



Illinois State Council

# COUNTERSHOCK

❖ Spring 2006 ❖

## Editor's Note

Please consult the web site for up-to-date information at [www.illinoisENA.org](http://www.illinoisENA.org). If a meeting is canceled, please check the website for the most current information.

## President's Message

By Evelyn Lyons

Have you ever thought about the numerous benefits your membership in ENA provides? Regardless of whether you are a staff nurse, manager, administrator, educator, advanced practice nurse or serve in other roles - your membership in ENA contributes to your professional growth and development. As an ENA member you receive:

- ❖ Membership in a professional nursing organization recognized internationally as the standard-bearer for emergency nurses;
- ❖ The opportunity to become part of one of the best networking systems supporting partnerships, mentoring, and sharing of ideas/information;
- ❖ Access to a variety of resources, including topical listservs, publications and position statements assisting in addressing some of the pressing issues/problems in emergency care;
- ❖ Subscriptions to several publications, including the bimonthly *Journal of Emergency Nursing* (JEN), the quarterly *Disaster Management and Response* (DMR) and the ENA Connection newsletter;
- ❖ An opportunity to join your voice with 25,000 other members (including nearly 1,100 Illinois members) throughout the country in advocating and setting standards for emergency care and our patients;
- ❖ Certification programs through the Board of Certification for Emergency Nursing (BCEN) and Certification of Flight Registered Nurses (CFRN);
- ❖ Reduced registration fees at ENA sponsored conferences and discounts on ENA products;
- ❖ Access to the National and Illinois ENA websites;
- ❖ Annual opportunities to hear topical presentations and preview the latest products in emergency care at the Annual Leadership Challenge and Annual Scientific Assembly;
- ❖ Government and community advocacy.

These are but only a few of the benefits of membership in the Emergency Nurses Association (ENA). In addition, you have access to an Illinois State Council, which is comprised of an incredible amount of talent and leadership. We have a hard-working board which includes Cheryl Vinikoor (President-Elect), Barbara Weintraub (Past President), Sharon Chesney (Treasurer), Elisabeth Weber (Treasurer-Elect), Merri Lazenby (Secretary), Vicky Goeddeke (Director) and Penny Hurley (Director).

We also have several committees working diligently to meet the needs of emergency nurses within our state. These committees are chaired by the following individuals: Barbara Bollenberg and Marcie Crawford (Education Committee), Mary Otting and Claudia Kirchner (Pediatrics/ENPC Committee), Merri Lazenby (Membership Committee), Thelma Kuska (Injury Prevention Institute/ Government Affairs), Vicki Keough (Evidence-Based Practice/Research), Cheryl Vinikoor and Penny Hurley (Spring Symposium Committee), Jan Gillespie (Trauma Committee), Barbara Weintraub (ED Nurse Leadership Committee), Kathleen Richmond (Webpage / Archives) and Julie Bracken (Newsletter).

Additionally, we have several individuals who keep our board current on special interest topics, including Paula Tanabe (Triage), Annie Moy (Emergency Medical Services - EMS), Darcy Egging (ENA Foundation - ENAF), Patricia Hickey (Illinois Medical Emergency Response Team - IMERT) and Barb Weintraub (Illinois Nurse Volunteer Emergency Needs Team-INVENT). And Julie D'Agostino and Debbie Smith coordinate Illinois ENA delegates for the Annual National General Assembly every fall.

As Illinois ENA members, each of you is a key part of our team. I'd like to encourage you to consider joining one of our committees or attend one of our quarterly State Council Meetings (check our website at [www.illinoisENA.org](http://www.illinoisENA.org) for information). The council meetings are a great way to keep informed to national and local ENA happenings as well as to network with your peers and share/discuss current issues and challenges. State Council Meetings are scheduled from 9am - 1pm and include an educational session. Upcoming 2006 meetings are as follows:

- ❖ **Saturday, April 1st**  
**Loyola University Medical Center**
- ❖ **Saturday, August 12th**  
**Elmhurst Memorial Hospital**
- ❖ **Saturday, November 4th** (*location pending*)

Thanks for being part of our team. Your support and commitment to ENA helps to promote and advance emergency nursing. Feel free to share this information with a colleague who is a non-member, and get them hooked on ENA as well!



## From Your Board Liaison- 2006

By Annabelle (ANNE) May

Serving the membership as a board member and as a board Liaison to a cluster of states is truly a highlight in my professional career. I could use many terms to describe my experiences and connections with members. Some that come to mind are:

- ❖ being uplifted by the commitment of members to the organization and the profession;
- ❖ encouraged by the responsiveness of the members to me and to other members;
- ❖ inspired by the willingness of members to share their experience, techniques and suggestions with others; and
- ❖ especially appreciative of the community of emergency nursing.

Borrowing from the late Mr. Rogers, (of Mr. Rogers' Neighborhood for over 35 years) "It's a beautiful day in ENA". We are recognized nationally and internationally as the voice of emergency nursing and a dynamic organization constantly changing to meet the needs of our members and our patients. But as Mr. Rogers is quoted in "The World According to Mister Rogers: Important Things to Remember", "We are all neighbors. Whether we are giving or receiving help, each one of us has something valuable to bring to this world. That's one of the things connecting us as neighbors - in our own way, each one of us is a giver and a receiver". We need to recognize the gifts each of us brings to the organization, and be the givers of support when the need arises.

In 1996, ENA's membership theme was

"Seeds for the Future" and proposed "The seeds of a strong organization start with you". Packets of sunflower seeds were distributed to highlight the theme. The theme is still very true. The "government", (i.e. the Officers and Board) is needed to give direction and manage the operation of the organization, but you provide the "character" of the organization. As a member, you are asked to make a commitment to your practice and your colleagues, to add your voice to those of others as we move into an uncertain health care future. Board members, who serve as liaisons to the states are here for you and we encourage you to let us know of problems. We will do our very best to help you make your state ENA the best and be THE organization to which you want and need to belong.

Newman and Berkowitz in *"How to be Your Own Best Friend"* say, "You can't do anything, if you believe you can't... If we just kept on doing exactly what we have done up to now, people would never change, and people are changing all the time. That's what growth is – doing things you've never done before, sometimes things you once didn't dream you could". You have a chance to participate in the leadership of your professional organization and it wants to change to meet the evolving needs of our environment. Let's celebrate emergency nursing – all it is now and all it can be.



### **Featured Member: Mary "MO" Otting**

We all think about it and drill for it, but hope it never happens, the bus or plane crash, bioterrorism, or possible pandemic outbreak. Unfortunately, 2005 saw that hell hath no fury like Mother Nature.

Mother Nature proved her ravage throughout the year, but most noticeably in August, September and October with Hurricanes Katrina, Rita and Wilma. The preparation for disasters taught us so much more is needed than we can even begin to imagine.

The following is an account of my travels during deployments to both Katrina and Rita with my DMAT (Disaster Medical Assistance Team).

While most of you know of IMERT (Illinois Medical Emergency Response Team) and the wonderful job they did in Baton Rouge, LA, my DMAT team was deployed to a less recognized, but truly devastated area in Bay St. Louis, MS.

MO1DMAT (Missouri 1 DMAT) was pre-staged, then assigned to provide support and medical relief to Hancock Medical Center in Bay St. Louis, MS. The hospital requested medical support following devastation of the surrounding area. The town of Bay St. Louis sustained an almost direct hit

from Katrina with a 30-foot tidal surge of water. I cannot describe the devastation of the area, as not much remained.

Upon arrival to town, we sent out a Strike Team to examine the hospital and an area for set-up. Our set-up includes not only tents for medical care but also sleeping tents, showers, latrine, etc. After returning and briefing the team we moved onto the hospital grounds preparing to begin.

There are no words I can even use to describe the vision before me. The hospital had taken almost 5-6 feet of water and the ER operated from the entrance area with a few tarps covering it. There was no electrical power, and the stagnant air, coupled with the heat, increased the smell that was so powerful inside the facility one cannot imagine.

The most overwhelming thing, even when I think about it now moves me to tears, is the staff of the Hancock Medical Center. They are the most courageous and dedicated group with which I have ever had the pleasure to be associated. At the time many had no idea of their own family's welfare, if their homes still stood, and much less the daunting task before them. They truly epitomize this profession as a calling. The local community could not be in better hands.

As we assembled patient care tents, Joan (Supervisory Nurse) and I began trying to imagine the flow, thus beginning equipment set-up and gathering supplies. A DMAT team travels with its own medical supplies to sustain itself for days. We would incorporate staff from DMAT and the hospital to begin a 24-hour operation moving from inside the hospital facility to the tent hospital.

During this time we got to know the hospital staff and listened as they recalled their harrowing experiences. Each and every one spoke of trying to continue patient care as the water rose inside the facility, carrying patients up stairwells on their backs to avoid the rising waters, and ... the last time they personally spoken with their own family members.

The tent hospital was up, running and we were seeing patients within 3 hours. Again, the hospital staff worked side-by-side with us providing quality care. After all, no one knew their patients better than they did.

So many times I wanted to say to the exhausted staff, "Go home and get some rest." I had to think often before the words came out of my mouth, as 80% of the staff was now homeless. Yet, everyday they reported to work, and side by side we provided care as if we had been colleagues for years, and not just the ER staff, but people from peds, OB and many other departments. The days passed like minutes, because we were so very busy with cleaning, stocking and whatever else needed to be done.

Our patient's conditions varied from many needing a little TLC to lacerations and traumas (of every system imaginable), to hypertensive crisis, diabetics, MI's, renal, cardiac, elderly and peds. Initially

during Katrina, transferring patients proved difficult as there weren't enough ambulances, plus a lack of helicopter transportation was evident, as search and rescue were the priority.

I could not ask to work with better people than the nurses, medics, doctors, respiratory therapist and pharmacist making up my team. Each responded with swift action (both day and night shifts), since many patients were critically ill requiring drips, drugs and interventions. I was so proud to lead these people. In addition to the medical staff, I had wonderful support personnel from logistics (who really could acquire just about anything) to security, administration and mental health. Each did a wonderful job.

I want to address a question frequently asked of me on these deployments. Where did you sleep, eat, shower and go to the bathroom? We slept in a tent, ate MRE (meals ready to eat) and, until the luxury of the port-a-potties were delivered we utilized our "outdoor latrine". I won't elaborate further unless asked. A person can do a lot knowing they can return to home and family.

At the point when the Florida 1 DMAT joined my team, we were able to man triage and three tents (Red, Yellow and Green). In addition we could expand pharmacy and other initiatives. Strike teams were sent out to check on area shelters and provide care to those unable to reach us.

Establishing incident command ensured that people with appropriate knowledge were utilized. We could expand and contract our services as needed, based upon personnel movement. This proved valuable when we needed to combine efforts with EMEDS (Expeditionary Medical Support), a MASH unit of sorts.

Upon looking back, I reflect positively on my experiences including even the most trying times. For that I wish to thank my family for their overwhelming love and support throughout the years, even understanding the all the crazy things I do. Thanks to my colleagues and especially my boss, Cathleen Shanahan, without whose support I would never have been able to leave my job, which means the world to me. And lastly, to all of you thank you for your understanding, support and keeping my team in your thoughts and prayers. I ask you to keep in mind those affected by the hurricanes and our ENA colleagues who continue dealing with these issues today. The ordeal for them continues for a long time.



### **Events**

**May 4** - Illinois ENA Networking Dinner, Oakbrook Marriott, Oak Brook.

Contact Cheryl Vinikoor 847-870-0793

**September 14-16** - National ENA Scientific Assembly, San Antonio, TX.

Contact National ENA at 800-900-9659

**State Council Meetings**

**April 1** - Loyola University Medical Center Maywood. Contact Evelyn Lyons at 708-327-2556 or elyons@lumc.edu

**August 12** - Elmhurst Memorial Hospital Elmhurst. Contact Evelyn Lyons at 708-327-2556 or elyons@lumc.edu

**November 4** - TBA. Contact Evelyn Lyons at 708-327-2556 or elyons@lumc.edu

**Other Committee Meetings**

**TBA** - Illinois Council Budget Meeting. Contact Elisabeth Weber at 312-654-8725 or 773-868-8960

**Educational Opportunities**

**April 5** - TNCC, Chicago.

Contact Gail Tagney at 708-352-3339

**April 6** - ENPC, Chicago.

Contact Gail Tagney 708-352-3339

**April 6** - TNCC, Peoria.

Contact Sue Behrens at 309-655-6711

**April 17** - ENPC, Chicago.

Contact Harriet Hawkins at 773-880-6303

**April 20** - TNCC, Naperville.

Contact Sandra Clow at 630-527-5258

**April 20** - TNCC Instructor, Oak Lawn.

Contact Gail Tagney at 773-878-8206

**April 20** - ENPC, Oak Lawn.

Contact Jan Dorey at 708-684-5979

**April 21** - ENPC, Arlington Heights.

Contact Barbara Weintraub at 847-618-5434

**April 25** - TNCC, Maywood.

Contact Jan Gillespie at 708-327-3715

**April 28** - TNCC Reverification, Naperville.

Contact Sandra Clow at 630-527-5258

**May 2** - ENPC, Peoria.

Contact Sue Behrens at 309-655-6309

**May 4** - *Advancing Injury Prevention in your Community*, Oakbrook Marriott, Oak Brook.

Contact Thelma Kuska at 708-361-8677 or thelmakuska@comcast.net.

**May 4** - ENPC, Peoria.

Contact Tom Petz at 309-672-5918

**May 5** - *Spring Symposium*, Oakbrook Marriott, Oak Brook.

Contact Cheryl Vinikoor at 847-870-0793 or cvinikoor@comcast.net

**May 11** - TNCC, Decatur.

Contact Karen Schneller at 217-876-3008

**June 8** - ENPC, Chicago.

Contact Harriet Hawkins at 773-880-6303

**May 15-19** - *SANE Training Seminar*.

Contact Julie Garner-Teno at 217-557-8135 or jgarnerteno@atg.state.il.us

**May 18** - TNCC, Arlington Heights.

Contact Sharon Chesney at 847-618-7403

**June 1** - ENPC, Peoria.

Contact Cathie Bell at 309-672-5905

**August 3** - ENPC, Peoria.

Contact Tom Petz at 309-672-5918

**September 7** - ENPC, Chicago.

Contact Harriet Hawkins at 773-880-6303

**October 19** - TNCC, Arlington Heights.

Contact Sharon Chesney at 847-618-7403

**November 2** - ENPC, Arlington Heights.

Contact Barbara Weintraub at 630-618-5432

**November 2** - ENPC, Peoria.

Contact Tom Petz at 309-672-5918

**November 4** - ENPC, Chicago.

Contact Harriett Hawkins at 773-880-6303

*\*Additional Sexual Nurse Examiner Training Course.*

Contact Sue Metcalf at smetcalf@nmh.org.

**Announcements**

*Triage Nursing Secrets* by Polly Gerber Zimmermann, RN, MS, MBA, CEN and Robert D. Herr, MD, MBA, FACEP was released by Mosby. Illinois ENA members contributing chapters were Darcy Egging, Mary Fecht Gramley, Rebecca Steinmann and Barbara Weintraub. Dr. Bernard Heilicser also contributed.

*Nursing Spectrum* recognized Barbara Weintraub, RN, MSN, MPH, PCCNP, CEN, with an Illinois Nursing Excellence Award in the category of Advancing the Profession. Indeed, Barb is the driving force behind INVENT, in addition to her work on behalf of the Illinois Council ENA over the past decade.

Dr. Paula Tanabe has been appointed to the newly-formed JEN Editor Search Committee.

**New Year's Resolution**

By Merri Lazenby

Did you make a New Year's Resolution this year? If you have not made a resolution yet and need to make another (since you already abandoned this year's), then here is an idea. Make a resolution to become more involved in your professional organization. Let 2006 become the year of the involved emergency nurse.

There are many committees and special interest groups at the state and national level...finding one to meet your interests is not hard. Joining a committee is a great way to grow new skills, develop your leadership and communication style, network with other emergency nurse professionals, and possibly create new and exciting opportunities.

If you are interested in making a commitment to your professional nursing organization in 2006, take the first step by going to the Illinois State Council web site [www.illinoisENA.org](http://www.illinoisENA.org). Think about joining a committee or put the next council meeting in your date book and plan to attend. Illinois ENA needs motivated professionals like YOU to accom-

plish great things in 2006.

**Archives Corner**

By Kathleen Richmond

This year marks the 40th anniversary of my graduation from nurses' training school! It's amazing to me the time went by so quickly since I was a new grad, wearing my nursing school cap and proudly displaying my school pin on a crisp white uniform dress (nurses didn't have the choice to wear pantsuits). My first job paid \$2.50 an hour to start, with a raise to \$2.86 upon passing my state boards. How much things changed since those days! Thinking about these changes prompted me to take the Archives Corner on a short trip down "emergency nursing memory lane".

In May 1967, I accepted a full-time day shift position in the Emergency Room of a Chicago area hospital. I had no ER experience, except the month spent in ER as a student nurse. I had been an RN for only eight months, working on a medical-surgical floor at another hospital, and wanted another medical-surgical position, but the only full-time opening at this second hospital was in the ER. The HR person convinced me to try the ER - I was skeptical. She called the supervisor who interviewed me on the spot, and I was hired that day. Why would a supervisor hire an RN with no experience?

ER jobs were often hard to fill, because nurses felt ER was too chaotic. At the time ER was not a specialty for nurses or doctors. In small rural Illinois hospitals, the nursing supervisor often covered the ER. So when someone came to the hospital with an emergency, she called the patient's family doctor who told her what to do over the phone, or the doctor came in if the patient was really ill or injured. There were no EMTs or paramedics. City fire department ambulances were called pulmotor squads, because the only pieces of emergency equipment on-board were positive pressure oxygen devices, and a few splints and bandages. Non-city ambulance services operated out of funeral homes where the hearse doubled as an ambulance. My hospital had a day-shift physician who was retired from office practice; he started his shift at 8:00 a.m. I had changed from day shift to night shift in 1968, and found myself working with moonlighting residents who finished at 5:30 a.m. to get to their "real jobs" on time. Oh, the stories about working without a doctor in those early morning hours between 5:30 and 8:00! I will share just one.

My favorite story takes place one morning when a 50+ year old man with known cardiac history and complaint of chest pain came into the ER right after our moonlighting doctor left. I followed standing orders by starting O2 per nasal

cannula, inserting a KVO IV line, and performing an EKG. Then I called his private doctor, giving him the assessment and sharing that I had no doctor in the ER. When the doctor asked me about the EKG, I had to tell him I didn't know how to interpret any of it (back in those days, only the CCU nurses knew cardiac rhythms). The doctor then had me describe the complexes, asking me to count how many little boxes there were between the beginning of the "little bump" to the beginning of the "thing that looks like the letter W". I must have provided the right information as the doctor told me not to worry; he would be in to see the patient. Hard to believe ER nurses could function without knowing EKG interpretation, isn't it? We were not expected to know it because we there were no cardiac monitors in the ER. However, we did have one ancient monitor/defibrillator in the cardiac cubicle that was only used during code situations, and we all knew asystole and v-fib, after all!

Not to worry, I did learn EKG interpretation and ACLS, TNS, MICN and CEN. Also, I stopped wearing my nurses' cap in the late 1970's! I even got to share some of my old-timer stories with the producers of the hit show ER when it was first being written. The National ENA President at the time, Marilyn Rice from Illinois was consulting on the show and referred the producers to some of us for story ideas.

Lastly, I remember reading in RN magazine in 1970 about a new organization being started for ER nurses. I joined in 1973. Just as I have witnessed the changes in nursing over the past several decades, I have watched ENA develop into the outstanding specialty nursing organization it is today. I am proud to have played a little part in making it happen, and now, in keeping the old memories alive. If you have a story to share with us about the history of ER nursing or ENA, please contact me by email (Richmond K8@aol.com) or through the web site [www.illinoisENA.org](http://www.illinoisENA.org). ♦♦♦

## Illinois State Council Meeting Highlights January 2006

By Darcy Egging

An education session, "What's new with Illinois Sexual Assault Nurse Examiner Program" was presented by Julie Garner-Teno RN, BSN, TNS, SANE-A

### Networking Session

Topics of discussion included: Patient safety, parameters of QI programs, MRSA testing, JEN Editor position opening and alcohol screening.

### Board Reports:

#### President-Evelyn Lyons

- ♦ Results of resolutions from the National Meeting

- ♦ Informed everyone to monitor Washington updates
- ♦ Summary of the Leadership workshop held in December
- ♦ Discussion of the proposed council goals
- ♦ Introduction of proposed Illinois State Council Mission Statement
- ♦ SWOT Analysis Recommended by National to look critically at our organization, this will be completed by the end of the year
- ♦ Idea regarding a possible partnership with Illinois College of Emergency Physicians

#### Past President-Barbara Weintraub

- ♦ Attended IONL Healthcare Leadership Academy and felt it was wonderful

#### Treasurer-Sharon Chesney

- ♦ Approval of the 2006 Budget
- ♦ Financial and investment report given
- ♦ Several thank you notes from Louisiana State ENA and Fire Safety Alliance for donations received from our council were read

#### Treasurer Elect-Elisabeth Weber

- ♦ Discussed the need for a per diem reimbursement plan

### Committee and SIG Reports:

1. *Education*: possible CEN review course planned for fall
2. *Pediatric*: Pre-session scheduled prior to Spring Symposium for ENPC  
Instructors-find information on the Illinois State Website
3. *Membership*: Currently, 1093 the highest ever
4. *Injury Prevention*: May 4th a session entitled, Advancing Injury Prevention in your Community to be presented in conjunction with Spring Symposium
5. *Research/Evidence Based Practice*: Presenting information from 2005 project on Pain Scales at Spring Symposium
6. *Spring Symposium*: Brochure is in the mail
7. *Trauma*: Pre-session scheduled prior to symposium find information on the Illinois State Website
8. *Archives*: Changes were made on the website-encouraged everyone to check it out.
9. *EMS*: Alcohol Exclusion Law discussed and the two separate bills introduced into the legislation regarding this law. A letter from the state will be sent to support this legislation
10. *IMERT*: Still recruiting members if you are interested in becoming a member go to [www.imert.org](http://www.imert.org)

Next State Council Meeting – April 1, 2006, 9am – 1pm at Loyola

## Call for Candidates

The following positions are open for Illinois State Council. If you are interested please submit a letter of intent with a brief statement declaring position sought and why, history of ENA involvement and a resume or CV by **July 1, 2006** to:

Barbara Weintraub  
646 Naples Court, Glenview, IL 60025  
W: (847) 618-5432  
FX: (847) 699-4474  
EM home: barbrn1@comcast.net  
EM work: bweintraub@nch.org

The letter (1-2 paragraphs) will be published on the ballot to assist voters in choosing a candidate.

## STATE PRESIDENT-ELECT

### Job Description

The President-Elect of the Illinois State Council is an elected position whose primary responsibility is to assist the President and learn the President role and responsibilities.

### Qualifications/Eligibility

- ♦ Current ENA membership
- ♦ Current registered nurse licensure
- ♦ Active participation at the state level

### Term of Office

The President-Elect serves two years as President-Elect, two years as President and two years as Past-President.

### Responsibilities

The expectations and responsibilities of the President-Elect include but are not limited to:

1. Learns the role of the President.
2. Performs any duties assigned by the President.
3. Collaborates with the President in development of charges to the Board of Directors and Chairs.
4. Recommends Committee Chairs for the upcoming year.
5. Assists the Board of Directors in preparation and approval of the state budget.
6. Assumes the duties of President in the event the President is unable to.
7. Attends Board and Council meetings.
8. Represents Illinois State Council ENA at the State Leadership meeting.
9. Represents Illinois State Council as a delegate at the National Annual meeting.
10. Supports the President and all officers in carrying out the Illinois State Council Strategic Plan.

## DIRECTOR

### Job Description

The Director of the Illinois State Council is an elected position that assists with various state activities.

### Qualifications/Eligibility

- ♦ Current ENA membership
- ♦ Current registered nurse licensure

- ❖ Active participation at the state level

### **Term of Office**

The Director shall serve for a term of two calendar years.

### **Responsibilities**

The expectations and responsibilities of the Director include but are not limited to:

1. Attends Board and Council meetings.
2. Communicates information from the meetings to the membership as necessary.
3. Functions as a Board Liaison to committees and SIGs as assigned by assisting those committees with direction and leadership. Shares committee/SIG issues with the Board.
4. Coordinates the notification and selection of a member to receive a scholarship to the Annual Meeting/Scientific Assembly.
5. Coordinates the announcement/flyer mailing to ED Nurse Managers identifying the quarterly Council meetings.
6. Submits Illinois State Council related information/article for publication in the National ENA newsletter "ENA Connection"
7. Performs additional duties as assigned by the Board.
8. Supports the President and all officers in carrying out the Illinois State Council Strategic Plan.

### **SECRETARY**

#### **Job Description**

The Secretary of the Illinois State Council is an elected position and is responsible for maintaining records for the Illinois State Council.

#### **Qualifications/Eligibility**

- ❖ Current ENA membership
- ❖ Current registered nurse licensure
- ❖ Active participation at the state level

#### **Term of Office**

The Secretary shall serve for a term of two calendar years.

#### **Responsibilities**

The expectations and responsibilities of the Secretary include but are not limited to:

1. Attends State Council and Board meetings and records the minutes and proceedings.
2. Distributes (mail/email) the minutes to all Board members and Committee Chairs/Co-Chairs within two (2) weeks of the meetings.
3. Provides printed copies of the meeting minutes to the members at the next meeting.
4. Presents records from the previous year to the Chair of Archives Committee.
5. Sends correspondence (i.e. sympathy cards, thank you cards) on behalf of the Council as directed by the Board or the

President.

6. Acts as a liaison to assigned committees and SIGs.
7. Supports the President and all officers in carrying out the Illinois State Council Strategic Plan.



### **Call for Delegates**

#### **ENA GENERAL ASSEMBLY**

The National meeting for ENA is held in San Antonio, Texas. The General Assembly is **September 13-14** and the Scientific Assembly is **September 14-16, 2006**. 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 the following point system. Please submit your points by **July 1, 2006** to:

Julie D'Agostino  
1540 North Hickory  
Arlington Heights, IL 60004  
jdagostino@ameritech.net.

#### **Points are earned as follows:**

**5 Points** – local officer, local committee chair, national committee member, national SIG member, faculty for ENA educational activities, newsletter contributor, attended annual meeting, attended local or SIG meeting.

**10 Points** – national board member, national committee chair, state committee member, chair national SIG, state SIG member, program planning of ENA educational activities, attended state meeting, CEN certification, inter-organization interaction (INA, SNAPI, NEMSCA, etc.), Lobby Day participant, active involvement in the legislative process.

**15 Points** – State board member, state committee chair, chair state SIG, newsletter editorial activities, published emergency nursing article, conducted research related to emergency nursing, consulting activities related to emergency nursing.



### **Call for Silent Auction Donations**

#### **By Kathleen Richmond**

The EMERGENCY NURSES FOUNDATION (ENF) Silent Auction is held this year again in conjunction with the Spring Symposium on **May 5, 2006**. The funds we raise directly benefit 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 **May 4th**, and is guaranteed to be lots of fun! ENF needs your support! Please contact me directly by e-mail or phone (Richmond K8@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.**



### **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 San Antonio, Texas **September 13-14, 2006**. 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, 2006** and are evaluated by an objective team prior to the Annual Meeting. Mail applications to:

Penny Hurley  
11546 Lake Shore Drive  
Orland Park, IL 60467

If questions call, (708) 478-9481 or phurley@uchospitals.edu.



### **Injury Prevention Committee**

#### **By Thelma Kuska**

The Illinois Injury Prevention Committee is going on road trips this spring and summer. We look forward to visiting hospitals especially the ones in southern Illinois. Our objective is two-fold. First, we want to recruit new EN CARE providers. Our new and revised alcohol program presentation, Choice for Living, is now available. The program has a completely different look, but the trademark personal stories and photos of injured teens from the Dare to Care program are still included. In the summer 2005, about 20 teens ranging in age from 14 to

19 viewed the program for improvement. They provided valuable insight on ways to reach teens effectively. A new training curriculum, "Advancing Injury Prevention in Your Community," is now available. The content of the Provider training was guided by the newly released injury and violence prevention core competencies developed by the Society for the Advancement of Violence and Injury Research (SAVIR) and the State and Territorial Injury Prevention Directors Association (STIPDA). The objective of the new Provider training is to position the EN CARE volunteer as the injury prevention specialist in their institution.

The second is to recruit new ENA members. The Illinois membership is at an all-time high, thanks to Merri Lazenby's efforts but more can be done. We would like Illinois to shine. We need every one's involvement in the State Council and perhaps a visit might be the trick to sign up new members.



### Spring Symposium Committee

By Cheryl Vinikoor

This year's Spring Symposium is **May 5, 2006**, (Cinco de Mayo). The program is held at the Oakbrook Marriott, Oakbrook, Illinois. We planned a multi-faceted two day program. The pre-sessions on Thursday, May 4, 2006 include injury prevention, INVENT, and the TNCC and ENPC instructor courses.

Thursday evening **May 4, 2006**, is the board-sponsored networking dinner. All emergency nurses are invited to attend. Even if you cannot attend the educational programs, please come for dinner. The silent auction with the proceeds going to emergency nurse scholarships is fun. During the dinner, we will honor Illinois emergency nurses who made a special contribution to thank them for their efforts. I hope you will be there.

Friday is the symposium. We are excited to have Nancy Bonalumi, our 2006 National ENA President, as the keynote. She is the Director of Emergency and Trauma Nursing at the Children's Hospital of Philadelphia. Nancy knows first hand the challenges of providing emergency services during this time of overcrowding and nursing shortages. She relates to those tough shifts you worked with too few nurses and too many patients.

We are also pleased to sponsor the Illinois ENA Evidence-based Practice winners presenting their research at the symposium this year. The topics are listed in the brochure. Be sure to stop by to see their poster presentations in the ballroom if you are unable to attend their presentation earlier in the day.

The symposium committee hopes the agenda provides a variety of quality educational topics and great networking opportunities.



### ENA Research Committee

By Vickie Keough

#### *Congratulations to the 2006 Evidence Based Practice and Innovations Award Winners!*

The Illinois ENA Research Committee would like to extend congratulations to the 4 winners of the Evidence Based Practice Research and Innovations 2006 Award. The committee held 3 workshops to help prepare nurses for this award. The first workshop involved teaching ENA nurses how to conduct a literature search, the second workshop focused on categorizing and analyzing the data and finally how to interpret the research. The winners will provide an oral presentation and display a poster on their projects at the Illinois ENA Spring Symposium. The winners are:

◆ *Family Presence during Resuscitation in the ED: Is it really happening?*

Vicki A. Bacidore, RN

◆ *New treatment option for Acetaminophen Toxicity* DeAnn Farago

◆ *Initiating Sepsis Protocols in the ED* Michelle Knappe

◆ *A Comparison of Educational Preparation of Nurse Practitioners and Physician Assistants* Sue Bednar and Allison Atwater

Is there a project you are currently working on or plan to address in the near future within your own ED? If so, consider applying for an Illinois ENA Research Award to help offset the cost of the project or to assist with presentation fees. All Illinois ENA members are invited to start planning to submit a project for this award which will be given again in December, 2006. The contest rules are discussed below.

In addition the Research Committee worked on an EBP project of our own entitled, "*Pain Scales in the ED: Is this an effective way of measuring pain?*" and this project will be presented at Spring Symposium. I would like to thank the members of the Research Committee for their work on this project and look forward to continuing our efforts to bring EBP to the bedside. EBP Committee Members: Vicki Keough, Chair, Robin Mazzuca, Pat Hickey, Steve Stapleton, Cheryl Lorenzin, Amy Krupa, Darcy Egging.



### Illinois ENA Evidence Based Practice Committee

#### **ANNUAL Evidence Based Practice CONTEST "Research and Practice Innovations"**

The Illinois ENA Evidence Based Practice Committee invites you to enter a contest "Research and Practice Innovations":

◆ 4 Projects will be chosen to win \$400 each!!  
(Can be a group project or an individual project)

◆ Entry Deadline: **December 1, 2006**

◆ Choose a topic or issue of interest to your ED and develop an evidence based practice protocol or recommendation.

◆ Must submit:

- 1) 250 word abstract describing your project
- 2) Project (not to exceed 10 pages):  
Topic  
Introduction  
Significance to ED Nursing  
Review of the literature including research  
Discussion  
Recommendations
- 3) Poster at Illinois ENA Spring Symposium
- 4) 15 minute oral presentation at ENA Spring Symposium

Send entries to:

Vicki Keough, PhD, RN, ACNP  
c/o Loyola University Chicago,  
School of Nursing  
2160 S. First Ave, Maguire Building  
Maywood, Ill 60153 • 708-216-3582



### Trauma Committee

By Jan Gillespie

Please welcome Karin Buchanan as co-chair of the Trauma Committee. Karin works tirelessly at facilitating, teaching, coordinating and verifying TNCC providers and instructor candidates. She is a TNCC National Faculty. Karin certainly will be a help.

The Trauma Committee is hosting a TNCC-Instructor's Course on May 3rd and May 4th, 2006. This course has changed to a two-day format due to the fact that every instructor candidate must retest prior to attending the actual course. We will test on **May 3, 2006** at the Oakbrook Marriott (same location as the Spring Symposium) in the afternoon and early evening. According to National ENA Standard, there are no retakes so you must score 90% or above on the written portion and at least 85% on each of the three skill stations – Immobilization, Airway and Trauma Nursing Process (TNP). This course is very limited and has prerequisites, so please contact Jan Gillespie at 708-327-3715 or [jjilles@lumc.edu](mailto:jjilles@lumc.edu) ASAP.

There are many TNCC Instructors/Course Directors in the state of Illinois and we thank you for the excellent work you are doing. The Trauma Committee would like to find out who is verifying TNCC-Instructor candidates, as the process is the responsibility of this committee. The Trauma Committee members or their designees may verify TNCC-Instructor candidates and the committee is attempting to find out who is doing what. Your cooperation in this matter is truly appreciated. Again you may e-mail Jan Gillespie at [jjilles@lumc.edu](mailto:jjilles@lumc.edu) or Karin Buchanan at [karin.buchanan@stalexus.net](mailto:karin.buchanan@stalexus.net).

Remember - TRAUMA IS NOT AN ACCIDENT, SIMPLY A POORLY MANAGED RISK



## Website Committee

By Kathleen Richmond

Visit the web site at [www.illinoisENA.org](http://www.illinoisENA.org) and complete the new web site survey. Provide us your feedback on how the current web site does, or does not, meet your needs as a member. Rate the design, ease of navigation, and site content. Let us know how to make it better for you.

Also, the Web Site Committee is looking for new members to help us evaluate the site for a major redesign. If you have ideas on how our web site can improve to be more user-friendly or have a more professional look, please contact me by email at [RichmondK8@aol.com](mailto:RichmondK8@aol.com). See you on the web!



## Social Justice

By Merri Lazenby

How would you feel if your child had a serious medical condition? How would you feel if the treatment for your child's medical condition cost thousands of dollars and wasn't covered by your medical insurance?

In October of 2005 my 4 year old son was diagnosed with a moderate to moderately severe sensorineural hearing loss. The only treatment for this type of hearing loss is utilizing properly fitted behind the ear hearing aides. We were shocked to learn our health insurance does not pay for hearing aides and I suspect your health insurance wouldn't pay for them either. How could an insurance company not pay for the only treatment for a small child's hearing loss? The answer is easy... because they don't have to. My insurance company informed me it was "company policy" and if my son's hearing loss would progress to deafness they would happily pay for cochlear implants. For right now perfect hearing is "elective" and therefore out of pocket expense. In the past six months we spent over \$7000 (out of pocket expense) diagnosing and treating our son's hearing loss and plan on spending at least \$500 in the upcoming year just to maintain properly fitting hearing aides. Even more concerning, in three to seven years his \$6000 hearing aides will need to be replaced... once again as an out of pocket expense. My husband and I are lucky to have good jobs and the financial ability to help our son hear, but think about the child who's parents do not have \$7000 to help regain all five senses?

If you believe (like my husband and I do) insurance companies should be held accountable to

provide treatment for children with hearing loss, here is your chance to help. Illinois representative the Honorable Linda Chapa LaVia of Aurora introduced House Bill 0492 that would require insurance companies to pay for the hearing aides. This bill was referred to the house rules committee last March and remains there. Recently, I received a letter from Linda Chapa LaVia indicating she was planning on reintroducing the bill. We need the voice of thousands of voters backing this important piece of legislation. If you would like to be one of them just follow these easy steps to identify your local representative and then write a short email or letter expressing your concern for the passage of this important legislation:

1. Go to [www.elections.il.gov](http://www.elections.il.gov) and click on "voting information"
2. On the far left of page click on "Find Districts/officials"
3. Click on "Search by Address"
4. Put in your street number, name, and zip code and press "search"
5. The 3rd name on the list should be your state representative—Just click on the name and you will get the E-mail address and phone number

On behalf of our family and the thousands of families who are dealt this financial blow, thank you.

## ILLINOIS STATE COUNCIL EMERGENCY NURSES ASSOCIATION

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