

ENA Connection

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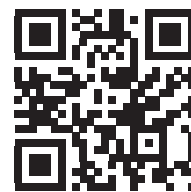
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5. Emergency Nursing 2023

Nearly 3,000 emergency nurses from around the world gathered in sunny San Diego for Emergency Nursing 2023. The conference was the place to be for emergency nurses to level up their skills and connections. They got the chance to network, relax and have fun with colleagues and friends at parties and other social events; take part in General Assembly; enjoy the Experience Hall; listen to inspiring speakers; and attend more than 150 educational sessions. This special edition of ENA Connection features a comprehensive recap of Emergency Nursing 2023.



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Looking Back, Looking Forward

By Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC
ENA Immediate Past President

“What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.” — T.S. Elliot, poet

I've had the privilege of being a part of the ENA Board of Directors for the past six years. In that time, I have seen tremendous change and dramatic growth. We weathered the storm of the COVID-19 pandemic, continued to meet the needs of the specialty and remained the premier association for emergency nurses. The association continues to strive for greatness in every way and expand its reach, inch by inch, country by country.

The close of 2023 brings another year of success. ENA members benefitted from events, education, advocacy, networking and, most importantly, connections.

Conference Takeaways

While there were many highlights throughout the year, the true pinnacle was Emergency Nursing 2023 in San Diego. ENA and the Conference Education Planning Committee exceeded expectations. The conference was a huge success. No matter where attendees hailed from or what type of facility they worked in, the conference offered something for everyone.

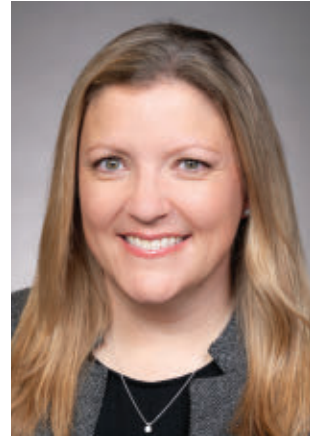
Emergency Nursing 2023 was packed with education, networking and, just as important, fun. Speakers from all disciplines and areas of expertise gathered to share their knowledge and experience, while attendees got the opportunity to connect with their colleagues from all over the globe.

Many first-time attendees experienced the energizing environment that keeps their peers coming back every year. At the same time, many veteran attendees made history with the number of times they have attended General Assembly. They serve as strong role models to newer emergency nurses attending conference or General Assembly for the first time. Regardless of previous attendance, the knowledge gained and connections made were immeasurable for all attendees. I often hear members refer to their “ENA family,” and I know many do consider this group part of their family for life.

Lasting Impact

ENA's annual conferences have been just some of the many highlights of my tenure as a member of the ENA

board. I have had the opportunity to make an impact and support a profession I deeply connect with. I have met many emergency nurses, friends and colleagues through ENA. I have watched ENA, our professional home, support and elevate our work in ways I never could have imagined.



“Take time to be present and in the moment, while soaking in the joy, energy and connections that come with those endings and new beginnings.”

I am particularly proud of how ENA University has taken root and flourished, providing educational products for both experienced and new emergency nurses. When I joined the board, ENA University was just a seed of an idea. It is now a reality and serving our leaders, novice nurses and so much more. ENA has continued to develop new education content for ENA University that encourages nurses to strive for excellence and further their knowledge. The association has expanded its educational reach to have a true international footprint, connecting with emergency nurses all over the world and making an impact on patients everywhere.

My time on the board has reinforced my awe of, and deep admiration for, ENA and its commitment to my beloved specialty. The leadership and the staff are dedicated to serving and supporting this community of professionals. The possibilities for ENA's future growth seem endless.

Critical Participation

I have no doubt ENA will continue to exceed expectations in every way. But we need our members to get involved. By participating in the association, you help shape the future of emergency nursing. It also enhances your professional development and connects you with

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colleagues and friends from all around the world, who share similar experiences and know what it means to be an emergency nurse.

So, what's next for me? The quote from T.S. Elliot suggests there really is no beginning or end within our journey. As my time on the board ends, I don't view it as a sad ending, but, rather, a new beginning. I plan to continue participating with ENA, pursue greater connections with my fellow nurses and focus on what they need to excel in the specialty.

Wherever you are on your journey in emergency nursing, I encourage each of you to do the same. Your career will be filled with endings and beginnings. Continue to grow and evolve along the way. Take time to be present and in the moment, while soaking in the joy, energy and connections that come with those endings and new beginnings. Each of you has so much to offer one another, your patients and emergency nursing. I am very proud to be a part of ENA and its community of nurses. ●

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ENA Board of Directors September Meeting Highlights

By Ashley Schuring
ENA CONNECTION

In September, the ENA Board of Directors met in San Diego prior to Emergency Nursing 2023 for its third quarterly meeting of the year.

Position Statements: The board reviewed and approved two revised position statements: The Emergency Nurse Onboarding Position Statement and the Role of the Emergency Nurse in Injury Prevention Position Statement. These valuable resources are developed through the dedicated contributions of ENA member volunteers to support ENA's mission. These updated position statements are available on ENA's website.

ENA Foundation: In 2023, the ENA Foundation Board of Trustees reviewed and assessed progress to date on its 2018-2022 strategic plan. The Foundation seeks to align the development of a new strategic plan with ENA's strategic planning timeline, which will begin in 2024. The ENA board approved extending the ENA Foundation 2018-2022 strategic plan through 2024 with changes suggested by the ENA Foundation board. The updated Foundation strategic plan is on the Foundation website.

The ENA Foundation Nominating Committee reviewed applications for the 2024 ENA Foundation chair-elect position and presented the slate to the ENA board. The board approved Christine Russe as the 2024 chair-elect to the ENA Foundation.

The ENA Foundation bylaws require one trustee position to be appointed by the ENA president each year. The presidential appointee serves a one-year term and is a full voting member of the Foundation board. The ENA Foundation board discussed eliminating this one-year appointed term and designating the position with a three-year term. This aligns with governance best practices and addresses challenges to fully orient and engage in the work of the Foundation. The ENA board supported this direction.

Journal of Emergency Nursing: Editor-in-Chief Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN, updated the board on key third-quarter JEN activities.

Investment Portfolio: The board reviewed ENA's investment portfolio, including performance and market conditions, with ENA's investment advisers.



From left: After the Board of Directors meeting, the board, including Vanessa Gorman, Dustin Bass and Nisreen Atta, participated in General Assembly.

Assessment Process: A board work group is evaluating opportunities to enhance the board's assessment process. The group shared potential changes to the assessment process and additional opportunities for individual goal sharing throughout the assessment cycle. Next steps include taking a deeper dive into the proposed revisions. The group plans to share revisions with key stakeholders in November, make final recommendations to the board in December, and implement the recommendations in 2024.

Events Strategy: An important organizational goal is to create unique and engaging experiences that lead to successful ENA events, including increased attendance, engagement and impact. The board discussed ENA's event strategy, providing feedback that will guide ENA in future planning and execution.

Board Governance: The board participated in a best practice benchmarking survey in the second quarter to evaluate its governance performance. In July, the board reviewed the results and identified opportunities for ongoing enhancements. It took a deeper dive into the results of the survey, focusing on the opportunities identified to build and grow ENA's governance practices. A brainstorming session was held on additional opportunities around the board's role in leadership development.

Emergency Nursing 2023 and General Assembly: The board prepared for General Assembly and Emergency Nursing 2023. ●



Right: ENA delegates like ENA Past President Jean Proehl voiced their opinions on the various resolutions and bylaws amendments discussed at General Assembly.

Below: About 700 ENA delegates attended General Assembly.



Constructive Discussions

New Resolutions and Bylaws Inspire Passionate Debate at General Assembly

By Joe Mullen
ENA CONNECTION

Thorough discussion and an open exchange of ideas permeated ENA's 2023 General Assembly, where approximately 700 delegates considered 13 resolutions and bylaw changes. A few topics, in particular, sparked passionate debate as delegates examined issues related to the practice of emergency nursing and the operations of the General Assembly.

Doctor Calling

The General Assembly narrowly passed a resolution that supports emergency nurses with doctorate

degrees who want to use the title of "doctor." Garnering just 52.6 percent of the vote, the resolution requests ENA to advocate on behalf of these ED nurses that have dedicated the time and energy to advance their education but are, or could be, legally unable to use the "doctor" title in any clinical arena. Some delegates argued that nurses who identify themselves as doctors would confuse patients, who typically view physicians as doctors.

Vicki Bacidore, DNP, APRN, ACNP-BC, CEN, raised concerns about using the term in a clinical

setting. “When I’m in my practice, I do not announce myself as a doctor. I’m a nurse practitioner,” Bacidore said. “I work with the physicians in the ED. When I’m in the academic setting, my students refer to me as ‘doctor.’ ... I don’t want to confuse patients, [families or physicians].”

The resolution won’t change her practice, said Donna Dethloff, RN. “I’ll still enter a patient’s room and introduce myself as Donna,” Dethloff said. “I feel it is an important resolution to pass. Nurses are a vital part of the health care team. Without nurses, health care doesn’t happen. To allow, what is in essence, a bully to say that we do not deserve an earned, prestigious educational title is insulting.”

Voting Rights

Another topic of major interest was a resolution to research the issues and present bylaws and amendments to the General Assembly that allow retired nurses, nurses with restricted licenses due to substance use disorder challenges, and nurses with inactive or encumbered licenses to retain their voting eligibility in the General Assembly.

Co-author Jean A. Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN, became aware of the matter at last year’s General Assembly, when she saw several retired colleagues who had not renewed their licenses debate and vote on resolutions.

“These nurses have been members for decades and could still bring value to the ENA table,” Proehl said. “However, by continuing to participate, they are violating ENA bylaws. If they choose not to violate the bylaws and drop out, we lose them, and they lose us.”

Proehl also noted the toll on a member who had their ENA lifetime membership temporarily revoked after they were disciplined for medication diversion precipitated by an inadequately treated mental health diagnosis. “This was a significant emotional blow as they had been previously very active in ENA at all levels,” she said.

Teri Diloy, MSN, RN, CEN, CPEN, was struck by the need to support nurses experiencing addiction issues. “The whereas statement that actually took my breath away was the one discussing [nurses with] substance [use] disorder,” Diloy said. “Cutting off this population of nurses from their community while they’re in the process of rebuilding their lives is extremely detrimental.”

The resolution addressed two separate concerns, said Lisa Burk, RN, CEN. “One is indicating the need for licensure that is clearly for retired nurses, and this I do support,” Burk said. “The other issue is nurses that have substance abuse disorder. I think that we should hold our standards to having nurses with unencumbered licenses because we, the nurses, are upholding the standard.”

EMERGENCY NURSING 2024 | Las Vegas, Nevada
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Save the Date

FAQs

Q: Which dates should I request off?

A: The conference is Sept. 4–7, but it’s Las Vegas — make a vacation of it.

Q: How can I stay up to date on Emergency Nursing 2024?

A: Sign up at ena.org/en24 for news and updates leading up to the event.

Q: Can I pre-register now for a discount?

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A vote to separate the two issues failed, but the resolution overwhelmingly passed, with 86 percent in favor.

Designing Safety

As violence in EDs continues to affect nurses and their patients, the General Assembly considered a resolution to have ENA develop a clinical practice guideline that identifies environmental safety design interventions.

Co-author Curt Rowland, RN, said the resolution was inspired when he was searching for ED safety design literature for two new ED builds but found very little information.

“My team, which helped write this resolution, decided to take a broader focus and really look at what environmental components could be advocated for to keep us safe,” he said. “We’re asking ENA to identify [the top 10 macro- and micro-level] practice guidelines that any ENA member across the world could access when they’re looking for tools to keep our teams safe.”

Examples of macro-level, or facility-focused safety measures, include metal detectors, improved lighting, physical barriers, and video cameras and surveillance. Micro-level, or patient-focused strategies, involve valid and reliable assessment tools for violent patient behavior, and guidance on de-escalation and self-defense training for staff members.

Rowland said if ENA takes a stance on environmental safety standards, it will help members as they advocate for their health systems.

“I completely agree with the authors of this resolution that workplace violence is one of the most pressing concerns for the safety and longevity of the emergency nursing workforce,” said ENA Clinical Practice Guidelines Committee member Alison Camarda, MSN-ED, RN, CEN, CPEN, SANE, NPD-BC. Camarda, however, noted several concerns with the resolution, including the relative lack of available information on ED safety design. “I don’t believe the existing body of research is strong enough to support a [clinical practice guideline] with this many recommendations,” she said.

Nina Arnold, MSN-ED, RN, CEN, said she supported the resolution. “For the last year, we’ve been doing different renovations in our ER to help maintain a safe environment,” Arnold said. “Having at least a starting point with ENA is going to be very helpful because we can share that feedback as we find new practices and go from there.”

Ultimately, an amended resolution striking language for development of a clinical practice guideline was passed with more than 92 percent of the vote. ●

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Outside Forces

M. Christien van der Linden's ePoster study examined the external factors that could contribute to ED overcrowding.

The winning ePoster at Emergency Nursing 2023 in San Diego researched overcrowding in the emergency department from a new angle, focusing on external circumstances and changing patient demographics.

Much research has been devoted to overcrowding in the ED, but past studies often haven't accounted for external factors that could contribute to overcrowding. The ePoster study, titled "Effects of Process Changes on Emergency Department Crowding in a Changing World," explored the impact of patient and visit characteristics gathered from the hospital information system.

Inside Out

"By explicitly accounting for changes in external circumstances, our study is better equipped to provide a nuanced understanding of the factors contributing to ED crowding and the interventions intended to decrease crowding," said lead study author M. Christien van der Linden, PhD, MsCE, MsANP, CEN, RN, a clinical epidemiologist and research coordinator at Haaglanden Medical Center in the Netherlands. She also received an ENA Foundation 2023 International Conference Scholarship, which enabled her to attend Emergency Nursing 2023.

The study used an interrupted time-series analysis to assess the effects of multiple process interventions over a six-year period. According to van der Linden, this approach helped identify long-term trends, which can be missed in cross-sectional and pre- and post-studies. Crowding was measured by three factors: mean ED length of stay, number of exit blocks (patients boarding in the ED) and mean National ED OverCrowding Score.

Results indicated that external factors did account for some of the largest increases in ED crowding. The closure of a neighboring ED and ICU — centralizing emergency care at a single ED — increased NEDOCS, while a severe influenza wave increased the mean

Award-Winning Research Reveals External Factors Contribute Significantly to ED Overcrowding

By Jeff Zagoudis

ENA CONNECTION CONTRIBUTOR

M. Christien van der Linden spoke with attendees at Emergency Nursing 2023 about her research on ED overcrowding.

length of stay and exit blocks. The heightened flu season also increased exit blocks due to more patients over 70 years of age presenting with shortness of breath, which lead to more inpatient admissions.

According to the study, interventions that reduced crowding included expanding the number of available ED beds and integrating a general practitioner cooperative to divert non-emergency cases away from the ED.

“It is important to continue implementing all these different interventions. Each intervention contributes, even if it only benefits a small subgroup,” said van der Linden. “Equally important is that each intervention raises awareness that reducing crowding and improving flow should be an ongoing and continuous process and involve the whole hospital.”



Ultimately, the results suggest hospitals need to be creative to help the most patients without overtaxing resources. “Balancing flexibility with resource limitations requires a proactive and adaptive approach,” van der Linden explained. “Adjusting our strategies and operations as circumstances change [ensures] the efficient and effective delivery of emergency care while maintaining the highest patient safety standards.” ●

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All Aglow

Nurses Unite in Sunny San Diego for Action-Packed Emergency Nursing 2023

By Maya Norris and Joe Mullen

ENA CONNECTION

There was so much to see and do at Emergency Nursing 2023 that planning out each day could be a daunting task. ENA President Terry Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN, offered some sage advice during the Opening Session: “Go to everything.”

By the looks of it, attendees took his words to heart. About 2,900 emergency nurses from the 50 U.S. states, the District of Columbia and 18 countries participated in Emergency Nursing 2023’s numerous events and activities, which aligned with the conference theme “Level Up.” That included about 150 educational sessions; the Experience Hall featuring more than 200 industry partners; lots of interactive, hands-on activities; and parties and networking events.

“[This conference] is an exciting time to re-energize yourself but also advance yourself through everything ENA has available while you are here in San Diego,” Foster told Opening Session attendees.

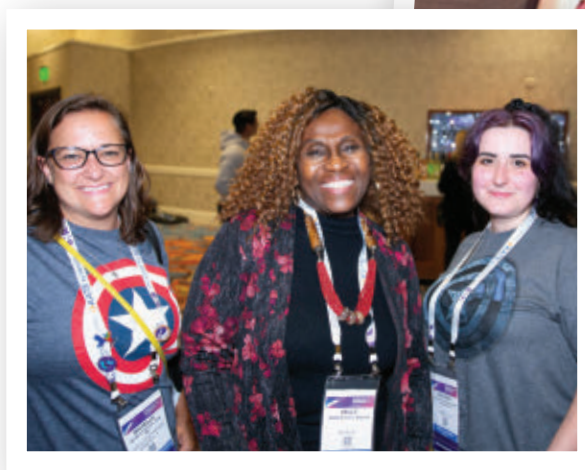
“Emergency Nursing 2023 is certainly where you see ‘Inspire’ and ‘Level Up’ intersect for all of us,” Foster said, referring to the theme of his presidency.

Singer-turned-trauma nurse Tad Worku, MSN, RN, FNP-BC, CEN, kicked off Emergency Nursing 2023 with an emotionally charged performance of “Who Are You,” a song arrangement he wrote specifically for ENA. In conjunction with the ENA Foundation, Worku offered the song to attendees as a free digital download.

“When I think of emergency nurses, I think of some of the people that I respect the most,” Worku said.



ENA President Terry Foster welcomed attendees to Emergency Nursing 2023.



Nearly 3,000 emergency nurses attended Emergency Nursing 2023.



From left: Kapena Clute, TJ Donayri, Maile Kenny and Maria Moreno-Chow, all from Hawaii, brought the aloha spirit to Emergency Nursing 2023.



The Hall of Honor highlighted the extraordinary emergency nurses and EDs advancing the specialty.



“People who are willing to show up in the middle of chaos, stay calm, and do the work that most people would turn around or never want to see. Knowing there’s a group of those kind of individuals, that is inspiring to me.”

On a Mission

Among the thousands in San Diego, many were inspired to attend because they were searching for solutions to difficult issues in their EDs, including diversity, equity and inclusion; workplace violence and behavioral health; and professional fears.

Clinical nurse Ben Thinnies, MSN, MHA, RN, CEN, sought ideas to address violence against nurses. “It’s a huge, huge issue. I’m in school to be a psychiatric mental health nurse practitioner, so understanding that patient population is important to me. Also, with the aftereffects of COVID, and how it has affected our patient population, how to react and interact with our patients, and how they treat staff members [is important],” Thinnies said.



Ben Thinnies, MSN, MHA, RN, CEN



Annie Lin, BSN, RN

Annie Lin, BSN, RN, came to the conference as part of her journey to overcome her fears. That process began at Emergency Nursing 2022 after listening to keynote speaker Michelle Poler, who encouraged nurses to face their fears.

“I always ran away from pediatrics. So, [after last year’s conference,] I decided to join Seattle Children’s

Hospital and just throw myself in there and get more experience with kiddos,” Lin said.

This year she attended “Pediatric Suicide: Do You Even Care about Me?” — a session presented by Bradley Rund, MSN, APRN, RN, NREMT-P, CEN, CPEN, CFRN, CCP-C.

“[The topic of pediatric suicide is] always so hard,” Lin said. “I think that session was really beneficial. He brought up some great tools to use with the new generation. There was good information that I would definitely take back to our ED.”

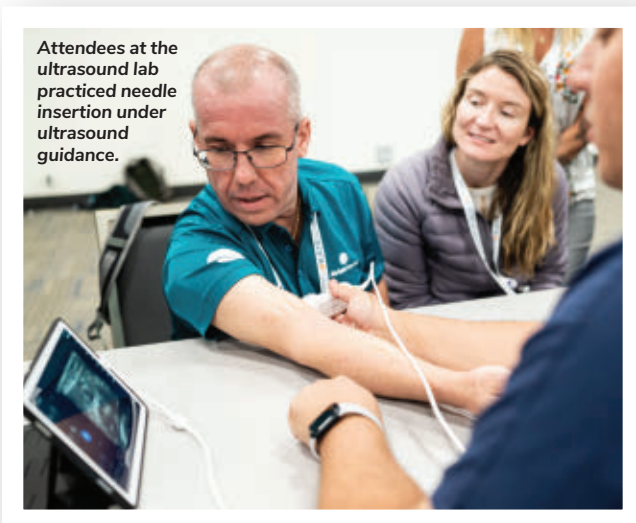
For Natasha Ferrer-Perez, BSN, RN, CEN, the issue of DEI was on her mind.

“It’s refreshing to be reminded — even as a brown person — I still have my own biases,” Ferrer-Perez said. “Even as a female, I still have my own biases against all these marginalized groups. It’s a great reminder of how that affects [patient care].”



Natasha Ferrer-Perez, BSN, RN, CEN

Each DEI session Ferrer-Perez attended featured a different application of DEI, she said. “Going back to work, I’m going to consciously take a step back and think, ‘How am I approaching this patient? How could I do it better or differently?’” Ferrer-Perez said. “And it’s not something that I’ve really thought of in a while. It’s an introspective



Attendees at the ultrasound lab practiced needle insertion under ultrasound guidance.



moment for me. That's how we grow, by being pointed out. 'Oh, wait, I have biases too? Hold on!' So, it's going to be a good thing. It will be a bit of a relearning curve."

Class is in Session

There was no shortage of learning opportunities at Emergency Nursing 2023. The conference hosted educational sessions on a wide range of compelling and pressing issues nurses face inside and outside the ED.

One fascinating educational session explored Munchausen by Internet — also known as digital factitious disorder — a hot topic on social media, according to presenter Gina Slobogin, DNP, APRN, FNP-BC, NHDP-BC, NEA-BC, PGMT-BC, BC-ADM, TCRN, CEN, CPEN, CFRN, CTRN, PHRN.

"Real, or most often feigned, symptoms are put on display via social media platforms, such as TikTok and Instagram, in order to solicit empathy and financial gains from others," she said. "There have been a few publicized cases that caught media attention and triggered public discussion."

The disorder is characterized by deliberately reporting false symptoms to receive medical treatment. Individuals

with Munchausen by Internet mimic or produce illness, injury, exaggerated symptoms or impairment to deceive others for possible psychological or physical gains.

The diagnosis is made when the medical history doesn't make sense, there are no believable reasons for an illness or injury, and the illness does not follow the usual course. Often there will be a lack of healing despite appropriate treatment, contradictory or inconsistent symptoms or lab results, a lack of patient information, and patients who are caught lying or causing an injury.

At another session, Philip Prousnitzer, MSN, RN, CEN, TCRN, CCRN, CPEN, CFRN, CTRN, presented "ER on the Field: Experiences and Lessons Learned During the 2022 Special Olympics USA Games," sharing his experience serving as a nurse for more than 100 athletes and coaches on his state's Special Olympics team. His brother was a swimmer on the team, winning two silver medals and one bronze.

Prousnitzer stressed the importance of treating the athletes with respect. "The No. 1 rule: Do not call them kids," he said. "Treat them like you would treat your peers. The other big thing, be enthusiastic with them while you're being professional."





The Experience Hall included various hands-on learning opportunities.



Something for Everyone

When not attending educational sessions, members walked the Experience Hall to see the latest ED products and technology from more than 200 vendors. The vast Experience Hall offered interactive learning areas and row upon row of vendors offering new ED nursing software, uniforms, medical devices and wellness products.

Brittany White, BSN, RN, strolled the hall looking for equipment ideas and education programs. "It's really fun to

see what we can implement in our ED," White said. "We're a critical access hospital, so I really like the automatic CPR devices. Things like that help smaller departments that don't have as many resources or as much staff to help make for better patient outcomes."

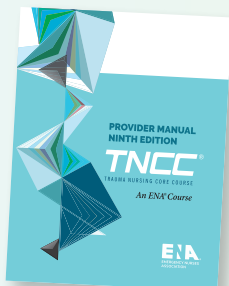
White also spoke to education vendors. "I'd like to go back for my master's degree. So, I was just seeing what kind of programs they have to offer, online versus hybrid, costs, all that stuff. Since I live in such a rural area, online is

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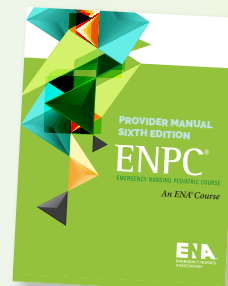


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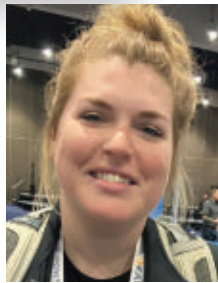


Emergency Nursing 2023 featured about 150 educational sessions covering a range of topics, including how to mitigate nurse bullying and caring for geriatric patients.

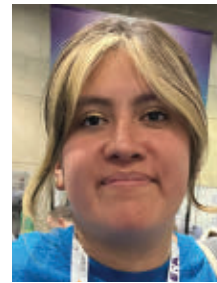


definitely preferable. And, of course, a good price is always a good thing.”

Charles Schlichting, BSN, RN, CEN, checked out the new defibrillators and stretchers. “We have the same products, but these are new and improved,” Schlichting said. “Stryker has [a stretcher] that’s much lower and closer to the ground, and the current stretchers [my hospital has] are too high for many of our patients.”



Brittany White, BSN, RN



Gabriela Ferguson



Charles Schlichting, BSN, RN, CEN

Practice, Practice, Practice

Within the Experience Hall, one of the most popular sections was the Sharpen Your Skills: Hands-on Learning Experience. Attendees practiced 11 critical intervention skills that are consistently performed in EDs, such as multifaceted bleeding control, central line insertion and chest thoracostomy.

Nursing student Gabriela Ferguson, a trauma tech, participated in several skills, including suturing and knot

tying, pneumothorax: needle decompression and PEEP, intraosseous access, and advanced airway: adult and pediatric.

“I’ve gotten a lot out of the Sharpen Your Skills experience, just learning how to do all of these procedures and the importance of everything,” Ferguson said. “For example, the pneumothorax, the PEEP valve and the needle decompression, why it’s so important to do it, and why it’s so important to have the PEEP valve on the bag-valve-mask ventilation.”

Inger Sofia Asgeirsdottir, an ED nurse from Reykjavik, Iceland, practiced her suturing. “It was fantastic,”



Attendees got the chance to check out more than 200 vendors in the Experience Hall.





Asgeirsdottir said. “We sutured up five stitches. The first three sutures we did were not good enough. I mean, the wound was still gaping. But after you tried it a few more times, in the end, the sutures looked better.”

In the Lab

Attendees got another chance to practice critically important procedures at the cadaver and ultrasound labs. Teleflex developed the curriculum for both labs around the procedures emergency nurses said they struggle with. The labs are designed to help attendees tackle these procedures with confidence, according to Teleflex Vice President of Clinical Medical Affairs Dan Smith, BSN, RN.

“Education in these settings provides a safe environment [to learn]. It’s low stress. We make it fun,” Smith said. “And when people are relaxed and having fun, they’re going to better retain the information.”

At the cadaver lab, attendees practiced a variety of procedures, including intraosseous infusion, which involves inserting a needle directly into the marrow of a bone. “It’s a skill that you need refresher training on a regular basis,” Smith explained. “It’s a good skill because some providers don’t do it often, but then when they do it, usually the stakes are so high, the pressure’s on. So, you really have to be comfortable and proficient with it. So, that’s where training on cadavers is so helpful and truly is the gold standard for this type of training.”

Paula Westman, BS, BSN, RN, of Washington Hospital in Fremont, California, and her four colleagues performed proper placement of IOs at the cadaver lab. “They taught

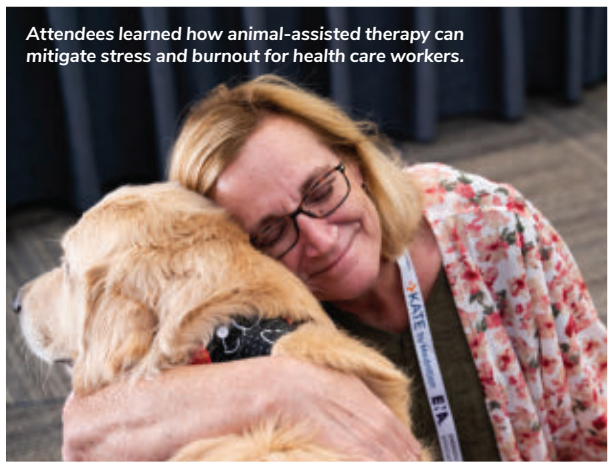
us some tricks and tips of getting IOs in the proper location, what to look out for, how to test that you’re in the right spot,” said Westman, who said this was her first opportunity to work on a cadaver.

Westman will bring back key information she learned in the lab, including how placement of IOs in the humerus means faster delivery versus placement in the tibia. “When you’re in a code situation and you need to transfuse blood or fluids to keep that patient stable, it makes more sense to place higher up, closer to the heart and circulation,” she said.

Attendees also got hands-on experience at the ultrasound labs. They practiced needle insertion under ultrasound guidance. Attendees used ultrasound on training phantoms to assess the location and quality of veins in the phantoms. The information helped them determine the appropriate sizes of the needles they could insert into the phantoms without damaging the blood vessels.

Rebecca DeGolier, MSN, RN, CEN, learned how to perform ultrasound needle insertions from an academic point of view, but she appreciated learning tips on the technique from her fellow emergency nurses at the ultrasound lab. “We have a program where we have an emergency medicine provider who does do trainings and teachings,” she said. “So, I just wanted to get another perspective just to see what everybody else is doing and to see how I can teach my staff to use that.”

“Sometimes nursing has a little better handle on teaching us how to do things in our practice,” she added.



For Tobin Miller, DNP, RN, CEN, CCRN, CFRN, the lab provided him with updates on the latest advancements in ultrasound needle insertions. “I trained on this many years ago but didn’t use the skill, so I just wanted to see what’s changed over the years and what the techniques are now since it’s something that is really gaining momentum in a lot of places,” he said.

After an intense three days of educational sessions and social activities, attendees departed sunny San Diego energized and ready to return to their jobs. They got what they came for, leaving refreshed, inspired and better prepared for the year ahead. ●

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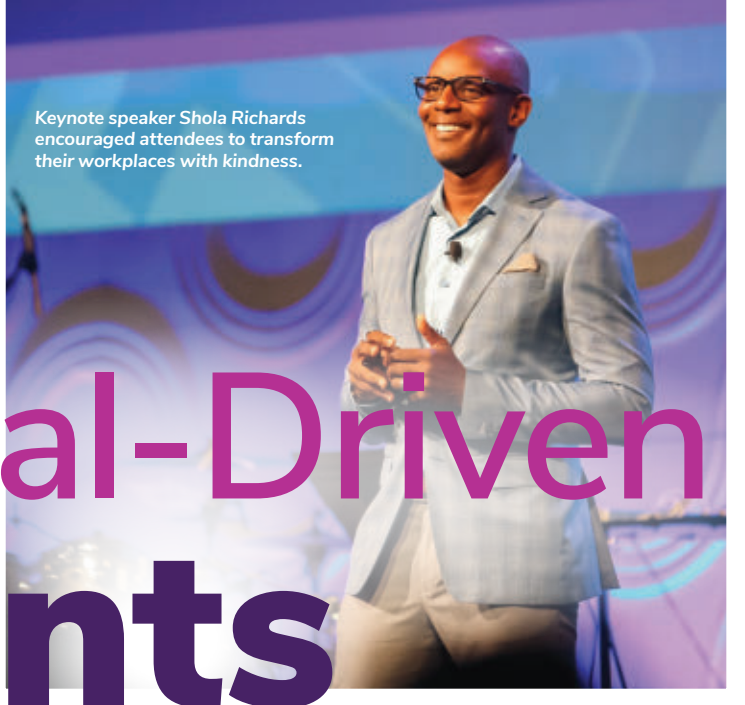
EMERGENCY NURSES
ASSOCIATION

2023 ENA Corporate Engagement Council – Thank You



By Maya Norris
ENA CONNECTION

Emotional-Driven Moments



Keynote speaker Shola Richards encouraged attendees to transform their workplaces with kindness.

Opening and Closing Sessions Bookend Emergency Nursing 2023 with Kindness and Humor

Kindness and comedy went hand in hand at Emergency Nursing 2023's Opening and Closing Sessions. The sessions featured a kindness expert and a pair of comedians, respectively, who brought out a gamut of emotions in attendees — from inspiring and hopeful to amusement, joy and nostalgia — galvanizing them to take on the conference with intention and enthusiasm while reinforcing their passion for emergency nursing.

At the Opening Session, kindness guru Shola Richards challenged attendees to transform their workplaces with kindness. Kind work cultures empower and inspire employees to do their best work, so organizations can consistently deliver exceptional results, according to Richards.

"Kindness is how we're going to change the world," he said.

The Spirit of Ubuntu

Richards specifically touted a brand of kindness rooted in Ubuntu, an African philosophy that seeks to bring out the height of human kindness, human compassion and human connectedness. "Dare I say, we need a heck of a lot more of that in America. Let's be real," he said.

The struggle is indeed real. Richards cited statistics that found 75 percent of Americans believe incivility has reached crisis levels. Another study showed that 62 percent of nurses reported feeling emotionally drained at work in 2021, but in 2023, that number went up to 77 percent, according to Richards. He also found 70 percent of nurses said their jobs were detrimentally affecting their health in 2023, compared to 51 percent in 2021.

To dismantle incivility and inject kindness into the work culture, Richards encouraged attendees to consider three questions that serve as the foundation for Ubuntu. "The questions are so simple: Is it kind? Is it true? Is it necessary? This is the power of Ubuntu in action," he said.

Before people can embark on creating healthy workplaces, they must actively practice self-kindness, according to Richards. Some of the tactics he shared include unapologetically setting and enforcing boundaries, staying away from the anxiety that cable news induces and severing toxic relationships.

"You can't give kindness to others if you don't start by giving it to yourself. That's the first step of Ubuntu," he said.

Toward a Kind Workplace

Trust is another key component of kind workplaces, according to Richards. To build unshakeable trust, staff must create psychological safety, an environment that does not punish or humiliate those who make mistakes or speak up with ideas, questions and concerns.

Cultivating trust also depends on upstanders in the workplace. These are the people who are willing to stand up for their colleagues and patients when they see them being attacked or harassed.

"I'm challenging all of us. You want people to trust you? Lean into [psychological safety and being an upstander]. Show solidarity because you can't get through the next few years without the ability to stay together as through



The Closing Session featured comedians Liz Glazer (top) and Nancy Norton.



Ubuntu,” Richards said.

Once a project or goal is deemed kind and true, it will most likely be necessary — and difficult — to

execute. To develop the resilience needed to carry out those deep commitments, Richards recommended surrounding oneself with eight types of people, based on research from Harvard University. They include someone who is empathetic and supportive, a friend that can make others laugh, someone who regularly reminds another of his or her purpose, and a person who can help one maintain perspective.

“If you want to do what’s necessary, you have to be super intentional in this spirit of Ubuntu about who you choose to go together with,” Richards said. “This list is scientifically proven to really help you build your resilience. Because in the spirit of Ubuntu, your shared humanity, you cannot do this alone.”

What’s So Funny?

While Richards kicked off Emergency Nursing 2023 with inspiration and hope, the Closing Session ended the conference with sidesplitting laughter. At the comedy club-style event, acclaimed stand-up comedians Liz Glazer and Nancy Norton had the audience in stitches with their funny yet insightful takes on topics that resonated with emergency nurses, including paths to the profession, the joys of nursing, LGBTQ+ stereotypes, and grieving and death.

As part of her set, Glazer shared how she switched careers, moving away from lucrative and stable jobs as a lawyer and law professor to full-time comic. “You go to law school for three years. You practice for two, teach for nine, get tenure. And that’s the moment where you give it up and you do stand-up comedy at a nursing conference,” she quipped.

“I really did quit everything to do stand-up comedy,” Glazer added. “And I feel like it connects me to you all because this is my passion.”

Glazer went on to tell a few funny stories about her life as a gay woman, new mother and daughter of Eastern European immigrants. In one bit, Glazer talked about a time when her mother insisted they go to the cemetery to measure tombstones to figure out the most affordable tombstone they should purchase for her father, who recently passed away.

“I say, ‘Mommy, can I take a picture of this or a video? It’s funny. You got to admit that it’s funny,’” Glazer recalled. “And she says to me, ‘Absolutely not, because that would be tacky.’ Now I’m like, ‘Oh, I’m sorry. I thought tacky was bargain hunting for a tombstone in a graveyard.’ And she’s like, ‘It’s what daddy would have wanted.’”

Norton, a registered nurse, bonded with the audience over the humorous situations nurses and other health care providers often encounter.

“What was I thinking going into health care? I don’t know if you’ve noticed this about health care, but it’s all about them,” Norton said. “‘My arm is broken. My chest is hurting. My cervix is dilating.’ Me, me, me, me. And that’s just the doctors. Am I right, nurses?”

Change of Pace

The comedy event was a departure from the traditional keynote speakers at previous Closing Sessions — one that attendees enjoyed.

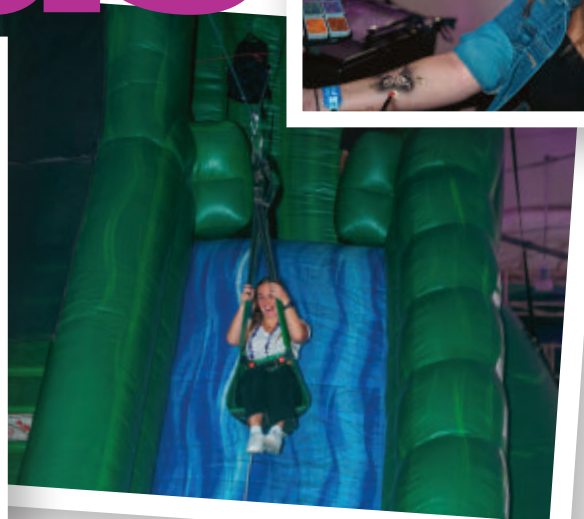
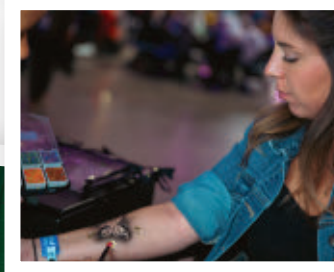
“I really liked how they changed it up,” said Mindy Elayda, MPA, BSN, RN. “The comedians were a little risqué, but we’re risqué anyway as a bunch [in California]. California’s very progressive. But everyone was very open and not close-minded as far as the comedy. Looking at the crowd, there was really great positive energy.”

“It was totally different and completely unexpected,” said Amy Boren, MS, RN, CEN, CPEN, TCRN. “It was a really neat way to end the conference, just lighthearted and fun. And there’s just something about getting a good belly laugh before you go home. The week is so energizing and draining at the same time, so it was just a really great way to round out the experience.” ●



Attendees were in stitches during the comedy-club style event at the Closing Session.

Best of Both Worlds



Welcome Party Mixes Good Times with Member Generosity

Emergency nurses know how to have a good time. That was evident at Emergency Nursing 2023's Welcome Party, where attendees got the chance to relax, mingle and bring out their inner superheroes — all while supporting a good cause.

The much-anticipated Welcome Party, the biggest ENA celebration in San Diego, featured costumes aplenty as attendees dressed as their favorite superheroes, ranging from Luke Skywalker to Harley Quinn to Superwoman.

Superhero Adventures

Outfitted as Mr. Incredible, ENA President Terry Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN, served as the event's costume contest emcee, introducing a parade of teams and individuals kitted out in very creative superhero garb. An attendee portrayed Triagia, a triage superhero with a red cape and triage-specific utility belt. Another nurse — a cancer patient who received a roar of approval when she announced she had just been given a clean bill of health — wore a "Straight Outta Chemo" T-shirt and a



Attendees got creative with their costumes, including coming dressed as Pac-Man video game characters (above), a cancer survivor (top right) and “Star Wars” characters.



headscarf. One team got particularly imaginative by depicting characters from Pixar’s “Inside Out” movie. They donned brightly colored wigs and clothing with gaudy splotches of stage makeup on their faces to look like characters based on the emotions of joy, anger, fear, disgust and sadness, which help guide the protagonist as she adjusts to a new life.

The winners of the costume contest included Kaylee Hartley, MSN, CCRN, CFRN, who won the best individual costume award. She wore a red cape with “Frequent Flyer” emblazoned in large silver letters, carried a fanny pack cooler, and was covered in EKG electrode sensors. Team honors went to the ED nurses dressed as Mr. and Ms. Pac-Man and the ghosts Inky, Blinky, Pinky and Clyde.

In addition to delicious food and dancing, the party featured hero-themed activities, including a zipline, temporary-tattoo parlor, glow-in-the-dark games, a shot glass etching booth and a green screen photography booth.

Attired as Hermoine from the Harry Potter book series, Paige Record, BSN, RN, CEN, looks forward to the Welcome Party every year. “The Welcome Party is always so much fun, and you can make so many connections. It’s the best party of the conference. You get to mingle and talk to people about their costumes,” she said.

Kyle-Marie McNamara, ADN, RN, CEN, aka Wonder Woman, said she attended the Welcome Party “because I think it’s a great networking event, a great way to get to know the other states and build connections, and it gives us a reason to come back next year.”

“I just want to come and have fun and be with like-minded individuals all interested in emergency department nursing and networking. That’s why I’m here tonight,” said Karina Cammarano, BSN, RN, CEN,



CPEN, TCRN, who was dressed as R2-D2 from the “Star Wars” film series.

Philanthropic Advantage

Many who attended the Welcome Party got early access to the event by purchasing the \$110 Party with a Purpose add-on that raised money for the ENA Foundation. The add-on let participants enter the Welcome Party 30 minutes early and receive two free drinks. They also each received a free drink during the ENA After Dark party, a more subdued mixer the night before.

Joan McCoy, RN, CEN, purchased the add-on so she and her friends could mingle and try all the Welcome Party



Some attendees didn’t need costumes to have a good time at the Welcome Party.

activities without having to wait in lines. “We got a seat, we got our two glasses of wine, and we got to all the food. We even got to zipline before everyone else,” she said. “In 30 minutes, we packed in a lot, and then we could relax until everybody else got there.”

Beyond taking advantage of all the activities at the party, McCoy and her colleague and friend Lisa Foley, BSN, RN, CEN, TCRN, bought the add-on because they appreciate how the ENA Foundation provides scholarships to help young nurses pursue continuing education, which they deem vital for a successful nursing career.

“We come from Montana, a particularly rural state,” Foley said. “It’s just as important to help those people out that can’t travel far or can’t afford to travel that far [for education events and conferences].”

Attendees were generous. Fundraising throughout Emergency Nursing 2023 brought in nearly \$90,000 for the ENA Foundation. Much of that came from the Party with a Purpose add-on and the Text to Give campaign,



Attendees took photos in front of a green screen to simulate them flying.

which enabled attendees to donate via texting from the first day of General Assembly through Saturday’s Closing Session. Attendees also helped raise money for the Foundation by purchasing raffle tickets for various prizes and customized bricks to be installed in a loved one’s honor at ENA Headquarters.

But attendees didn’t need to purchase the Party with a

Purpose add-on to have fun at the Welcome Party. They had plenty of time to enjoy the fun activities and camaraderie, which they say are just as important as the educational sessions and formal networking events.

“I think it’s always good to come together in a fun event where you just kind of let your hair down and connect with each other on a more personal level and just kind of enjoy life,” said Angela McKnight, BSN, RN. “Sometimes, as nurses, things are always so serious, so the ability to just have fun and connect with each other is a good outlet for us.”

As they always do, ENA members demonstrated they can combine doing good with having a good time. ●

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From left: Ligia Villajuana, Jeremy Brown, Ronald Micklos and Dominic Chambers talked about their military nursing career paths at the Military Meet and Greet.



By Maya Norris

ENA CONNECTION

Working the Room

Networking Events Cater to Various Sectors of Emergency Nursing

Networking was in full force at Emergency Nursing 2023 as ENA hosted a plethora of networking events that catered to the diverse subsets of emergency nursing, including nurses involved in the military, advocacy and education. It gave attendees the opportunity to share their insights, perspectives and achievements with their peers in a relaxed, informal setting.

Emergency nurses who work in the various branches of the armed forces gathered at the Military Meet and Greet. In addition to reconnecting with nurses they were previously stationed with at military bases around the world, attendees talked with each other about their future career paths in and outside the military.

Career Planning

Jeremy Brown, MSN, RN, and Ligia Villajuana, MSN, RN, attended the Military Meet and Greet in part to get advice and learn about opportunities to continue their nursing careers after they retire from the U.S. Navy in a few years. They have each spent more than 20 years in military nursing, making them eligible for retirement benefits. During their careers, they have risen through the ranks. However, their promotions have landed them in administrative leadership roles. They said they want to retire from military nursing to get back to bedside nursing. In addition, retirement enables them to put down roots in one city, instead of relocating every few years — providing stability for their families.

“The longer you’re in [military nursing], the less bedside you do and the more admin you do. You’re more like a nurse manager as soon as you get into that higher ranking position,” Villajuana said. “And I love patient care. So, coming to these events will get me more current with things that are happening, innovations and other stuff that I don’t get to do as I transition to nursing in a civilian facility.”

“And at some point in your life, you’re done,” she added. “You’re done moving your family around.”

As younger nurses, Dominic Chambers, BSN, RN, CCRN, and Ronald Micklos, BSN, RN, on the other hand, came to the Military Meet and Greet for advice on how to forge their nursing careers in the Navy. Their fellow military nurses shared insights on how they crafted their careers and the skills Chambers and Micklos should develop to advance their own military careers.

“It’s nice to meet people who’ve been at other duty stations so we can get insight to their careers, and that can help us create a path forward in our careers,” Micklos said.

“It’s great talking to people about their past experiences, their past duty stations, what things helped develop them as an officer and a nurse and trying to take away that information so we can also implement it in our careers,” Chambers said.



Student nurses got the chance to interact with their peers and ENA leaders at the Student Meet and Greet.

Behind the Advocacy

While the conversations at the Military Meet and Greet were career oriented, the Government Affairs Meet and Greet was all about advocacy. Members of state-level ENA government affairs committees and the ENA Advocacy Advisory Council came together to talk about their advocacy strategies and the legislative issues they are pursuing.

As a member of the ENA Advocacy Advisory Council, Cassie Potvin, DNP, RN, NEA-BC, CPEN, serves as the liaison to several state government affairs committees, but she had only corresponded with them via email. At the meet and greet, she met with these members in person to

further build relationships with them to ensure fruitful collaboration in the future.

“If you have relationships with those people, you’re more likely to say, ‘Hey I need to pick your brain about this,’ or ‘I know your state is working on this, and how did you get that [legislation] passed?’” explained Potvin, former chairperson for the Texas ENA State Council’s Government Affairs Committee. “So, putting a face with a name is very helpful.”

Katie Wilson, MSN, RN, CEN, vice chair of the Government Affairs Committee for the Texas ENA State Council, found the meet and greet provided the ideal casual venue for attendees interested in advocacy but somewhat reluctant to join their state councils’ government affairs committees. They felt comfortable asking questions about advocacy and government affairs, subjects emergency nurses may view as intimidating or boring, according to Wilson.

“If somebody was interested in government affairs but didn’t know how to get involved, [the Government Affairs Meet and Greet] is a very informal setting to come in and just kind of start,” she said.

Class Act

ENA also hosted a special breakfast to thank the course instructors and course directors of its flagship Trauma Nursing Core Course and Emergency Nursing Pediatric Course. Attendees celebrated their commitment to continuing education, traded teaching tips and tricks, and discussed the importance of continuing education for emergency nurses.

Joan McCoy, RN, CEN, and Lisa Foley, BSN, RN, CEN, TCRN, teach ENPC and TNCC, respectively, to nurses in rural Billings, Montana. They talked with their fellow



Katie Wilson (left) and Cassie Potvin met fellow ENA members with an interest in advocacy at the Government Affairs Meet and Greet.

instructors and course directors about how to bring more continuing education to other rural areas.

“It’s important, especially in Montana, because we have so many rural communities that people can’t get to a TNCC or an ENPC class,” said Foley, a TNCC course director. “So, it’s nice to collaborate with other people across the state and see how they provide that education to the smaller communities.”

While Foley and McCoy didn’t expect to solve that challenge at the breakfast, they appreciated linking up with like-minded peers who value continuing education like they do.

“That’s why the conference is so great because we have the opportunity to connect with people who are experiencing the same stuff,” said McCoy, an ENPC course director. “We’re from Billings, Montana, a small community compared to San Diego or wherever, but it doesn’t matter. It doesn’t matter if your ED is a 100-bed unit or it’s a 23-bed unit or a three-bed unit. You all experience the same thing. And it’s just validation that what we’re doing is the right thing and we’re all in this together.” ●



Lisa Foley (left) and Joan McCoy attended the ENPC/TNCC Celebration Breakfast, which thanked ENPC and TNCC course instructors and directors.

Finish reading this issue of *ENA Connection* and then dive into the *Journal of Emergency Nursing*.

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By Joe Mullen and Paige Fumo Fox

ENA CONNECTION



Going Global

ED Nurses From Around the World Compare Experiences and Best Practices

Emergency Nursing 2023 had a distinct global flavor as educational sessions and events featured speakers and participants from around the world, who explored the similarities and differences of emergency nursing in their countries.

For Alison Day, PhD, RN, FAEN, who chairs ENA's International Advisory Council and lives in the United Kingdom, the conference felt like a massive family reunion.

"Everyone was welcoming and keen to get everyone involved, including [global] and first-time attendees," Day said. "The conference is larger in scale than any professional event I have been to in Europe. The education sessions were relevant to my professional development despite not working clinically in the United States."

Worldly Insights

One session spurred attendees to ponder what questions they would ask their counterparts around the world if they had the opportunity.

Matthew S. Howard, DNP, RN, CEN, TCRN, CPEN, CPN, FAEN, did just that. He asked ED nurses from six countries foundational questions about their departments and



Above: M. Christien van der Linden spoke with attendees about nursing in the Netherlands.

Left: Matthew S. Howard shared his research findings about how emergency nursing differs around the world.

presented his findings in the session "Global Perspectives in Emergency Nursing: What Can We Learn from Each Other?"

"What I've done is quite literally try to take different perspectives from around the world," Howard said. "I've looked at this from the angle of what questions would I want to ask people to try and figure out how they do different things?"

For instance, what kind of patients are typically seen in their EDs?

In the Netherlands, about 20 percent of ED patients are self-referrals, arriving on their own initiative using their own transportation, according to M. Christien van der Linden, PhD, MsCE, MsANP, CEN, RN. About half of their patients have been referred to the ED by their general practitioners. The rest are mostly nonself-referrals brought in by ambulance, van der Linden said. Her ED typically sees a mix of major trauma, neurology, shortness of breath, chest pain/ cardiology, extremity and psychiatric issues.

Colombian EDs generally treat patients with COVID-19, influenza and other respiratory issues, as well as cardiac problems. “We do not have many trauma issues or drug abuse [issues]. It happens once in a while, but it’s probably once a month,” said Rafael Pineda-Perdomo, BSN, RN.

Katie Hershberger, BSN, RN, CCRN, of the United Arab Emirates, noted her ED typically sees patients with abdominal pain and flank pain. Pediatric patients often arrive with common flu symptoms.

“[Physicians] cannot do a clinical assessment and give a diagnosis,” Hershberger said. “Everyone has to be scanned. So, it takes time because if they don’t find what they want on the ultrasound, they will do a CT [or vice versa].”

On the topic of regular ED patients — known as frequent flyers — Colombian EDs see very few because most visits require a minimum of two or three days, which discourages frequent flyers, Pineda-Perdomo said.

According to Cheung “Terrance” Kai Yeung, DNurs, Bnurs (1st Hons), RN, PgD (AENP), FHKAN (Emergency), frequent flyers turn up in Hong Kong hospitals, but when they are identified, a multidisciplinary team is assigned to help them with any health and social issues that might be causing the repeat visits.

Hospitals in the Netherlands also have frequent flyers, van der Linden noted, but only about a half percent of her ED patients fall into that category, thanks to the strong system of referrals from general practitioners.

Journey to the UAE

Conference attendees also got an inside look at the health care system in the United Arab Emirates. Christine Russe, MSN, RN, CEN, CPEN, TCRN,



Vanessa Gorman and Christine Russe (both center) talked about the health care system in the United Arab Emirates.

FAEN, and Vanessa Gorman, MSN, RN, Grad Dip Emerg Nurse, Grad Dip HSM, FAEN, FCENA, talked about their trip to the UAE as part of a 2022 ENA delegation during the educational session “UAE: Opening the Doors to Global Collaboration.”

ENA’s delegation learned key facts about living, working and nursing in the Middle Eastern country. The path to becoming a nurse, for instance, differs greatly from most Western countries.

“You don’t grow up [in the UAE thinking] ‘I want to be a nurse.’ You’re told to be a nurse because you did well on your test scores, you’re between the ages of 18 and 25, and you’re female,” Russe said.

This year, however, the UAE had the first admittance of male students to its nursing schools. In the UAE, nursing schools are designed to accommodate women, but at one school, they were offering paramedicine and nursing in the same institution to encourage women and men to study nursing.

The UAE is grappling with a nursing shortage. The country’s nurse retention rate is two years because once a woman marries, there is less pressure to work.

“What we learned in the UAE was that nursing is not yet seen as a profession,” said Gorman, who talked about the importance of global collaboration in a meeting held with the Ministry of Health senior nursing officials.

“This meeting was a true exchange of ideas and experience from senior nursing leaders from the UAE,



From left: Alison Day of the U.K., Walter Lugari of Germany and Dawn Peta of Canada talked about the triage systems they use.



The Global Luncheon and Innovation Session gave attendees the opportunity to mingle with and learn from their counterparts from around the world.

Australia, Malaysia, USA, and the delegation walked away with a sense of purpose and inspired for future opportunities,” she said. “ENA is committed to ongoing cultural and professional exchange programs to connect emergency nurses from around the world.”

Leveraging Social Media

To prepare for these educational sessions and other events at Emergency Nursing 2023, global attendees were able to connect virtually before the conference.

This year ENA launched a WhatsApp community for global attendees. While the ENA Events app includes schedules, session information and the ability to communicate with others on-site, it didn’t go live until very close to the event. In the past, many people outside the U.S. weren’t aware of some of the conference offerings, according to Matthew Hessler, ENA manager of global partnership development.

“We used the [WhatsApp] group as a way to break down that barrier ahead of the event,” Hessler said. He and IAC members invited all global attendees to join and use it to share event information.

Nurul’Ain Ahayalimudin, PhD, RN, CEN, of Malaysia, an IAC member, said she liked being able to communicate with attendees before the conference via WhatsApp. She also engaged with fellow global attendees on another social media channel: The Beyond the Borders: ED Nurse Speak Facebook group, which is moderated by IAC members to help facilitate connections prior to the conference.

Cultural Exchange

Once they arrived in San Diego, attendees had ample opportunities to network in person. For example, the Global Luncheon and Innovation Session gave them the chance to informally mingle with people from different countries and participate in a guided activity, during which



attendees discussed assigned topics at each table and then shared their observations with the whole group.

Nurses from Iceland, Australia and New Zealand talked about technology, highlighting a system using QR codes common in Iceland.

Another group, comprised of residents of the United States, Canada and the Netherlands, discussed the differences in how nurses are trained to use new procedures and products, including their interactions with vendors.

Others, from Australia, the U.K., Hong Kong, Haiti and the United States, talked about language and cultural differences that have an impact in the ED, such as cultures where women cannot be touched by male doctors, or language differences and the difficulties in finding translators quickly.

“We should respect their cultures, rather than treat it as a problem,” said Johnson Tse, MSN, RN, of Hong Kong.

Day said she was pleased to see the turnout at the event, which also touched on enhancing connections, professional development, and patient and community education.

“It was clear that, as well as learning and understanding at each table, there was a shared experience across the room, despite the diverse range of country representatives,” she said. “We really are more alike than we are different.” ●

Child Support

Pediatric Sessions Explore the Complexities of Caring for Children in the ED

By Joe Mullen

ENA CONNECTION

Treating pediatric patients comes with its own challenges that requires technology, skills and care plans designed specifically for the unique needs of children and teenagers. Emergency Nursing 2023 helped attendees address some of that complexity by offering a plethora of educational sessions that covered the clinical issues and conditions specific to this patient population.

Attaining Pediatric Readiness

One of the top concerns around pediatric care in the ED is readiness, which goes far beyond simply having the appropriate supplies, equipment and medication, according to Margaret Grover, MHA, BSN, RN, CPEN, a presenter at the session “The Kiddos are Coming! Is Your ED Ready for Children?: Exploring the Importance of Pediatric Readiness.” Having the right policies, guidelines, practices, education, training, performance improvement practices and EMS partners are critical to achieving the best outcomes.

Although some EDs are well prepared to care for children, others don't have the resources or personnel needed to keep kids as safe as they can be, Grover said.

The 2013 National Pediatric Readiness Assessment — supported by the Emergency Medical Services for Children Program, American Academy of Pediatrics, American College of Emergency Physicians and Emergency Nurses Association — surveyed 4,100 hospitals. Most were ill-prepared, based on the median score of 69.1

“[It's] super important to remember that there's evidence out there that says if you score less than 88 on the readiness assessment, you're probably not going to have the best outcomes for the kids that you care for,” Grover explained.

Mental Health Tools

When it comes to ED readiness, few issues in recent years



have been more pressing than pediatric mental health emergencies. According to the Centers for Disease Control and Prevention, pediatric suicide is the eighth leading



Margaret Grover, MHA, BSN, RN, CPEN



Bradley Rund, MSN, APRN, RN, NREMT-P, CEN, CPEN, CFRN, CCP-C

cause of death in children ages 5-11. As more children and adolescents struggle with mental and behavioral health disorders, ED nurses must be equipped with the knowledge and resources to advocate and care for these pediatric patients, according to Bradley Rund, MSN, APRN, RN, NREMT-P, CEN, CPEN, CFRN, CCP-C.

In the session “Pediatric Suicide: Do You Even Care About Me?” Rund shared a few mental health screening tools that can help ED nurses care for pediatric patients.

“It's very hard to determine how to talk to [children] in front of their parents. I get better responses and more honesty [using an app with patients] than asking them personally because the majority of time they're not going to tell you the truth,” Rund said.

Rund uses the Suicide Safety Plan app to talk directly and safely with a patient. “Whenever a patient is screening

“Anytime you’ve got a kid, no matter what, think about the Bs: brains, bruises, breaks, burns, bites, their belly, their behavior, and is the explanation of how they were injured believable?”

— Lorna Woodhall, EdD, MSN, RN, CEN, TCRN, EMT-P



positive for suicide I say, ‘We need to create a safety plan for you.’ I have them download the app,” Rund said.

The child or an adult accompanying the child will complete the app’s sections on warning signs, coping strategies, reasons to live, contacts and places of distraction. The warning signs give the clinician insight into how the child is feeling and something to talk about every time the child comes into the ED. Coping strategies can be whatever helps the child’s state of mind, from cuddling a pet to taking a nap. “Reasons to live is a big thing. [It] can be anything from my dog, my goldfish,” Rund said. “Anything that’s going to be pertinent.”

Should the coping strategies, reasons to live, contacts and places of distraction fail to help during a mental health crisis, the app user can tap the crisis button to connect to the 988 National Suicide Prevention Lifeline.

Treating Kids Like Kids

Just as pediatric mental health can be a challenging issue for EDs, the physical differences between adults and kids pose their own set of issues. During the session “Pediatric Patients ... Truly Not Small Adults,” Tina Johnson, MSN, RN, CEN, CPEN, CFRN, SCRN, CMTE, shed light on those crucial anatomical and physiological differences and the clinical impact on those caring for pediatric patients. Airway and breathing differences include shorter, smaller diameter airways; a larynx that sits higher and is more anterior; a short funnel-shaped trachea; a larger tongue that is entirely in the oral cavity up until age 2; and horizontal ribs.

A child’s tidal volume is also unlike that of an adult. “So, make sure that you’re aware of that and know that their oxygen, their metabolic demands, will be higher than that of an adult,” she said.

These disparities directly impact assessment and treatment. Whether it’s using cuffed tubes — instead of uncuffed tubes — to better control smaller children’s airways or considering the larger size of a child’s epiglottis

when intubating them, their physiology can require alternative methods of treatment, Johnson said.

Protecting Children

As ED nurses work to understand pediatric physiology to offer the best possible care, they must also remain vigilant of intentional injuries whenever a child comes into the ED with trauma, according to Lorna Woodhall, EdD, MSN, RN, CEN, TCRN, EMT-P, who presented “Non-Accidental Trauma and the Pediatric Patient.”

Woodhall reminded attendees that ED nurses are the voices of those patients who cannot advocate for themselves when people harm them. “I always want you to have that in the back of your mind. Could this have been done on purpose to that child?” Woodhall said.

She offered a simple method to identify clues and concerning symptoms that may indicate nonaccidental trauma. “I realized most of the things that children present with for nonaccidental trauma all started with the letter B,” Woodhall said. “I want you to be on the lookout, anytime you’ve got a kid, no matter what, think about the Bs: brains, bruises, breaks, burns, bites, their belly, their behavior, and is the explanation of how they were injured believable?”



Many attendees carved out time in their schedules to attend the various pediatric sessions Emergency Nursing 2023 offered.

Recognizing Myocarditis

Awareness is also critical when identifying myocarditis, which is inflammation of the heart muscle, in children because it is often unexpected and sometimes fatal, according to Gina Slobogin, DNP, APRN, FNP-BC, NHDP-BC, NEA-BC, PGM-T-BC, BC-ADM, TCRN, CEN, CPEN, CFRN, CTRN, PHRN.

Slobogin detailed a case study involving her 17-year-old niece, who ultimately passed away, in “Too Young to Die: Myocarditis in Teens.”

One reason myocarditis is difficult to diagnose is that it can show up with devastating consequences well after a patient has apparently recovered from a virus, bacterial infection, disease or other cause. Each year 5 to 20 percent of sudden cardiac deaths in younger people are the result of myocarditis.

Because myocarditis can appear days, weeks or even months after a patient experiences an infectious or noninfectious etiology, it can be a tough condition to diagnose, especially in young people, Slobogin said. Indications include lightheadedness, fatigue, fainting, chest pain, fever, shortness of breath, rapid or irregular heart rhythms, and flu-like symptoms.

“It’s very hard to distinguish these symptoms just from me coming into the ER,” she said. “They’re not thinking about the GI virus they had two weeks ago. They’re not thinking about the fact that they had COVID six months ago.”

While cardiac MRIs can be negative — even when a patient has myocarditis — other diagnostics can help make an accurate diagnosis, such as an endomyocardial biopsy. In most cases, the patient will have elevated levels of creatine kinase MB, troponins, ALT/AST and LDH.

“My hope in doing this presentation is that, out of all of you in this room, if there is one patient who comes in and the family says, ‘She had a GI virus five days ago, and now she’s complaining of shortness of breath and fever,’ that in the back of your nurse brain, this presentation is there, where you can say, ‘Hey, can we just check some extra labs?’” Slobogin said. ●

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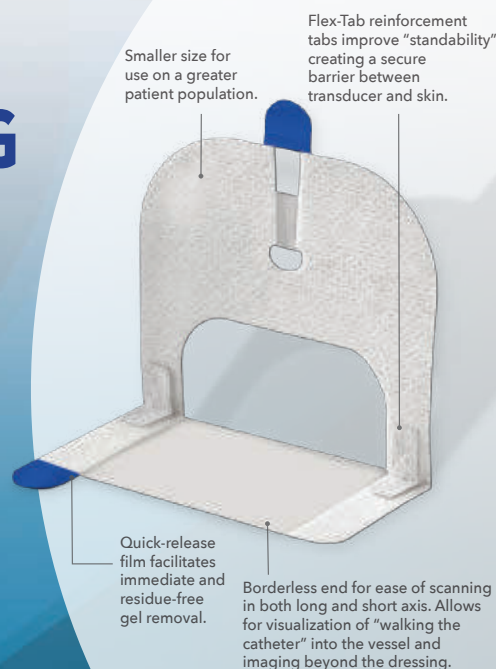
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Attendees evaluated how well they and their colleagues provide unbiased and equitable care as part of the DEI engagement activity.



Embracing Diverse Perspectives

How to Embed DEI into the ED

By Maya Norris and Amy Neal

ENA CONNECTION AND ENA CONNECTION CONTRIBUTOR

Clinical, management and critical-thinking skills are crucial for emergency nurses to succeed. But diversity, equity and inclusion are just as important for delivering effective patient care while ensuring both patients and staff are treated with respect and dignity in the ED. That's why *Emergency Nursing 2023* devoted several educational sessions and activities to explore the importance of DEI and health equity in emergency nursing.

One way to integrate DEI into the ED is to address bias in real time, according to ENA DEI Committee Co-Chair Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN, who presented the session "Not on My Watch: Disrupting Bias."

Keeping Bias at Bay

Disrupting bias is crucial to saving lives; building trust with patients, colleagues and the community; and developing a culture of equity and inclusivity, Valdez said. But it won't be easy because bias is pervasive in the ED.

A recent study that examined bias in emergency nursing found that respondents were unwilling to call out or push back with their colleagues after witnessing or experiencing

bias for fear of retaliation or becoming targets themselves. Instead of addressing the bias, many emergency nurses in the study said they usually stepped in and treated the patients themselves to remedy the situations of biased or discriminatory care. In addition, respondents from marginalized groups said when they did speak up about discrimination and microaggressions, they did not receive support from their hospitals' leadership.¹

"We know bias is happening. We know bias is harming people. In fact, we know bias is killing people," Valdez said. "How do you disrupt that? How do you function in a team and still be able to be collegial with each other when you have to say to your colleagues, 'Hey, I think you might be biased there?'"

Valdez recommended strategies that emergency nurses can use to disrupt bias, including the Bias Mitigation model developed by her colleague Ijeoma Nnodim Opara, MD, FAAP, FAIM. While the model was developed for medical care, it can be used during patient handoffs in nursing.

In the first step of the process, the nurse pauses to discuss with colleagues the potential for bias toward the patient.



“We have the obligation and responsibility to do no harm. We have to actively prevent harm. And that means when we see bias or we think we see bias, we have to disrupt it.”

— **Anna Valdez, PhD, RN, PHN, CEN, CFRN, CNE, FAEN, FAADN**



The next step requires the nurse to critically interrogate the facts of the patient’s case, such as evaluating the sources of the information, if the information uses stigmatizing or affirming language, and whether the information is related to the patient’s chief complaint. Lastly, the nurse should advocate for the patient to ensure they experience safe and equitable care. That involves honoring the patient’s dignity, experiences, humanity and autonomy.

Valdez shared other bias-disruption strategies. For example, she advised attendees to take perspective and develop empathy. It requires a nurse to understand a situation from another person’s perspective. She also recommended adopting a growth and learning mindset, which will help nurses cast aside stereotypes and welcome feedback.

In addition, Valdez encouraged attendees to listen for and interrupt biased communication and care as it occurs. She shared some phrases that nurses can use to diplomatically address biased care:

- I noticed that this patient is not receiving the standard of care. Is there something unique about them that I should understand?
- Your patient seems to be in a lot of pain. How is their pain being managed?
- I am not comfortable with this language, phrase or discussion.
- Please keep your report to me free of bias so I can form my own impression.
- Please do not use stigmatizing or derogatory language. It makes me uncomfortable and can lead to biased care.

“Yes, sometimes you’ll lose friends. ... Sometimes you’ll have colleagues who don’t like you. I certainly experienced that,” Valdez said. “But, overwhelmingly, it changes the culture. It changes the way we talk about people and helps

us to come back to the understanding that we are dealing with human beings.”

DEI Reflections

Lessons about DEI extended beyond the classroom to the Experience Hall, where ENA hosted its DEI engagement activity. Participants evaluated how well they and their colleagues provide unbiased and equitable care and how actively engaged they are in DEI. They marked their answers by placing stickers on a heatmap, providing a visual representation of their DEI efforts. The heatmap indicated that most participants believed they and their colleagues do provide unbiased and equitable care, but they acknowledged they could do more.

Lynette Johnson, BSN, RN, of Northwell Health in Valley Cottage, New York, placed her sticker on the area of the heat map that signifies her hospital is committed to DEI and delivers unbiased, equitable care. Johnson is particularly proud of how diligently Northwell provides care to its LGBTQ+ community.

However, the DEI engagement activity prompted her to reflect on how she and her team could improve how they provide unbiased and equitable care. For example, Johnson would like to encourage Northwell staff to wear badges that indicate their pronouns. In addition, while the hospital has been lauded for its LGBTQ+ care, Northwell should also devote its efforts to improving care for other marginalized segments of the community and the specific health issues that tend to affect them, such as enhancing maternal and child health outcomes, according to Johnson.

“There are a rainbow of cultures out there that have significant considerations that we should probably make sure we’re not glossing over and make sure we hit those points,” Johnson said.

This is the type of thoughtful contemplation that ENA envisioned when it developed this activity. “We’re looking for engagement that goes beyond putting a sticker on a



While Justin Milici covered the complications that can occur with gender-affirming surgery, he also emphasized the importance of treating transgender and gender-diverse patients with dignity and respect.

wall,” said ENA Marketing Specialist Aaron Coats, who co-chairs ENA’s DEI Staff Council. “We hope it makes participants think about DEI at their facilities and spurs conversations among their colleagues. We hope they implement some version [of the DEI engagement activity] when they get home.”

Gender-Affirming Care

To address DEI at a more granular level, many educational

sessions at the conference covered topics relevant to specific patient populations, including caring for transgender and gender-diverse patients.

At the session “From the OR to the ED: Emergency Complications of Gender-Affirming Surgery,” Justin Milici, MSN, RN, CEN, CPEN, CPN, TCRN, CCRN, FAEN, discussed the clinical details of surgeries like phalloplasty and vulvoplasty and the common complications that land those transgender and gender-diverse patients in the ED. But Milici also emphasized the importance of treating them with respect and dignity. That includes asking their current name and pronouns as well as providing psychosocial support. Such tactics will help ease their anxiety about going to the ED, he said.

“The two most common reasons that transgender and gender-diverse patients do not seek care is because of previous discrimination and having had previous negative experiences,” Milici explained.

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“They’re terrified of disclosing anything to you,” he added. “It’s a sensitive subject. So, when they come in, just realize that they probably really did not want to come in.”

Madison Bird, BSN, RN, CEN, TCRN, provided more tips on how to provide compassionate care to gender-diverse patients at the educational session “Care of the Transgender and Gender-Expansive Patient in the Emergency Department.”

Some concrete steps emergency nurses can take to help create a safe environment for gender-expansive patients include nurses sharing their own pronouns via name tags, acknowledging when they get patient pronouns wrong while striving to get them right in the future, asking questions pertinent to care, avoiding statements that are invalidating, seeking permission to do an examination, and letting the patient know why the nurse is doing what they are doing.

The care of gender-expansive patients also can be hampered by trans broken arm syndrome, a colloquial term for gender-related medical misattribution and invasive questioning.

“You assume the patient’s problem is based on the fact that they’re transgender and ignore the fact that this person may actually have legitimate pathophysiology,” Bird said.

Fear of being outed as transgender, fear of violence and fear of discrimination are other barriers to care for this population.

“Remember, the patient brings everything in their past with them,” Bird said while sharing a case study. “So, this is a transfeminine patient, a person who was assigned male at birth, and they bring in any baggage that they’ve had with health care providers before — if they’ve been made fun of, if they’ve been belittled, whatever kind of religious trauma they may have, sexual assault, physical assault. They bring that with them when they come to the ED.”

Bird encouraged emergency nurses to examine their personal biases because they can interfere with providing appropriate care for patients.

“There’s always room to grow,” she said. “There’s always room to become more self-aware.” ●

Lynette Johnson (left) and Donisha Sledge of Northwell Health participated in the DEI engagement activity at the ENA Experience.



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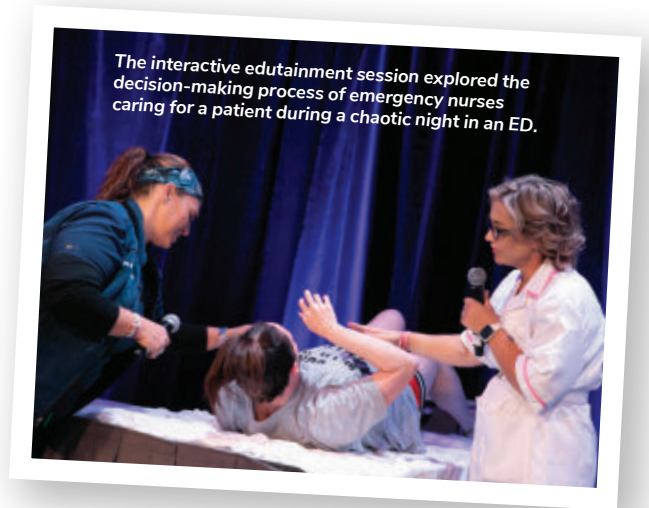
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A promotional graphic for the ENA Podcast. It features a woman with curly hair wearing a blue headset and a dark blue zip-up jacket, sitting at a desk with a laptop. The background is a light blue gradient. Text on the left side reads: "Tune in to the ENA Podcast for interviews with ENA members on topics important to you. The ENA Podcast is available wherever you listen to podcasts." At the bottom left is the ENA logo with the word "podcast" below it. At the bottom right is a QR code.

By Maya Norris

ENA CONNECTION

Interactive Insights



Quirky Dinner Theater-Style Event Highlights the Impact of Implicit Bias

Sometimes the best way to learn is to convey the lesson through humor and participation. Emergency Nursing 2023 did just that when education collided with entertainment at the interactive session “Edutainment: Triage & Tequila Take 2.” This quirky dinner theater-style event encouraged attendees to reflect on their implicit biases as they followed a patient labeled as a super-utilizer through her journey in a busy emergency department.

Members of the ENA Conference Education Planning Committee performed in the humorous comedy skit, which explored the decision-making process of emergency nurses caring for a patient during a characteristically chaotic night in an ED. Throughout the session, the on-stage action paused intermittently as the audience members considered what they would do and provide solutions.

Here’s the scenario that played out at the session: Debbie, a patient who frequently visits the ED drunk, once again arrived intoxicated at a small rural hospital with a three-bed ED that has limited resources. She came to the ED for medical clearance to attend an alcohol rehabilitation program, complaining of a swollen abdomen, abdominal pain, body aches and headaches.

Audience Participation

The audience members were tasked with triaging and diagnosing Debbie. “We wanted to come up with a scenario where maybe [the audience’s] biases take them down the wrong path, where they make assumptions and miss important things,” said Conference Education Planning Committee member Heidi Gilbert, MSN, RN, CEN, TCRN, SANE-A, who played the role of one of the nurses.

Attendees took part in an exercise on triage that included pondering the questions they would ask Debbie and the other two patients in the waiting room to determine how to

prioritize triaging them. Attendees discussed the different triage tools they use, including the Emergency Severity Index, HopScore and the Canadian Triage Acuity Scale.

As Debbie experienced a seizure, many attendees thought it was the result of alcohol withdrawal. Some of the interventions and diagnostics they said they would order include lorazepam, lactic acid and the Clinical Institute Withdrawal Assessment.

Then Debbie precipitously delivered a baby, unaware that she was pregnant. Most of the attendees didn’t even consider Debbie was pregnant even though she had exhibited pregnancy symptoms, including a swollen abdomen, a moderately high blood pressure and a seizure. Many attributed those symptoms to her alcoholism.

The session ended with tips on how to reduce such implicit bias, which occurs automatically and unintentionally. Those tips included focusing on seeing patients as individuals rather than just concentrating on the illnesses they have, taking time to pause and reflect, and practicing mindfulness.

According to Gilbert, wrapping education in satire is an effective way for attendees to absorb the information.

“I sincerely hope they continue this [at next year’s annual conference] because it’s just a fun way to get the point across,” she said. “We’re not offering [continuing education credit], so we have a lot of leeway on the corniness and fun we can have with it. People have plenty of time at the conference to sit in very serious educational sessions. We want to be none of that. We want to be as silly as possible. I think that’s why it was successful is because we know our audience. We know the craziness that we deal with in the ED, and we just highlight that in an over-the-top way. And I think it’s received very well.” ●

Raising the Stakes



ENA Chief Growth Officer Terrence Sykes (center) awarded the members of the Banana Bags, the 2023 SIM Wars champions, their trophy and championship belt. From left: Kayla Holman, Jessica Williams, Sykes, Cassandra Woore and Donna Andrews.

Banana Bags Win Top Prize in SIM Wars, While Competitors Sharpen Their Skills

By Joe Mullen and Amy Neal

ENA CONNECTION AND ENA CONNECTION CONTRIBUTOR

SIM Wars returned to Emergency Nursing 2023 to once again put emergency nurses to the test. Challenging competitors to achieve the best outcomes in high-octane, simulated patient scenarios, this epic tournament not only featured participants showcasing their skills to earn the ultimate bragging rights but reinforced the importance of simulations for ongoing training.

At the end of SIM Wars, just single digits separated the winning team — the Banana Bags — from the last place team.

“We had 18 wonderful teams compete,” said ENA Chief Growth Officer Terrence Sykes, who announced the results. “There was some really tough competition this year. The top three teams were almost tied coming out of the preliminaries yesterday, and the Banana Bags won by half a point.”

Winning Strategy

The Banana Bags earned the title with quick thinking, clinical management and communication while responding

to a diabetic ketoacidosis scenario. The team consisted of Kayla Holman, MSN-ED, RN, CEN; Donna Andrews, MEd, APRN; Cassandra Woore, MSN, RN, CEN; and Jessica Williams, ADN, RN, CCRN.

They and the other SIM Wars finalists received a short briefing before their time on stage but had no prior knowledge of the emergency scenario they were asked to solve. They had to be prepared for anything.

A crew of experienced clinicians graded each team on its performance. The evaluation was split between technical skills assessments and human factors criteria.

Over the course of what Andrews described as a “nerve-racking” 10 minutes, the team made a diagnosis and carried out the treatment. The case was solved, and the patient was on the road to recovery.

“We saved his life,” Woore said. “We came in and saw that he was pretty unstable. We acted quickly and efficiently as a team to help stabilize him.”

Not a small feat for a team that had worked together just once before — a day earlier in the first round of competition. While some of the team members had worked together previously, each works at a different hospital now, and some met for the first time in San Diego.

“We ran our ABCs. We did our TNCC,” said Williams, referring to prioritizing the airway, breathing and circulation, as well as the ENA cornerstone Trauma Nursing Core Course. “If you’re experienced and knowledgeable, it doesn’t matter if you know your co-workers.”

The Banana Bags, named after the fluid bags often used to give patients multivitamins intravenously, won rights to a traveling trophy and championship belt for the next 12 months. Both prizes will have the Banana Bags name engraved on them.

The Real Prize

From the outside, SIM Wars looked like an intense competition among 18 teams to see which could achieve the best patient outcomes. In reality, it was all about helping participants improve their ED skills.

“Simulations are such a great way to practice and really work with your team and find ways to improve in real life,” said Miranda Holtzhauer, BSN, RN, CEN, of Lexington, Kentucky-based UK HealthCare, which conducts monthly simulations for staff, rotating among pediatric, trauma and medical simulations.

In its SIM Wars scenario, Holtzhauer’s team worked on a patient that ended up coding. By the end of the exercise, the patient had run the gamut of issues covered in TNCC and the Advanced Cardiovascular Life Support courses from the American Heart Association. During the simulation, Holtzhauer assisted with IV catheters and airway management and helped lead the resuscitation after the patient coded.

“A lot of us who participated today have experience with writing SIMs ourselves, so just seeing how other people portray and present a simulation case, and practicing and putting ourselves in the shoes of people who participate is a value-add,” she said.

Practicing skills on manikins and equipment is far more meaningful than simply vocalizing responses, Holtzhauer said.

“Going through and using the equipment that we see in our department makes it more real for us,” she said. “You walk away with a lesson learned as opposed to it just being an uncomfortable situation.”

Holtzhauer’s UK HealthCare teammate, Anna Ellis, BSN, RN, CEN, agreed. “Simulations play a huge role in our ED,” Ellis said. “Several of us are educators, so we do a lot of



The SIM Wars team from Kentucky regularly incorporates simulations into its staff education sessions. From left: Anna Ellis, Sarah Casteel, Miranda Holtzhauer and Joe Lohr.

mock codes throughout the hospital just to get people used to what you do in emergency situations.”

Getting Comfortable with Being Uncomfortable

Chelsey Lupica, MSN, RN, CEN, FNP-BC, ED manager at The Valley Hospital in Bergen County, New Jersey, and her team are also big believers in the value of simulations.

“We’re trying to get our staff more comfortable with simulations,” Lupica said. “We find that when simulations are only done at annual competencies, that they really feel uncomfortable and nurses just kind of wait for the patient to go into an arrest to follow ACLS guidelines.”

The Valley Hospital recently hired a simulation coordinator and an evening practice supervisor. The ED team takes a hands-on approach to educating staff, creating simulations, answering questions, and being at the bedside to help address the simulated and real-life concerns of newer nurses.

“We’ve found that has been extremely helpful,” Lupica said. “It’s monumentally changing the way that we’re doing things. Our staff is now more open and learning more from our simulations because we’re bringing it to them on a more frequent basis. We’re doing more of your normal patient presentations as opposed to doing those extreme situations.”

For Jessica Thimmel, BSN, BS, RN, NREMT, a staff nurse who works with Lupica, participating in SIM Wars was beneficial.

“It was a good experience using more critical thinking skills on stuff that we see day to day that we don’t always think stepwise much about,” Thimmel said. “And doing it in a simulation makes you look back at it differently than you would just in the moment.” ●

The Rock Stars of Emergency Nursing

ENA Honors the Trailblazers and Luminaries Advancing the Specialty

Emergency Nursing 2023 celebrated the trailblazers and luminaries of emergency nursing at the Hall of Honor Reception and the Academy of Emergency Nursing Dinner and Induction Ceremony. These rock star nurses were honored for advancing the specialty through innovation, leadership and advocacy.

The Hall of Honor Reception cast the spotlight on several outstanding emergency nurses, ENA state chapters and emergency departments making their mark in various areas, including research, publishing, education, management, clinical expertise and best practices, and fundraising.

Accolades All Around

For example, a record-breaking 53 EDs earned Lantern Awards this year for their dedication to quality, safety, a healthy work environment, and innovation in nursing practice and emergency care. Jennifer Noble, MSN, RN, CEN, TCRN, received the Nursing Competency in Aging Award for her commitment to the care of older adults in the emergency department. And Gordon Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, ANEF, FAEN, FAAN, was awarded the *Journal of Emergency Nursing's*



ENA President Terry Foster recognized the recipients of ENA awards at the Hall of Honor Reception.



The Academy of Emergency Nursing hosted a dinner to induct eight new fellows into AEN.

Significant Contributor of the Year Award for serving as interim editor-in-chief of *JEN* in 2021 and special guest editor for the May 2023 issue, which focused on workplace violence.

Mary Ellen Wilson, MS, RN, FNP, CEN, COHN-S, FAEN, received the ENA Lifetime Achievement Award for her nearly four decades of leadership and service to the association and emergency nursing. She began as a

bedside emergency nurse, taking on more progressive responsibilities during her career, including positions as a nurse manager, clinical educator and family nurse practitioner. She retired as a nurse practitioner in occupational health in 2019.

Wilson has been an ENA member since the early 1980s, volunteering at the local, state and national levels — culminating as ENA president in 2004.

She dedicated much of her career to educating nurses. Wilson has taught emergency nursing classes, served as chairperson for several nursing conferences and helped develop courses.



Mary Ellen Wilson (right) celebrated her Lifetime Achievement Award with fellow New York ENA State Council members Mary Ann Teeter (left) and Jamila Rizek (center) at the Hall of Honor Reception.



Left: From left: Several members of the California ENA State Council received ENA awards, including Stephanie Jensen (Rising Star Award), Delfa Seto (Barbara A. Foley Quality, Safety and Injury Prevention Award) and Diane Schertz (ENStrong Challenge Award).

Below: Olivia Sgambeucere (left) and Ashley Caceres, both of The Mount Sinai Hospital in New York, attended the Hall of Honor Reception to celebrate Mount Sinai receiving a Lantern Award.



"I've always thought, for emergency nurses, knowledge is power," she said. "And the more you know about your specialty, the better you can take care of your patients."

Stephanie Jensen, MSN, RN, stopped by the reception to celebrate her Rising Star Award with her colleagues from the California ENA State Council. Jensen, clinical supervisor at the Inland Valley Hospital ED in Wildomar, California, was recognized for her advocacy work.

As the government affairs chairperson for the California ENA State Council, Jensen and the chapter helped push for successful passage of state legislation to help combat the opioid crisis. The law requires acute care facilities to include fentanyl testing in routine drug screenings because a standard drug test panel alone cannot identify a synthetic opioid like fentanyl. Jensen and her fellow California ENA State Council members went on to co-author a 2022 General Assembly resolution to disseminate information about this gap in drug testing to health care providers.

Jensen emphasized that the guidance and support of her colleagues were crucial in achieving these victories and receiving the Rising Star Award.

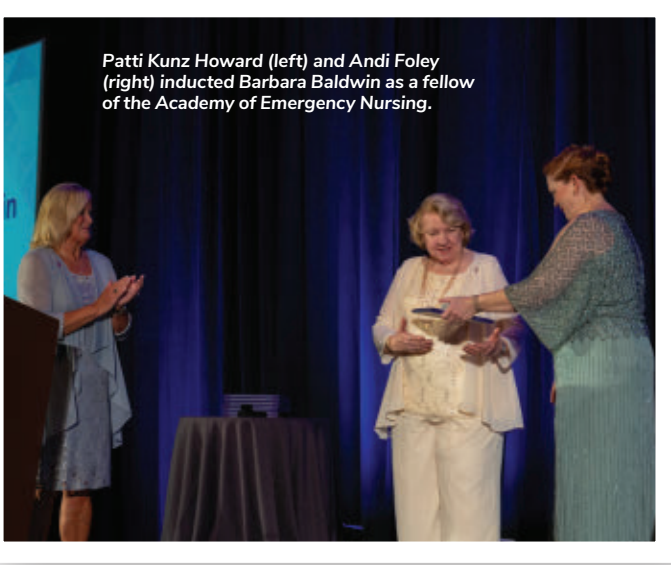
"I certainly acknowledge that I wouldn't be where I am today without the help of many people along the way," she said. "I just feel like when you play ball with people who are excellent, it elevates your game. I truly feel that with the Rising Star Award. It's like I'm playing ball in the big leagues, and it's elevated me in the process."

Celebrating with Peers

Jensen and the other attendees reveled in the Hall of

Honor Reception's festive, celebratory atmosphere. They enjoyed getting to know their fellow award recipients in a fun setting.

"It's the opportunity to really celebrate this achievement on a national level. We've done a lot of celebrating internally as a department and as a hospital," said Ashley Caceres, MSN, RN, director of nursing for emergency services at The Mount Sinai Hospital in New York City, which received a Lantern Award. "So, actually coming here and getting to interact with other hospitals, other award recipients, getting to dress up, get fancy for the night — it's really special."



Patti Kunz Howard (left) and Andi Foley (right) inducted Barbara Baldwin as a fellow of the Academy of Emergency Nursing.



“These amazing emergency nurses exemplify the excellence ENA aims to bring to the emergency nursing community.”

— **Andi Foley, DNP, APRN-CNS, EMT, CEN, FAEN**

“It’s definitely great to be around other award recipients and the positivity that everyone’s feeling. The morale is high. Spirits are really high,” said The Mount Sinai Hospital Interim Nurse Manager of Emergency Services Olivia Sgambeucure, BSN, RN, CEN. “We have a tough job. It’s not every day that we get to celebrate all the highs. So, to be around other people that are celebrating the same successes that we’ve had has been really special. And it’s been really good for morale and good energy for our own department.”

The Highest of Honors

ENA also welcomed the 2023 class of Academy of Emergency Nursing Fellows at the academy’s dinner and induction ceremony. Eight new fellows were inducted into the academy, which recognizes and honors emergency nurses who have made enduring contributions to the specialty of emergency nursing while also advancing the profession:

- Barbara Baldwin, RN
- Michael Callihan Jr., PhD, RN, CEN, NRP
- Bradley Goettl, DNP, APRN, FNP-C, ENP-C, AGACNP-BC, CEN, CFRN, CPEN, EMT-P
- Mark Goldstein, MSN, RN, EMT-P I/C
- Shawntay Harris, MSN, MHA, MBA, RN, NEA-BC, NE-BC, CEN, CPEN, CFRN, CTRN, TCRN
- Matthew Howard, DNP, RN, CEN, CPEN, CPN, TCRN
- Jacob Miller, DNP, MBA, NP, CNS, NRP
- Kathy Van Dusen, MSN, RN, CEN, CPEN, NHDP-BC

Harris made history as the first Black woman to be inducted into AEN. She was recognized for her “enduring and substantial contributions to emergency nursing in education and leadership. She demonstrates ingenuity of the entrepreneurial spirit as a professional influencer via multiple domains,” said AEN Chairperson-elect Patti Kunz Howard, PhD, RN, CEN, CPEN, TCRN, BE-BC, FAEN,



Shawntay Harris became the first Black woman inducted into the Academy of Emergency Nursing.



Bradley Goettl (pictured with Andi Foley) was inducted as a fellow of the Academy of Emergency Nursing for his contributions to education and practice.

FAAN. “Shawntay strives to inspire greatness at all levels of emergency nursing practice.”

As moderator of the Black Nurses Rock Facebook group, Harris provides information on scholarships, research opportunities and networking events to a global community of more than 200,000 Black nurses. She has also written and spoken about the importance of diversity, equity and inclusion in health care. And, as founder, president and CEO of Eminent Healthcare Resources Consultants, Inc., Harris has reached more than 240,000 nurses worldwide, training approximately 30,000 nurse leaders and executives in the past two years.

“For those of you who have come to the academy before me, I want to thank you for lighting the path for me to follow,” Harris said. “I am the first, but I will not be the last.”

These new fellows join an elite group of more than 200 emergency nurses who have been inducted into AEN since it was established in 2004. As fellows, they are tasked with providing visionary leadership to AEN and ENA.

“These amazing emergency nurses exemplify the excellence ENA aims to bring to the emergency nursing community,” said emcee and 2023 AEN Chairperson Andi Foley, DNP, APRN-CNS, EMT, CEN, FAEN. ●



Excellence Overseas

Cleveland Clinic Abu Dhabi Earns Distinction as the Only International ED to Receive a Lantern Award This Year

By Alexandra Pecci

ENA CONNECTION CONTRIBUTOR

Receiving a Lantern Award is an honor, but for the ED at Cleveland Clinic Abu Dhabi, it's especially notable.

"We are the only international ED receiving the Lantern Award in 2023, and, in 2020, we became the first hospital in the United Arab Emirates to ever hold this prestigious award," said Clinical Director for Emergency Services and Nursing Ancillary Colin Fleming, MSc, RN, CEDE.

Getting Better and Better

The team didn't allow the COVID-19 pandemic to slow down its improvement initiatives and consistency in keeping standards high. For instance, it maintained a yearlong streak of admitting 90 percent of patients to beds within 60 minutes of the decision to admit by working with a hospitalwide taskforce to identify and eliminate barriers and using continuous improvement processes to clearly designate roles and responsibilities for every step in the admissions process.

The ED team also improved its door-to-balloon time for patients presenting with a STEMI through a partnership between the department and cardiology services. Not only that, but the team set an ambitious new target: more than 90 percent of patients having a door-to-balloon time of less than 60 minutes, which is 30 minutes less than the international benchmark.

Although the ED already had a low door-to-EKG time that averaged less than 10 minutes, it wanted to streamline the entire process and understand why some cases took longer. That's when the department identified a barrier unique to the ED's location in Abu Dhabi. After observational auditing, the ED team realized that delays often stemmed from the community's culture about undressing.



The ED at Cleveland Clinic Abu Dhabi instituted several improvement initiatives during the COVID-19 pandemic.

To counter this, nurses at check-in quickly educate patients about the importance of the EKG for chest pain and the need to get undressed into gowns on entering their patient rooms.

"A team of ED front-line nurses and a physician broke down the patient's journey and developed action plans for two key ED steps: prompt identification and early activation of the cath lab," Fleming explained. "This has directly improved patient outcomes, and the ED exceeded the target with 100 percent of STEMI patients meeting the 60-minute target with an average time of 44 minutes."

It all speaks to the continuous improvement the department is committed to achieving.

"We were first awarded the Lantern in 2020, and this exemplified the work the team was doing prior to the COVID-19 pandemic," Fleming said. "To see the team bounce back despite all the challenges, emerging strong and having this confirmed by being awarded the Lantern in 2023, makes us all incredibly proud." ●

Quick Study

Speed, Efficiency are the Name of the Game at This California ED

By Alexandra Pecci
ENA CONNECTION CONTRIBUTOR

When a STEMI patient arrives via ambulance, it's easy to jump into swift action. But when the same patient walks into the emergency department, it's not always straightforward. That's why the ED team at the Lantern Award-recognized El Camino Health, Mountain View in Mountain View, California, wanted to improve its door-to-ECG times for walk-in STEMI patients, ensuring that ECGs were completed in less than 10 minutes of arrival.

"The team proactively seeks out best practices in order to enhance the care we deliver to our patients," said Clinical Manager Jumana Baluom, RN, MSN, CEN, TCRN.

Taking Action

During the first quarter of 2022, the department's compliance rate for that goal was 70 percent. So, the ED implemented an initiative that included staff education for early recognition of acute coronary syndrome signs and symptoms, especially for walk-in patients. The department also used strategies like communicating via Vocera broadcast when a STEMI patient arrived, placing an ED tech in the waiting room to assist with performing the test, giving these patients stickers so the team can identify them quickly, and having a designated space to perform the ECG close to the triage bay.

Within a few months, those efforts had paid off. The department achieved a 100 percent compliance rate over the last two quarters of 2022.

It's work that makes sense given the ED's strengths.

"As a designated specialty receiving center for heart attack, stroke and pediatric emergencies, we have the expertise to treat critical cases with precision and compassion," Baluom said.

The Need for Speed

The need to deliver fast care was also a key driver in the ED's initiative to identify sepsis patients earlier using a



The ED at El Camino Health, Mountain View used a collaborative approach to improve its door-to-ECG times for walk-in STEMI patients.

nurse-driven sepsis alert process during triage. Thanks to collaboration among the sepsis committee, IT champions, ED nurses and physicians across a two-hospital system, the team developed criteria that enables a nurse to call a sepsis alert at triage. That alert triggers a series of actions from the care team that Baluom said had "dramatic results."

"We are proud to report that the sepsis bundle compliance improved from 50 percent to 92 percent within a three- to four-month time frame," she said.

That emphasis on fast, efficient care is evident throughout the ED, whether it's quickly identifying and treating sepsis patients or initiating care in the waiting room during times with especially high patient volume.

"Our staff is supportive of our organizational goals and each other and functions cohesively with each other, our providers and the interdisciplinary team," Baluom said. "Our success stems from a collaborative approach that emphasizes providing exceptional care at every step." ●



Empowering the Team

Milwaukee Front-Line Nurses Spearhead Innovative Patient and Staff Initiatives

By Alexandra Pecci
ENA CONNECTION CONTRIBUTOR

There isn't just one ingredient that makes the Froedtert Hospital emergency department in Milwaukee a Lantern-designated ED. Instead, it's a combination of flexibility, teamwork, ideas from front-line staff and ongoing leadership support.

"We're flexible and robust on all ends," explained Staff Nurse and Administrative Supervisor Lesly Evert, BSN, RN, CEN, EMT-P. "Our teamwork is one of the most amazing pieces of our group. We don't just have one thing that's amazing."

Seats at the Table

Because front-line staff members are always at the table and valued, they're responsible for introducing some of the department's most important process improvements, according to Evert. For instance, one front-line staff member spearheaded the education for an initiative to offer opt-out HIV testing to all ED patients ages 18-64 with a routine blood draw. Not only did the department's HIV testing rates skyrocket when the program went live, but during the first two months, nine people were diagnosed and linked to care, resulting in a 2 percent rise in the HIV rate for Wisconsin. As of September 2023, the ED had linked 26 patients to HIV care since the implementation of the program.

"Through this process change of having all of our patients in the ER screened for HIV, we have built huge relationships through the community," Evert said, allowing people who didn't even know they had HIV to "get the care that they needed."

Addressing Mental Health

The team is also proud of its work to train staff members to recognize the emotional and mental toll of working in the ED and provide peer support. The initiative started in the ED and has gone systemwide, resulting in 359 trained supporters and at least 1,244 interprofessional activations



The Froedtert Hospital ED credits teamwork for bringing about innovative ideas and best practices that led to its Lantern Award.

requesting or providing support. Evert noted because activations aren't always reported, those numbers could probably be doubled.

Now that the program is available across the hospital system, it has spread beyond nurses and physicians to everyone from registrars to EMS team members.

"They're empowered," said Clinical Nurse Specialist Tina Nielsen, MS, RN, CEN, ACNS-BC, APNP. "They feel safe that they can use this program."

There are other initiatives that Evert and Nielsen are proud of, too, from emergency management to the strong shared governance.

They all reflect the staff's strong sense of teamwork and the shared goal to continually improve.

"They're truly empowered to bring forth ideas and best practices to improve the quality and safety for our patients," Nielsen said. ●

Improving Care for Older Adults

Delivering High-Quality Geriatric Care is One of the Many Ways This New York Hospital Sets Itself Apart

By Alexandra Pecci
ENA CONNECTION CONTRIBUTOR

Northwell Health Glen Cove Hospital's emergency department in Glen Cove, New York, treats roughly 20,000 patients annually in its busy, 26-room ED, but it still manages to achieve an eight-minute door-to-doctor time and implement new initiatives that seek to improve patient care.

The result is not only high-quality, safe care but also a Lantern Award.

"This acknowledgement reflects Glen Cove Hospital Emergency Department's efforts in leadership, practice, education, advocacy and research," said ED Director of Patient Care Karen McKinney, MSN, RN, CEN, NE-BC. "The application is filled with examples of the superb care and innovation contributed by our team."

Geriatric Innovations

One of those initiatives was the department's work on the American College of Emergency Physicians Geriatric Emergency Department Level 1 Accreditation Program, which was developed to improve the care of older adults in EDs.

That work, which the department started in 2021 and required collaboration between nurses and physicians, included specialized education for physician and nurse "geriatric champions" and education for nurses to earn the designation of Geriatric Resource Nurses through a program called Nurses Improving Care of Health System Elders.

Besides additional education, the team also took steps to improve care in the geriatric patient population by minimizing the use of indwelling urinary catheters to reduce catheter-associated urinary tract infections. By using an external catheter instead, the team achieved a 47 percent decrease of indwelling urinary catheter insertions in the ED. By the fourth quarter of 2022, the indwelling



One way the Northwell Health Glen Cove Hospital ED improved its geriatric care was by minimizing the use of indwelling urinary catheters.

urinary catheter usage rate for geriatric patients in the ED was just 0.25 percent.

That work paid off for patients and the department.

"The ED is proud to be a Level 1 American College of Emergency Physicians Geriatric Emergency Department," McKinney said. "We are one of two in New York State and the 19th facility in the nation to be accredited by ACEP."

Signs of Excellence

The department is also proud of other initiatives that reflect its ongoing commitment to excellence. It earned the designation of Primary Stroke Center from the Joint Commission. The team also consistently collaborates with community partners, EMS and the interhospital team to recognize and educate others about stroke signs and symptoms. And the ED team remains dedicated to innovation, even as its patient volume, outreach and research expands, according to McKinney.

"This is a well-deserved acknowledgement of the emergency department team," McKinney said, referring to its Lantern Award. "We do our best to provide the highest quality emergency care based on research and evidence-based practice." ●



Completing the Puzzle of Great Patient Care

A Delaware ED Brings Together a Collaborative Working Environment, Strong Interdisciplinary Teamwork and Staff Empowerment

By Alexandra Pecci
ENA CONNECTION CONTRIBUTOR

When it comes to the team at the Lantern-awarded ChristianaCare Wilmington Hospital ED in Wilmington, Delaware, the whole is better than the sum of its parts.

“I love to think of our team members as individual puzzle pieces. Each piece is dynamic and unique, each piece bringing their own perspective and knowledge base to the table,” said staff nurse Christina Hoddinott, MSN, RN, FNP-BC, CEN, CPEN. “And when the pieces come together, we have one big complete puzzle.”

That completed puzzle has achieved a lot, thanks to a supportive environment, collaborative decision-making, staff nurse autonomy, ongoing education and evidence-based practice.

“Our team does not take for granted the ‘special’ we have here, and our patients can truly feel that when they come through our doors,” Hoddinott said.

Prompt Intervention

For instance, the team is particularly proud of improving its door-to-ECG times by nearly 14 minutes. The initiative included staff education; a new triage process; reminder signs in assessment rooms and on all ECG machines; and regular reports with real-time progress updates, as well as staff recognition for the nurse with the fastest time each month.

As a result, the ED slashed its door-to-ECG times from 21 minutes in the second quarter of 2019 to just 7.2 minutes in the fourth quarter of 2022.

Hoddinott also pointed to the department's work to decrease door-to-provider times by using the provider-in-triage process. Providers — in this case, triage nurses — and technicians simultaneously conduct screening exams and initiate treatment and diagnostic testing right in triage.

The new process allows lower-acuity patients to be assessed and treated in a “Super Track” area, bypassing triage and increasing the throughput for higher-acuity



The ChristianaCare Wilmington Hospital ED received a Lantern Award for improving patient care, including cutting its door-to-ECG times.

patients. In addition, the PIT provider can discharge patients, avoiding pulling clinician resources from patient care areas and decreasing the length of stay.

“Because of the hard work of the collaborative interdisciplinary team, the door-to-provider times went from a median of 1.58 hours to 0.88 hours,” Hoddinott said.

Initiatives like these highlight the department's collaborative working environment, strong interdisciplinary teamwork and staff empowerment.

“We are a team that supports each other during stressful moments, happy occasions and all the in between,” Hoddinott said. “We do all of this to ensure that when a patient presents in a time of need, when they walk through our emergency department doors, we are prepared to provide the highest level of care.” ●

Lighting the Way

ENA's Lantern Award® recognizes EDs that exemplify exceptional and innovative performance in leadership, practice, education, advocacy and research. EDs receiving the Lantern Award demonstrate a commitment to quality, safety, a healthy work environment, and innovation in nursing practice and emergency care.



ENA Connection is featuring a synopsis of each 2023 Lantern Award recipient in an issue of the magazine.



The Last Word with Adam Lawrence

Adam Lawrence, BSN, RN, CEN, CTRN, TCRN, EMT

Emergency Nurse, Assistant Professor of Nursing, Per Diem Nursing Supervisor and Per Diem Nurse Educator

United Memorial Health Center, Batavia, New York

Best part of your job?

It's education for patients. Because we have more time at the bedside than our provider counterparts, nurses really are in a position to provide people with education and resources. It's amazing when you see things click for patients. That really is the biggest joy for me: When a patient walks into a room and has absolutely no idea what's going on. They've heard something, but they don't know what it means. And then you explain it, and it just clicks.

What is your greatest achievement and how has it influenced your career?

Getting selected for ENA [Connection's] 20 Under 40 was just mind blowing for me. It's a group of truly dedicated and wonderful individuals that have put their heart and soul into this work. To think that I could be a part of that group is really inspiring. It makes me feel great about the things that I've been doing and the work that I do on a more local level.

What historical figure, alive or dead, would you like to have dinner with?

Leonardo da Vinci is my idea of the quintessential Renaissance man. I would love to sit down with him and



Adam Lawrence credits his fiancé, Rachel Maass, as one of his heroes who has helped support his career growth.

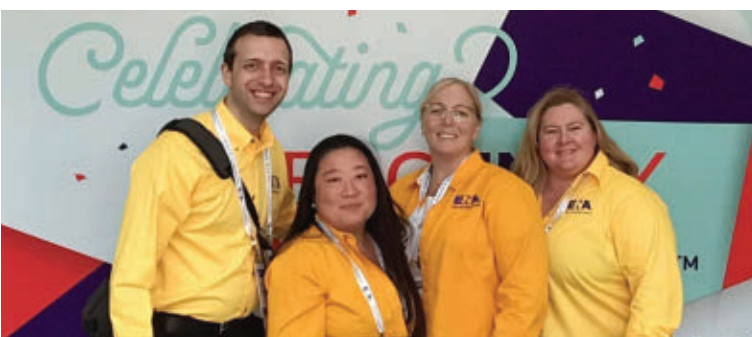
talk about how all the different things that he worked on have influenced different fields, from medicine to art, architecture to scuba diving, all of the things I love. It would be a very funny dinner.

Last great book you read?

War Doctor, a book by David Nott. It's about a British trauma surgeon who volunteered for decades in every war zone imaginable, from Afghanistan to Syria, Bosnia, Sierra Leone. The book is his firsthand account of all the things that he saw, what it was like caring for different patients, and the beauty in the chaos of humanitarian work, which I found really inspiring. I hope I get an opportunity to do that kind of stuff as well.

Advice for up-and-coming nurses?

Get involved now. It's not too early and it's not too late. It's not as hard as I initially thought it would be. Getting involved with committees or your state organizations really doesn't take a whole lot of time, but the benefits are just massive, from educational opportunities to networking. Every time I walk away from a conference or an event, I'm inspired to make changes in my own practice. It helps me to see why I'm doing the things that I'm doing. ●



From left: Adam Lawrence attended Emergency Nursing 2023 with fellow New York ENA State Council members Dawna Scheich, Wendy Allen-Thompson and Louise McEvoy.

Read more about Adam Lawrence, including his interest in improving how stroke patients are evaluated, by scanning the QR code.



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