



Illinois State Council

# COUNTERSHOCK

❖ Spring 2008 ❖

## *Editor's Note*

Consult the web site for up-to-date information at [www.illinoisENA.org](http://www.illinoisENA.org). Canceled meeting notification is found there, so please check the website for the most current information.

## *President's Message*

By Cheryl Vinikoor

Illinois ENA had a very successful year in 2007. The Board of Directors expects to have just as great a year in 2008. I hope some of the changes and innovations we made are visible to the members. With the slate of new officers we have fresh energy which is so important in managing the state organization.

Just a few notable topics from 2007:

- ❖ Last year three members received prestigious national awards. Several members are participating on national ENA committees and work teams. Illinois member-authored publications were accepted to several professional journals.
- ❖ Illinois received recognition for donating the most dollars to the ENAF (Emergency Nurses Association Foundation). We are proud to name a 2008 scholarship in the name of the Illinois State Council ENA in memory of Pam Baker, (who was active in the state prior to her death).
- ❖ The newly designed website was launched in September 2007. We continually update the site on a regular basis and want your input. This is a constant work in progress. Sites offering CE were added after a request at the state council meeting. We would love to spotlight members and ED's, so please contact one of the officers or chairpersons with your ideas.
- ❖ Illinois ENA developed significant vendor support on the state level. The exhibitors most notably, defer the cost of the Annual Spring Symposium, as well as, the Leadership Workshop. We are pleased Illinois was recognized for this local success and some leaders will present at the National ENA Leadership Conference. When you attend any conferences, visit

with the exhibitors, and thank them for their support.

- ❖ Rollout of the new TNCC curriculum in 2007 required updating our state TNCC instructors, which number over 100. The Trauma Committee, led by Jan Gillespie and Karin Buchanan, has been working hard to achieve the goal of completing this task by spring 2008. I want to personally thank them for their dedication.

### **So what is planned for 2008?**

Membership remained at 1200 for 2007. New membership chairs, Gayle Toscano and Ann Adlington, plan for retaining and recruiting Illinois members and they want you to call or email if you can help. It will be a manageable amount of time done from home. Promise!

Electronic information continues to be offered. In addition to the website, there are e-newsletters, online registration for all educational programs, and other opportunities under development. Most important...go to the member section on the National website, [www.ena.org](http://www.ena.org), and update your demographics. Please pay particular attention to your email address as this is where Illinois ENA obtains its' information.

The 34th Annual Spring Symposium is April 3 - 4, 2008 at a new hotel, the Double Tree, Oak Brook, IL. This hotel provides more classrooms and exhibit space for our expanding program. The Advance Nurse Program is open to all, geared toward the APN and more advanced emergency nurses. The very exciting new Online Registration is available from the website, [www.illinoisENA.org](http://www.illinoisENA.org). Hotel reservations also are available from the same link. Our state conference is always a wonderful time to spend with your emergency nurse colleagues. I hope you will attend.

Online voting for the 2008 slate of officers for the Illinois board will take place for the first time. More information is available in this

newsletter. The electronic age continues to drive how we process information, as we all know. Since all hospitals in Illinois have internet access, the Board decided to move in the direction of providing more of our information electronically, which includes secure online voting.

Recurrent themes in public policy for Illinois emergency nurses are: ED overcrowding, psych patient's extensive length of stay, the nursing shortage/aging of the nursing workforce, nurse/patient acuity ratios, patient and staff safety, and emtala transfer protocols. ENA's State Legislative-Regulatory Tracking Service provides links to bills in the state of interest to us. The Government Action committee wants to keep members informed and plans to develop activities to help Illinois emergency nurses make a difference in legislation affecting us and our patients.

Illinois ENA will be attending Student Lobby Day in Springfield as a professional organization exhibitor on April 9, 2008. If you live in the area and would like to help at our booth please contact me. It is energizing to speak to students who are planning their future careers. Emergency nursing continues to be a very attractive clinical environment. Recruiting student nurses is one of our initiatives.

We are seeking faculty affiliations with the nursing schools in Illinois, on all academic levels. If you can be of assistance providing links or resources, please contact me.

These are just a few issues keeping us busy. Now may be the right time to become active in an organization. Saturday meetings may seem painful, but we welcome every new person attending. One more colleague with a fresh set of eyes and ideas is always helpful. All emergency nurses are invited to the quarterly meetings; I believe you will enjoy what you learn about Illinois ENA.



**Featured Hospitals:****Northwest Community Hospital**

By Vicky Goeddeke

Noerthwest Community Hospital (NCH) originally opened in 1959 in Arlington Heights, Illinois. The organization has grown through the years and currently is in the process of a new addition, planned to open in summer 2010. This 488-bed hospital also offers at its campus: Busse Center for Specialty Medicine, Day Surgery Center, Youth Center (treatment for adolescents with abuse problems), and a Wellness Center. Off campus sites include: three treatment centers, an additional local imaging center, a large home healthcare department and several medical offices. Northwest Community is a Magnet designated hospital and is recognized as a top 100 Hospital, a Primary Stroke Center, and an Accredited Chest Pain Center.

The NCH Emergency Department treats more people than any other hospital in the northwest region and continues to grow. Last year, NCH had more than 70,000 visits in the ED. The new addition will add spaces up to a total of 45 rooms. The new space will also have 8 triage bays which can be used as a minor treatment area.

NCH currently is a Level 2 Trauma Center and is a destination for EMS patients from 14 surrounding municipalities. Over 19,000 of last year's ED visits at NCH arrived via these various EMS responders.

NCH features several treatment destinations within its Emergency Department. The Main ED is the destination for those with high acuity and trauma patients. The Annex is a 12-bed treatment area open 16 hours daily for ED "overflow". Unit 45 is a 5-bed treatment area open 12 hours daily. This area focuses on treatment for ESI level 4 and ESI level 5 patients, allowing them to be seen in a timely fashion and ease patient flow through the other treatment areas. In addition, the Pediatric Emergency Department is open 12 hours daily and is staffed with Board-Certified Pediatric ED physicians and Pediatric ED nurses. The Pediatric ED is currently seeing more than 10,000 pediatric patients annually. The NCH Emergency Department currently employs 78 RNs in full time, part time, or hospital unit-based registry positions with an additional 10 RNs working in the Pediatric ED. All RNs are certified in ACLS, PALS or

ENPC, and TNCC or TNS. Those RNs working any shifts in the Main ED (which is most) are also ECRN certified. The NCH ED is proud to recognize 19 CENs among its staff with four more currently registered to take the exam. NCH supports the ED staff by covering the cost of the CEN exam.

NCH encourages all staff to maintain membership in their professional organization and has numerous ENA members among the ED staff. If you would like more information about NCH or its' Emergency Department please check out the web site at [NCH.org](http://NCH.org).

**Lake Forest Hospital**

By Bev Weaver McLaughlin



Forest Hospital (LFH) was the recipient of the Consumer Choice Award as the best hospital in Lake County in quality of care, nursing and medical care for the past three years. It is located on a 160-acre campus in the Southeastern portion of Lake County, approximately 30 miles from Chicago. The Emergency Department, which is recognized as a Level II Trauma Center and an Emergency Department Approved for Pediatrics, was renovated in 2000 with 17 beds in the main ED, plus 4 expansion beds used for Fast Track patients. In 2004 LFH opened its Grayslake Campus comprised of an Acute Care Center with diagnostic support services and physician's offices. Both campuses implemented the Electronic T System for ED documentation in 2007. LFH Emergency Department volume, reflective of the growth of Lake County, increased by 23% over the past 3 years and the Acute Care Center by a booming 53%!

The ED leadership team at Lake Forest Hospital is comprised of Beverly Weaver McLaughlin, RN, MS, Nurse Director, Mary Ann Zemla, RN, BSN, Team Leader, Lori Patsis, RN, BSN, EMS Coordinator, and Joe Storto, RN, BSN, Trauma Coordinator. Dawn Frank, RN, BSN, who was the 2006 recipient of the Ron Lee Award for excellence in pediatric community service, directs the Grayslake Acute Care Center. Dr. Jacek Franaszek is the Medical Director of both facilities.

There are 39 staff nurses in the LFH ED, supported by 23 ED Techs and 2 dedicated Case Managers who share the goal of attaining excellence in care and patient satisfaction. Three staff nurses are currently enrolled in the master's program at Purdue University through a virtual classroom at LFH. Additionally, four members of the ED nursing staff are engaged in evidence-based clinical ladder projects, one of which entails redesign of the triage area and process, and two others collaborate on projects directed by nurses from other specialties. ED nurses chair the hospital's Nurses Week recognition committee, the DeCon Team, and the Emergency Preparedness Committee and are actively engaged in community education.

The Unit Operations Committee, which is part of Lake Forest's shared governance structure, is very active. It is chaired by Nancy Nozicka, RN, BSN, CEN who was recognized as the 2007 LFH Nurse of the Year by her peers. This committee set standards and scheduling guidelines for the ED, reviews policies, and developed and implemented a team-model of care delivery. The committee is also sponsoring a study group for the CEN exam with certification costs reimbursed by the hospital.

Lake Forest Hospital nurses have a past filled with tradition... and a future with no limits.

**Events****State Council Meetings**

**April 26, 2008** – Loyola Stritch School of Medicine, Maywood, IL.

Contact Cheryl Vinikoor at 847-480-3751 or [cvinikoor@comcast.net](mailto:cvinikoor@comcast.net).

**August 2, 2008** - Christ Medical Center, Oak Lawn, IL. Contact Cheryl Vinikoor at 847-480-3751 or [cvinikoor@comcast.net](mailto:cvinikoor@comcast.net)

**October 18, 2008** - Northwest Community Hospital, Arlington Heights. Contact Cheryl Vinikoor at 847-480-3751 or [cvinikoor@comcast.net](mailto:cvinikoor@comcast.net).

**Other Events**

**April 3, 2008** – Networking Dinner, Double Tree Hotel Oak Brook, IL.

Contact Becca Steinmann at [rsteinmann@ameritech.net](mailto:rsteinmann@ameritech.net).

**October 14, 2008** - Budget meeting. Location to be announced. Contact Liz Weber at 773-868-8960 (preferred) or [eweber@childrensmemorial.org](mailto:eweber@childrensmemorial.org)

**Educational Opportunities**

**April 3-4, 2008** - Annual Spring Symposium at Double Tree Hotel Oak Brook, IL. Contact Becca Steinmann at [steinmann@ameritech.net](mailto:steinmann@ameritech.net). Thursday sessions include: Suture Lab, Advanced Practice track, TNCC and ENPC Instructor Courses.

**April 3, 2008** – ENPC in Arlington Heights. Contact Vicky Goeddeke at 847-618-7403

**April 8, 2008** – ENPC in Peoria. Contact Debra Yandell at 309-624-9492

**April 21-22, 2008** - Certified Emergency Nurse Review Course at Edward Hospital, Naperville. Contact Peg Cross at 630-527-3934

**April 25, 2008** – TNCC in Arlington Heights. Contact Sue at 847-618-7403,

**June 3, 2008** – TNCC in Peoria. Contact Debra Yandell at 309-624-9492

**August 5, 2008** – ENPC in Peoria. Contact Debra Yandell at 309-624-9492

**August 8, 2008** – TNCC in Arlington Heights. Contact Sue at 847-618-7403

**August 19, 2008** – ENPC in Arlington Heights. Contact Vicky Goeddeke at 847-618-7403

**Announcements**

Laura J. Tucco was appointed to the national CEN Manual Revision Committee.

Barb Weintraub was appointed to the Exemplary Emergency Department Recognition Work Team.

Darcy Egging was appointed to the Guidelines Task Force.

Rebecca Steinmann is a Peds CEN Item Writer.

T. Smith is chairperson for the Institute for Emergency Nursing Research Committee.

Evidenced Based Practice Award winners are first place-Tibor Bajor, second place-Mary Otting; Bonnie Mobley; Marge Luczak; Brenda Burke; Peggy San Fillipo; Cassie O'Brien; Maggie Coen-Murphy and third place-Marites Gonzaga.

A big thank-you to Good Shepherd Hospital in Barrington for sponsoring the space and refreshments for the October 27, 2007 State Council meeting.

**2008 Illinois ENA Election****NEW FEATURE - ONLINE VOTING****Important Information**

This year the election is held for the President-Elect, Secretary and one Director position for the 2009 term.

Previous elections always utilized a paper ballot system; however, the number of completed and submitted ballots has gradually decreased over the past several years. In an attempt to streamline the voting process and increase voting participation, we are introducing an on-line voting system this year. On-line voting is currently utilized by National ENA as well as other professional organizations.

A statement from each candidate will be posted on the website, identifying which position they are seeking along with their history of involvement in ENA and what they can bring to the position. The job descriptions for each position are available on the ENA website. The voting system is confidential and assures only ENA members can access the voting webpage.

**WHAT YOU NEED TO DO AS AN ILLINOIS ENA MEMBER TO ASSIST IN THIS PROCESS:** A key component in an online-voting process is to assure your current email address is on file with National ENA. Please go to the National ENA website at your earliest convenience and follow the steps below to verify your email address and contact information is current.

- ◆ Link to the National ENA website at [www.ena.org](http://www.ena.org)
- ◆ Click on the "Members" link (located on the left side of the Home Page)
- ◆ Click on the "Members Only Section" link
- ◆ Enter your user name and password (ENA member number)
- ◆ Click on "Update My Member Record"
- ◆ Review your current information and make any necessary changes

Email updates regarding the on-line voting system will be sent to you. If you should have any questions regarding the on-line voting system, please contact Evelyn Lyons at 708-327-2556 or [Evelyn.Lyons@illinois.gov](mailto:Evelyn.Lyons@illinois.gov)

**Illinois ENA Candidates for Upcoming Election**

The Illinois ENA State Council Board of

Directors has three open positions for the 2009-2010 term of office: President-Elect, Secretary and Director.

The following candidates submitted their intention to run for one of these positions.

A new voting process will be introduced this spring – online voting! Further information on each of these candidates will be available soon via the online system and the Illinois ENA website. Watch your email for further details on how to access the new online voting system!

**President-Elect Candidate**

- ◆ Stephen J. Stapleton, RN, PhD(c), CEN Assistant Professor at West Suburban College of Nursing, Oak Park, Illinois.

**Secretary Candidate**

- ◆ Vicki Bacidore, RN, MSN, ACNP, CEN, TNS Emergency Department Nurse Practitioner, Loyola University Health System, Maywood, Illinois.

**Director Candidates**

- ◆ Lynette S. Hemphill, RN, NREMT-P, CEN, NCEE EMS Coordinator, MacNeal Hospital, Berwyn, Illinois.
- ◆ Sharon Iben, RN, BSN, CEN Supervisor, Emergency Department, Memorial Medical Center, Springfield, Illinois. ◆◆◆

**Treasurer's Report**

By Elisabeth Weber

2007 was a busy year for Illinois ENA from a Finance perspective. Last year was the first year we fully utilized Quickbooks™ as our financial tracking software. After our new Treasurer-elect was identified, Susan Harrison and I took a full day class to learn the features of the software. Quickbooks™ has easy to use reports such as "Profit and Loss" statements and "Balance Sheets". At the January 12, 2008 state council meeting copies of these reports were distributed. Since these reports will not be posted on our web site (until we can assure a confidential 'members only' area), please contact me, as any member can have access to this information. We also changed banks in late 2007 and since January 2008 now have checking, debit and Money Market accounts at Fifth Third Bank. This bank was chosen because of their no fee account for not-for-profit organizations and have branches close to both the current Treasurer and Treasurer-

elect. In addition, they are growing throughout Illinois so future treasurers should have easily access to the IL ENA bank. Other reasons for changing banks were to have current signature cards, consolidate our checking accounts, streamline the book keeping and reconciliation process and obtain a new Merchant account including a linkage to our online registration software powered by CVENT. Discover was also added as a credit card option, in addition, to MasterCard and Visa resulting from our new account. As we move to more electronic banking, it is vitally important to start 'fresh' with clearly identified and authorized bank users. Debit cards attached to the accounts are now available to the President, President-Elect, Treasurer and Treasurer-Elect. Having a debit card option for your officers decreases the amount of time for check preparation and reimbursement. In addition, our contracts with hotels and deposits for conferences and meetings are handled much more quickly with a debit card than with a check. Our investment account remains with Journey Financial.

In 2008 the top goal is complete an IL ENA Financial Investment Policy with the help of our Finance Committee which consists of Cheryl Vinikoor, Susan Harrison, Penny Hurley, Vicky Goeddeke, Darcy Egging and Dawn Anthony. In addition, I would like to identify a new CPA with special expertise in accounting for not-for-profit organizations so all reports and financial requirements are completed accurately and timely. Please email any questions to [Treasurer@illinoisENA.org](mailto:Treasurer@illinoisENA.org).



### *Archives Corner*

By Kathleen Richmond

Have you ever wondered what is actually in the Illinois ENA State Council archives? If you wanted some historical information about the Council, or just wanted to see some of the old items, how would you know whom to ask, where to look?

Currently, the Illinois ENA State Council archive consists of documents, photographs, and memorabilia items from 1973 through the late 1990, including almost every issue of JEN. The collection is temporarily stored in file binders, file boxes and storage boxes kept on wooden pallets in the cemented crawlspace

of my home. It is my goal as archivist (aka 'keeper of the old stuff') to work on organizing the collection so members can easily access the information when needed. The Archives Committee goals for 2008 were submitted at the January State Council meeting:

1. Organize and inventory documents by year.
2. Transfer documents to archival storage media.
3. Scan key historical documents to digital files.
4. Create CD-ROM of digital images.
5. Submit additional archives materials to the ENA Illinois Council web site.

A big job, but somebody's got to do it! If you are interested in helping, have something to donate, or just want to know more about the collection, contact me by email: [RichmondK8@aol.com](mailto:RichmondK8@aol.com). "We can't know where we're going, unless we know where we've been."



### *The Illinois Emergency Department Asthma Surveillance Project (IEDASP)*

By Paula Tanabe

This project is funded by the Illinois Department of Public Health. It is a quality improvement/research project which aims to improve the ED asthma care of patients throughout Illinois. The project is active for several years; this year the goal is for every ED in Illinois to join. Participation involves enrolling fifteen (15) patients per quarter for two quarters. Data entry is web-based and patients complete a brief, self-administered survey prior to ED discharge. Once a site enrolls 30 patients, the site will automatically receive a report on their performance on key asthma indicators, as well as a bench-marking report comparing them to other participating sites. Sites are also invited to participate in collaborative meetings to learn how other centers have achieved success. HIPAA does not apply, and the project is exempt from IRB at most sites. For more information, contact Paula Tanabe, [ptanabe2@nmff.org](mailto:ptanabe2@nmff.org). Come join this exciting project.



### *Illinois State Council Meeting Highlights*

By Karin Buchanan

**Kudos:** Laura Tucco is on the BCEN Board writing CEN manual for ENA. Becca Steinmann is an item writer for the new Peds CEN. Darcy Egging is involved with the clinical outcomes committee which focuses on nursing outcomes. Barb Weintraub was nominated for the exemplary ED committee task force. Beth Bolick and Harriet Hawkins are on the ENPC re-verification work team. Paula Tanabe published an article in Academy of Emergency Medicine on hypertension and sickle cell.

**Exciting news:** New officers and committee chairs were inducted. A new SIG was approved for APNs Educational presentation: HIV testing in the Emergency Department by Dr Eileen Couture, Interim Chair of Correctional Medicine/Nursing, Cermak Health Service, Cook County Jail

**Projects:** Paula Tanabe presented an update on her asthma project.

A call for 2009 officers is going out now. Voting will be on line this year.



### *Delegates*

#### *ENA General Assembly*

The National meeting for ENA will be held in Minneapolis, Minnesota. The General Assembly is September 24-25 and the Scientific Assembly is September 25-27, 2008. Delegates from Illinois are needed to help frame the future of the national organization. A pre-determined reimbursement to help offset the additional expense for delegates is available.

Delegates are selected by a point system. Please complete and submit the enclosed application by **July 1, 2008** to:

Julie D'Agostino  
1540 North Hickory  
Arlington Heights, IL 60004  
[jdagostino@ameritech.net](mailto:jdagostino@ameritech.net)



### ***Call for Silent Auction Donations*** **By Kathleen Richmond**

The EMERGENCY NURSES FOUNDATION Silent Auction will be held again this year in conjunction with the Spring Symposium on April 3 & 4, 2008. Last year's event raised over \$2,000.00. These funds directly benefited emergency nurses, emergency patients, and the public through the support of: emergency nursing research, the promotion of public education regarding prevention of illness and injury, and the awarding of undergraduate, advanced practice and doctoral scholarships. The auction takes place during the Symposium's Networking Dinner, the evening of **April 3rd**, and is guaranteed to be lots of fun! ENAF needs your support! Please contact me directly by e-mail or phone (RichmondK8@aol.com or 708-687-6044) if you know of an individual, a company, or an organization willing to donate a special item, such as sports memorabilia, theater tickets, or gift certificates.

Your help is essential in making the auction a success. ***Thank you!***



### ***ENA Scholarship to Scientific Assembly*** **By Julie Bracken**

Again this year Illinois State Council ENA wants to support the membership by offering a scholarship to attend National Scientific Assembly in Minneapolis, Minnesota September 25 – 27, 2008.

To apply for the scholarship you must be an Illinois State Council ENA member and submit written response to the following criteria:

- ◆ Have you attended an Annual Meeting in the past?
- ◆ Describe your contributions/activities in your community or institution for each of the following areas: Clinical practice, education, research/quality improvement and leadership/management.
- ◆ Describe your involvement in ENA.
- ◆ Explain how your attendance at this meeting will enhance your professional growth.
- ◆ Explain your plans for sharing the information acquired from the Assembly (who, where, how).

Points are awarded for the above criteria. All applications must be postmarked by **July 1, 2008** and are evaluated by an objective team prior to the Annual Meeting.

Mail applications to:

Ann Faragoi  
10828 S. Lacrosse Ave.  
Oak Lawn, IL 60453  
For questions call, 708-423-5440 or  
**ann\_werth@msn.com.**



### ***Injury Prevention/Government Affairs Committee*** **By Thelma Kuska**

Kathy Koch and I just returned from a very rewarding workshop held in Arlington, VA for the Government Affairs Chairs conducted by Kathi Ream, ENA Director of Government Affairs, Terri Nally and Melinda Mercer, ENA Senior Public Policy Specialists and Mary Jagim, Senior Health Care Analyst. It was a whirlwind weekend packed with educational sessions. There were forty Chairpersons/potential Chairpersons representing 37 states attending the workshop.

We talked about ENA's Public Policy Agenda, the government structure, its function and the political culture. We discussed the *dos* and *don'ts* of advocacy and the strategies for success where we were divided into two groups, the "newbie's" and the "repeat offenders."

The "newbie's" learned about communicating with your legislators, organizing grassroots groups and coalition building. The "repeat offenders" on the other hand, having learned the "newbie's" sessions last year, were treated to the advanced sessions such as event planning for legislators as a teachable venue and a means of cultivating access to lawmakers to generate support for ENA's stances on public policy issues. Tony Phipps, ENA Communications Director shared ways to get our message across by leveraging the media to spread the word about ENA and emergency nursing issues. Jackie Gillan, Vice President of Advocates for Highway and Auto Safety provided us with the much needed "nuts and bolts" of advocacy.

On Monday, we put to use what we learned over the weekend and met with our respective legislators, ok, so we met with the Health Legislative Assistants (Health LA) of

Senator Durbin, Senator Barack Obama and Congressman Lipinski. Kathy and I were apprehensive at first, but the nervousness went away once we started talking about the three issues ENA is advocating at this time. We timed our visit with the legislator's offices and even had time to drop by the Capitol. We were lucky enough to receive special passes to view the House Gallery where the State of the Union Address was held.

The three issues we discussed with the Health LAs include:

- ◆ Support funding of HRSA's Emergency Medical Services for Children Program at \$25 million for FY 2009. This is called the Wakefield Act.
- ◆ Restore HRSA's Trauma-EMS Systems Program and fund it at the authorized level of \$10 million
- ◆ Support at least \$200 million in FY 2009 to fund the Nursing Workforce Development Program – Title VIII of the Public Health Service Act

The only glitch of a perfect weekend was our flight back to Chicago was delayed two hours because of high winds at O'Hare. We arrived home around 11 PM tired, but invigorated and ready to have a good Government Affairs year.



### ***What's new, how should I change my practice?***

**By Paula Tanabe, PhD, MPH, RN**

**Tanabe P,** Gilboy N, Travers DA. Emergency severity index version 4: clarifying common questions. *J Emerg Nurs*; 33:182-5. 2007

Many hospitals are now using the 5-level validated triage system, the Emergency Severity Index. The most up to date is version 4. This paper reviews some of the common questions and misperceptions about ESI. The following controversial topics are discussed: counting resources for ESI Level 1 and 2 patients, how does pain factor into the ESI triage level decision, making modifications to ESI, is ESI really a 3 level triage system in disguise, and counting resources based on the provider. If any of these topics come up in your hospital, be sure to check out this paper and, as always, free training materi-

als (book and DVD) are available at no cost at the following website: [www.ahrq.gov/research/esi](http://www.ahrq.gov/research/esi).

**Tanabe P**, Myers R, Zosel A, Brice J, Ansari AH, Evans J, Martinovich Z, Todd KH, Paice JA. Initial management of acute pain episodes in sickle cell disease. *Acad Emerg Med*, 2007;14: 419-425.

Do you take care of any patients with sickle cell disease in your ED? Sickle cell disease (SCD) is a genetic disease often associated with severe pain episodes as well as many other serious medical complications (stroke, pulmonary HTN and embolus, sepsis and many others). Many ED providers have not received formal education about SCD. Severe pain episodes are described as though all their bones are broken. Unfortunately, many emergency nurses and physicians believe patients are "drug seeking". Consequently, they receive inadequate analgesic management. This paper compares the analgesic management of patients from three emergency departments across the country (Chicago, New York, and North Carolina) to the American Pain Society Guidelines for the ED pain management of patients with SCD. If this paper stirs some interest and you have more questions about SCD, make sure you read the report of the Mayday research project in Countershock. Please contact Paula Tanabe for any questions about the treatment of patients with SCD in the ED, or if you would like education about SCD. ([ptanabe2@nmff.org](mailto:ptanabe2@nmff.org)).

Todd KH, Ducharme J, Choiniere M, Crandall CS, Fosnocht DE, Homel P, **Tanabe P**. Pain in the emergency department: results of the Pain and Emergency Medicine Initiative (PEMI) multi-center study. *The Journal of Pain*, 2007; 33: 182-185.

This large, prospective, multi-site project enrolled 842 patients from 20 EDs in the U.S. and Canada. Patients were interviewed at the end of their ED stay and a medical record review performed. The paper reports pain management practices from the patients' perspective and describes analgesic management practices. It is time for interventions! Let's do something to improve pain.

Lehrmann J, **Tanabe P**, Baumann BM, Adams JG. Knowledge Translation of the ACEP Clinical Policy on Hypertension. *Acad Emerg Med*, 2007;14:1090-1096.

Knowledge translation is a term frequently used. This paper reports the affect of dissemination of a policy by ACEP which recommends patients with two elevated BPs in the ED (SBP >140 mm Hg or DBP >90 mm Hg) receive a referral for definitive follow-up for evaluation of possible undiagnosed hypertension (HTN). HTN is a huge public health problem in the U.S. and over 1/3 of patients with HTN are undiagnosed. The ED has an important public health opportunity to provide patient counseling and referrals for patients with either potentially undiagnosed or uncontrolled HTN. Often, patients in the ED either do not have a physician or are relatively healthy and do not routinely see a physician. A study was recently completed at Northwestern which enrolled 189 subjects with two elevated BPs and no history of HTN. Patients were discharged with home blood pressure monitors and asked to take their BP for one week. 51% of these patients had a mean blood pressure meeting the definition of HTN. Only 11 patients were in the normal range, and the remainder was in the new category of "pre-HTN". Finally, the researchers measured the relationship between ED BP, pain and anxiety and found no relationship. Stay tuned for the paper reporting these results which will be published in the *Annals of Emergency Medicine* in 2008. Emergency nurses have a very important role in HTN screening, counseling and referral, go for it! If you see an elevated BP, repeat it. If it is still elevated, talk to the patient and encourage them to get follow-up. You may just prevent the next stroke or renal failure patient! For more info on HTN screening, counseling and referral, contact Paula Tanabe, [ptanabe2@nmff.org](mailto:ptanabe2@nmff.org).



### *Communications Committee*

By Evelyn Lyons

The Communications Committee encourages all Illinois ENA members to visit the Illinois State Council website at [www.illinoisena.org](http://www.illinoisena.org). New information and resources are routinely added to the website to ensure it continues to meet your needs and it stays as current as possible. In addition, our web designer (Paul Pribaz) is working on new features which will soon be avail-

able on the site.

Online registration/payment for Spring Symposium is now available through the website, while online annual election voting capabilities will be available in spring 2008. Links to a number of on-line continuing education sites for RNs and APNs was recently added to the website and can be accessed via the Education link. Additional features are planned in the future and will include board-only and member-only capabilities.

The Communications Committee is also developing a web policy to outline our website privacy and security safeguards as well as other guidelines and procedures for maintaining and updating the website.

The following 2005-2009 and 2006 Addendum Illinois State Council Strategic Goals have been addressed during the past quarter:

- ◆ Provide web site link for pertinent issues related to IDPH.
- ◆ State Council web site as a direct link with the National ENA web site.
- ◆ Enhance the Web.
- ◆ Use the Web Site and mailings to better collaborate between committees and members.
- ◆ Provide specific membership and ENCARE Institute information on the website.
- ◆ Meeting summary of minutes from all committees on website and newsletter
- ◆ Market all Council educational offerings on the web site (Education, Spring Symposium, Trauma, Injury Prevention, and Pediatrics Committees).
- ◆ Provide the full text of Countershock, on the web site.

If you have any recommendations for the website or if there is any additional information or resources that you would like to see added to the website, please contact Evelyn Lyons at 708-327-2556 or [Evelyn.Lyons@illinois.gov](mailto:Evelyn.Lyons@illinois.gov).



### *Illinois ENA - Trauma Committee*

By Jan Gillespie

The Trauma Committee is meeting monthly until all the updates for the TNCC-Instructors are completed. This new is for the 6th edition of TNCC. If you

have not been contacted by an Illinois Trauma committee member about completing the update, please contact Karin Buchanan at [Karin.buchanan@stalexis.net](mailto:Karin.buchanan@stalexis.net) or Jan Gillespie at [jgilles@lumc.edu](mailto:jgilles@lumc.edu). All the updates must be completed by the end of April, 2008, at which time only the 6th edition will be taught. Several up-dates are being planned for March, so watch [www.illinoisENA.org](http://www.illinoisENA.org) for dates.

This committee is also gathering data to find out who is monitoring TNCC-I candidates during their lecturing and teaching of skills. If you are involved, please email Karin Buchanan. Remember, only members of the Illinois Trauma Committee and those designated by the committee may monitor the TNCC-I candidates.

We are also planning several CATN courses during 2008, so watch for the information.



### *Spring Symposium Committee*

By Cheryl Vinikoor

We have a new location for the 34th Annual Spring Symposium this year. The Doubletree Hotel in Oak Brook, Illinois located at Oak Brook Center. It provides increased conference space and options: parking is better, exhibitor space is larger. Our program expands each year and now includes two days of education. The newest opportunity, the Advanced Practice Program, is open to all and provides topics for the APN and advanced level emergency nurse.

The most exciting change is online registration, one location for registration for the program and the hotel reservation. Pay online, and receive confirmation quickly. We expect this process to help us manage the data need to provide better programming in the future.

Our keynote speaker is Mary Ann McDermott, Professor Emeritus, Niehoff School of Nursing. We are very pleased to have her opening the program on April 4, 2008. Our class time slots are longer providing time for more in-depth topic presentation and discussion. CECH for trauma, pediatrics and ECRN are available from the Emergency Nurses Association.

Be sure to visit the exhibitors in the exhibit hall. We thank them for their financial support which keeps costs low and affordable. The exhibitors want to discuss their

products and share information with you. Nurses do have buying power and make an impact in product development.

Let us know how we are doing by completing the program evaluations. Hope to see you April 3rd and 4th. For additional information please contact me at [cvinikoor@comcast.net](mailto:cvinikoor@comcast.net)



### *Evidence Based Practice (Research)*

#### *Committee*

By Vicki Keough

Although familiar with the merits of evidenced based practice, many nurses still find initiating and implementing evidenced based practice projects intimidating. In hopes of stimulating statewide interest in evidenced based research and practice, Illinois State Council Evidenced Based Practice Committee is now sponsoring its third year of an evidenced based practice competition. Competition applicants submit a paper and research grid detailing their research or project and its significance to emergency nursing. Winners display a poster and give an oral presentation at the State Council's annual Spring Symposium. Winners also receive a prize ranging from monetary awards to scholarships to attend the national ENA Scientific Symposium.

In the first year, the committee hosted instructional sessions to guide participants through project creation. Committee members also presented a model project. This year, past winners served as project mentors for interested applicants. Previous project topics included sepsis protocols, pain scale validity for ED patients, resuscitation with hypertonic saline and pediatric gastroenteritis standing orders. The oral presentation session at the annual Spring Symposium was well attended by nurses seeking evidenced based practice inspiration. This year's session will be **April 4, 2008**. For more information on evidenced based practice projects, please contact EBP Committee Chair Vicki Keough PhD, RN, ACNP at [vkeough@luc.edu](mailto:vkeough@luc.edu). Information on the Illinois State Council Spring Symposium can be found at [www.illinoisena.org](http://www.illinoisena.org)



### *Evidence-based Practice Contest Winners*

*Chairperson:* Vicki Keough, PhD, RN, EBP

*Committee Members:* Vicki Bacidore, Darcy Egging, Robin Mazzuca, Michelle Knappe

The EBP Committee is pleased to announce the winners of the 2007 EBP Contest. This contest provides an opportunity for Illinois ENA members across the state to investigate an important topic related to emergency nursing and complete a review of the state of the science related to a chosen topic. This was an exciting contest with topics to inform and inspire ED nurses across the country. The winners of this year's contest provide an excellent example of how ED nurses enhance our profession by making a unique contribution to our existing literature. The EBP winners will give an oral presentation of their projects at the Illinois ENA Spring Symposium and also display posters of their projects.

*First Place Winner:* Tibor Bajor  
*University of Chicago Hospital*

#### *Project: Measurement of Overcrowding in the Emergency Department*

Emergency Department (ED) overcrowding has become a crisis. Recent reports cite up to 90% of academic EDs report overcrowding. Increasing utilization and decreasing resources, as well as several key demographic variables promise no easy or impending solution to the problem. The ability to quantitatively and accurately model the work we do in the ED and it's relation to overcrowding is very important and yet has not been adequately addressed. Five published and validated crowding scales were reviewed: The ED Crowding Scale; the ED Work Index; the National ED Overcrowding Study; the Real-Time Emergency Analysis of Demand Indicators Scores and the Work Score. After a review of the reliability, validity and applicability of the above scales, none were found to be adequate in measuring overcrowding. None of the above scales were superior to the ED census alone in their ability to capture crowding, predict ambulance diversion or left without being seen rates. Nor do they assist in identifying solutions to the overcrowding issue.

Fundamental shortcoming to the crowding models are: lack of characterization of work load and intensity of treatment, particularly in terms of nursing resources; inadequate characterization of acuity; lack of capture of the cyclical nature of ED crowding, particularly in capturing the efficiency of an ED in absorbing “surges” of arriving patients; not accounting for the impact of fast tracks or mid-level providers; and not being amenable to sue as tools for future research.

A shift to models of patient flow in the context of the Input-Throughput-Output model proposed by Asplin and colleagues (2003, 2006a, b) has the potential to better capture the complexity and inherent in the development of crowding and be more useful in developing and evaluating potential solutions. A tentative approach to modeling throughput utilizing concepts of patient flow and workload as a time series of equations is presented.

**2nd Place Winners:** Mary Otting; Bonnie Mobley; Marge Luczak; Brenda Burke; Peggy San Filippo; O'Brien; Maggie Coen-Murphy  
*Children's Memorial Hospital*

**Project:** Pediatric Disaster Triage: Improving the Accuracy of Disaster Triage in Pediatric Patients Utilizing JumpSTART

In the US the majority of training programs for mass casualty incidents (MCI) use a triage tool known as START (Simple Triage and Rapid Transport), however this tool does not address specific pediatric concerns. Often-times in a disaster setting pediatric victims present a physical and emotional toll on the first responders and ED nurses who are unprepared to triage pediatric victims. By providing these workers with an objective tool to use in triaging pediatric victims, better triage decisions will be made. A modification of the START tool focusing on the key differences between adult and pediatric physiology known as JumpSTART was developed in 2007. While this information is valuable in disaster training, it is not widely utilized. The overall objective of this program was to first assess the current understanding of first responders regarding pediatric disaster and then to teach the algorithm of JumpSTART to first responders and ED nurses.

A JumpSTART class was offered to 145 first responders and ED nurses. A seven question

multiple choice pre-test was given to the participants of the class assessing their knowledge level of everyday triage versus MCI triage. Fifty percent of the class had never heard of the JumpSTART program. The average pre-test score for the seven questions was 75% and the average score after the class was 96%.

A four hour training session was provided to participants in the JumpSTART educational programs. This program included an hour and thirty minutes of lecture reviewing the basic principles of JumpSTART including physiologic changes and appropriate interventions for pediatric victims of disaster. The remaining two and one half hours students participated in timed clinical simulations where multiple pediatric victims were triaged based on pre-arranged scenarios. A full explanation of the JumpSTART algorithm along with several scenario based cases with open discussion followed.

**3rd Place Winner:** Marites Gonzaga  
*Rush University Medical Center*

**Project:** Walk and Talk Campaign: Promoting Patient Safety and Improving Patient and Staff Satisfaction

High rates of medical errors have been reported to occur in ICUs, operating rooms and emergency departments (EDs). JCAHO identified lack of communication as a major source of these errors. The unit advisory committee and the patient satisfaction team of Rush University Medical Center (RUMC) explored opportunities to improve the process of hand-off communication during the end of shift report in an effort to improve patient safety and staff satisfaction. As a result of this meeting, the ED began a project to initiate bedside nursing reports using an organized format known as the “Walk and Talk Campaign”.

The end of shift report is an excellent example of a patient hand-off unique to the nursing profession because it involves transfer of relevant patient information from one nurse to another. It is critical that structured forms of communication should be considered. A review of the literature revealed impressive findings to improve communication using the SBAR (Situation-Background-Assessment-Recommendation/Request) tool. SBAR is an easy to remember tool providing a structured orderly approach to improve effective

communication of accurate and relevant information (Manning, 2006). Communication at the time of patient hand-off should result in a clear understanding by each nurse about who is responsible for which aspects of patient care.

The Walk and Talk campaign at RUMC's ED consisted of end of shift reports by ED nurses utilizing the SBAR communication technique via bedside rounds. Nurses were educated regarding the use of SBAR communication by staff education programs and flyers distributed to the ED nurses. Each nurse was given 15 minutes for the SBAR bedside communication to occur. The benefits and barriers/challenges will be evaluated by a post-implementation survey given to nurses, discussion during staff meeting and a review of patient satisfaction surveys regarding (1) patient information about delays, (2) nurses courtesy and (3) doctors concern to keep you informed about your treatment. Evaluation of this program is in progress.

Look for the new 2008 Contest Rules on the Illinois ENA website.



**EMS Consultant**

By Annie Moy

**New IDPH Medical Director**

On September 14, 2007, Governor Rod R. Blagojevich announced the appointment of Dr. Damon Arnold as the State's new Director of the Illinois Department of Public Health (IDPH) effective October 1, 2007.

Dr. Arnold previously served as the Medical Director of Bioterrorism and Preparedness for the Chicago Department of Public Health, Medical Director of Occupational Medicine Program at Mercy Hospital and Medical Center, Medical Director for LTV Steel Company at Corporate Health Dimensions, and Medical Director of Occupational Health Services and Staff Physician at Saint Francis Hospital & Health Centers. Dr. Arnold recently completed a second tour of duty to Iraq, where he treated soldiers wounded by battle.

In his twenty years of military and medical service, Dr. Damon Arnold provided medical care and humanitarian relief to our servicemen and women worldwide. He repeatedly goes above and beyond the call of duty to help others. Dr. Arnold lives in Chicago.

The Governor accepted the resignation of Dr. Eric E. Whitaker effective September 21, 2007, the State's public health director since 2003. Dr. Whitaker is leaving to pursue a position in the private sector.

### **Testing**

The Testing Contract was awarded to Continental Testing Service. EMS Testing resumed and testing dates are determined and published. Testing information can be obtained via the following website: <http://www.idph.state.il.us/ems/index.htm>

### **EMS Strategic Planning Task Force(s)**

A two day strategic planning session for EMS and Trauma occurred on September 13th and 14th in Oakbrook. Representatives on the EMS task force included EMS personnel from various areas of Illinois. The charge to this task force is to develop a 90 day, 3year and 5 year EMS strategic plan. The most recent EMS Strategic Plan 2002 – 2007 was distributed as a reference. The Emergency Medical Services for Children (EMSC) Strategic Plan was presented as a prototype to review as the task force embarked on this task to define the future of EMS in Illinois.

### **Tactical EMS (TEMS)**

TEMS was made an official committee of the EMS and Trauma Advisory Council. A presentation was given at the EMS and Trauma Advisory Council meeting on September 20, 2007 in Morton, Illinois addressing the urgency and need for exploring the applicability of this concept to the State of Illinois.

### **AED Registration Amendments**

The State recently adopted changes to the AED Rules and Regulations (Senate Bill 0404, Public Act 095-0447). Language was passed no longer requiring an AED to be registered with the EMS System hospital in the vicinity of where the AED will be primarily located. Effective Date: 8/27/2007

### **Abandoned Newborn Infant Protection Act Amendment**

If an agency is identified as a safe haven for abandoned babies, there must be the appropriate signage at the site. Every hospital, fire station, emergency medical facility, and police station required to accept a relinquished newborn infant must post a sign in a conspicuous

place on the exterior of the building housing the facility informing persons a newborn infant may be relinquished at the facility. **Effective Date:** 8/17/2007. Additional information is available at the following web site: [www.saveabandonedbabies.org](http://www.saveabandonedbabies.org)



### **Traffic Safety Facts**

By **Thelma Kuska**

#### **Did You Know?**

- ◆ Motor vehicle crashes are the leading cause of death for people of every age from 2 through 34? (2006 data- latest available).
- ◆ In 2006, 42,642 people were killed and 2,575,000 were injured in the estimated 5,973,000 police-reported motor vehicle crashes.
- ◆ 117 people died each day in motor vehicle crashes in 2006 – one every 12 minutes.
- ◆ In Illinois, there were 1,254 fatalities, 594 were alcohol-related.
- ◆ 39 percent of fatalities in Illinois are alcohol-related.
- ◆ The national seat belt use rate is 81 percent; Illinois' seat belt use rate is 87.8 percent.
- ◆ Lap/shoulder belts, when used, reduce the risk of fatal injury to front-seat passenger car occupants by 45 percent and the risk of moderate-to-critical injury by 50 percent.
- ◆ Ejection from the vehicle is one of the most injurious events that can happen to a person in a crash.
- ◆ Child safety seats reduce fatal injury by 71 percent for infants (younger than one year old) and by 54 percent for toddlers (1-4 years old) in passenger cars.
- ◆ Air bags combined with lap/shoulder belts, offer the most effective safety protection available today for passenger vehicle occupants.
- ◆ Air bags are supplemental protection and are not designed to deploy in all crashes.
- ◆ Children in rear-facing child safety seats should not be placed in the front seat of vehicles equipped with passenger-side air bags. The impact of a deploying air bag striking a rear-facing child safety seat could result in injury to the child.



### **Emergency Nurses Are Natural Mentors**

By **Julie D'Agostino, RN, MS, APRN-CS, CEN, TNS**

Emergency nurses have a significant role in the education of new nurses. Lifelong learners, as seen by their numerous credentials, they have a responsibility in the development of new nurses by mentoring nursing students in their emergency department environment.

Have you had the opportunity to work with a student nurse? They come in all ages and from all walks of life. They are new college students starting a career, older students pursuing a dream they have had for many years, returning students who discovered their first career was not the dream they envisioned, single parents needing a career to support themselves and a family, and the list could go on.

Working closely with a nursing professional in the clinical setting provides the student exposure to successful role models, and exposes them to the realities of nursing practice as well as the different career choices available to them. When the students arrive in the emergency department they are enthusiastic about practicing their assessment and intervention skills. With a positive preceptor they observe the traits which make emergency nursing a unique subspecialty of the profession. Nurse/physician collaboration and a team approach are essential to the fast paced patient care. Yet emergency nurses demonstrate how to develop a quick rapport with a patient, gain their trust, and possibly proceed to saving their life in a brief moment of time.

Illinois ENA had the opportunity to attend the joint Illinois Nurses Association and the Student Nurse Association Conference in October 2007. The interactions we had with the student nurses who visited the Illinois ENA booth was energizing. The students discussed career opportunities and asked essential questions regarding what traits experienced ED nurses feel a student should have if they were to begin their career in the Emergency Department. We had the opportunity to explain the benefit of belonging to a professional organization and what the Emergency Nurses Association can do for them as a student or a nurse. Students were

encouraged to join as student members to see the benefits of the organization prior to graduation. Two student memberships to ENA were raffled and both of the students went on to join the organization to our delight.

Arguably, it can be a challenge to have a student with you when you care for patients. But the confidence an experienced ED nurse exhibits, and the opportunity for the student to appreciate the autonomy of ED nurses in practice is an invaluable experience. The pace, the flow, the confidence and caring shown help a student make a decision whether emergency nursing is right for them. It may launch a new career in the right direction and be more meaningful than you will ever imagine. It is a special gift no one else can give.



### ***Stopping the Violence Starts With Us*** By Anne May

ENA Cited: January 2, 2008 in *Nurses World*

In her role as the president of the Emergency Nurses Association, Donna Mason says it is time for nurses to raise the bar of awareness about workplace violence.

I am a nurse. I worked in emergency departments for 33 years. I am currently the manager of emergency services at Vanderbilt University Medical Center in Nashville. For the last year, I had the privilege as serving as the president of the Emergency Nurses Association (ENA). I love what I do.

The dedicated nurses in my ED have more direct patient contact than physicians, lab techs and radiology technologists combined. And many of them, like me, have suffered on-the-job violence. In my own case, I have been hit, kicked, bitten, scratched, grabbed, shoved and spat upon. I figure by now I've been called about every derogatory term in the unabridged Webster's, and plenty the distinguished publication wouldn't print. Even so, I haven't gotten the worse of it. Far from it. Some of my colleagues ended up in the hospital with severe injuries. Many had threats made against their lives and the lives of their loved ones. Sometimes it's about as ugly as anything can be.

Last year, the ENA conducted a survey of 1,000 of its members. The results alarmed even me. The survey revealed 86 percent of ENA members suffered on-the-job violence in the last three years alone. How long, I wondered, would a dentist, a plumber or a teacher stay on

a job if they were told upon hire they stood about a 90 percent chance of getting attacked at work at least once in the next three years?

#### ***Bigger than you think***

It isn't as though people don't realize there is a problem, especially professionals who are on the front lines of patient care. There is plenty written and said about workplace safety and the need to make improvements. But I'm not sure as a society, let alone as helping professionals, we really understand the scope of what we are facing.

Along with the results of the ENA survey, here are some sobering statistics everyone should know:

- ❖ According to the U.S. Bureau of Labor Statistics (BLS), nurses are more likely to be victims of workplace violence than most other full-time professionals.
- ❖ To calculate incidence rates for assaults resulting in injury, specifically, the BLS analyzes data per 10,000 full-time workers. In the year 2000, health workers had an overall 9.3 incidence rate for serious assault resulting in injury. Social service professionals had an incidence rate of 15, and for nursing and personal care facility workers specifically, the incidence rate for serious assaults resulting in injury was 25.
- ❖ For the year 2004, the BLS concluded a full 50 percent of all nonfatal workplace injuries from assault and violent acts occurred in healthcare and social service settings.
- ❖ The overall workplace injury rate from serious assaults per 10,000 workers for the U.S. private sector is two.
- ❖ The 2002 Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health report said most of the violence inside hospitals occurs in psychiatric wards, emergency departments, waiting rooms and geriatric units. Workplace violence is not confined to these areas, however, and all nursing personnel are at elevated risk for attack.
- ❖ The U.S. Department of Justice National Crime Victimization Survey (1993 to 1999) found the average annual rate for nonfatal violent crime for all occupations was 12.6 per 1,000 workers. For nurses, the rate was 21.9.
- ❖ Among healthcare practitioners, the BLS said for the year 2004, 46 percent of all

nonfatal assaults and violent acts resulting in recovery days away from work were committed against registered nurses.

In the face of such disturbing numbers, it seems to me the time has come for not only our profession, but our elected leaders to step up to this problem with some solution-based initiatives. The health of our nation continues to be imperiled by a chronic lack of nurses. But in the face of statistics like these, and with the absence of a national dialogue and coordinated plan for violence prevention and intervention, it seems only natural to assume some leaders consider nurses expendable—that is—until it's their turn for high quality care.

#### ***Casting a long, complex shadow***

Violence and the threat of violence can create significant negative organizational outcomes, including low staff morale, loss of staff time, increased insurance costs, and heightened levels of job stress. A hostile work environment also can lead to a significant erosion of trust between management and staff.

The American Nurses Association found less than 20 percent of nurses surveyed in 2001 said they felt safe in their work environments. It should come as no surprise then this impaired sense of security and community in the workplace negatively affects recruitment and retention.

There are also the physical and psychological scars of victims to consider. In addition to medical care and counseling, assault victims can suffer from low self esteem, even post-traumatic stress disorder, which can be more debilitating to victims over time than the physical aspects of their injuries. Combined with high levels of stress and decreased morale, these impacts will inevitably result in a decline in the ability to deliver patient care.

This situation is exacerbated by low staffing levels, inadequate security and ineffective on-the-job violence prevention training. Beyond these industry and organizational troubles, there are some social realities of which contend. Access to guns and other weapons in our society is out of control, and there are powerful forces at play to keep it so. And hospitals, clinics and pharmacies are perceived by many as logical targets for money and drugs.

#### ***Establishing a new expectation***

There was a recent case involving an emergency nurse who pressed charges against a patient who assaulted her. The nurse said the patient, who was HIV positive, struck her

severely, and in the process of doing so, also splashed her with infected blood. Although during the trial the actual sequence of events involving the assault did not vary significantly between plaintiff and defendant, the jury entered a finding of not guilty, presumably because the risk of interpersonal violence in patient care was deemed an understood occupational hazard. In other words, these things happen.

I don't accept this, but I understand it. It comes from a public thinking nurses should endure nearly any indignity or risk to personal safety in the course of patient care. It also comes from a professional culture in nursing that accommodated this for far too long.

Everyone in nursing knows some patients can be volatile. Pain, anxiety, mental illness and even drug reactions can stimulate an aggressive response. These are reasons, but I don't think they are excuses. They don't excuse the behavior, especially when the perpetrator is a non-patient, which is often the case.

I think it's up to nurses to take the very first step in stopping workplace violence. We have to stop tolerating assaults, threats and verbal abuse as just a "normal" part of the job. Unless we are willing to make a kind of intellectual and cultural adjustment, hospital administrators, policymakers, law enforcement and the general public will remain desensitized to a problem that, left unchecked, will only continue to grow.

Secondly, we have to understand aggression in the workplace is largely preventable. Where there is inadequate violence prevention train-

ing, there is elevated risk. The Occupational Safety and Health Administration (OSHA) have recommendations for stemming violence in the workplace. Recommendations include strong managerial support of onsite violence prevention programs and thorough employee training. OSHA stresses the importance of analyzing existing or potential risks for workplace violence, collecting data and conducting regular program evaluations.

OSHA recommendations are not law, however, and incidence reporting and follow-up vary considerably from facility to facility. It's really up to institutions to take proactive steps in developing a well implemented safety plan benefiting from multidisciplinary input. The perspectives and input of physicians, radiologists, lab techs, security guards and nurses are all important to developing a plan with a focus on prevention.

A proactive approach to problem solving should inevitably take into account the particular issues of a given facility, including its inherent strengths and weaknesses, and plan accordingly. Implementing a virile incidence reporting system sends the message to everyone a culture of safety is in place to support employees and patients alike. Thus, every safety program, however individualized, requires total commitment from organizational leaders. Without it, plans wither and policies decay.

### *Nurses taking the lead*

Despite the startling prevalence of assault revealed in the ENA survey, a full 75 percent of nurse respondents said they planned to contin-

ue their nursing careers. That kind of commitment deserves a real, measurable and respectful response.

It is the position of the ENA that healthcare organizations have a responsibility to provide a safe and secure environment for their employees and the public, and advocate for a zero tolerance policy regarding workplace violence. The ENA supports the right of emergency nurses to report incidents of violence to their employers, as well as local law enforcement, without fear of punitive reprisal.

As nurses, we have a plethora of opportunities to advocate for a safe, non-violent workplace. Through collective action, we better position ourselves to increase the safety levels for staff, patients and visitors. Within the hospital, we can make significant progress toward creating a better environment by participating on institutional safety committees. Nurses can involve themselves in policy and procedure development, reporting guidelines, as well as education and training to strengthen safety and prevention strategies.

Workplace violence is a prevalent and serious occupational hazard. The ENA is currently supporting legislation to mandate and regulate safety standards and control for workplace violence prevention. Like police officers and firefighters, nurses deserve the protection of the law. When we have it, we will not only be empowered to demand safer working conditions, but we will be also advancing the cause for improving healthcare in America.



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