Iowa ENA

January, 2012

EMERGENCY NURSES ASSOCIATION NEWSLETTER

President's Corner

Happy Holidays! I hope this season brings peace and joy to all of your lives. My name is Sarah Tripp and I am your 2012-2013 State of Iowa Emergency Nurse's Association President.

I want to thank everyone that attended our 2011 Christmas party on December 7th. It is great to see new faces come to our meetings, and the familiar ones! I also want to thank Karen Jones for the arrangements, Kara Greenlee for shopping for gifts and Dr. Gary Hemann for presenting a wonderful presentation on chronic pain issues in the emergency department. I hope all had a good time.

The new year will undoubtedly bring challenges to ER nurses and our departments. My wish is for all of you to use this organization as a resource to help find and share solutions to the problems that face our emergency departments on a daily basis. This is *your* organization and this is *your voice* as emergency nurses.

I am honored to serve as your President for the next 2 years and I have a few ideas for our organization. I will be sharing many specifics as the year progresses. So come and join us!

The meeting dates have been set for 2012 and are as follows:

March 14th
May 10th
July 25th
September 5th
December 5th

The specifics will be announced in e-mails and newsletters to follow.

The March 14th meeting will be a Mercy Medical Center in Des Moines with a conference call-in option available. The times of the meetings will be at 2pm, with the exception of the May meeting. All other locations will be announced at a later time. Be sure to mark your calendar now for May 11th, 2012. This is our Annual State of Iowa ENA Conference.

I hope that all of you can join us throughout the year to come. I would love to hear your frustrations and share solutions. I looking forward to meeting all of you and would love to come and be a part of your emergency department meetings.

Thank you,
Sarah Tripp, R.N., C.E.N., EMT-B

Left to right: Sarah Tripp, Dr. Gary Hemann, Susan Carzoli

Immediate Past President

Happy and Safe Holidays to All!

As my two year term as Iowa ENA President is wrapping up, I would like to thank the Board of Directors and our chairpersons for all of their work, time, and support with our Organization's business functions.

Thank you to Dr. Gary Hemann, Iowa ACEP President for coming to our state council meeting on December 7th. Dr. Hemann has championed the formation of a coalition to address the treatment of chronic pain syndrome in the emergency department setting. In a presentation to the state council he shared the following information:

- We see several chronic pain conditions in the ED: back pain, abdominal pain, headache, dental pain, fibromyalgia, or various types of neurological pain.
- Emergency physicians are required by law to evaluate patients who report pain. The law allows the emergency physician to use their clinical judgment when treating pain but does not require using opioids.

- The number of ED visits resulting from misuse or abuse of prescription drugs has doubled over the past 5 years.
- There has been a significant increase in the number of people seeking treatment for addiction to pain meds, and death from prescription drugs now exceed deaths from MVC's.
- Opioid Pain relievers (OPR's) now account for more overdose deaths than heroin and cocaine combined.
- OPR's frequently are diverted for nonmedical use by patients or their friends, or are sold on the street.
- This costs insurance companies up to $72.5 billion annually in health-care costs.
- Ongoing assessment of chronic pain and medication response of chronic pain syndromes are best managed by a primary provider who can coordinate care and provide ongoing management of pain needs, rather than an Emergency Medicine provider.

Several states now have an on-line prescription drug monitoring program, including Iowa, which allows doctors to check a patient's history of prescriptions. Doctors can use the database to corroborate a patient's story, and patterns can be identified (i.e. prescriptions from different physicians or prescriptions filled at multiple pharmacies), so the physician can probe further for drug abuse.

ACEP believes Emergency Departments in Iowa need to address the problem, not contribute to the problem. As Co-Medical Director of the ED at Mercy Medical Center Des Moines, Dr Hemann has implemented chronic pain treatment guidelines. These guidelines are posted in triage and in every patient room in the ED. He has presented this initiative to Iowa Hospital Association and gained their support. ENA members present voted unanimously to support the initiative and be a part of the coalition. I'm sure we will be hearing more about this is the future.

Susan Carzoli
Immediate Past President

What's killing our trauma patients?

Time, Time, Time…….

As Iowa's trauma system meets the milestone of 10 years, data is being reviewed in order to both, pat ourselves on the back and to wonder if we could do it better. We have a lot to be proud of…Can we do it better?

There are a couple of trends that we can look at as nurses, both in our practice, and in what we teach to our peers:

1. The trauma patients at most risk are those in the most rural settings. (Time to definitive care.)
2. 2 separate reviews of time on scene for ambulances reveal 20-22 minute averages. (Time goal is 10-15 minutes on scene.)
3. Many of our trauma patients have 2 IVs in place upon arrival to the hospital. (Is time being taken on scene to start IVs?)

When EMS is asked about staying on scene to start IVs, they uniformly answer that "I get yelled at by the nurses in the ER if we don't have IVs in place."

What should be done on the scene by EMS? All trauma courses teach the same principles in answer to this question: Rapid primary survey with basic intervention skills, along with spinal immobilization, packaging and rapid transport. If no other interventions are needed enroute to the hospital, then the advanced level EMTs can gain vascular access. But, if this is a critically injured patient, priority is given to airway and breathing interventions vs. IV starts. They are taught not to start IVs on scene. It delays transport – one of the critical treatment modalities.

So – as a nurse – what should you expect as that trauma patient arrives in your ED? A fully immobilized patient who has been expeditiously and safely transported to your ED. Don't expect the IVs – EMS may not have time!

Rosemary Adam RN

Resolutions

The following resolutions were discussed at General Assembly in September.

Resolution GA 11-021 was titled Repository for Injury Prevention Programs Under ENA IQSIP

Thank you for the opportunity to serve as a delegate at the 2011 ENA General Assembly.

The ENA has been the leader in injury prevention for the community and has been recognized as a leader by other organizations through their injury prevention programs. EN CARE (Emergency Nurses Cancel Alcohol Related Emergencies) programs have dissolved and there is limited availability of community prevention programs. What started as an alcohol awareness program for teens expanded into public health issues such as safe medication use, fall prevention, safe mobility, safe driving decisions, and pedestrian safety among older adults. In 2001, EN CARE became the ENA Injury Prevention Institute. More programs were developed for bike and helmet safety as well as gun safety. In 2008 there were over 1300 EN CARE programs with nearly 80,000 participants. In 2011, the Injury Prevention arm of the ENA was placed under the new Institute of Quality, Safety and Injury Prevention (IQSIP).

Currently, there are no EN CARE programs available for purchase and no statistics of injury prevention programs given to the public are collected for possible grants and funding. The focus of IQSIP has shifted from outreach programs to more internal issues such as violence in health care. Although this is of great importance, the authors of this resolution want to continue ENA based programs as well as obtaining statistics to apply for additional funding for community injury prevention programs. The General Assembly agreed with the authors and passes the resolution stating that "The ENA General Assembly requests that the ENA staff create links under IQSIP as a repository for injury prevention education and programs that are promising and proven strategies and there will be a sub-tool bar page for hyperlinks to other
organizations for injury prevention education under IQSIP that are also evidence based."
Be watching for these additions to be added under IQSIP on the ENA homepage at www.ena.org!
Kara Greenlee

Resolution GA11-19 called for a multi-disciplinary task force that includes emergency nurses, emergency physicians, law enforcement, legal representation, and other appropriate groups to develop and recommend guidelines for the care of the chronically impaired patient.

Such as criteria for determining when it's safe to discharge the patient, as well as determine when it would be allowable for the patient to make decisions related to the health care they want to receive. The problem the authors were seeing was that these patients would come into our EDs with no wish to become sober and only requesting something to keep them from going through withdraw, a warm place to stay, something to eat, or to be left alone to sleep. Many physicians will keep these patients until they are sober and during this time ED staff and other patients were at higher risk of being subjected to violence. These patients have lengthy stays in ED, or get admitted to ICU's or med/surg taking those beds away from other patients. During the discussion of this at general assembly the main concern was that the "chronically impaired" patient tends to have a lot of co-morbidities and they were worried that we would just see them as "impaired" and just send them on their way and by doing this we could miss very serious problems. This was met with others who felt that this was not about how to treat the patient, but on what to do with the patient after the assessment has been done and it is determined that there are no medical problems with the patient other than that they are impaired. Many points were made on both sides. When it came to a vote the resolution passed with the smallest margin of any other resolution.
Heather Mills RN

Memberships

Iowa ENA currently has 425 members. I would like to take this opportunity to first wish all of you a Happy and Healthy Holiday Season and a very good New Year.

I would also like to thank you for your continued membership to ENA, our membership numbers are very important to keep us a strong voice for Emergency Nursing. I know most of you already are aware of all the great benefits you get with your ENA membership but I would like to take this time to review them.

SAVINGS – Year-round savings on continuing education to help move your career forward.
TOOLS – Tools developed by the Institute for Quality, Safety, and Injury Prevention that translate best practices into every day practice
SIGS – List serves and special interest groups for networking and sharing solutions to common challenges.
NETWORKING – Peer networking opportunities at state and national events
PREFERRED PRICING – Preferred pricing on Board of Certification for Emergency Nursing Exams
FREE RESOURCES – Free evidence-based Emergency Nursing Resources
ENA CAREER CENTER – One-stop resource for lifelong career development
SUBSCRIPTIONS – Subscriptions to ENA Connection, the Journal of Emergency Nursing and ENA Newsline
DISCOUNTS – Based on partnerships with well-recognized businesses which provide a variety of products and services
So for $100 a year – less than 30cents per day (or 2 lattes a month), you get all these benefits and more.
So once again thank-you for your membership over the past year and I look forward to your continued membership for years to come.
Lynn Tschiggfrie RN, CEN Membership Chair

2012 Executive Board which includes Officers and Members-at-Large. Pictured left to right: *Kara Greenlee, Sarah Pike, Jeff Jarding, Kathy Bainbridge, Karen Jones, Deb Chudzinski, Jeri Babb, Sarah Tripp and Susan Carzoli.*