

THE CENTRAL LINE

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Missouri Emergency Nurses Association Summer 2008 Volume 23 Message from Missouri State ENA Council President: Brenda Butler



Brenda Butler,
RN,BSN, CEN
Missouri State
Council President

Join Us At The Lake:

Summer sun brings with it Combined Clinical Conference on Emergency Care. The conference planning committee have worked hard to put together the **Twenty-Second Annual Combined Clinical Conference on Emergency Care**. I would like to acknowledge the MoENA members on the planning committee; Joan Eberhardt, Carol Pettit and Pat Clutter for all of your work securing speakers and exhibitors.

Today's gas prices and the rising cost of EVERYTHING in the supermarket has everyone looking for a less expensive option to acquire those ever needed continuing education units. The conference brings nationally known speakers close to home at an affordable price with a variety of topics. Be there to meet National ENA President Denise King and 2008 Board Liaison Tiffany Stever while enjoying the shopping, dining and networking with colleagues, friends and presenters.

Emergency Departments across the state continue to struggle with budget cuts, workplace violence, increased number of uninsured patients, full inpatient beds, a growing number of psychiatric and substance abuse patients and continued shortage of nurses and emergency trained physicians. These issues only add to the challenges faced by emergency nurses on a day to day basis. Combined Clinical Conference on Emergency Care offers an opportunity for you to share your experiences and glean information from those facing the same challenges. Please contact me with questions by phone (573) 979-3322 or email butlerbrenda@charter.net



Combined Clinical Conference

Tantara August 13, 14, and 15, 2008

Annual Award Banquet Dinner Cruise on the Celebration
Thursday, August 14, 2008 at 7:00pm

Tickets and information available during exhibit hours at the
ENA Membership Booth



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2008 MISSOURI ENA STATE COUNCIL COMMITTEES

COMBINED CLINICAL CONFERENCE

Chair: Joan Eberhardt
Co-Chair: Carol Pettit

COMMUNICATIONS

Chair: Lori Davis
Co-Chair: Gordon Rogers

COMPLIANCE

Chair: Joan Eberhardt
Co-Chair: Gail Carroll

COURSE OPERATIONS

Chair: Helen Sandkuhl
Co-Chair: TNCC: Chris Hoag-Apel
ENPC: Joan Eberhardt

GOVERNMENTAL AFFAIRS

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Co-Chair: Cheryl Phillips

INJURY PREVENTION

Chair: Tony Mitchell
Co-Chair:

MARKETING/PR

Chair: Dianne Epple
Co-Chair:

MEMBERSHIP

Chair: Ginny Myerscough
Co-Chair: Jo-Anne Coogan

NURSING & ADVANCE PRACTICE

Chair: Jan Kaminsky
Co-Chair: Lori Scwalm

Missouri State Council Meetings 2008

August 14, 2008 Tantara at
Combined Clinical Conference
Osage Beach, Missouri 4:00pm

November 7, 2008 Strategic Planning Session
Lake Regional Hospital, Osage Beach, Missouri
10:30am

November 8, 2008 Lake Regional Hospital
Osage Beach, Missouri 10:30am



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The National ENA office is pleased to announce that a special video message from ENA President Denise King talking about ENA Annual Conference is now available. It will also be posted to our state ENA website, soon.

COURSE OPERATIONS REPORT

by Helen Sandkuhl, Course Operations Chairperson



As of May 1, 2008, the 6th edition of the Trauma Nurse Core Course will be the only edition that will be taught. The fifth edition will no longer be recognized.

Missouri has had over 85% of their TNCC Instructors updated for the 6th edition. This is a large percentage compared to other states. We would like to thank both our TNCC and ENPC Instructors for their commitment to the Emergency Nurses Association and the Missouri State Council.

Administrative Changes:

One new change that has occurred within the 6th edition update is Instructor Candidate monitoring. In the past, State Faculty could monitor Instructor Candidates at a 2:1 ratio. This ratio has now changed to a 1:1. Please make sure, as a Course Director that you contact State Faculty 6 weeks prior to your course in order to make sure that the sufficient number of faculty are present for checkoff. Only State Faculty members can monitor Instructor Candidates. In the past, we had a few Course Directors who did not notify State Faculty that Instructor Candidates were teaching in their course. This can make the course invalid and also cause the Instructor Candidate to repeat the process again. Course Directors are responsible to make sure that their instructors are current valid instructors.

A TNCC Instructor Course was completed on June 21, 2008 at Lake Regional Health Center in Osage Beach, Missouri and July 9, 2008 at North Kansas City Hospital. An ENPC Instructor Course was completed on June 23, 2008 at Liberty Hospital. Upcoming Provider and Instructor Courses for both TNCC, ENPC and CATN can be found on the National ENA and Missouri State ENA websites.

State faculty members have changed. The following are current State Faculty members and their contact information can also be found on the website at www.missouriena.org.

Helen Sandkuhl TNCC/ENPC

Joan Eberhardt TNCC/ENPC

Jan Kaminsky TNCC/ENPC

Judy Marlow TNCC/ENPC

Gail Carroll TNCC/ENPC

Tony Mitchell TNCC/ENPC

Chris Hoag- Apel TNCC/ENPC

Annette Beheny TNCC/ENPC

Cheryl Phillips TNCC/ENPC

Lori Davis TNCC

Respectfully submitted, Helen Sandkuhl RN MSN CEN TNS FAEN



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Committee Reports

Membership

by Ginny Myerscough, Chairperson

Thanks to all who voted in the recent National election. 10% of our members cast their vote, which is some improvement from past years. Thanks for your efforts and may we improve next year.

Welcome New members! We have a total of 64 new members thus far this year. We are happy you have joined your professional organization which has so much to offer.

Central Chapter New Members: Caitlin Arner, Ashley Green, Christina Floyd, Sheryl Shepherd

Crescent Chapter New Members: Susan Hall, Dustin Hubbard, Karen Scott, Diane Slough, Emily Ver Meer, Jennifer Youngblood

Kansas City Chapter New Members: Deanna Adkison, Jim Brooks, Connie Clements, Debra Cosseboom, Sean Daugherty, Jennifer DeWitt, Veronica Fisher, Lynn Fredericks, Tracy Howard, David Jackel, Lakeisha Kelly, Michael McGee, Carl Molle, Patricia Rinehart, Charles Smith, Stacia Smith, Margie Smotherman, Christian Tanner, Anne Telowitz, Jonathon Trotter, Jennifer Vargas, Heather Vieth

Ozark Chapter New Members: Anna Davis, Faye Eck, Charles Hirst, Charolette Horn, Judy MacArthur, Sharon Singer, Erin Steele

Saint Louis New Members: Carmen Alaofin, Lucy Appleton, Laura Bailey, Edith Blevins, Kelli Davis, Megan DeCamp, Elizabeth DeHaven, Amy Eckles, Diana Fendya, Lisa Isenberg, Kelly Laughlin, Maggie Lewis, Michael Lewis, Mary Mercado, Scott Miller, Tim O'Brien, Brenda Rukezo, Maureen Schmid, Amanda Wilford, Jodi Wright, Ritika Yager

SEMO Chapter New Members: Pamela Chamberlain, Jim Clifton, Andrea Kelly, Lisa Kight, Laura Murrell, Lisa Pittman, Alicia Rhodes, Casey Skelton, Cynthia Tompkins

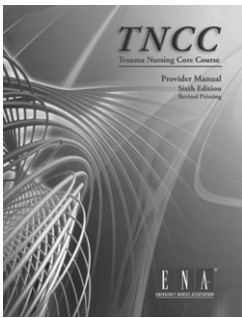
Congratulations to Kansas City for having the most new members so far this year.

ENA National office is encouraging each member to get a member. If everyone only got one, just think how many members we would have.



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Dreams Do Come True

by Jim Gillam

Four years ago Mary Tuel and I met a group of nurses at the ENA Scientific Assembly from Greece; we talked to them about nursing practices in the United States and in Greece. One thing led to another and we discussed the courses that ENA had, they were very interested and wished to have them taught in Greece.

In May of this year a team went to Greece, Rebecca Steinmann, Harriett Hawkins, Mary Tuel and I to teach TNCC. It was amazing not only the trip, but the response and the almost instant gratification we received, when they put into practice what they had learned in class the next day. The staff and the physicians at the Medical Center were amazed and very happy with the new practice that had started, within a week and a half we heard stories on how they cared for their patients using the A through I mnemonics.

The Greek hosts were absolutely wonderful. The students started studying the textbooks as soon as they received them; they had questions and more questions. We learned a lot from them, for example, they don't have Nursing homes, they believe in family taking care of family, they don't have DNR orders, and the prehospital personnel can not pronounce at the scene. This was just a few of the differences. There was always teaching and learning going on between us. It was simply amazing.

I would encourage anyone to teach overseas, dreams do come true.



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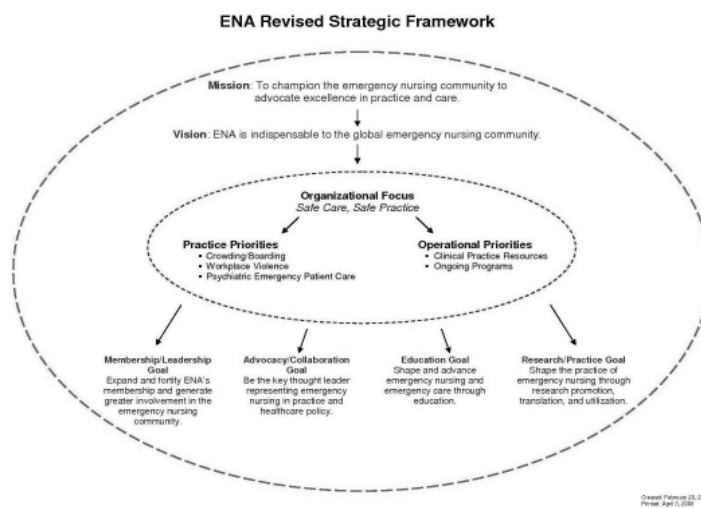


NATIONAL NEWS

By Tiffany Stever

Summer is upon us and it's hard to believe that I have reached the halfway point in my first year on the board. It has been very busy thus far and included travel to IA for their annual conference. I might add it was a great success. I will be traveling in MO in August for their annual conference.

At the national level there has been some information released on the strategic plan including the "Strategic Framework." See below. Additional work will take place at the July Board meeting in Chicago.



SBIRT was released in April and there was a conference call with training as well. The "Medication Safety" program for older adults will be released this summer. The elections are complete and congratulations to everyone who participated. I am disappointed with the voter turnout-less than 10% of our membership voted. This is a member driven organization and I welcome any incite as to why "we" do not vote.

On a more positive note I am looking forward to General Assembly and Annual Conference in Minneapolis, MN in September. I look forward to heated discussions at General Assembly, as well as great educational opportunities and fun at Annual Conference. So have a safe summer and see you soon.

Tiffany

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COMMUNICATING WITH FAMILIES OF TRAUMA PATIENTS

As providers of Trauma care, our primary responsibility is the injured patient. That is considered the 1st Trauma. With Trauma leading as the cause of death and disability for persons ages one to 40 and is the leading cause of death and disability for all ages. Over four million family members receive news of a sudden, unexpected, and violent death or traumatic injury of their child, spouse, parent, or loved one.

What is the 2nd Trauma? The family of the victim, what kinds of emotions do you think they are feeling? They are experiencing shock, grief, panic, disbelief, denial and fear for the life of their loved one. They need our help and support during this catastrophic event.

The American Trauma Society has created a program called 2nd Trauma to help you care for the family and loved ones of the trauma patients. This is a team approach that includes physicians & nurses, social workers, chaplains and other team members. It's time to devote increased attention to helping family members and loved ones cope with their emotional shock.

Effective communication is not an inherent ability-it can be learned and it must be practiced. Successful communication requires that caregivers be prepared and acknowledge and control their own feelings.

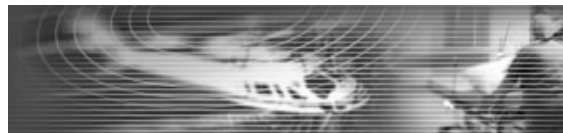
Caregivers should also give thought to the setting in which they will deliver news and their own personal attire. (No bloody clothes or shoes). Ideal is a private location or family room that is private. Make sure to block out adequate time for the conversation. Physicians should not present bad news alone; we need a team approach— nurse social worker or chaplain. That gives the family an opportunity to continue discussion after the physician returns to the floor.

The ATS outlined five basic principles for successfully communicating bad news:

Establish Rapport, Exhibit Empathy, Listen Reflectively, Monitor non-verbal language (body language), Face anger, fear and sadness.

Avoiding common verbal communication pitfalls:

1. Lacking a clear goal or plan prior to communication.
2. Misunderstanding receiver's knowledge level.
3. Not waiting for feedback.
4. Making assumptions about the family
5. Inappropriate tone, pitch, rate of speaking—do not smile or giggle.
6. Do not judge



Avoiding common non-verbal communication pitfalls:

Appearing disheveled, wearing bloody clothes.

Sitting either too far or too close to the family member

Not maintaining eye contact, no facing the family member

Standing and looking down, sitting slouched, folding arms, crossing legs.

Maintaining static facial expression thru out the interaction.

When families are supported and assisted upon hearing of their loved one's death or serious injury, they can begin to grieve and to plan in a constructive manner. Nothing can undo the loss that has occurred, but families can and must move forward. Family member's recovery begins with their treatment at the hospital, which must be done right. This is the mission of the 2nd Trauma Program.



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Chapter Reports

Central Chapter

by Gordon Rogers, President

The chapter is progressing with its planned September 19 Emergency Nursing one day seminar; our speakers and topics are almost completely arranged. We will be sending out flyers soon.

Our meetings have been well attended. We plan to contact and try to include members from outlying areas in our activities, and are willing to meet in other locations to accommodate interested areas of our region. We have been having some dinner meetings, and they have been popular.

Crescent Chapter

by Chris Hoag-Apel, President

Crescent chapter met on the May 19, 2008. Recent tornado and the disaster response was the key topic. Both hospitals saw between 50-60 trauma patients and resources were stretched. See article written by Tony Mitchell on page 8 regarding details on the tornado disaster. Discussion to assist Cox Monett Hospital in obtaining grant money for a TNCC class. The group agreed that instructors from both facilities would assist with the class and sponsor it thru the chapter. Any extra funds would go into the kitty. The State Council recommended that grant funds be limited to \$500 per application so several sites can benefit from the money. One grant application has been received from Cox Monett requesting \$1400.00. Chris and Sharon will get with Debbie to review the grant application.

Tony has been appointed Chair of the State Injury Prevention committee. Our local trauma numbers, community prevention education, and Think First programs should be reported to Tony. Sandy will be attending a Think First training in July.

The 2nd TNCC class presented at Freeman went much better than the first course. The instructors were more relaxed. The students did much better on the written exam.

Ozark Chapter

by Gail Carroll

Future Classes to be held in Springfield

TNCC September 3rd and 4th and December 4th and 5th at Cox

ENPC August 21 and 22nd and October 28th and 29th at Cox

CEN Review Class October 2nd and 3rd

Contact person is Gail Carroll at 417-269-4094 or gail.carroll@coxhealth.cox

Saint Louis Chapter

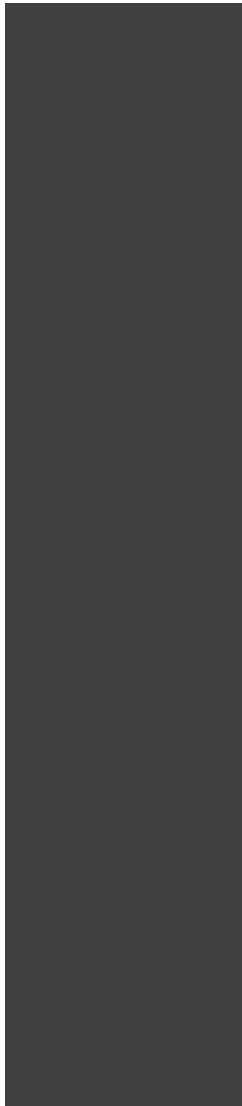
by Carol Pettit, President

The Greater St. Louis Chapter continues to meet monthly. We are planning our Emergency Department Nurses Banquet for October. We have agreed to join with EMS for a fall seminar, date to be determined.

St. Louis Chapter has held several TNCC and ENPC courses.

Ginny Myerscough Membership Chairman has challenged each of us to get at least one new member during the Membership drive in July.

Our meetings are held the third Thursday of the month at 5:30PM at Des Peres Hospital and we are always looking for new members to join us.



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Chapter Reports

Kansas City Chapter

by *Teresa Coyne, President*

The Kansas City Chapter held an ENPC course June 23rd and a TNCC course July 9th. Odessa High School had a docudrama April 18, 2008 with the state police from Lafayette County. (See pictures below.) We will hold a CEN review Class with Pat Clutter scheduled for Oct. 7th & 8th, 2008 at North Kansas City Hospital. The brochure is available on the Missouri ENA website at www.missouriena.org under the KC Chapter information.

We have updated our mailing list of hospitals and manager contacts for our chapter to help membership recruitment and to disseminate information to hospitals for classes, etc. . . . If you have changes please contact Teresa at Teresa.coyne@tmcmcd.org or tjccoteresa@yahoo.com

Jeff Eye, Director of St. Luke's Barry Road & Smithville ED, is a member of the "**Exemplary Emergency Department Recognition Work Team.**" This is a **national committee** working to identify recognition criteria for the Exemplary ED recognition program. A Stryker survey was sent out to area hospitals to help identify characteristics that distinguish institutions and emergency departments that support exemplary ED practices and contribute to excellence in emergency care.

At the June meeting we drew names for the **Combined Clinical Conference (CCC)** August 13-15, 2008 at Tan-Tar-A. The State Scholarship Winner: \$300 registration, Kevin Myers, St. Luke's Hospital and the Chapter Scholarship Winner: \$300 Registration, Lori Ricke (Alternate #1: Carol Kent, North Kansas City Hospital - Alternate #2: Michele Breit). We voted to donate \$200 toward the state challenge to the National ENA Foundation Fund to support scholarships. We also voted to purchase a laptop computer to be passed along from Treasurer to Treasurer for banking as required by the state.



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Missouri Tornado Nightmare

“Lessons Learned”

by Tony Mitchell, RN, CCRN, MBA

“It looks awfully dark over there.” Samantha, the registration tech. said. I looked out the window to the southwest and noticed that she was right; it looked dark and ugly toward Oklahoma. I work in the Emergency Department at St. John’s Hospital in Joplin, MO. I had just started a 2 hour stint in the triage area and we were pretty busy. It was May 10th, 2008, around 1730. A few minutes later, I heard the operator page for us to prepare for “condition grey.” This was a common occurrence this time of year because we usually have heavy thunderstorms during May. A few minutes after that announcement, I heard, “Activate condition Grey,” At our hospital, this means to move patients and family members away from windows and to a safe area. I had approximately 20 people in our triage area and we decided to move them all to Zone 4 which is our area for minor injuries. The charge nurse came out to the area and told me a tornado had touched down in Baxter Springs, Kansas, which is not too far from Joplin. It wasn’t too long before I heard that several tornados had touched down and one was south of us toward Seneca and it was gaining strength and speed. Then the tornado sirens in Joplin started screaming.

The EMS crews in our area are very well trained and it wasn’t long before we started hearing over the radios what was happening. An EF4 tornado approximately ½ mile wide had touched down and was staying down. It was producing baseball to softball sized hail which was busting windows out of cars and homes. After the hail came the winds which were picking up tractors and mobile homes and tossing them where ever it wanted too. Trees that had been growing for 20-30 years were up rooted and thrown around like twigs.

We soon started receiving patients in the ED. At first we started putting them in our trauma bays because the first two patients were in arrest on arrival. We soon realized that if patients were arriving in this condition, it didn’t take long for our rooms to fill up and personnel to be tied up. Our disaster plan calls for many staff members to be called in to assist and they started arriving to help. We found that once a person was triaged upon arrival in the ambulance bay they could be quickly taken to the radiology department for films and the flow would move much quicker and we wouldn’t have the congestion in the front trauma area. Each nurse was assigned to specific patients as they arrived. It seemed like chaos for about 5 hours but looking back, it was as organized as something of this magnitude could be.

We treated over 50 patients with various degrees of injury in this time frame.



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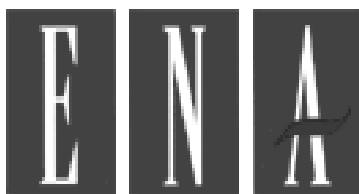
Many of the patients were in vehicles at the time and that is the worse place to be during a tornado. One of the patients I treated told me she was driving to Seneca to one of the casinos. The hail hit her windshield and shattered all of the windows in her car. She then felt her car being lifted off the ground about 10 feet and she, “Thought she was dead.” Then she felt the wind release her car and it was thrown in a ditch. All three people in the car only had minor injuries.



This flow continued until about midnight. During the first few minutes of the rush, I had taken a patient who had been having dark stools for a few days. He was not a tornado victim and had stable vital signs so I moved him back to one of the rooms in Zone 3 which is out of the mainstream ED area but monitored and a large room. I had drawn blood and sent it down to the lab for routine CBC and CMP. I got busy with other patients and soon got tied up with procedures. After about an hour, I thought about my lab results for the GI bleed patient. I looked and it hadn't been processed yet. I called the lab and was told that they were obviously busy and hadn't gotten to it yet. I asked them to get me the results so we could decide what the disposition of this patient would be so we could free up a bed. The results came back and the patient had a hemoglobin of 5! Needless to say, he changed my priorities.

This article is supposed to be about injury prevention. I will conclude by sharing what we learned from this F4 tornado.

1. Do not tie up the ambulance/trauma entry of your ED with patients. Triage them and get them moved to radiology or another treatment area.
2. Make sure you have a disaster plan and cell-phone numbers of personnel to call in.
3. Many of the patients that come in will be devastated. They may have just watched their home be destroyed, or worse, a loved one killed. Have Social workers and Pastoral care members on your list and designate “quiet rooms” for them to be taken too.
4. Keep an eye on the EMS crews who are out there working their butts off at the scenes. Feed and water them as often as you can, they are the roots of the patient-care tree.
5. EACH patient needs to have a nurse assigned to them immediately upon entry. This nurse needs to **KEEP FOCUSED** on his or her patients. Let the chaos go on around you but stay focused on your patients or one that seems stable will quickly “fall through the cracks.”



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