSN, CEN, SANE (Pickerington, Ohio)

The Ohio Medical Reserve Corps (OMRC) Committee had a conference call on June 8th. The OMRC is hoping to recruit more volunteers. They are always willing to participate in local health fairs, etc. to recruit volunteers and share information about the OMRC. The Committee is still working on the issues of volunteer background checks with the Ohio State Highway Patrol. The Committee is working with mental health regarding involvement in local disasters. The State Pharmacy Board is working on allowing pharm techs to be utilized more effectively in disasters. Many counties used the MRC for the H1N1 outbreak. The Committee is planning to publish in a family practice journal to encourage more physicians to become involved with the OMRC. If anyone knows of a family physician that is involved currently with MRC and/or disaster volunteer activities, please contact David O'Reilly, Ohio Citizen Corps Database Administrator, via phone # (614) 995-1849 or e-mail at david.o'reilly@ocsc.state.oh.us. To find out more information about the Ohio Medical Reserve Corps and/or to register as an Ohio Medical Reserve Corps volunteer, see www.serveohio.org.

NOTES FROM THE OSCENA GOVERNMENT AFFAIRS LIAISON

Nicole McGarity, RN, BSN, CEN (Columbus, Ohio)

"The stakes...are too high for government to be a spectator sport."

Congresswoman Barbara Jordan (D-TX)

Now, more than ever, nurse's voices need to be heard at the state and national level. Legislators are wrestling with important issues many of which directly affect nursing practice, health care access and affordability; the nursing shortage; staffing and other similarly vital policy matters. Nurses make up 54% of the healthcare workforce and should be an integral part of any efforts to address the need for reform to the current system. Advocacy is more than just understanding the issues. To make a difference, you have to make your voice heard. The involvement of individual emergency nurses is vital to the success of ENA's grassroots efforts. We encourage all ENA members to use the services available at the Legislative Action Center on the www.ena.org website, so that you can take an active role in the public policy issues facing emergency nursing. Writing a letter to your legislators is an effective way of communicating your views. The outline below will help you to be more effective in your legislative letter writing.

Use the Correct Name, Address and Salutation. Here are some tips.

Address federal **legislators** formally. For example, letter salutations should be as follows.

The Honorable _____
Senate Office Building
Washington, D.C., 20510

"Dear Senator:"

The Honorable _____
House Office Building
Washington, D.C., 20515

Dear Ms. or Mr.:

Also address **state legislators** formally, such as:

The Honorable _____
The Ohio Senate
Columbus, Ohio 43215

Dear Senator:

The Honorable _____
The Ohio House of Representatives
Columbus, Ohio 43215

Dear Ms. or Mr.:

Identify Yourself and the Association You Represent:

If you are a constituent, begin your letter by saying so. Present your opinion in an intelligent, well-considered manner. Sign your name and be sure to include RN. Also include your address. Send a copy of the letter and response to ONA so they will also be informed.

Identify References to Legislation Correctly by Number, Title, or Both:

Make clear what your position is and what exactly you would like your legislator to do. Whenever possible, refer to a specific bill by name and number. Write about only one bill or issue in each letter. Most legislators file by subject or bill.

Make Your Letter Brief, Specific and Straight-Forward:

Write legibly or type. Letters should be business-like, concise and clearly worded.

Be Polite:

Legislators react adversely to pressure tactics in the nature of promises or threats. Both are offensive and self-defeating.

Use Your Own Thoughts and Words:

Make the letter your own. Form letters, even handwritten ones, are easy to recognize. Including your own personal experience is the best supporting evidence. Tell your legislator how the issue would affect you, your family, your clients, your organization, your profession or your community.

Substantiate Your Position with Concise Statements of Supportive Evidence:

Avoid an emotional approach. A legislator may appreciate learning of any specialized knowledge or experience which qualifies you to speak with authority on a subject. Ask your legislator to state his/her position in a reply.

Offer to Provide Additional Information:

Your legislator cannot possibly know everything about every issue. Indicate your willingness to be of further assistance, especially if you are aware of data or research which may be helpful.

Time Your Letter Appropriately:

Timing is important. Letters should arrive after a bill has been formally introduced. The legislator will appreciate your views most when a bill is up for study and action.

Follow the Issue to a Conclusion:

If you do not get a reply, write again. Follow through to learn the results of the vote on the bill. If your legislator pleases you with a vote on an issue, write to tell him/her so. A letter complimenting your legislator will be remembered favorably the next time you write.

The hardest part of legislative letter writing is getting started. Assistance is available on the ENA website through the Legislative Action Center under the Government and Advocacy section.

NOTES FROM THE STATE TRAUMA COMMITTEE LIAISON

Nancie Bechtel, RN (Orient, Ohio)

The State of Ohio's Trauma Committee is a committee of the State Emergency Medical Services (EMS) Board at the Ohio Department of Public Safety, Division of EMS. The Trauma Committee is charged with advising and assisting the State EMS Board "in matters related to adult and pediatric trauma care, and to establish and operate the state trauma system" under Ohio Revised Code §4765.04. Currently the State Trauma Committee is working on a number of initiatives to continue to improve the trauma care given to injured people in Ohio:

- The Trauma Committee reviews trended data from the Ohio Trauma Registry (OTR) to assess patterns of injury and care so that system improvements can be targeted
- A geriatric work group of the Trauma Committee recently developed recommendations for new prehospital geriatric trauma triage criteria for EMS. These criteria were subsequently accepted and implemented by the EMS Board and became law.
- A work group is looking at delays in transfer times of critically injured trauma victims from acute care hospitals to verified trauma centers.

About 25 healthcare stakeholder groups across the state have representation on the State Trauma Committee. For a complete listing of State Trauma Committee members, see http://ems.ohio.gov/Trauma_site.asp . Other Ohio ENA members currently serving on the State of Ohio's Trauma Committee include Vickie Graymire (Columbus, Ohio), Kathy Haley (Worthington, Ohio), and Diane Simon (Leipsic, Ohio).