



President: Debby Rogers, RN
President Elect: Al Duke, RN
Past President: Shelbie Rogers-Alvelais, RN
Treasurer: Angela Musiello, RN
Treasurer Elect: David Samuelson, RN
Secretary: Krystal Scott, RN
Director at Large: Dianne Idman-Gervais, RN

ENA'S VISION STATEMENT

ENA is indispensable to the global emergency nursing community.

ENA'S MISSION STATEMENT

The mission of the Emergency Nurses Association is to advocate for patient safety and excellence in emergency nursing practice.

AGENDA

Friday August 12, 2022

- A. Call to Order (Rogers) (15 minutes) 0930-0945
B. President Report (Rogers) (10 minutes) 0945-0955
C. Treasurer Report (Musiello) (5 minutes) 0955-1000
D. Director at Large (meeting planning) (Idman-Gervais) (5 minutes) 1000-1005



National Events

- January 27-29, 2023 Leadership Orientation, Scottsdale AZ
- September 20-22 ENA General Assembly 2023 and September 22-25, 2023 EN 23, San Diego

E. New Business

- CA ENA Outreach/Attendance at CFED and CNSA (**Rogers-Alvelais/Samuelson**)1005-1010
 - CFED
 - CNSA

F. Committee Meetings/Reports1010-1050

- Membership (**Marshall**) (5 minutes)1010-1015
- Education (**Miller**) (5 minutes) 1015-1020
- EMS Committee (**Gutierrez/L. Duke**) (40 minutes) 1020-1100

1) Welcome/Introductions

2) Reports

- a) Pre-meeting update
- b) EMS Commission/ DAG (Snyder)
- c) Emergency Medical Services Advisory Council (**Powers**)
- d) Task Forces:
 - i) State Trauma Regulation Revisions Workgroup
 - ii) STEMI/Stroke Technical Advisory Committee
 - iii) EMSC Technical Advisory Committee

3) EMSAAC/EMDAC

4) Community Paramedicine Regulations

5) APOT- (Jensen)

6) Legislation

- (a) AB2117-Mobile Stroke Unit: Status: 6/23/2022-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (June 22). Re-referred to Com. on APPR.
- (b) AB2130-EMS: Training Status: 6/27/2022-In committee: Referred to suspense file.

7) Roundtable

Break.....1100-1115

E. Committee Meetings/Reports (cont.) 1115-1205

- Trauma (**M. Duke**) no meeting /Pediatrics (**Lugo**) (15 minutes)1115-1130
- Government Affairs (**Jensen/Delgado**) (15 minutes)1130-1145
 - Lobbyist Report
 - Bill List



Bill	Location	CA ENA Position
AB 1394 (Irwin-D). General acute care hospitals: suicide screening.	CHAPTERED	Support
AB 1598 (Davies R) Controlled substances: paraphernalia: controlled substance testing-	ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS	Support
AB 2260 (Rodriguez D) Emergency response: trauma kits	ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS	Support
SB 864 (Melendez R) General acute care hospitals: drug screening.	SENT TO THE GOVERNOR'S DESK	Support

- General Assembly (**Hummel**) (25 minutes)1145-1210

General Assembly will be held in Denver, Colorado September 29-30, 2022. There is a mandatory orientation on Wednesday late afternoon on September 28. CA ENA will reimburse up to \$700.00, per the reimbursement policy, as support for California delegates. The General Assembly 2022 Handbook can be found at: <https://www.ena.org/general-assembly> (login required). Resolutions to be discussed are:

- Resolution GA22-02- Augmenting Membership Growth and Sustainability Through the Creation of an ENA Membership Focused Outreach Group
- Resolution GA22-03 Sustaining Just Culture
- Resolution GA22-04 Opposing the Criminalization of Medical Errors
- Resolution GA22-05 A Workers' Compensation and Insurance Bill to Include Psychological Injuries in the Definition of "Injury" for Healthcare Workers and First Responders
- Resolution GA22-06 Fentanyl Testing Limitations in the ED
- Resolution GA22-07 Development of Dignity Standards for the Care of the Behavioral Health Patient in the ED

See attached table of resolutions.

Lunch..... 1210-1240

- ENAF Report and Opportunity Drawing (**Schertz**)1240-1255

E. Committee Meetings/Reports (cont.)1255-1340

- Leadership & Practice (**Rossie**) (20 minutes) 1255-1315
- QSIP (**Lee**) (20 minutes) 1315-1335
 - CA ENA Disaster Coordinated Response
 - Updates from Poison Control Center
 - Trending Admissions: E-bikes, Viral Illnesses
 - AFSP Walk Out of the Darkness 9/10/22
 - Human Trafficking Update
- CalACEP Liaison (**Gannon**) no report this meeting



- Leadership Development (**Powers**) (5minutes)1335-1340
- CHA Liaison (**Rogers-Alvelais**) (5 minutes)1340-1345
- G. Break1345-1400
- H. Old Business (**All**) (15 minutes)1400- 1415
 - Committee email and Website Update (**Duke/Scott**)
 - Submit the exact change request using website
<https://californiaena.org/website-requests/>-
- I. Acknowledgement of Stressful/Tragic Events in the ED (**Lee/Rogers**) Roundtable Discussion/November 2022 Agenda Items (**A. Duke**) (15 minutes) 1415-1430
- J. State Council Adjournment (**Rogers**)1430
- K. Chapter Leaders and Committee Chairs/Chair-elect Meeting with BOD Liaison.....1430-1445
- Break1445-1500
- CE Offering..... 1500-1600
- L. Informational Items
 - Committee/Chapter Board Liaison List 2022

Committee	Chair/Chair-Elect	BOD Liaison
Education	Tobin Miller	Dianne
EMS Committee	Co-chairs Loreen Gutierrez & Leslie Duke	Dianne
EMS Commission	Carole Snyder	David
Government Affairs	Stephanie Jensen	Debby
Leadership & Practice Quality & Safety	Julie Rossie Jillian Lee	Krystal
Leadership Development	Matt Powers	Angela
Membership	Christine Marshall	Shelbie
Pediatrics	Deb Lugo, Chair & Lisa Chambers, Chair-elect	Krystal
Trauma	Megan Duke	Angela
Special Appointments		
Delegate Coordinator	Louise Hummel	Debby
ENAF Fundraiser	Diane Schertz	Dianne
ACEP Liaison	Mary Gannon	David
CHA Liaison	Shelbie Rogers-Alvelais	Shelbie
EMS APOT	Stephanie Jensen	AI
BRN Liaison	AI Duke	AI
Chapters	Chapter Rep/ Opportunity Drawing Mtg	BOD Liaison
Channel Islands	Ed Pulido/ Nov mtg	Angela
East Bay	Justin Kearns/Sarah Wells/ Aug mtg	Krystal
Greater Los Angeles	Carole Snyder/May mtg	David
Inland Empire	Leslie or Tyler/Jan mtg	Dianne
Kern County	Lark Bower/ Nov mtg	AI
Loma Prieta	Diane St Denis/Aug mtg	David
Mid-Valley	Janet Williams/ Nov mtg	Shelbie
Orange Coast	Flora Tomayo/May mtg	Dianne
Sacramento	Mark Wandro/ March mtg	Angela
San Diego County	Linda Rosenberg/ Jan mtg	AI
San Francisco Bay Area	Judith Scott/ Aug mtg	Shelbie
Superior	Kara Davis/ March mtg	Debby



M. Attachments

2022 ENA General Assembly Resolutions

Title	Resolve Clauses	Background	CA ENA Position
<p>Resolution GA22-02</p> <p>Augmenting Membership Growth and Sustainability Through the Creation of an ENA Membership Focused Outreach Group</p>	<p>Resolved, recommend ENA’s governing board create a voluntary membership focused outreach group to be charged with conducting focused membership outreach for the purpose of augmenting association membership communications, growth, and sustainability.</p>	<p>Author: Ellen “Ellie” Encapera RN, CEN</p> <p>Supporters: Texas ENA State Council many individuals</p> <p>Membership strategies guide association growth during good times and bad. Strategies need to flex to the times and adapt to the needs of the members both at home and abroad. Growing a strong membership base includes attracting and recruiting, engaging, and retaining members. While membership services are focused on providing valuable benefits and opportunities to members, state and local chapters are faced with the constant challenge of attracting and engaging members and nurturing future leaders. Leadership turnovers are always occurring; veteran leaders step aside as emerging leaders step up. Regional leaders are seeking answers to membership development strategies that work and asking these questions:</p> <ul style="list-style-type: none"> • How can we attract and onboard new members? • Who are they and where can we find them? • Once they choose to join us, how do we get them to engage? • What can we do to foster future leaders? • How can we keep them engaged and get them to stay? <p>How can we help each other, meet these regional leaders on a personal basis, and offer solutions to ongoing membership challenges? A voluntary membership focused outreach group comprised of a diverse mix of association membership advocates would fulfill this innovative member value, connecting state, chapter, and global member leaders with ENA’s membership management services. Group members would serve an assigned regional area of states, local chapters where they exist, and international sectors to provide an inviting platform (Autry, 2021) on which member leaders could address membership strategy concerns, share</p>	

		<p>experiences, and highlight successes. The results of interactive group discussions and member feedback would in turn be shared with ENA’s membership service staff through scheduled meetings. In addition to membership building topics, member feedback might also include member preferences and recommendations regarding effective communication efforts and potential barriers.</p>	
<p>Resolution GA22-03 Sustaining Just Culture</p>	<p>Resolved, ENA create a position statement endorsing and encouraging, the implementation of just culture;</p> <p>Resolved, ENA consider incorporating just culture, into the future development and revision of educational materials; and</p> <p>Resolved, ENA partner with other organizations in the dissemination of research initiatives identifying potential changes in patient safety and employee performance outcomes to strengthen a just culture.</p>	<p>Authors: Courtney Edwards DNP, MPH, RN, CCRN, CEN, TCRN, NEA Shawntay Harris MBA, MSN, MHA, RN, CEN, CPEN, NEA-BC, Barry Hudson BSN, RN Mary Leblond MSN, RN, CEN, CA- SANE, CP-SANE, FAEN Christine Russe MSN, RN, CEN, CPEN, TCRN, FAEN Sally K. Snow BSN, RN, CPEN, FAEN</p> <p>Supporters: Texas ENA State Council Connecticut ENA State Council Massachusetts ENA State Council</p> <p>The term “just culture” was first used in 2001 and widely adopted by hospitals following the release of the 1999 Institute of Medicine (IOM), now the National Academy of Medicine, report To Err is Human (IOM, 2000). Just culture reinforces safe patient care, which “creates an atmosphere of trust, encouraging and rewarding people for providing essential safety-related information” (ANA, 2010, p. 3) to contribute to a responsive healthcare environment assisting patients and all healthcare providers in delivering the highest quality safe practice and safe care. The just culture model focuses on improving system design and managing at-risk behaviors by creating an open and fair learning culture geared towards designing safe systems and managing behavioral choices resulting in successful outcomes (Marx, 2019). The focus of the just culture model is on the prevention of harm before it occurs, and as such, has documented success in reducing errors and improving outcomes (Boysen, 2013).</p> <p>A just culture improves patient safety through the creation of an environment of shared accountability, evaluating systems and individual behavioral choices. There</p>	



		<p>are three expected types of behaviors including human error, at-risk behaviors, and reckless behaviors. Human error is an inadvertent action or inadvertently doing something other than what should have been done. At-risk behaviors are those which increase risk where risk is not recognized or is mistakenly believed to be justified. Reckless behavior is a choice to consciously disregard a substantial and unjustifiable risk (ISMP, 2012).</p>	
<p>Resolution GA22-04</p> <p>Opposing the Criminalization of Medical Errors</p>	<p>Resolved, recommends that ENA establish a workgroup to identify research and resources that can be used to increase transparency, inclusion, and collaboration among legislators, regulatory agencies, employers, nurses, the public, and prosecutorial staff on the importance of peer review and just culture as a means to improve patient safety; and</p> <p>Resolved, that ENA draft a position statement that opposes the criminalization of medical errors and emphasizes a message that criminal prosecution of nurses should be reserved for those that have been investigated by the state nursing regulatory body and willfully caused harm.</p>	<p>Author: Kathy Robinson, RN, FAEN</p> <p>Supporters: Kentucky ENA State Council201 Pennsylvania ENA State Council202 Texas ENA State Council</p> <p>Resources are needed to support nurses in identifying strategies to protect themselves from criminal liability when willfully and honestly coming forward to report medical errors. Resources for educating those creating and implementing legislative and law enforcement processes for patient safety cultures that improve care are need as well.</p>	
<p>Resolution GA22-05</p> <p>A Workers' Compensation and Insurance Bill to Include Psychological Injuries in the Definition of "Injury" for Healthcare Workers and First Responders</p>	<p>Resolved, ENA will work with other organizations and stakeholders to advocate for development of legislation that will include mental and psychological injury in the definition of "injury" for workers compensation claims for healthcare workers and first responders.</p>	<p>Author(s): Jaime Stephens Davenport, MSN, RN, NREMT, CEN, CPEN, TCRN, NE-BC, CCRN, CFRN, CTRN</p> <p>Supporter(s): Kentucky ENA State Council Colorado ENA State Council Nevada ENA State Council Oklahoma ENA State Council Texas ENA State Council</p> <p>Research over the last 20 years has shown that healthcare workers and first responders are at a significantly</p>	

		<p>greater risk of mental health problems and suicide than the general population (Hamed et al., 2020; Jones et al., 2019; Lewis-Schroeder et al., 2018; Salari et al., 2020) After surveying jobs, healthcare workers and first responders consistently ranked within the top 20 with mental health problems, all suffering at a rate that is 80% higher than other occupations surveyed (Salari et al., 2020)</p> <p>“Overall, 88% of nurses had depression, anxiety, post-traumatic stress disorder, or burnout syndrome” (Hamed et al., 2020, para. 6). Approximately 30 – 40% of first responders experience ASD and PTSD, a rate like that of military veterans and much higher than the general population (8%) (Jones et al., 2019; Lewis-Schroeder et al., 2018). These elevated rates of mental health problems often lead to poor outcomes for healthcare workers and first responders. Many of them turning to poor coping mechanisms and suicide (SAMHSA, 2018).</p>	
<p>Resolution GA22-06 Fentanyl Testing Limitations in the ED</p>	<p>Resolved, that ENA develop education materials and conduct an information campaign to inform ED health care providers of the limitations of urine toxicology screening that does not include fentanyl;</p> <p>Resolved, that ENA encourage its members to use these materials to educate their colleagues and hospital administrators about the importance of ensuring routine drug toxicology screening includes fentanyl; and</p> <p>Resolved, that ENA collaborate with relevant organizations to identify and reduce barriers to testing for fentanyl and partner together to inform health care providers of the limitations of routine drug toxicology screening</p>	<p>Author(s) California State Council, Emergency Nurses Association Jennifer Denno, MSN, RN, NPD-BC, CEN, CPEN, FAEN187 Mary Gannon, MSN, RN, CEN Louise Hummel, MSN, RN, CNS, CEN, TCRN, FAEN Stephanie Jensen, MSN, RN, MICN Debby Rogers, MSN, RN, CNS, FAEN Vicki Sweet, MSN, RN, CEN, MICN, FAEN</p> <p>Supporter(s): Texas ENA State Council</p> <p>It is common practice in many hospitals/EDs to perform urine toxicology screening to test for the presence of drugs of abuse, yet these same tests may not routinely identify fentanyl or other synthetic drugs. (Moeller et al., 2008).</p> <p>Whether consumption of illicit fentanyl is unintentional or deliberately taken for an added “high,” a lack of awareness of the potential for poisoning and death underscores the need for rapid identification in EDs. Equally as important is the opportunity to educate a patient who may have ingested fentanyl, and this</p>	



	<p>tests as related to fentanyl.</p>	<p>education may provide a pathway to their rehabilitation.</p>	
<p>Resolution GA22-07</p> <p>Development of Dignity Standards for the Care of the Behavioral Health Patient in the ED</p>	<p>Resolved, that the Emergency Nurses Association (ENA) support research to investigate the emotional impacts of behavioral health patients boarding in the ED;</p> <p>Resolved, that ENA will revise and develop evidence-based and ethically supported standards for the care of BH patients in the ED and that those standards should support evidence based environmental requirements such as natural light, privacy, and emotional support; and Resolved, that ENA will recommend specific, developmentally appropriate therapeutic interventions to support empathetic care</p>	<p>Author(s): Daniel Nadworny DNP,RN,FAEN Jessica Marcoux DNP,RN,NE-BC, CEN</p> <p>Supporter(s): Massachusetts ENA State Council Vermont ENA Sate Council</p> <p>On arrival at an ED, patients are often in active psychiatric crisis, and interventions such as seclusion, medication support, and restraints are necessary to ensure the safety of patients, staff, and the community. Once the patient is stabilized, the patient is assessed, and a risk stratification tool such as the Columbia Suicide Screening is completed. The patients with the most significant risk and need for care are identified as needing an inpatient level of care, and a bed search is started. This process can range from hours to weeks, depending on the regional or state processes surrounding behavioral health patient placement and available placement capacity. Delays in patient disposition resulting in ED boarding are well documented from by sources in the United States and other countries such as Canada (Major et al., 2021). Patients may be held in hallways or in group locations based on constraints on EDs and resources available. The continued care in these locations while safe can be overstimulating to patients.</p>	
<p>Resolution GA22-08</p> <p>International Inclusivity</p>	<p>Resolved, ENA will identify and support changes to use inclusive language within Position Statements, Clinical Practice guidance, and other education materials and other forms of communication to ensure inclusion of the international community;</p> <p>Resolved, ENA will consider the development of a process which are inclusive and respectful of international specialty certifications;</p>	<p>Author(s): Alison Day, PhD, PGCE, RN, FAEN. Dawn Peta BN, RN, ENC(C) Paul Lacey BScN, RN, ENC(C) Walter Lugari, BSN, RN,</p> <p>Whilst international membership is relatively small (640 members as of April 2022), membership is from countries. Whilst practice differences exist between health care systems, similarities enable shared learning opportunities through recognition of skills, certification, collaboration, and sharing of practice issues and standards.</p> <p>The International Advisory Committee aims to 1) foster international partnerships. 2) partner with the ENA Foundation to foster a culture of philanthropy internationally and 3) increase international membership and</p>	



	<p>Resolved, ENA will continue to collaborate with existing nursing organizations globally to ensure inclusive educational opportunities, respecting diversity and enabling participation through the removal of geographical, cultural, and language barriers; and</p> <p>Resolved, ENA will ensure educational opportunities exist for international members to develop their skills through accredited education and utilize opportunities to provide global content relevant to international members.</p>	<p>visibility in ENA. However, there is not currently an international state/chapter structure to enable international members to have a voice, to serve as a decision-making body, to and foster a direct connection between ENA and their growing international membership. Additionally, recognition of comparable credentials and the provision of inclusive international practice resources with common language would aid inclusion and enhance worldwide collaboration and engagement</p>	
--	--	---	--