2023 General Assembly Handbook

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2023 General Assembly
Business Agenda

WEDNESDAY, SEPTEMBER 20, 2023

1. General Assembly
   a. Opening Ceremonies
   b. Call to Order and Introductions
   c. Credentials Report
   d. Adoption of General Assembly Standing Rules of Procedure
   e. Adoption of Business Agenda
   f. President Address
   g. President-Elect Address
   h. Secretary/Treasurer Report
   i. Chief Executive Officer Report
   j. ENA Foundation Chairperson Report
2. Open Reference Hearings of Proposed Bylaws Amendment Proposals and Resolutions

THURSDAY, SEPTEMBER 21, 2023

1. General Assembly
   a. Call to Order
   b. Credentials Report
2. Adoption of Business and Consent Agendas
3. Consideration of Proposed Bylaws Amendment Proposals and Resolutions (Debate and Vote)

2023 General Assembly Schedule

TUESDAY, SEPTEMBER 19

6-7 p.m. ..... Delegate Orientation

WEDNESDAY, SEPTEMBER 20

6:30-7:30 am ..... General Assembly Delegates Breakfast
6:30-7:30 am ..... Keypad Registration
7:30-8:30 am ..... General Assembly
- Opening Ceremonies
- Call to Order and Introductions
- Credentials Report
- Adoption of General Assembly Standing Rules of Procedure
- Adoption of Business Agenda

8:30-8:35 am ..... President Address
8:35-8:40 am ..... President-Elect Address
8:40-8:45 am ..... Secretary/Treasurer Report
8:45-8:50 am ..... Chief Executive Officer Report
8:50-8:55 am ..... ENA Foundation Chairperson Report
8:55-9:20 am ..... Open Reference Hearings
9:20-9:30 ..... Memorial Presentation
9:30-10:00 am ..... **BREAK**
10:00-11:30 am ..... Open Reference Hearings
11:30 am ..... Adjournment

THURSDAY, SEPTEMBER 21

7-7:45 a.m. ..... Amendment Assistance
8-9 a.m. ..... Review Day 1 report and amendments/General Assembly Delegates Breakfast
8-9 a.m. ..... Keypad Registration
9-9:15 a.m. ..... General Assembly
- Call to Order
- Credentials Report
- Adoption of Business and Consent Agendas

9:15-10:30 a.m. ..... Consideration of Proposed Bylaws Amendment Proposals and Resolutions (Debate and Vote)
10:30-11 a.m. ..... **BREAK**
11 a.m.-12 p.m. ..... Consideration of Proposed Bylaws Amendment Proposals and Resolutions (Debate and Vote)
12-1 p.m. ..... **LUNCH BREAK (on own)**
1-3 p.m. ..... Consideration of Proposed Bylaws Amendment Proposals and Resolutions (Debate and Vote)
3 p.m. ..... General Assembly Adjournment

2023 General Assembly Officials

General Assembly Chair/President	Terry M. Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN *Kentucky*
Credentials Chairperson/Immediate	Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC *Maine*
President-Elect	Chris Dellinger, MBA, BSN, RN, FAEN *West Virginia*
Secretary/Treasurer	Ryan Oglesby, PhD, MHA, RN, CEN, CFRN, NEA-BC *Florida*
Directors	Dustin Bass, MHA, BSN, RN, CEN, NEA-BC *North Carolina*
	Joop Breuer, RN, FAEN *Netherlands*
	Vanessa Gorman, MSN, RN, CCRN, FAEN, FCENA *Australia*
	Chris Parker, MSN, RN, CEN, CPEN, CFRN, CNL, NRP, TCRN *Virginia*
	Jack Rodgers, MBA, BSN, RN, EMT-P, CEN, FAEN *Georgia*
	Rachael Smith, MSN, RN, CEN, CCRN, CPEN, CNE, TCRN *Connecticut*
Emerging Professional	Nisreen Atta, MSN-ED, RN *Wisconsin*
Chief Executive Officer	Nancy MacRae, MS *Illinois*
Parliamentarian	Michael Taliercio
Legal Counsel	Kimberly Pendo

Standing Rules of Procedure of the ENA General Assembly

GENERAL

1. The General Assembly Standing Rules of Procedure may be suspended by a majority vote or amended or rescinded by a two-thirds vote. If notice of the proposed action was given in the call for the meeting, they may be amended or rescinded by a majority vote.

2. Delegates and alternate delegates shall wear name badges designating their delegate status.

RESOLUTIONS

3. Resolutions may be authored and submitted by the ENA Board of Directors, ENA committees, the *Journal of Emergency Nursing* Editorial Board, a state council or chapter, or by a voting ENA member.
4. The submission deadline for resolutions shall be May 23, 2023.

5. The General Assembly may consider resolutions received after the published deadline and by a two-thirds vote, provided all other criteria have been met. Notice of such resolutions shall be sent to state captains.

COMPOSITION

6. State council delegates shall be apportioned based on the ratio of members in the state or territory to the total ENA membership as of May 15 in accordance with the ENA Bylaws. International delegates shall be allocated in accordance with the ENA Bylaws. ENA headquarters will send necessary information for designating delegates, alternate delegates and state captains to state councils.

7. Each state council must formally register delegates and alternate delegates with the ENA headquarters no later than noon Central time on September 18, 2023.

8. The state captain shall be selected as soon as possible but no later than 75 days prior to the General Assembly (i.e., on or before July 7, 2023)

9. The ENA Immediate Past President shall oversee the credentials process.

10. A keypad will be assigned to each delegate. Delegates are responsible for checking out their own keypad. Delegates may not give their keypad to another delegate to cast their vote.

11. A member registered as an alternate delegate may be transferred to delegate status, provided that no state delegation exceeds the maximum number of delegates allotted. The state captain shall sign

authorizations to change delegates' status. A delegate who turns over his or her duties to an alternate delegate must report to the keypad desk with the alternate to exchange keypads. If the delegate wishes to resume his or her duties, the keypads must be exchanged in the same way.

12. Delegates and alternates shall attend all General Assembly meetings and complete the post General Assembly evaluation in order to receive a certificate of service.

REFERENCE HEARINGS

13. The author (or their designee) of a resolution or bylaw amendment proposal will present, via video, their resolution/proposal at the Reference Hearing for up to two (2) minutes. Such time will not be counted in the total time for discussion.

14. The Resolutions Committee shall determine the order of consideration of action items (except subsidiary amendments) that have been submitted for the second day of General Assembly. Delegates may change this order by a two-thirds vote.

15. Amendments to resolutions or Bylaws proposals must be submitted in accordance with the deadline set by the chair of the General Assembly. Amendments not submitted by the deadline shall require a non-debatable two-thirds vote to consider and a two-thirds vote to adopt.

16. Amendments to proposals shall be made available to the delegates as soon as possible after the amendments have been processed by the Resolutions Committee following the reference hearings.

DEBATE

17. The Resolutions Committee will determine the order in which the General Assembly will consider, debate and vote on resolutions and bylaw amendment proposals.

18. After being recognized, delegates and ENA past presidents shall give their name and affiliation before beginning to speak.

19. A delegate may request that an individual without speaking rights be allowed to speak. A majority vote shall be required to grant the request.

20. The author or designee shall be given the right to speak first for up to two minutes; such time shall not be counted in the total time for debate.

21. Within the allotted debate time, a delegate may speak for up to two minutes when recognized to speak on a main motion and up to one minute when recognized to speak on any other debatable motion.

22. Debate will alternate "pro" and "con," as much as possible, and each delegate shall be allowed only one turn to speak in each queue. If an amendment or other debatable motion is made that takes priority over the pending question, the existing queue will be saved and a new queue will be opened.

Once that priority motion is completed, the previous queue will be reopened and debate will resume on the pending question.

23. The total debate time allotted for each Bylaws amendment proposal and resolution shall be 10 minutes. If there are speakers in the queue when the debate time expires, the chair shall take a vote on whether to extend debate for an additional five minutes.

ADMINISTRATIVE

24. The Resolutions Committee shall be authorized to correct article and section designations, punctuation and references in the Bylaws, Election Rules, and General Assembly Standing Rules of Procedure as may be necessary to reflect the intent of the General Assembly.

25. Following the conclusion of General Assembly, the draft General Assembly minutes shall be sent electronically to all state captains and the ENA Board of Directors for a 10-day review and comment period. The minutes shall be subsequently approved by the Resolutions Committee.

26. The status of resolutions adopted by the General Assembly will be made available to the ENA membership through ENA publications and the General Assembly website.

Proposal to Amend Bylaws

Proposal Number: **GA23-01**

Title: Membership Categories

Article and Section: Article III: Members Section 2: Classifications and Criteria
Article V: Meetings: Section 1: General Assembly

Current bylaws language:

ARTICLE III; Members: Section 2

Section 2. Classifications and Criteria. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

A. A. Voting Members – voting members shall be classified as national, international, senior, and military ("Voting Members"). Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.

1. National membership may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.
2. International Membership may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.
3. Senior membership may be granted to a licensed (or the equivalent thereto) professional registered nurse who is age 65 or older.
4. Military membership may be granted to a professional registered nurse licensed in the United States or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.

B. Nonvoting Members – nonvoting members shall be classified as affiliate, student and honorary ("Nonvoting Members"). Nonvoting Members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions.

1. Affiliate membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA but does not otherwise meet the criteria for voting membership in ENA.
2. Student membership may be granted to any individual enrolled in a primary nursing education program leading to eligibility for licensure as a professional registered nurse.
3. Honorary membership may be awarded to an individual meeting such criteria as shall be determined by the president and the Board of Directors.

ARTICLE V: Meetings: Section 1: General Assembly

Section 1. General Assembly

A. The General Assembly shall be composed of delegates from states territories, federal districts, and international delegates representing the international members.

Proposal to Amend Bylaws

Proposed changes:

Article III: Section 2

Section 2. Classifications and Criteria. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

~~A. A.~~ Voting Members – ~~voting members shall be classified as national, international, senior, and military ("Voting Members").~~ Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.

~~1. National membership may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.~~

~~2. International Membership may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.~~

~~3. Senior membership may be granted to a licensed (or the equivalent thereto) professional registered nurse who is age 65 or older.~~

~~4. Military membership may be granted to a professional registered nurse licensed in the United States or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.~~

B. Nonvoting Members – ~~nonvoting members shall be classified as affiliate, student and honorary ("Nonvoting Members").~~ Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting Members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions.

~~1. Affiliate membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA but does not otherwise meet the criteria for voting membership in ENA.~~

~~2. Student membership may be granted to any individual enrolled in a primary nursing education program leading to eligibility for licensure as a professional registered nurse.~~

~~3. Honorary membership may be awarded to an individual meeting such criteria as shall be determined by the president and the Board of Directors.~~

Article V: Meetings: Section 1: General Assembly

Section 1. General Assembly

A. The General Assembly shall be composed of delegates from states territories, federal districts, and ~~international delegates~~ those members representing the international membership.

Proposal to Amend Bylaws

Bylaws language if adopted:

Article III: Section 2

Section 2. Classifications and Criteria. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

A. Voting Members – Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.

B. Nonvoting Members – Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting Members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions.

Article V: Section 1

Section 1. General Assembly

A. The General Assembly shall be composed of delegates from states territories, federal districts, and those members representing the international membership.

Rationale:

Over the last few years, we have spent many hours as a delegation discussing member categories. This time is exponentially larger if you take into consideration the time spent by the authors, the Resolutions Committee, the Board of Directors, legal counsel, and the time spent by individual state delegations. Currently, we only have two main categories. Members in ENA can only be voting or non-voting members.

The only benefit afforded to subsets of these categories is a discounted rate on their membership dues. As a delegation, we do not set the rates for member dues. Although it is honorable to identify and recognize each individual sub group, this does not need to be called out in the bylaws of our organization. In addition, this increases the flexibility of creating additional subcategories as we do not need to amend the bylaws in order to include potential additional groups.

Based on our discussion with ENA headquarters:

- The rationale for this amendment is best described as clarifying and preserving the intent of Section 2, while removing barriers to growth, engagement, and inclusion. We aspire to support emergency nurses globally at all career stages.
- ENA currently has 7 categories of membership defined in the Bylaws Article III Section 2. These include 10 different annual prices (excluding state council surcharges) with 2 dues rates for Students and 2 dues rates for international members.

Proposal to Amend Bylaws

- ENA is implementing a new set of 3 additional dues rates for recently graduated nurses that are applicable to current National, International, and Military member categories defined in the bylaws, which would bring the potential dues rates listed to 19.
- The benefits of membership for Voting member categories are identical. The benefits of membership for Non-Voting members are also identical.
- For General Assembly Delegate apportionment, Article V does require identification of members by State Council and "international".
- The intent of Section 2 is clear – that as a nurse-founded and focused organization, voting and leadership should be limited to members who are "licensed (or the equivalent thereto) professional registered nurses". Removing the membership subcategories from the bylaws does not change the intent of Section 2. However, their removal would allow ENA to simplify its marketing and communication around membership to non-members. These potential members currently see a list of options that has caused confusion. https://www.ena.org/membership/membership-options)

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Proposal to Amend Bylaws

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Letter of Intent
As authors of this bylaw amendment, we hope to simplify our current bylaws. Subsets of membership categories and recognized membership discount should be set by the national office and does not need to be debated by the General Assembly.

As we drafted this amendment, we also considered international members. Please note that some of our authors are international members.

Proposal to Amend Bylaws

Proposal Number: **GA23-02**

Title: Expanding Councils for International Inclusivity

Article and Section: Article VIII Sections 1-3

Current bylaws language:

Section 1. State Councils

Voting Members of ENA who are licensed or reside within a particular state, commonwealth, federal district, territory or possession of the United States (the "territory") may be organized as a constituent of ENA (each of which is referred to as a "State Council"). The Board of Directors may authorize the establishment of State Councils which shall:

i. be organized and operated in accordance with these Bylaws, and such additional rules, regulations and policies as may be adopted by the Board of Directors from time to time;
ii. fulfill criteria for affiliation as may be established by the Board of Directors from time to time;
iii. enter into charter agreements with ENA, as determined by ENA;
iv. be issued a charter by ENA; and
v. organize and conduct their activities in such a manner as to establish its fundamental alignment and functional compatibility with ENA.

A. State Council's general purposes and objectives shall be complementary and consistent, on a local basis within its territory, with those of ENA and the State Council will advance the general and specific purposes of ENA within its territory. All members of a State Council must be members of ENA in good standing.

Section 2. Application for Recognition as a State Council

The Board of Directors, or its designee(s) shall adopt an application form and procedures to facilitate the consideration of applicants seeking to be organized as a State Council. All applicants must complete the application form and submit the application, along with the designated fee, if any, to ENA's administrative office. The Board of Directors or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these bylaws and such other guidelines as the Board of Directors may prescribe, if applicants meet the qualifications necessary for recognition as a State Council.

A. Charters for the operation of State Councils may be revoked by the Board of Directors according to due process procedures established by the Board of Directors. Upon revocation of a State Council's charter, the State Council immediately shall remit all of its funds (after satisfying any existing debts or obligations) and records to ENA national office.
B. No State Council or other entity shall use ENA's name or trademarks in any manner whatsoever unless duly authorized to do so by ENA pursuant to the terms of a written agreement or policy.
C. ENA shall fund chartered State Councils pursuant to a formula determined by the Board of Directors based on the State Council's membership.
D. Each State Council shall be incorporated as a not-for-profit corporation, have a Board of Directors, officers and bylaws in such form as shall be approved by the Board of Directors or its designee(s). State Councils must maintain voting membership categories and criteria that are identical to ENA's. Any changes to a State Council's bylaws require the prior written approval of the Board of Directors, or its designees(s).
E. Each State Council may hold such meetings as it deems appropriate.
F. Members may belong to only one State Council.
G. A member of a State Council may transfer to another State Council by written request to ENA.

Proposal to Amend Bylaws

Section 3. Local Chapters
Voting members of the same State Council that are licensed or reside within the same local geographical territory may be organized as a local chapter by the State Council and each such local chapter will be an integral part of such State Council (i.e., it shall operate and function as a committee or special interest group of the State Council) (each of which is referred to as a "Local Chapter"). The name, boundaries, eligibility requirements for Local Chapters, and policies and procedures governing their operations, shall be determined by the State Council, subject to the prior written approval of the Board of Directors, and such rules and policies as may be adopted by the Board of Directors from time to time. A State Council is responsible for overseeing and managing the activities of its Local Chapters and shall have the right to disband or dissolve any Local Chapter it creates, with appropriate due cause.

Proposed changes:
Section 1. ~~State~~ Councils
Voting Members of ENA who are licensed or reside within a ~~particular state, commonwealth, federal district, territory or possession of the United States~~ **clearly defined region, country, state, province, or other geographical area** (the "territory") may be organized as a constituent of ENA (each of which is referred to as a "~~State~~ Council"). The Board of Directors may authorize the establishment of ~~State~~ Councils which shall:

i. be organized and operated in accordance with these Bylaws, and such additional rules, regulations and policies as may be adopted by the Board of Directors from time to time;
ii. fulfill criteria for affiliation as may be established by the Board of Directors from time to time;
iii. enter into charter agreements with ENA, as determined by ENA;
iv. be issued a charter by ENA; and
v. organize and conduct their activities in such a manner as to establish its fundamental alignment and functional compatibility with ENA.

A. ~~State~~ Council's general purposes and objectives shall be complementary and consistent~~, on a local basis within its territory,~~ with those of ENA and the ~~State~~ Council will advance the general and specific purposes of ENA within its territory. All members of a ~~State~~ Council must be members of ENA in good standing.

Section 2. Application for Recognition as a ~~State~~ Council
The Board of Directors, or its designee(s) shall adopt an application form**, criteria,** and procedures **for application review** to facilitate the consideration of applicants seeking to be organized as a ~~State~~ Council and **approve those who meet the qualifications**. ~~All applicants must complete the application form and submit the application, along with the designated fee, if any, to ENA's administrative office.~~ The Board of Directors or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these bylaws and such other guidelines as the Board of Directors may prescribe, if applicants meet the qualifications necessary for recognition as a **~~State~~** Council.

~~C.~~ **A.** ENA shall fund chartered ~~State~~ Councils pursuant to a formula determined by the Board of Directors ~~based on the State Council's membership~~.
~~D.~~ **B.** Each ~~State~~ Council shall be incorporated as a not-for-profit corporation **(or the equivalent thereto)**, have a Board of Directors, officers and bylaws in such form as shall be approved by the Board of Directors or its designee(s) **consistent with applicable local laws and regulations in the country of incorporation**. ~~State~~ Councils must maintain voting membership categories and criteria that are identical to ENA's. Any changes to a ~~State~~ Council's bylaws require the prior written approval of the Board of Directors, or its designees(s).
~~E.~~ **C.** Each ~~State~~ Council may hold such meetings as it deems appropriate.

Proposal to Amend Bylaws

~~F.~~ **D.** Members may belong to only one ~~State~~ Council.
~~G.~~ **E.** A member of a ~~State~~ Council may transfer to another ~~State~~ Council by written request to ENA.
~~A.~~ **F.** Charters for the operation of ~~State~~ Councils may be revoked by the Board of Directors according to due process procedures established by the Board of Directors. Upon revocation of a ~~State~~ Council's charter, the ~~State~~ Council immediately shall remit all of its funds (after satisfying any existing debts or obligations) and records to ENA ~~national office~~.
~~B.~~ **G.** No ~~State~~ Council or other entity shall use ENA's name or trademarks in any manner whatsoever unless duly authorized to do so by ENA pursuant to the terms of a written agreement or policy.

Section 3. ~~Local~~ Chapters
Voting members of the same ~~State~~ Council that are licensed or reside within the same ~~local geographical~~ territory may be organized ~~as a local chapter~~ by the ~~State~~ Council ~~and each such~~ **as a** ~~local~~ chapter **(each a "Chapter"). Each Chapter** will be an integral part of ~~such State~~ **the** Council (i.e., it shall operate and function as a committee or special interest group of the ~~State~~ Council) ~~(each of which is referred to as a "Local Chapter")~~. The name, boundaries, eligibility requirements for ~~Local~~ Chapters, and policies and procedures governing their operations, shall be determined by the ~~State~~ Council, subject to **applicable local laws,** the prior written approval of the Board of Directors, and such rules and policies as may be adopted by the **Council or** Board of Directors from time to time. A ~~State~~ Council is responsible for overseeing and managing the activities of its ~~Local~~ Chapters and shall have the right to disband or dissolve any ~~Local~~ Chapter it creates, with appropriate due cause.

Bylaws language if adopted:

Section 1. Councils

Voting Members of ENA who are licensed or reside within a clearly defined region, country, state, province, or other geographical area (the "territory") may be organized as a constituent of ENA (each of which is referred to as a "Council"). The Board of Directors may authorize the establishment of Councils which shall:

i. be organized and operated in accordance with these Bylaws, and such additional rules, regulations and policies as may be adopted by the Board of Directors from time to time;
ii. fulfill criteria for affiliation as may be established by the Board of Directors from time to time;
iii. enter into charter agreements with ENA, as determined by ENA;
iv. be issued a charter by ENA; and
v. organize and conduct their activities in such a manner as to establish its fundamental alignment and functional compatibility with ENA.

A. Council's general purposes and objectives shall be complementary and consistent with those of ENA and the Council will advance the general and specific purposes of ENA within its territory. All members of a Council must be members of ENA in good standing.

Section 2. Application for Recognition as a Council

The Board of Directors, or its designee(s) shall adopt an application form, criteria, and procedures for application review to facilitate the consideration of applicants seeking to be organized as a Council and approve those who meet the qualifications. The Board of Directors or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these bylaws and such other guidelines as the Board of Directors may prescribe, if applicants meet the qualifications necessary for recognition as a Council.

Proposal to Amend Bylaws

A. ENA shall fund chartered Councils pursuant to a formula determined by the Board of Directors.
B. Each Council shall be incorporated as a not-for-profit corporation (or the equivalent thereto), have a Board of Directors, officers and bylaws in such form as shall be approved by the Board of Directors or its designee(s) consistent with applicable local laws and regulations in the country of incorporation. Councils must maintain voting membership categories and criteria that are identical to ENA's. Any changes to a Council's bylaws require the prior written approval of the Board of Directors, or its designees(s).
C. Each Council may hold such meetings as it deems appropriate.
D. Members may belong to only one Council.
E. A member of a Council may transfer to another Council by written request to ENA.
F. Charters for the operation of Councils may be revoked by the ENA Board of Directors according to due process procedures established by the Board of Directors. Upon revocation of a Council's charter, the Council immediately shall remit all of its funds (after satisfying any existing debts or obligations) and records to ENA.
G. No Council or other entity shall use ENA's name or trademarks in any manner whatsoever unless duly authorized to do so by ENA pursuant to the terms of a written agreement or policy.

Section 3. Chapters

Voting members of the same Council that are licensed or reside within the same territory may be organized by the Council as a chapter (each a "Chapter"). Each Chapter will be an integral part of the Council (i.e., it shall operate and function as a committee or special interest group of the Council). The name, boundaries, eligibility requirements for Chapters, and policies and procedures governing their operations, shall be determined by the Council, subject to applicable local laws, the prior written approval of the Board of Directors, and such rules and policies as may be adopted by the Council or Board of Directors from time to time. A Council is responsible for overseeing and managing the activities of its Chapters and shall have the right to disband or dissolve any Chapter it creates, with appropriate due cause.

Rationale:

We are submitting this Bylaw Amendment to further the resolved clauses of the adopted GA22-08 "International Inclusivity" Resolution, particularly "... enabling participation through the removal of geographical, cultural, and language barriers" (Peta, 2022). The proposed amendments empower non-US members to develop an equal voice with the full support of ENA, to self-govern and self-direct resources toward practice advancement specific to their unique needs and foster a direct connection between ENA and the growing non-US membership, further supporting inclusivity.

ENA has committed to advancing excellence and inclusivity to emergency nurses globally, most recently amending the Bylaws to allow members 65 or older access to "Senior" membership regardless of their country of residence (ENA, 2023). Leaders who embrace inclusivity harness the potential to build relationships, generate engagement and staff buy-in, increase performance, and enable positive health outcomes as well as a positive staff and patient experience (Morrison, 2021).

ENA's vision includes being "indispensable to the global community" and ensuring "emergency nurses globally have access to high quality education and resources to provide excellent care" (ENA, Strategic Plan, 2020). US States receive financial support from ENA to fund local operations. Without a similar structure, non-US ENA member groups do not receive similar support (ENA, Procedures, 2017).

Proposal to Amend Bylaws

In their "Global Strategic Direction for Nursing and Midwifery 2021-2025", the World Health Organization cites the need to "invest in leadership skills development" and engage nurses in various organizations to broaden their skills and improve access to development opportunities (World Health Organization, 2021).

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Proposal to Amend Bylaws

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World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021-2025*. Genva: World Health Organization. Retrieved from https://www.who.int/publications/i/item/9789240033863

Letter of Intent

We are submitting this Bylaw Amendment to further the resolved clauses of the adopted GA22-08 "International Inclusivity" Resolution, particularly "... enabling participation through the removal of geographical, cultural, and language barriers" (GA22-08). ENA has committed to advancing excellence and inclusivity to emergency nurses globally, most recently amending the Bylaws to allow members 65 or older access to "Senior" membership regardless of their country of residence (Article III Sec. 2). non-US membership, further supporting inclusivity.

Proposal to Amend Bylaws

Proposal Number: **GA23-03**

Title: Leadership Development and Elections Committee

Article and Section: Article IX Committees Section 2: Standing Committees

Current bylaws language:

ARTICLE IX
COMMITTEES

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the Nominations and Elections Committee or as otherwise set forth below.

Section 2. Standing Committees

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and Nominations and Elections Committee. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

Nominations and Elections Committee.

1. Composition
   a. The Nominations and Elections Committee shall consist of seven Voting Members elected to serve on the Nominations and Elections Committee in the ENA national election: one member from each of six regions who has not previously served on the Board of Directors, and one member who has served on the Board of Directors. Nominations and Elections Committee members may only represent the region in which they hold a voting membership.
   b. The six regions shall be established by Nominations and Elections Committee policy. Each region shall be composed of states with geographic proximity and relatively equal membership distribution.
   c. A Nominations and Elections Committee chairperson shall be elected each year by the incoming Nominations and Elections Committee.
2. Qualifications
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during

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each of the previous five years immediately prior to submitting their candidate application.

b. Candidates shall have served in an elected or committee position on the local, state or national level within the previous five years.

c. Candidates must also have attended at least one ENA General Assembly within the previous three years.

d. Members of the Nominations and Elections Committee may not run for or serve in any ENA board position during their tenure on the Nominations and Elections Committee, and may not serve more than two consecutive elected terms on the Nominations and Elections Committee.

3. Elections
   a. Elections for the Nominations and Elections Committee shall be held annually. Members shall serve for a three-year terms with terms beginning January 1 and ending on December 31, or until such time as their successors are duly elected, qualified and take office. Voting Members shall be elected to serve on the Nominations and Elections Committee each year.
   b. All Voting Members shall have the opportunity to elect Nominations and Elections Committee members by ballot from all regions. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.
4. Overview
   a. The Nominations and Elections Committee has general oversight of the national election. The Committee shall solicit and mentor potential candidates and review national candidate applications.
   b. The Nominations and Elections Committee will provide periodic updates to the Board of Directors regarding the progress of their charges.
   c. The Nominations and Elections Committee shall present a qualified slate of candidates to the Board of Directors for its review and discussion prior to presenting the slate to the membership. Following such review and discussion, the Nominations and Elections Committee shall present the slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).
5. Vacancies
   a. A vacancy in the chairperson position shall be filled by a majority vote of the Nominations and Elections Committee.
   b. A vacancy of a committee member shall be filled by the candidate who received the next highest number of votes from that region or as the past board member in the most recently completed election.
   c. In the event of a committee member vacancy from an uncontested election, a qualified candidate must be nominated and elected by the state council presidents of the region affected by the vacancy according to the Nominations and Elections Committee election process, meeting the same requirements set forth in the bylaws as any potential candidate.
   d. The committee position may remain vacant as approved by the Nominations and Elections Committee if less than six months remain of the unexpired term.

Proposed changes:

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the ~~Nominations~~ **Leadership Development** and Elections Committee or as otherwise set forth below.

Section 2. Standing Committees

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such

Proposal to Amend Bylaws

committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and ~~Nominations~~ **Leadership Development** and Elections Committee. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

~~Nominations~~ **Leadership Development** and Elections Committee.

1. Composition
   a. The ~~Nominations~~ **Leadership Development** and Elections Committee shall consist of **up to eleven (11)** ~~seven~~ Voting Members elected to serve on the ~~Nominations~~ **Leadership Development** and Elections Committee in the ENA national election. ~~one member from each of six regions who has not previously served on the Board of Directors, and one member who has served on the Board of Directors. Nominations and Elections Committee members may only represent the region in which they hold a voting membership.~~
   b. **At least one-third (1/3) but not more than one-half (1/2) of the members of the Leadership Development and Elections Committee shall have served on the ENA Board of Directors within the ten (10) year period prior to their election to the Leadership Development and Elections Committee.**
   b. ~~The six regions shall be established by Nominations and Elections Committee policy. Each region shall be composed of states with geographic proximity and relatively equal membership distribution.~~
   c. A ~~Nominations~~ **Leadership Development** and Elections Committee chairperson shall be elected each year by the incoming ~~Nominations~~ **Leadership Development** and Elections Committee.
2. Qualifications
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during each of the previous five years immediately prior to submitting their candidate application.
   b. Candidates shall have served in an elected or committee position on the local, state or national level within the previous five years. **Candidates with Board experience must have served on the ENA Board of Directors within the ten (10) year period prior to their election.**
   c. Candidates must also have attended at least one ENA General Assembly within the previous three years.
   d. Members of the ~~Nominations~~ **Leadership Development** and Elections Committee may not run for or serve in any ENA board position during their tenure on the ~~Nominations~~ **Leadership Development** and Elections Committee, and may not serve more than two consecutive elected terms on the ~~Nominations~~ **Leadership Development** and Elections Committee.
3. ~~Elections~~ **Terms**
   a. ~~Elections for the Nominations and Elections Committee shall be held annually.~~ Members shall serve for ~~a~~ three-year terms with terms beginning January 1 and ending on December 31, or until such

Proposal to Amend Bylaws

time as their successors are duly elected, qualified and take office. **The terms of the members of the Leadership Development and Elections Committee shall be staggered such that approximately 1/3 of the members of the committee are elected each year.** ~~Voting Members shall be elected to serve on the Nominations and Elections Committee each year~~.

~~b. All Voting Members shall have the opportunity to elect Nominations and Elections Committee members by ballot from all regions. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.~~

4. Elections

a. Elections for the Leadership Development and Elections Committee shall be held annually. All Voting Members shall have the opportunity to elect ~~Nominations~~ **Leadership Development** and Elections Committee members by ballot. ~~from all regions.~~ Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.

~~4.~~**5.** Overview

a. The ~~Nominations~~ **Leadership Development** and Elections Committee has general oversight of the national election. The Committee shall solicit and mentor potential candidates and review national candidate applications.

b. The ~~Nominations~~ **Leadership Development** and Elections Committee will provide periodic updates to the Board of Directors regarding the progress of their charges.

c. The ~~Nominations~~ **Leadership Development** and Elections Committee shall present a qualified slate of candidates to the Board of Directors for its review and discussion prior to presenting the slate to the membership. Following such review and discussion, the ~~Nominations~~ **Leadership Development** and Elections Committee shall present the slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).

~~5~~ **6.** Vacancies

a. A vacancy in the chairperson position shall be filled by a majority vote of the ~~Nominations~~ **Leadership Development** and Elections Committee.

b. A vacancy of a committee member shall be filled by the candidate who received the next highest number of votes ~~from that region or as the past board member~~ in the most recently completed election.

c. In the event of a committee member vacancy from an uncontested election, **a qualified candidate will be appointed by the Board of Directors to fill the vacancy.** ~~must be nominated and elected by the state council presidents of the region affected by the vacancy according to the Nominations and Elections Committee election process, meeting the same requirements set forth in the bylaws as any potential candidate.~~

d. The committee position may remain vacant as approved by the ~~Nominations~~ **Leadership Development** and Elections Committee if less than ~~six months~~ **one year** remain**s** of the unexpired term.

All other references to the committee's name will be updated accordingly throughout the bylaws.

Bylaws language if adopted:

ARTICLE IX
COMMITTEES

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address

Proposal to Amend Bylaws

mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the Leadership Development and Elections Committee or as otherwise set forth below.

Section 2. Standing Committees

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and Leadership Development and Elections Committee. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

Leadership Development and Elections Committee.

1. Composition
   a. The Leadership Development and Elections Committee shall consist of up to eleven (11) Voting Members elected to serve on the Leadership Development and Elections Committee in the ENA national election.
   b. At least one-third (1/3) but not more than one-half (1/2) of the members of the Leadership Development and Elections Committee shall have served on the ENA Board of Directors within the ten (10) year period prior to their election to the Leadership Development and Elections Committee.
   c. A Leadership Development and Elections Committee chairperson shall be elected each year by the incoming Leadership Development and Elections Committee.
2. Qualifications
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during each of the previous five years immediately prior to submitting their candidate application.
   b. Candidates shall have served in an elected or committee position on the local, state or national level within the previous five years. Candidates with Board experience must have served on the ENA Board of Directors within the ten (10) year period prior to their election.
   c. Candidates must also have attended at least one ENA General Assembly within the previous three years.
   d. Members of the Leadership Development and Elections Committee may not run for or serve in any ENA board position during their tenure on the Leadership Development and Elections Committee and may not serve more than two consecutive elected terms on the Leadership Development and Elections Committee.
3. Terms
   a. Members shall serve for three-year terms with terms beginning January 1 and ending on December 31, or until such time as their successors are duly elected, qualified and take office. The terms of the

Proposal to Amend Bylaws

members of the Leadership Development and Elections Committee shall be staggered such that approximately 1/3 of the members of the committee are elected each year.

4. Elections.
   a. Elections for the Leadership Development and Elections Committee shall be held annually. All Voting Members shall have the opportunity to elect Leadership Development and Elections Committee members by ballot. Balloting may be by electronic means. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.

5. Overview
   a. The Leadership Development and Elections Committee has general oversight of the national election. The Committee shall solicit and mentor potential candidates and review national candidate applications.
   b. The Leadership Development and Elections Committee will provide periodic updates to the Board of Directors regarding the progress of their charges.
   c. The Leadership Development and Elections Committee shall present a qualified slate of candidates to the Board of Directors for its review and discussion prior to presenting the slate to the membership. Following such review and discussion, the Leadership Development and Elections Committee shall present the slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).

6. Vacancies
   a. A vacancy in the chairperson position shall be filled by a majority vote of the Leadership Development and Elections Committee.
   b. A vacancy of a committee member shall be filled by the candidate who received the next highest number of votes.
   c. In the event of a committee member vacancy from an uncontested election, a qualified candidate will be appointed by the Board of Directors to fill the vacancy.
   d. The committee position may remain vacant as approved by the Leadership Development and Elections Committee if less than one year remains of the unexpired term.

Rationale:

As one of the largest specialty nursing associations, with an international scope and significant fiscal responsibility ENA requires strong leadership competencies to lead our association, grow and advance the profession and ensure ENA's voice matters and is respected.

Through a collaborative process between members of the ENA Board and the Nominations and Elections Committee, the proposed changes to the ENA Bylaws are being made to ensure optimal processes are in place for the development and selection of future leaders.

Redefining the committee as the Leadership Development and Elections Committee fully articulates the committee's dual purpose of developing future leaders and overseeing the election. Best practice indicates the importance of a dedicated group to ensure the development and availability of future leaders for the sustained success of an organization. The expansion of the size of the committee to 11 ensures a larger group of committee members who can execute the workload of the election process, while providing for a strategic approach to recruitment, including identifying and cultivating potential talent. This would be accomplished in a phased approach with 2 positions added in 2024 and 2 positions in 2025 to retain the appropriate cycle of terms for

Proposal to Amend Bylaws

committee tenure.

The elimination of the regional structure of the committee aligns with ENA's growth and commitment to international inclusivity and the resolution passed by the assembly in the 2022 General Assembly. It expands the candidate pool thereby allowing for greater diversity of candidates. The elimination of the restriction that only one committee member can have prior board service expands the prior leadership expertise on the committee for mentoring future leaders while ensuring an appropriate balance of past board members and those without prior board service.

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Jason Carter, MSN, RN, CEN, CPEN, NEA-BC, NRP, TCRN
Dawn MacMullen, RN, CEN
Ron Kraus, MSN, RN, EMT, CEN, ACNS-BC, TCRN

Letter of Intent
To position ENA for the future by strengthening the focus on leadership recruitment, development and selection and increasing diversity and inclusivity.

Resolution GA23-04

TITLE: Virtual Option for All Future Emergency Nurses Association Conferences

Whereas, ENA began offering a virtual option of the national conference (Emergency Nursing 20XX) in 2020, which has continued annually (J. Garcia, personal communication, March 21, 2023);

Whereas, ENA began offering a virtual option for the Leadership Orientation in 2021, offered a hybrid program in 2022, but offered no virtual option in 2023 (J. Garcia, personal communication, March 21, 2023);

Whereas, attendance decreased significantly at Leadership Orientation from 2021 to 2023, with 723 registrants in 2021 (all virtual), 417 registrants in 2022 (313 in-person, 104 virtual), and 345 registrants in 2023 (all in-person) (J. Garcia, personal communication, March 21, 2023);

Whereas, these authors have found through communication and discussion with ENA members that cost of attending live, in-person conferences can be burdensome on the member (D. McDonald, personal communication, 2023); and

Whereas, ENA reported an increase in net assets of $775,861 in 2020 and $3,551,845 in 2021 (PFK Mueller, 2022, p. 30).

Resolved, ENA explore offering a virtual option (either live or asynchronous) to enhance global accessibility for all future national conferences with a pricing structure focused on affordability for ENA members (e.g. 20% of the in-person member registration rate); and

Resolved, ENA explore offering a virtual option (either live or asynchronous) to enhance state and chapter leader accessibility for all future leadership orientation meetings with a pricing structure focused on affordability for ENA's volunteer leaders (e.g. 20% of the non-complimentary in-person registration rate).

Resolution Background Information

While there were a number of negatives during the COVID-19 pandemic, one thing we gained from it was experience with virtual education and how we can reach our members when travel is not an option. Regardless of the reasons why our members and emergency nursing community cannot attend an education event in-person, we need to meet them where they are. We have an obligation to provide opportunities for everyone to grow professionally and have access to the high-quality education and training we offer. Furthermore, this enhances our global presence in our worldwide emergency nursing community, members of whom may not be able to attend our conference due to high travel costs.

Moreover, as it pertains to leadership orientation, we have an obligation to grow, train, sustain, and support our volunteer leaders. While there are certainly benefits to being in-person for leadership orientation, this is not possible, or even permitted, for all of our volunteer leaders down to the chapter level. Sending a single representative to leadership orientation can cost thousands and is cost-prohibitive for any state to financially support sending all of its leaders. Making the program available remotely and asynchronously enables all of our volunteer leaders to have access to the development programming and gives them the tools they need to succeed over the next year.

While the costs of offering these programs are a planning factor, the costs associated with virtual programming are reasonable, and ENA is certain to see a return on investment by growing its stable of active, competent, and confident volunteer leaders.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

Ensuring the widest dissemination of our education programs to meet our members and nurses where they are aligns well with our core values of diversity and inclusion and excellence. Additionally, this proposal closely aligns with the value statement, "We place the highest value on our members for their contributions to the care of patients and their families, the emergency nursing profession, and our organization." Lastly, this proposal is in

Resolution GA23-04

direct alignment with all of our organizational goals, including our practice environment, education, community and culture goals.
Ensuring there is no reason any of our members and/or worldwide emergency nursing community cannot access our educational programming, whether it be due to a medical condition, socio-economic status, geographic location, or other issues, is paramount to ensuring the fullest execution our strategic plan.

Financial Consideration/Operations Impact

The scope of work outlined in the resolved clauses has a fiscal impact greater than $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

Professional References

PFK Mueller. (2022, July 22). *Emergency nurses association and affiliate audited consolidated financial statements: Years ending in december 31, 2021 and 2020*. Retrieved from https://www.ena.org/docs/default-source/about-us/leadership-governance/2019-ena-afs-final.pdf

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Resolution GA23-04

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Letter of Intent

The intent of this resolution is to ensure virtual components are offered at all future ENA conferences, both the national conference and leadership orientation, to ensure maximum distribution of the educational and professional development programs. We have the finances as an organization to support this and we need to ensure all of our volunteer leaders are equipped with the tools to succeed.

Resolution GA23-05

TITLE: Infant Safe Haven Law Awareness and Alignment

Whereas, all 50 states have enacted Safe Haven laws (Children's Bureau of the United States Department of Health & Human Services (Children's Bureau), 2021);

Whereas, Safe Haven laws offer a safe alternative to abandonment (Children's Bureau, 2021);

Whereas, Safe Haven laws vary from state to state, but the hospital emergency department is an acceptable Safe Haven location in all states (Children's Bureau, 2021; Rousseau & Friedrichs, 2021); and,

Whereas, Safe Haven laws impact all emergency nurses (Rousseau & Friedrichs, 2021).

Resolved, That the ENA campaign to raise awareness of variability in state to state laws related to Safe Haven;

Resolved, That the ENA promote education for emergency nurses regarding state to state variability of Safe Haven laws and how these laws impact their practice in the state in which they work, or are licensed;

Resolved, That the ENA collaborate with other professional organizations such as the Association of Women's Health, Obstetric and Neonatal Nurses (AWOHNN) and the American College of Emergency Physicians (ACEP) to explore the impact of variability on patients and nurses.

Resolution Background Information

Global evidence of "baby boxes" or "baby hatches" can be found from ancient times to colonial France and into the modern day. In the United States (US), all 50 states, the District of Columbia, Guam, and Puerto Rico have enacted Safe Haven laws that allow for newborn or infant relinquishment, with Texas being the first in 1999 (Children's Bureau, 2021). The origins and requirements of "Safe Haven" laws (also known as "safe harbor" or "safe place for newborns") vary throughout the country.

Variations in these laws are expansive and include (Children's Bureau, 2021);

- the maximum age of the child who may be surrendered,
- who may leave the child and who may receive the child (also known as 'designated person' or 'provider'),
- where a child may be surrendered (including whether a baby box may be used),
- the responsibilities of the accepting provider,
- whether there is immunity from liability for the 'provider' that accepts the infant, and
- what protections are afforded to the parents or whether there are consequences associated with relinquishment.

One in-depth example of the above-noted variations describes who may surrender a child. In most states, either parent may surrender their baby to a Safe Haven location, while others specify that only a custodial parent or someone other than a parent with legal custody may surrender an infant. In some states, only the mother may relinquish her infant, and some allow an "agent of the parent" to relinquish an infant. Some states do not specify who can surrender a child (Children's Bureau, 2021).

Another detailed example provides an overview of designated locations to surrender a child. Safe Haven laws help ensure that designated locations can provide immediate care for infant safety and well-being. All states require parents to relinquish their infants only to specific locations. These locations vary from a hospital, an emergency department, emergency medical services providers, or a healthcare facility. Some states have

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determined that fire stations, police stations, and churches are acceptable Safe Haven locations. Other states specifically allow for the installation of approved "baby boxes" (Children's Bureau, 2021).

The overall intent of these laws is to provide a safe alternative to newborn harm and abandonment. Homicide remains the 13th leading cause of infant mortality in the United States and is preventable (Wilson et al., 2020). Since the implementation of Safe Haven laws in 1999, there have been approximately 4100 children legally surrendered compared to 1900 illegally abandoned (Wilson et al., 2020). Of those illegally abandoned, an estimated 855 died (Rousseau & Friedrichs, 2021).

With emergency departments designated as a Safe Haven location, emergency nurses may not be prepared to receive an infant. Research shows that nurses may not feel prepared to receive a baby. Of 605 nurses in Texas who responded to a survey about the Safe Haven Law soon after it was enacted in their state in 1999, 92% reported feeling unprepared to receive an infant and scored an average of 40% on a test of knowledge about the law (Rousseau & Friedrichs, 2021). There is not a standard measure of competency (Rousseau & Friedrichs, 2021) and there are currently no known ENA materials that address Safe Haven laws or the role of the emergency nurse in this process.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
The ENA's mission is to "advance excellence in emergency nursing". Emergency nurses should be the experts regarding the Safe Haven laws in the state in which they practice. Emergency nurses should also be able to advocate for changes to align Safe Haven laws across all states and territories.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact less than $10,000. Upon final outcomes of the General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent
The reversal of the Roe versus Wade supreme court decision has allowed each state to decide what level of reproductive health services are permitted by law. This decision makes Safe Haven laws more critical to supporting newborn and child safety. Safe Haven laws and variations in those laws impact all emergency nurses. This resolution will bring awareness to the laws by state to help decrease confusion among emergency nurses and the communities they serve.

Resolution GA23-06

TITLE: Education and Mitigation to Decrease Pediatric Window Falls

Whereas, emergency department and outpatient center surveillance systems suggest that falls are one of the most common injuries warranting medical care and the top mechanism of nonfatal injury requiring hospitalization (Gill & Kelly, 2023);

Whereas, between the year 2000 and 2020 unintentional falls were the leading cause of nonfatal injury in children from birth to 18 years old, accounting for nearly 1.3 million emergency department (ED) visits annually in the United States (CDC, n.d.). Children younger than five years of age are at the greatest risk of injury due to window falls, and those under one year of age are more likely to sustain a skull fracture or intracranial hemorrhage (Chaudhary et al., 2018; Farzaneh et al., 2021; Flaherty et al., 2021; Harris et al., 2011);

Whereas, window falls represent a small proportion of unintentional falls, the injuries sustained from window falls can be catastrophic and lead to long-term disability or death (Chaudhary et al., 2018; Farzaneh et al., 2021; Flaherty et al., 2021; Harris et al., 2011; Loftus et al., 2018);

Whereas, sociodemographic risk factors for window falls include male gender, low income, and population density (Flaherty et al., 2021; Gill & Kelly, 2023; Harris et al., 2011; James et al., 2020;; McDonald et al., 2018). Environmental factors associated with window falls include time of day and time of year, as the risk increases when children are home from school and windows are open for natural ventilation (Harris et al., 2011; Sarkar et al., 2014);

Whereas, at one pediatric trauma center recent seven-year retrospective analysis found that of the 125 children that presented after falling from a window or balcony, more than half (62%) required hospitalization, for an estimated total cost of nearly $14 million in healthcare spending for initial evaluation and treatment, not including follow up care; and

Whereas, policy development and enactment of interventions has been shown to be 95 % effective in preventing window falls (Pressley & Barlow, 2005; Spiegel & Lindaman, 1977; Smeh & Morton, 20—2019; Topriani et al., 2018,). Similar to a seatbelt, window locks should be as commonplace as booster seats and car seats, but are not (Betchel, 2021).

Resolved, that ENA's ENA strategically disseminate educational materials that will help bridge this knowledge gap for our patients, caregivers, administrators, and policy makers, in order to raise awareness of the risk of and ways to prevent window falls; and

Resolved, that ENA collaborate with relevant organizations to identify and reduce barriers to support legislation around window safety and window fall prevention to improve equity and inclusion.

Resolution Background Information

Window falls are entirely preventable injuries. The risk to young children is not emphasized as a part of a regular discharge process in most facilities. Costs of deaths and injuries well outweigh the costs of the intervention (window locks).

Here are some facts:

- Families should also be made aware that window screens are designed to keep insects out and are not designed to withstand the force of a toddler leaning against the screen. Johnston et al. (2011) found that when tested, screens popped out of place from the static pressure of a 3-year-old leaning against the mesh.
- Children less than 5 years of age are more likely to be hospitalized or die from a window fall-related injury compared to those aged 5 to 17 years (Harris et al., 2011).
- Healthcare professionals and community health workers can increase public awareness that window falls are

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preventable by providing information and resources to parents, caregivers, clinicians, community members, and policymakers (Meadows-Oliver, 2010; Smithson et al., 2011).

- The U.S. Consumer Product Safety Commission (CPSC) has advised caregivers to open windows less than 4 inches when children are present as one tactic to prevent unintentional falls through open windows (CPSC, 2015).
- New York City (1976) and Boston (1993) enacted "Children Can't Fly" policies requiring property owners to provide window guards for all multiple-story dwellings with children younger than 10 years of age, resulting in 96% and 95% reductions, respectively, in hospital admissions for window falls (Pressley & Barlow, 2005; Smeh & Morton, 2019; Spiegel & Lindaman, 1977; Topriani et al., 2018,).
- Bechtel (2021) likened these public policy initiatives to automobile restraint (e.g., car seat, booster, or seatbelt) legislation, which has significantly reduced preventable mortality of children involved in motor vehicle crashes.
- Montgomery County, Maryland enacted window safety legislation in 2021, effective on January 1, 2022. (Landlord–Tenant Relations — Window Guards , 2022; Montgomery County Council, 2020: Montgomery County Office of Legislative Oversight, 2020; 2020, December 14). Bill 51-20 increased landlord responsibilities and rental property safety standards in the County. Bill 51-20 requires a landlord of a multifamily dwelling to install and maintain a window guard in each window of a habitable room if: (1) a child of age 10 or younger occupies the dwelling; or (2) a tenant of the dwelling requests in writing the installation of window guards.
- December 2019, H.R.3049, also known as Evan's Law, was passed. Evan's Law amended title 10, United States Code, to require the windows in military family housing units to be equipped with fall prevention devices that protect against unintentional falls by young children. This program extends across the United States and demonstrates the value of enforcing window safety through policy to protect children from harm and families from devastating consequences from unintentional window falls (115th Congress, 2019).
- New Jersey passed an act enhancing existing regulations on child-protection window guards (Robert E. Dwight, Jr., Raquan llis, and Zahir Atkins Memorial Child-Protection Window Guard Law, 1995/ rev.2006). The New Jersey Apartment Association created guidelines to assist with the immediate implementation, including an analysis of changes to existing window safety regulations, frequently asked questions, and an implementation checklist (New Jersey Apartment Association, 2007).
- Minnesota's Laela's Law (Window Fall Prevention Device Code, 2007), required the Minnesota Department of Health to create a safety program to raise awareness regarding falls through open windows by children and attending tactics to prevent these tragic falls.

These last two bills demonstrate that implementing public health policy at the state level is possible and effective at preventing unintentional injury and death in our vulnerable pediatric population.
Education alone will not enable ENA to help with the changes needed to curb the causes of falls out of windows. It is important to note that both education and support of legislation, locally and nationally, are necessary for making the changes that are needed.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

As the organization seeks to increase excellence in emergency nursing, ENA needs to consider the civic duty to our constituents to decrease the secondary trauma of seeing these children after they have fallen. If we can step into the gap as an organization to educate about window falls we can also stand in the inequity gap and stop seeing these children falling out of windows. By having a statement in support of education and prevention concerning falls from windows we release our state and national bodies to take civic action and educate in a uniform manner the patients who arrive are our hospitals

Financial Consideration/Operations Impact

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The scope of work outlined in the resolved clauses has a fiscal impact less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent

The purpose of this resolution is to bring attention to pediatric window fall prevention and to encourage engagement with strategic partners to increase legislative interventions locally and nationally. Many emergency departments are not supplying this education but witness the effects of the falls during the care that they render. The California State Chapter of the Emergency Nurses Association proposes this resolution to provide education support and strategic interventions to improve safe care of pediatric patients.

Resolution GA23-07

TITLE: The Emergency Nurses Association Exploring the Advancement of the Specialty of Geriatric Emergency Nursing

Whereas, the Emergency Nursing Association (ENA) recognizes and advocates for emergency nursing certification as a means to demonstrate continued commitment to the nursing profession, competence, and improvement of the quality of emergency nursing practice and patient outcomes (ENA, 2023);

Whereas, older adults have unique needs in the emergency department (ED) (Carpenter et al., 2014; Hwang et al., 2021);

Whereas, throughout the world, due to demographic changes, the general population is trending older (US Census, 2017);

Whereas, the geriatric emergency department (GED) model of care, Geriatric Emergency Department Guidelines, and the associated Geriatric Emergency Department Accreditation (GEDA) program were developed to meet the unique needs of older adults (American College of Emergency Physicians [ACEP], 2018; Carpenter et al., 2014; Hwang & Morrison, 2007);

Whereas, GEDA was first introduced in 2018 and has since grown to over 400 accredited GEDs in the United States and Internationally (ACEP, n.d.);

Whereas, the geriatric emergency department (GED) model of care is based on evidence-based practice delivered by an emergency department interprofessional team. The ED RN is a critical discipline in the GED model of care and requires specialized training (Wolf et al., 2019);

Whereas, ENA has a long history of supporting the geriatric nursing subspecialty by developing numerous resources to improve the care of older adults, for example, a tiered set of Geriatric Emergency Nursing Education (GENE) courses (Levels I–III), the Geriatric Emergency Department Readiness Toolkit that came out of resolution "GA17-06 Develop an Emergency Department Geriatric Readiness Survey and Toolkit," establishment of the ENA Geriatric Committee, ENA initiated research on GED readiness and emergency nursing quality indicators, practice resources, and press releases (See the section "ENA Resources");

Whereas, the value of board certification is the recognition of practice excellence and career achievement and is desired by both patients and employers. In 2022 the Board of Certification for Emergency Nursing (BCEN) had five active certifications and 58,927 certifications awarded (BCEN, 2022); and

Whereas, BCEN recognizes the pediatric population to have specialty emergency nursing practice needs via the Certified Pediatric Emergency Nurse (CPEN) certification, the emergency nursing specialty practice needs of the geriatric population should also be considered for certification. Board certification recognizes the achievement and sought-after mark of excellence for the individual nurse. Certification validates specialty knowledge and expertise that empowers the nurse to effect patient care, safety, and outcomes (BCEN, 2022).

Resolved, ENA will collaborate with all relevant external organizations such as BCEN, GEDC, ACEP, and GEDA to explore opportunities to advance education around the specialty of geriatric emergency nursing.

Resolution Background Information

The older adult population (65 years and older) in the U.S. is growing rapidly. By 2030, this population is projected to double to more than 82 million individuals (United States Census Bureau, 2017). As the population ages, emergency departments (EDs) will increasingly be challenged with the complexities and the volume of geriatric patients (Hwang, et al., 2021). In response to the unique needs of a growing geriatric population, the GED model of care was developed with ENA endorsement. In 2014, standardized GED guidelines were

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published to improve and coordinate the delivery of care for geriatric patients (ACEP et al., 2014; Carpenter et al., 2014). In 2018, the American College of Emergency Physicians (ACEP) launched the GED Accreditation (GEDA) program for EDs in adherence to the guidelines (ACEP, 2018). Currently, there are more than 415 accredited GED internationally (ACEP, n.d.).

Concurrent with the rapid expansion and popularity of the GED model of care, the ENA consistently and robustly supported emergency nurse excellence in geriatrics. This is highlighted by the Geriatric Emergency Nurse Education (GENE) set of courses (Level I–Level III); the ENA Geriatric Emergency Department Readiness Toolkit; numerous press releases, topic briefs, and resolutions; the status change of the ENA Geriatric workgroup to a recognized committee in 2018, and ENA research). An ENA initiated study in 2019 (Wolf et al.) assessed the perceptions of emergency nurses' geriatric readiness. As part of the study's rationale Wolf et al. (2019) described the needs of older adults in the healthcare setting in the following way:

> Vulnerable older adults have unique and complex care needs spanning medical, cognitive, emotional, social, and environmental domains. Older adults often present atypically, even with significant disease, requiring nurses to be vigilant in their assessment and initial interventions. In addition, signs and symptoms for various illnesses can be markedly different (or absent) in this population, requiring emergency nurses and other health care providers to have specialized training and education. Just as dedicated protocols and departments have advanced pediatric emergency care, development and continued refinement of the geriatric emergency care environment will be pivotal to the long-term prevention and mitigation of illness and injury in the elderly (p. 375).

The study highlighted the critical role of emergency nurses, numerous barriers, and guidance for organizations such as ENA to create an environment for nursing excellence in geriatric emergency care.

Given the increased utilization of the ED by older adults and the special skills required to address and manage their complex needs, ENA is uniquely positioned to develop a plan for certification in geriatric emergency nursing as a marker of emergency nursing excellence in the field of gerontology. In 2022 the Board of Certification for Emergency Nursing (BCEN) had 58,927 active certifications held, of which 5,419 are Certified Pediatric Emergency Nurses (BCEN, 2022). The pediatric population is significantly smaller than the current and projected geriatric population. We can expect increased health care utilization by these older adults (Cairns & Kang, 2022; Hunold et al., 2022).

This ENA resolution proposal tasks the ENA Geriatric Committee with exploring a pathway to develop and implement certification in geriatric emergency nursing. A plethora of resources have already been developed by this committee to help achieve certification success. The resolution specifically tasks the ENA Geriatric Committee with the following actions:

- Identifying and collaborating with key stakeholders
- Understanding the steps and requirements of seeking a certification in geriatric emergency nursing
- Aligning certification with GED accreditation
- Developing a plan to execute establishment of a certification in geriatric emergency nursing
- Identifying financial considerations and creating a budget

Key stakeholders may include BCEN, GEDA, ACEP, and the Geriatric Emergency Department Collaborative (GEDC). At the conclusion of the study, the ENA Geriatric Committee will present a report of the findings and recommendations to the ENA Board of Directors and/or General Assembly for consideration.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

ENA values of excellence, lifelong learning, and inclusion support the development of a certification in geriatric emergency nursing to prepare nurses who care for the vulnerable older adult population.

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Financial Considerations/Operations Impact

The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

Professional References

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Letter of Intent

The intention of this resolution is to leverage the expertise and advocacy of the ENA to lead an initiative to prepare, provide professional development resources, and recognize the nursing excellence in the geriatric emergency nursing subspecialty via the exploration and development of a plan to create a certification in geriatric emergency nurse certification. Furthermore, the goals of such a certification are to the following:

- Ensure practice excellence.
- Support emergency nurses' career development and life-long learning.
- Define the key attributes of geriatric emergency nursing practice.
- Standardize the education and preparation of emergency nurses that addresses the delivery of care provided to the older population when they are seeking emergency department services.
- Recognize or distinguish those who possess expert skills, experience, and knowledge in emergency geriatric care delivery.

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TITLE: Management and Mitigation of Actual or Perceived Conflicts of Interest for Current and Future Volunteers of the Emergency Nurses Association

Whereas, The Emergency Nurses Association (ENA) is an Illinois not-for-profit corporation exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and ENA WorkWell Solutions, LLC, doing business as (DBA) Engage, Powered by ENA, is an Illinois limited liability company and is ENA's wholly owned, for-profit subsidiary; [6, 7, 17]

Whereas, employees of ENA WorkWell Solutions, LLC, DBA Engage, Powered by ENA are also serving as volunteer leaders of ENA; [6, 7, 12, 19]

Whereas, The practice of ENA WorkWell Solutions, LLC, DBA Engage, Powered by ENA employing ENA volunteers has created potential actual or perceived conflicts of interest; [8, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 22]

Whereas, The possibility of employment or other potential personal enrichment by ENA WorkWell Solutions, LLC, DBA Engage, Powered by ENA, ENA, or other future subsidiaries could influence decision-making by volunteers in leadership positions and adversely affect the diversity, equity, and inclusivity of ENA's work as well as the consistency and equity of conflict of interest management and mitigation for past, current, and future volunteers; [2, 3, 8, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 22]

Whereas, The practice of having employed persons of ENA WorkWell Solutions, LLC, DBA Engage, Powered by ENA, ENA, or other future subsidiaries serve as volunteer leaders of the membership organization deviates from observed general non-profit industry and nursing professional organization practices; [2, 8, 9, 10, 11, 13, 14, 15, 16, 18, 20, 21, 22] and

Whereas, Nurse entrepreneurship and innovation is a growing field of nursing practice that may continue to create potential actual or perceived conflicts of interest for current and potential future volunteers of the organization.[1]

Resolved, ENA explores industry best practices to ensure that our conflict of interest management and mitigation policies and practices are aligned with other national professional nursing associations and other non-profit organizations of equivalent size, caliber, and influence;

Resolved, ENA commits to practice and communication transparency of its' Conflict of Interest policy, procedure, and practice in the management and mitigation of conflict of interests so that members can be informed and guided when considering future volunteer positions, and to support their leadership development and future entrepreneurship choices.

Resolution Background Information

ENA is a Illinois not-for-profit corporation exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, that relies on the engagement, service, and leadership of volunteers to maintain its status as the premier professional nursing organization in the world.[17] ENA has committed itself to a mission of advancing excellence in emergency nursing and doing so in a way that supports diversity, equity, and inclusion.[3]

For our volunteers and volunteer leaders, it is essential to be able to make unbiased, independent decisions on behalf of the organization. This practice can be a challenge as individuals who volunteer to serve non-profits, especially on boards, often are engaged in a wide variety of professional, personal, and community relationships. This independent, unbiased decision-making can be further complicated when another organization or business relationship can be affected by or potentially benefit from decisions made in volunteer roles. [8, 9, 10]

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A conflict of interest can exist for a volunteer or board leader when an individual has a personal interest that is in conflict with the organization, such as having a personal interest that could influence their decision-making for the organization. [14, 15, 16, 18, 20, 21] ENA describes a possible conflict of interest in their *ENA Volunteer Group Agreements: Conflict of Interest Policy* (n.d.) as "In general, any outside activity or direct or indirect financial interest which might, in any way, adversely influence or appear to influence an individual's judgment in the performance of his duties to ENA or any of its subsidiaries or affiliates, involves a possible conflict of interest".[4]

There are two types of conflicts of interest addressed in this resolution: actual and perceived. Actual conflicts of interest for an individual occur when a person's outside professional relationships or personal assets interfere with the person's ability to render impartial official duties in the organization. [14, 15, 16, 18, 20, 21] Perceived conflicts of interest for an individual are when a person's outside professional relationships or personal assets cause the perception of interfering with the person's ability to render impartial official duties in the organization. [8, 9, 10, 20] Especially in today's age of close public scrutiny, the perception of a conflict of interest can cause as much concern as an actual conflict of interest. [1, 21] The more connected to ENA through business or employment opportunities a volunteer or volunteer leader (such as a board member) is, the more likely that intertwining circumstances could arise creating potential actual or perceived, and often problematic, conflicts.

As described in Paul and Kurtz's *Managing Conflicts of Interest: The Board's Guide to Making Unbiased Decisions*, conflicts of interest management and mitigation policy and practices are not just important for an organization's general conduct but also to encourage the "highest standards of behavior by the board and staff".[14] ENA's members and the greater emergency nursing community trust the organization to be best stewards of resources and to maintain rigorous standards of conduct and integrity.

ENA's current practice in managing and mitigating a volunteer or volunteer leader's potential conflicts of interest is to do one or more of the following:

- Follow the current *ENA Volunteer Group Agreements: Conflict of Interest Policy* [4] and the *ENA Governance Policy*, Section 6.03 Conflict of Interest[5]
- Utilize the *ENA Conflict of Interest Disclosure Form*
- Members of the board of directors vote on potential conflict of interest issues as needed
- Follow a practice of "recusal" to mitigate potential influences on the decision-making process when discussing and voting on items that could present as a conflict of interest for participating volunteers and volunteer leaders.

On March 7, 2023, Terry Foster, 2023 ENA President, shared that "in January, ENA WorkWell Solutions, LLC, now doing business as Engage, was created as a subsidiary of ENA, following board approval" (T. Foster, personal communications, March 7, 2023). On April 18, 2023, ENA emailed its' general membership to announce the establishment of ENA WorkWell Solutions, LLC, doing business as (DBA) Engage, Powered by ENA (Emergency Nurses Association, personal communications, April 18, 2023). In March 2023, two of the national ENA 2023 Board of Directors changed their employment on LinkedIn to Vice President of Client Engagement at ENA WorkWell Solutions, LLC, DBA Engage, Powered by ENA. [12, 19]

Having individuals serving on the national Board of Directors who are also employed by ENA, or an ENA subsidiary, deviates from past organizational practice and from observed common practices at other national nursing professional organizations of ENA's equivalent size, caliber, and influence. [2, 9, 10, 11, 22] The practice also appears that it could have been executed through a potentially inequitable and noninclusive conflict of interest management and mitigation process, which goes against our commitment to diversity, equity, and inclusion.[3]

As the environment of emergency nursing continues to evolve in the arenas of innovation and entrepreneurship and as ENA members are involved in a spectrum of personal, professional, and community activities around the

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world, ENA will doubtless continue to have situations arise where volunteers or volunteer leaders may have actual or perceived conflicts of interest that need to be evaluated, managed, and mitigated.[1]

To maintain the most inclusive and equitable opportunities for our diverse membership, to continue to foster strategic growth opportunities for the organization, and to support ENA's mission and vision, it is vital that ENA researches and establishes best policy, procedure, and practice for managing and mitigating actual and perceived conflicts of interest. The current ENA Conflict of Interest Policy Statement should be updated if this research dictates and the policy should be strictly followed. This should be done in such a way that promotes diversity, equity, and inclusivity of ENA's volunteer and leadership opportunities and ENA's overall work.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

Exploring best practices and operationalizing policy and procedures for managing and mitigating conflicts of interest for volunteers to align with industry standards supports ENA's mission of advancing excellence in emergency nursing and its vision to be the premier organization for the emergency nursing community worldwide.

Further, through potential deviation from accepted best practices and ineffective and inequitable conflict of interest management and mitigation policies and procedures, the potential exists for erosion of trust and engagement by members and corrosion of ENA brand integrity in the public realm. This divergence from the mission and vision of ENA could deter leadership development initiatives, future growth of the association, and limit future potential strategic initiatives and business opportunities.

Financial Considerations/Operations Impact

The scope of work outlined in the resolved clauses has a fiscal impact less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent

As engaged members of ENA who have served as volunteers and volunteer leaders at almost every level of the organization, we are invested in ensuring that ENA maintains the highest level of performance and integrity. We hope to support the organization in adopting policy, procedure, and practice that enables ENA to be clear and transparent in its actions to members and compliant with laws and regulations. The hope is also that such policies, procedures, and practices would also support the growth of the association and its future strategic initiatives and operationalize processes that continue to foster diversity, equity, and inclusivity of ENA's volunteer and leadership opportunities and work.

Resolution GA23-09

TITLE: Improving Emergency Department Team Member Safety by Identifying Environmental Design Precautions

Whereas, It is well documented that violence in the emergency department (ED) is underreported by both nurses and physicians. After the development of a reporting guideline, the number of incidents reported in a Malaysian hospital increased by 159% in one year (Lim et al., 2022);

Whereas, Workplace violence (WPV) is an underreported occupational hazard, and 50% of employees and 25% of physicians report physical assault (Nowrouzi-Kia et al., 2019). Underreporting has been attributed to the normalization of violence as part of the job (Raveel & Schoenmakers, 2019);

Whereas, ED settings are open to the public, having easy access points and 24-hour availability that enhances vulnerability of team members (Hou et al., 2022). Restricting access with a locking mechanism has been shown to improve team members' confidence in safety (Reissmann, et al., 2023);

Whereas, ED's often feature overcrowding, long wait times, and frustrated patients, accompanied by inadequate security systems in relation to the volume of patients (Hou et al., 2022);

Whereas, A zero-tolerance policy on ED violence has been advocated for by many organizations. The nursing profession will no longer tolerate violence of any kind from any source, and all organizational leaders should safeguard health professionals from the risks of violence (American Nurses Association, 2015; Association of American Medical Colleges & National Academy of Medicine, 2022; American Organization for Nursing Leadership [AONL] & Emergency Nurses Association [ENA], 2022; American College of Emergency Physicians, 2022);

Whereas, Violence reduction in the ED setting is complex and should include administrative, educational, environmental, and security interventions (Hou et al., 2022).

Whereas, the ED has a high risk for violence, the focus of many interventions has been on managing violent incidents rather than on preventing them to create a more secure work environment. (Xu et al., 2019, Alsharari et al., 2022, Spelten et al., 2020).

Resolved, Over the next 12 months, ENA will recruit subject matter experts in ED team member safe practice strategies to develop a clinical practice guideline with micro-level interventions for ED's to consider implementing.

Resolved, Over the next 12 months, ENA will recruit subject matter experts in ED team member safe practice strategies to develop a clinical practice guideline identifying the preferred macro interventions for ED's to implement to enhance staff safety.

Resolved, The WPV subject matter experts, recruited by the ENA will utilize the available literature to develop the top ten micro and macro prevention strategies that could be utilized by hospital and ED leaders and team members to promote a safe environment: and

Resolved, ENA will share the clinical practice guideline enhancing team member safety by highlighting it in *ENA Connection*, on the ENA website, in ENA University, and on social media sites.

Resolution Background Information

Background relevant to the resolution includes information on workplace violence in healthcare, risk factors for violence in the ED, and preventative approaches.

Resolution GA23-09

Workplace Violence in Healthcare

Healthcare workers are at high risk for injuries from WPV. Healthcare workers accounted for 75% of nonfatal injuries and illnesses due to violence in 2018 (United States Bureau of Labor Statistics, 2020). Verbal abuse (62.4%) is the form of violence occurring most frequently, followed by psychological (50.8%), threats (39.5%), physical (13.7%) and sexual harassment (6.3%). Cyberbullying has been on the rise and is resulting in humiliation, defamation, and unlawful video recording (Lim et al., 2022). Female healthcare workers with fewer years of experience are at higher risk of experiencing WPV (Kumari et al., 2020) than their more experienced or male colleagues. WPV is a global concern. Kumari et al. (2020) found that WPV against doctors is also high. In Thailand and Morocco, physicians report rates of violence of 54% and 70% respectively. The trend is rising in other Asian countries as well, with growth from 19.6% to 25%. Physicians report that verbal abuse is the most common (42.5%), followed by physical violence (24.4%), and that the ED has the highest incidence (68.4%).

The Occupational Safety and Health Administration (OSHA) enforces workplace safety for most U.S. healthcare workers (Occupational Safety and Health Administration, United States Department of Labor, n.d.). The Joint Commission (2021) also includes standards regarding WPV. There are no specific federal standards concerning WPV in the U.S. (Surber, 2021). However, employers must ensure healthcare workers are free from recognized hazards.

Risk Factors for Violence in the ED

One risk factor that may affect ED team members is encountering weapons in the work setting. Blando et al. (2021) reported that 20% of adolescents in an urban ED setting carried a knife or razor blade and 7% carried a firearm. Smalley et al. (2018) conducted a 15-month survey evaluating the number of weapons confiscated in eight hospital ED entry points in the U.S. Data revealed that in 346,323 visits with 1,179,530 screenings 10,691 weapons were confiscated. Hospitals with trauma centers and behavioral health facilities had the highest confiscation rates. In 2018, the Cleveland Clinic seized over 30,000 weapons in one of its northeast Ohio ED's (Surber, 2021).

Preventative Approaches

A variety of preventative approaches have been proposed. Several studies conducted over 20 years ago reported no change in the number of assaults reported in the ED setting over time, but the number of assaults involving weapons decreased. Further, studies conducted over 25 years ago found that patients, visitors, and staff supported the use of metal detectors in the ED (Blando, Paul, & Szklo-Coxe, 2021).

Raveel and Schoenmakers (2019) conducted a systematic review of interventions to prevent aggression against physicians. Two intervention categories were identified. The first includes WPV prevention strategies. De-escalation training is generally advocated for, but due to it being highly specialized training, it may have limited effectiveness in preventing WPV. The second category includes changes to the physical environment. These interventions may include improved lighting, physical barriers, video cameras, limiting visitor access to two individuals, use of panic buttons, and use of metal detectors. A comprehensive multidimensional approach is recommended by Wirth et al. (2021) that should include signage, policies and procedures, video surveillance, screening for patients at risk for violence, security presence, visitor limitations, and duress alarms.

In the literature when evaluating mitigation strategies for WPV, topics such as environmental conditions and minimizing access are touched on, but no firm strategies are identified. Micro level preventions strategies are patient focused and include recommendations for valid and reliable assessment tools for violent patient behavior, guidance regarding de-escalation and self-defense training for staff members including verbal and non-verbal techniques, collaboration with ancillary departments and encouraging patients with coping strategies (Richardson et al., 2019), Macro level prevention strategies are aimed at hospital initiatives and may include security surveillance, security dogs, security doors, security cameras, controlled access, metal detectors and protective glass, access to panic alarms, lock down procedures and enhanced lighting and visibility recommendations

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(Lenaghan, Cirrincione, & Heinrich, 2018, Raveel & Schoenmakers, 2019, Reibmann, et al. 2023, Richardson et al., 2019, Somani, et al., 2021, Zamani, Z. 2019).

International or regional professional organizations play essential roles in supporting, and contributing initiatives and mechanisms aimed at minimizing and eliminating the potential risks that healthcare providers encounter in the workplace (Lim et al., 2022). Organizational culture must change to ensure violent acts are reported. Guidelines to protect the ED team, increased security in vulnerable areas, and improved staffing levels can all be key to decreasing WPV incidents (Nowrouzi-Kia et al., 2019).

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

ENA's mission and vision go hand in hand with ensuring that all ED nurses have the right to a safe work environment. By providing guiding principles to ED leaders and nurses, ENA will ensure that nurses feel safe at work and will advocate for advancing excellence in nursing as the premiere emergency nursing organization. With the implementation of the "No Silence on ED violence" campaign, ENA aimed to support, empower, and provide resources to effect safety in the workplace. Interestingly, the most recent research article noted on the quality and safety workplace violence page on the ENA website is from 2014 (NA, nd). It is well documented that violence against healthcare workers is surging (AONL & ENA, 2022), it seems pertinent to evaluate this phenomenon in the ED setting in the current environment. The ENA offers a toolkit for mitigating workplace violence that highlights understanding, creating a culture of non-violence, assessing and mitigating risk factors, developing a prevention program, training staff, and evaluating the effect of the interventions. It does not offer specific criteria that should be implemented to ensure the safety of ED healthcare workers as cited in the preceding section. This resolution is in line with the practice environment strategic goal. This resolution will enhance the success of this goal by going further than merely assessing the environment but by making recommendations for safety.

Financial Considerations/Operations Impact

To be completed by ENA staff. The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent

As the premiere organization for ED nursing, ENA must take a stance on recommending strategies such as the preferred micro and macro intervention for mitigating workplace violence against ED healthcare workers. ED nurses should be able to reference the ENA website to identify specific strategies that could be used by organizations to enhance safety.

Resolution GA23-10

TITLE: Licensure Requirements for Emergency Nurses Association Membership

Whereas, ENA Bylaws state "only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members" (ENA, 2023, p. 1);

Whereas, ENA Bylaws state that members can be disciplined for failure to comply with ENA Bylaws and such discipline can include suspension and expulsion (ENA, 2023);

Whereas, some jurisdictions require active practice hours to retain licensure, resulting in loss of license for disabled or retired nurses (e.g., Nebraska Department of Health and Human Services, n.d; New Hampshire Office of Professional Licensure and Certification, n.d.; Oregon Secretary of State, n.d.; South Dakota Board of Nursing, n.d.; Vermont Office of Professional Regulation, n.d.);

Whereas, substance use disorder (SUD) is a chronic, treatable disease and is a common reason for nursing license restriction (American Psychiatric Association, 2020.; Chelle Law, 2022; National Institute on Drug Abuse, 2020);

Whereas, ENA members, including Lifetime Members, have been temporarily stripped of their membership rights and privileges because of self-reported license restrictions related to SUD;

Whereas, nursing licenses may be restricted for actions that pose no risk to patient or public safety (NurseJournal, 2022);

Whereas, license restriction, retirement, disability, or disease do not necessarily render a nurse incapable of safely participating in and bringing value to ENA; and

Whereas, amendments to the ENA Bylaws may be proposed by the Board of Directors (ENA, 2023).

Resolved, the ENA Board of Directors or their designee(s) be tasked with investigating changes to the ENA Bylaws that would allow nurses without current active, unencumbered licenses to continue to participate in ENA as voting members in some situations.

Resolved, the ENA Board of Directors submit a proposed amendment or amendments to the ENA Bylaws regarding licensure requirements for voting membership if warranted by the findings of the investigation, for discussion and vote by the General Assembly at the next possible opportunity.

Resolution Background Information

In Article III, Members, the ENA Bylaws state the following:

> **Section 2. Classifications and Criteria**. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:
>
> A. Voting Members – voting members shall be classified as national, international, senior, and military ("Voting Members"). Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.
>
> **Section 4. Disciplinary Action**
>
> A. **Grounds for Discipline**. ENA may discipline a member for any of the following reasons:
>
> i. Failure to comply with these Bylaws, the ENA Code of Ethics, or any of ENA's rules or regulations;
>
> ii. Conviction of a felony or a crime related to, or arising out of, the practice of nursing or involving moral turpitude;
>
> iii. Suspension, revocation, or forfeiture by any state, province, or country of the member's right to

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practice as a nurse; or

iv. Immoral, dishonorable, or unprofessional conduct considered prejudicial to the best interests of, or inconsistent with, the purposes of ENA.

B. **Procedures**. Discipline may include, but not be limited to, censure, suspension, probation, and expulsion.

Maintaining a nursing license is subject to requirements determined by countries, states, and territories. License renewal requirements vary widely, from simply paying a fee, at one end of the spectrum, to requirements for hundreds of hours of active practice, continuing education, criminal background checks, and fingerprinting at the other end of the spectrum. Requirements for active practice, the expense and inconvenience of obtaining criminal background checks and fingerprinting, or high license renewal fees may result in nurses voluntarily surrendering their license upon retirement or becoming disabled. Many states do not have a non-disciplinary mechanism to retire or relinquish a license, and surrender of a license has the same legal effect as revocation. Surrendering an RN license does not mean that these nurses surrender their knowledge about emergency nursing. Retired or disabled nurses with decades of experience can be valuable contributors as General Assembly delegates and in other ENA activities and forums.

Substance use disorder (SUD) is a chronic yet treatable disease (Centers for Disease Control and Prevention, 2022; National Institute on Drug Abuse, 2020) for which healthcare professionals should not be stigmatized. Drug diversion for personal use is a symptom of SUD, not exclusively a crime (ENA, 2022). A substantial number of alleged professional conduct violations among nurses, 42.3% in one report, are related to substance use (CNA Healthcare Underwriting & Nurses Service Organization, 2020). The substances used include not only illicit narcotics but also legal substances such as alcohol and, in some jurisdictions, cannabis. Nurses with SUD often have their licenses restricted while completing monitored rehabilitation and recovery programs. These alternative-to-discipline (ATD) programs help nurses with SUD continue or return to practice in a way which safeguards the public (National Organization of Alternative Programs, n.d.). A nurse in recovery for SUD would be able to participate in ENA activities as a voting member without compromising public safety.

Nurses are frequently disciplined for actions that present no patient or public safety concerns (NurseJournal, 2022). For example, a grateful patient sends the nurse who saved his life a gift certificate for an expensive restaurant. If the nurse accepts the gift certificate it is a boundary violation, which could result in disciplinary action. A nurse starts an IV for hydration of a colleague who is sick at home with norovirus. This is a scope of practice violation and subject to disciplinary action. A nurse whose licensure discipline is for reasons that could not harm patients or the public would be able to continue as an ENA member with no risk to public safety. Nurses who are disciplined by their licensing boards are already traumatized and demoralized by that experience (Brous, 2019). Their identity as a nurse is threatened, which is extremely disabling and may lead to suicide (Pilla, 2021). In addition to setting and maintaining standards, professional organizations have the obligation to advocate for their members. Expulsion or discipline from those organizations with which nurses identify intensifies their depression and hopelessness at a time when they most need support. Licensure discipline already causes inactivation of specialty certification like CEN. Further punitive action serves no purpose and can be damaging to our vulnerable colleagues, undermining their ability to return to practice.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

Relevant sections of the ENA Bylaws follow:

ARTICLE XIV
AMENDMENT

Section 1. Proposals

Amendments to the bylaws may be proposed by the Board of Directors, state councils or under the signature of ten Voting Members in good standing. Amendments proposed by a State Council or under the signature of ten Voting Members in good standing are subject to the prior review and approval the Board of Directors to assure that proposed amendments (i) are consistent with ENA's purposes, mission, values and objectives: (ii) have no adverse financial impact on ENA; (ii) do not create inconsistencies or conflicts with other provisions of the bylaws; and (iv) do not conflict with the requirements of ENA's Articles of Incorporation or federal or state law. Proposed amendments approved or introduced by the Board of Directors (collectively, "Approved

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Proposals") will be presented to the General Assembly in accordance with the provisions set forth below in this article XIV.

ARTICLE XIV
AMENDMENT

Section 4. Vote

In order to be adopted, Approved Proposals must be approved by a two-thirds vote of the delegates present and voting at a meeting of the General Assembly.

Financial Considerations/Operations Impact

The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

Professional References:

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Letter of Intent

This resolution directs the ENA Board of Directors to submit a proposed amendment(s) to the ENA Bylaws for discussion and vote by the General Assembly at the next possible opportunity. Prior to drafting proposed amendments to the bylaws, it is important to hear discussion by ENA members in response to this resolution as well as to investigate the legal implications and the practices of other nursing organizations. These tasks are most appropriately undertaken by ENA Board of Directors members and staff. Redefining licensure requirements for ENA membership can help retain the expertise of nurses who, for various reasons, no longer have an active, unencumbered nursing license. These nurses could serve as delegates to the General Assembly and retain other rights associated with membership. The bylaws will continue to identify grounds for disciplinary action when members are convicted of a crime or engage in unprofessional conduct deemed to be prejudicial or inconsistent with the best interests of ENA.

Resolution GA23-11

TITLE: Support for the Use of the Title "Doctor" by Doctorate-Prepared Registered Nurses

Whereas, The title of *doctor* is derived from the Latin verb *docere* meaning *to teach*, and has origins back to the 1300s as a title given to scholars (Asfour & Winter, 2018;);

Whereas, A doctorate is the highest academic degree conferred by a university, representing then ultimate in accomplishment and proficiency (Britannica, 2023). The title of *doctor* is an acknowledgment of the tremendous hard work and perseverance exhibited by those who fulfill the rigorous education requirements of a doctoral program, whether that be the Doctor of Nursing Practice (D.N.P.), Doctor of Philosophy (Ph.D.), Doctor of Education (Ed.D.), Doctor of Medicine, (M.D.), or other doctoral programs;

Whereas, The title of *doctor* is commonly used in academia by nurses and non-nurses who have earned a doctoral degree and is identified as proper etiquette both socially and professionally (The Emily Post Institutes, n.d.);

Whereas, Between 2011 and 2021, the number of adults with doctoral degrees has more than doubled in the United States to 4.7 million people, over 75% of which are held by non-physicians (U.S. Census Bureau, 2022);

Whereas, Doctorate-prepared nurses are educated to conduct nursing research, translate research findings into clinical practice, and are adequately poised to influence and improve patient outcomes (Sanders et al., 2020). As of 2020, 2.4% of registered nurses in the United States hold a doctoral degree, which emphasizes leadership in clinical settings (Rodriguez, 2016; Sanders et al., 2020; Smiley et al., 2021); and

Whereas, Professional organizations representing various nonphysician disciplines have been vocal in advocating for the appropriate and safe use of the title *doctor* within their professions or opposing legislation restricting such use (American Academy of Otolaryngology–Head and Neck Surgery; American Association of Nurse Practitioners, 2022; American Optometric Association, 2023; Anderson 2008);

Resolved, That ENA formally support the use of the title *doctor* in the clinical and non-clinical setting for nurses who have completed doctoral education (e.g., Ph.D., D.N.P., Ed.D.,) with the acknowledgment that nurses are not attempting to replace or supersede physicians;

Resolved, That ENA work with stakeholders (e.g., American Nurses Association, American Association of Colleges of Nursing, American Association of Nurse Practioners, and other specialty nursing organizations) to provide education and clarity to the public around the use of the title of *doctor* by nurses who have achieved the doctoral level; and

Resolved, That ENA collaborate with other stakeholders to advocate against legislation limiting the use of earned doctorates.

Resolution Background Information

The title, *doctor*, was first given to theologians in the 1300's (Asfour et al., 2018). Approximately 300 years later, in the 17th century, medical schools began to refer to their graduates as *doctors* (Asfour et al., 2018). Even then, surgeons and apothecaries were not awarded the title of *doctor*, only physicians—due to their overall training requirements (National Library of Medicine, 2021). In fact, medical practice was not regulated until 1847, with the development of the American Medical Association and the first recommended educational standards for physicians, which only required three years of study (National Library of Medicine, 2021. In 1893, Johns Hopkins University opened the first academic medical school, of which the future of medicine was modeled after (National Library of Medicine, 2021). However, it wasn't until 1930 that most medical schools

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required a liberal arts degree prior to admission for matriculation in medicine (National Library of Medicine, 2021).

In 2004 the American Association of Colleges of Nursing (AACN) voted to endorse the practice doctorate degree in nursing, known as the DNP (American Association of Colleges of Nursing, 2022). This degree was meant to help nurses achieve a terminal degree that was not in research per se but which would enable them to translate and implement research in the practice setting. Patient care becoming increasingly complex, physician shortages, nurse and nurse faculty shortages, and concerns about patient care all helped to establish the need for the Nursing Practice Doctorate. The Council on Accreditation of Nurse Anesthesia Educational Programs has declared that all accredited Certified Registered Nurse Anesthetist (CRNA) programs must be doctoral programs by 2025. In 2023 the National Organization of Nurse Practitioner Faculties (NONPF) reaffirmed their commitment that all entry nurse practitioner programs be DNP-focused by 2025. NONPF and AACN have found that the number of DNP programs has doubled, while the number of graduates has more than doubled (American College of Nursing, 2022; National Organization of Nurse Practitioner Faculties, 2023). NONPF also found that this change has led to more nurses of a minority background graduating and that DNP-prepared Nurse Practitioners had higher pass rates and more clinical practice than those with a master's degree (National Organization of Nurse Practitioner Faculties, 2023).

While the official policy of the American Medical Association (2012) and the American College of Emergency Physicians (2020) holds that these organizations "strongly oppose" the use of the title *doctor* by nonphysicians, both organizations clarify that nonphysicians electing to use the title of *doctor* in the clinical practice must specifically and simultaneously also define the nature of their doctoral degree to clarify they are not physicians. The American Academy of Emergency Medicine (2020), however, takes the more restrictive stance that nonphysicians "must not be called 'doctor' in the clinical setting" (American Academy of Emergency Medicine, 2020).

More recently, legislative efforts have been undertaken—often successfully—to prohibit the use of the title *doctor* by nonphysicians. Additionally, news outlets such as *The New York Times* have limited the use of the title *doctor* to those who are physicians, dentists, and veterinarians while limiting its use when referring to those with other earned doctorates (Corbett, 2015). Currently, in California, AB 765 (2023) makes it a misdemeanor for anyone who is not an MD or a DO to use the title *doctor,* including the prefix "Dr". Furthermore, a DNP nurse was fined nearly $20,000 for use of the *doctor*, despite indicating her nurse practitioner status whenever possible (Hollowell, 2023). Additional states that include legislative measures currently, or already in statute, include, but are not limited to, Florida, Wisconsin, Texas, Kentucky, with a penalty of losing your license for 6-12 months (Conditions governing use of title "Doctor" or "Dr." –Penalty, 2010; Healing Art Identification Act, 1999; Hollowell, 2023; Wisconsin S.B. 143, 2023). This is, by far, *not* an exhaustive list.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

ENA's mission is to advance excellence in emergency nursing, and encouraging nurses to achieve the highest level of nursing education (the doctorate) exemplifies this mission.

A doctorate is a terminal professional degree emphasizing advanced clinical knowledge and expertise. Doctoral degrees prepare nurses to assume various roles in healthcare, policy, administration, and clinical practice. The knowledge and skills gained through a doctoral program can significantly contribute to achieving the Emergency Nurses Association's mission of safe practice and safe care.

- **Advanced Clinical Competence:** Doctoral programs enhances nurses' clinical expertise, equipping them with advanced knowledge and skills in patient assessment, diagnosis, and management. This level of clinical competency enables doctorate-prepared nurses to provide safe and effective care to patients in emergency settings.
- **Leadership and Advocacy**: The doctoral curriculum focuses on leadership development, healthcare policy, and advocacy. Doctorate-prepared nurses are trained to critically analyze healthcare systems and policies, identify areas for improvement, and advocate for changes that promote safe practice and care. By leveraging

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their leadership skills, doctoral graduates can influence emergency nursing practice to prioritize patient safety.

- **Evidence-Based Practice:** The doctoral curriculum emphasizes evidence-based practice, where nurses are trained to critically appraise research literature and integrate it into clinical decision-making. By staying abreast of the latest research and best practices, doctorate-prepared nurses can enhance patient safety by implementing evidence-based interventions and protocols in emergency care.
- **Quality Improvement and Patient Safety:** Doctorate programs often include coursework on quality improvement and patient safety, teaching nurses how to assess and improve healthcare delivery processes. Doctorate-prepared nurses can identify potential hazards or inefficiencies in emergency care settings, develop strategies for improving safety protocols, and collaborate with interdisciplinary teams to implement these changes, ultimately ensuring safer practices and better patient outcomes.
- **Education and Mentorship:** As doctorate graduates advance, they often assume roles as educators and mentors for nursing students and less experienced nurses. By sharing their knowledge and expertise. Doctorate-prepared nurses can foster a culture of safe practice and care among the next generation of emergency nurses, emphasizing the importance of patient safety and providing guidance on best practices.

Financial Considerations/Operations Impact

To be completed by ENA staff. The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent
The intent of this resolution is to bring ENA into a proactive stance to advocate for doctorate-prepared nurses. While we fully honor and respect that physicians and nurses, regardless of educational level, have different training, nurses continue to hold varying levels of education. It is in the differences of our educations that we can collaborate and come together for the best of our patients. However, until we challenge the narrative, nursing education will continue to be minimized in the eyes of the public, as well as in the eyes of the profession. We would like ENA to be at the forefront of this advocacy, for the emergency nurses who currently hold doctorates, and for those who may hold doctorates in the future.

Resolution GA23-12

TITLE: Support the Use of Nasal Naloxone on U.S. Airlines and in Public Schools and Universities

Whereas, There is currently a national epidemic of opioid ingestions, with the majority from opioids (Hedegaard et al., 2021; National Institute on Drug Abuse, 2023);

Whereas, The recognized emergent treatment outside of health facilities is nasal naloxone (National Institute of Health. 2022);

Whereas, Administration of nasal naloxone does not require specific education (Centers for Disease Control and Prevention, 2019);

Whereas, Nasal naloxone can be supplied in emergency medical kits (i.e., automated external defibrillator [AED] cases, Stop the Bleed kits (STBs), or other emergency medical kits for public access; and

Whereas: Administration of nasal naloxone has been demonstrated to save lives (Darke et al, 2003; National Institute of Health [NIH], 2022).

Resolved, The Emergency Nurses Association (ENA) supports use of nasal naloxone on U.S. airlines, in public schools and universities, and in public facilities that have AEDs and STBs; and

Resolved, ENA collaborates with other stakeholders in expanding access to naloxone and support for harm reduction programs with the goal of informing the public about the use of naloxone to prevent overdose deaths.

Resolution Background Information

More than 932,000 people have died since 1999 from a drug overdose (National Institute on Drug Abuse, 2023). Nearly 75% of drug overdose deaths in 2020 involved an opioid (Hedegaard, 2021).

Overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl), have increased by more than eight times since 1999 (Centers for Disease Control and Prevention [CDC], n.d.).

More than 80% of overdose deaths involved opioids, and most of these deaths specifically involved IMFs (illicitly manufactured fentanyl). IMFs put people at an increased risk for overdose death:

Illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) were involved in nearly 85% of drug overdose deaths in 24 states and the District of Columbia during January–June 2019. More than three out of five overdose deaths involved at least one potential opportunity to link people to care before an overdose or to implement life-saving actions when an overdose occurs. These opportunities can be targeted to both prevent overdoses and improve response to overdoses to prevent deaths.

More than three in five people who died from drug overdose had an identified opportunity for linkage to care or life-saving actions.

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications. Often given as a nasal spray, naloxone is safe and easy to use. Naloxone quickly reverses an overdose by blocking the effects of opioids. It can restore normal breathing within two to three minutes in a person whose breath has slowed, or even stopped, as a result of opioid overdose. More than one dose of naloxone may be required when stronger opioids like fentanyl are involved.

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Nearly 75% of drug overdose deaths in 2020 involved an opioid (Hedegaard et al., 2021).

Overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (such as fentanyl), have increased by more than eight times since 1999 (Hedegaard et al., 2021). Overdoses involving opioids killed nearly 69,000 people in 2020, and over 82% of those deaths involved synthetic opioids (Hedegaard et al., 2021; National Institute on Drug Abuse, 2023).

According to the Centers for Disease Control and Prevention, nearly 50,000 people died from an opioid-involved overdose in 2019 (n.d.). One study found that bystanders were present in more than one in three overdoses involving opioids (CDC, n.d.). With the right tools, bystanders can act to prevent overdose deaths. Anyone can carry naloxone, give it to someone experiencing an overdose, and potentially save a life (CDC, n.d.).

Good Samaritan laws are in place in most states to protect those who are overdosing and anyone assisting them in an emergency from arrest, charges, or a combination of these.

The most recent provisional data available from the CDCs National Center for Health Statistics indicate that approximately 8180,411 drug overdose deaths occurred in the United States in 2021. This represents a worsening of the drug overdose epidemic in the United States and is the largest number of drug overdoses for a 12-month period ever recorded (National Institute on Drug Abuse, 2023).1 After declining 4.1% from 2017 to 2018,2 the number of overdose deaths increased 18.2% from the 12-months ending in June 2019 to the 12-months ending in May 2020 (CDC, n.d.). Drug overdose deaths during this time increased more than 20% in 25 states and the District of Columbia, 10% to 19% in 11 states and New York City, and 0% to 9% in 10 states. Drug overdose deaths decreased in four states (CDC, n.d.).

The recent increase in drug overdose mortality began in 2019 and continued into 2020, prior to the declaration of the COVID-19 National Emergency in the United States in March. The increases in drug overdose deaths appear to have accelerated during the COVID-19 pandemic. Provisional overdose death estimates indicate that the largest monthly increases in drug overdose deaths occurred in the 12-months ending in February 2020 (74,185 deaths) and the 12-months ending in March 2020 (75,696 deaths), the 12-months ending in March 2020 (75,696 deaths) to the 12-months ending in April 2020 (77,842 deaths), and from the 12-months ending in April 2020 (77,842 deaths) to the 12-months ending in May 2020 (81,230 deaths). These one-month increases of 2,146 deaths and 3,388 deaths, respectively for the 12-month periods, are the largest monthly increases documented since provisional 12-month estimates began to be calculated in January 2015 (CDC, 2020).

Synthetic opioids are the primary driver of the increases in overdose deaths. The 12-month count of synthetic opioid deaths increased 38.4% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020. Of the 38 jurisdictions with available synthetic opioid data, 37 jurisdictions reported increases in synthetic opioid overdose deaths for this time period (CDC, n.d.). Eighteen of these jurisdictions reported increases greater than 50%, 11 reported increases of 25% to 49%, 7 reported increases of 10% to 24%, 1 reported an increase of less than 10%. State and local health department reports indicate that the increase in synthetic opioid-involved overdoses is primarily linked to illicitly manufactured fentanyl (Darke et al., 2023; NIH, 2022; Osterwalder, 1996). Historically, deaths involving illicitly manufactured fentanyl have been concentrated in the 28 states east of the Mississippi River, where the heroin market has primarily been dominated by white powder heroin (CDC, 2019; Darke et al., 2023). In contrast, the largest increases in synthetic opioid deaths from the 12-months ending in June 2019 to the 12-months ending in May 2020 occurred in 10 western states (98.0% increase). This is consistent with large increases in illicitly manufactured fentanyl availability in western states (Davis, 2018) and increases in fentanyl positivity in clinical toxicology drugs tests in the West after the COVID-19 pandemic (CDC, 2020). Increases in synthetic opioid overdose deaths were also substantial in other

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regions: 12 southern states and the District of Columbia (35.4%), 6 midwestern states (32.1%), and 8 northeastern states and New York City (21.1%).

Naloxone is a lifesaving emergency treatment that reverses opioid overdose. It is a medicine with no abuse potential, and it is not a controlled substance. It can also be administered by individuals with or without medical training to help reduce opioid overdose deaths (FDA, 2023),

The FDA understands the importance of having all forms of naloxone available for community use. FDA continues to take key steps in making this emergency treatment more readily available and more accessible (FDA, 2023).

The FDA approved Narcan, a 4 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription, use – the first naloxone product approved for use without a prescription. Naloxone is a medication that rapidly reverses the effects of opioid overdose and is the standard treatment for opioid overdose (FDA, 2023).

Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist (NIH, 2022). Prepackaged nasal spray (generic naloxone, Narcan, Kloxxado), developed as a result of NIDA-funded research, is an FDA-approved prefilled, needle-free device that requires no assembly and is sprayed into one nostril while the person lays on their back. This device can also be easier for loved ones and bystanders without formal training to use (NIH, 2022).

The risk that someone overdosing on opioids will have a serious adverse reaction to naloxone is far less than their risk of dying from overdose (Darke et al., 2003; Osterwalder, 1996).

Naloxone works if a person has opioids in their system and has no harmful effect if opioids are absent. Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected (CDC, 2019).

As of December 2018, forty-six states and the District of Columbia provided legal immunity for friends, family, and other bystanders, or “Good Samaritans,” seeking medical aid for someone experiencing an opioid overdose (Davis, 2018).

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
A statement will demonstrate that ENA advocates for excellence is emergency practice and best outcomes for patients and the support of the general public. Furthermore, ENA advocates for the best evidence-based practices.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of the General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Letter of Intent

Opioid overdoses are increasing annually to the point of national crisis. Most overdose incidents occur in settings where prevention and reversal of the effects of overdose can be intervened. Naloxone to the public has been made available by the FDA. The administration of naloxone does not require specialized knowledge or education. Naloxone can be readily available in public settings just as AEDs and STB (Stop the Bleed kits). By having naloxone available to the public, many deaths can be prevented. Preventable deaths should be at the forefront of everyone.

Resolution GA23-13

TITLE: Support Epinephrine Auto Injection, Nasal Spray, Sublingual Route on Domestic Airlines

Whereas: Anaphylactic reactions require emergent treatment when identified (Alvarez-Perea et al., 2017);

Whereas, Anaphylactic reactions are not uncommon on airlines, allergic reactions have a prevalence of 1.6% of in-flight emergencies (Hu $ Smith 2021; Peterson et al., 2013) (Table 1);

Whereas, The accepted emergent treatment for anaphylactic reactions initially is epinephrine injection commonly with the use of an auto injection device (Alvarez-Perea et al., 2017; Sampson et al., 2006; Simons et al., 2014);

Whereas: There is no substitute for emergent treatment other than epinephrine (Alvarez-Perea et al., 2017; Sampson et al., 2006; Simons et al., 2014); and

Whereas: Airlines have emergency treatment kits, but not all contain auto injection delivery (Allergy & Asthma Network, 2023; Hu & Smith, 2021);

Resolved, The Emergency Nurses Association (ENA) support use of epinephrine via auto injection route for inflight anaphylactic reactions that could occur, and

Resolved, ENA collaborate with other stakeholders to develop education and training for the use of epinephrine in various routes of administration in emergent situations.

Resolution Background Information

Anaphylaxis is defined as a severe life-threatening generalized or systemic hypersensitivity reaction characterized by rapidly developing airway and/or circulation problems. Intramuscular epinephrine (adrenaline) is the medication of choice for the emergency treatment of anaphylaxis (Alvarez-Perea et al., 2017). Since anaphylaxis is characterized by rapidly developing life-threatening airway and/or circulation problems, it must be managed quickly (Sampson et al., 2006; Simons et al., 2014).

Approximately 2.9 million passengers flew in and out of U.S. airports per day in 2022 (Food and Drug Administration [FDA], 2023).

There is no internationally agreed-upon recording and classification system for in-flight medical emergencies, and prevalence estimates vary between 24 and 130 emergencies per 1 million passengers (Dowdall, 2000). (8) Access to epinephrine is critical, yet innovation has been lacking. The first epinephrine auto-injector came on the market in 1987. Vial and syringe or auto-injectors are still the only option for treating anaphylaxis.

Data further shows that death from anaphylaxis occurs more often when there is either a delay in administering epinephrine or it is not given at all. Studies have shown that auto-injectors are often not carried or not used promptly. The causes of the delay vary, from needle phobia to hesitation using the auto-injector to reluctance to carry due to the size of the auto-injector devices.

The continued advancements in scientific research and development of treatments for anaphylaxis, which include needle-free nasal sprays and sublingual (under the tongue) administrations, give people additional treatment options. These are smaller-size alternatives for those who are reluctant to use or carry an auto-injector (Allergy & Asthma Network, 2023).

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New epinephrine delivery routes (nasal spray and sublingual) are under review by the U.S. Food and Drug Administration (Allergy & Asthma Network, 2023). In a public meeting on May 11, 2023, the FDA's Pulmonary-Allergy Drugs Advisory Committee voted 16-6 in favor of the epinephrine nasal spray for use in adults (Allergy & Asthma Network, 2023).

The U.S. Food and Drug Administration has granted fast track designation to AQST-109, the first and only orally delivered epinephrine-based product candidate for the emergency treatment of allergic reactions, including anaphylaxis. Fast track designation is an indication that the FDA recognizes that AQST-109, if approved, fulfills a significant unmet need. An epinephrine oral film like AQST-109 would provide patients with a rescue medication where they need it, when they need it, and in a form they prefer (SnackSafely, 2022).

Following are some relevant quotes from allergy professionals.

> **Charmayne Anderson, Director of Advocacy May 11, 2023, at FDA Hearing Docket Number FDA-2023-N-0984.** Allergy & Asthma Network, the leading national nonprofit dedicated to improving the health of people with allergies, asthma, and related conditions, is pleased to provide comments on the new epinephrine nasal spray under review by the U.S. Food and Drug Administration (FDA). We are encouraged by this new treatment option, as epinephrine is the primary therapy for treating anaphylaxis, a life-threatening allergic reaction. Approximately 32 million Americans, including 6 million children, live with food allergies. Up to 50 million people in the United States have experienced anaphylaxis to food, insect venom, medication, and latex.
> Anaphylaxis is estimated to cause 500 to 1,000 deaths annually. Epinephrine is the first-line treatment when a person is experiencing a life-threatening allergic reaction.
> **Ned S. Levi, 1 May 2023, Travel Advice.** The FAA's lack of a requirement for EpiPens on planes' emergency medical kits puts passengers' lives at serious risk. Since 2003, the Federal Aviation Administration (FAA) has required that all scheduled U.S. airlines carry epinephrine on every aircraft in its required EMK. Unfortunately, most airlines only stock vials of the life-saving drug, not the safe, easy-to-use auto-injectors of epinephrine. (10)
> While airline crew members have first aid and aviation medicine training, they cannot inject epinephrine into passengers suffering from anaphylaxis.
> The vials of epinephrine are useless unless a doctor is aboard the flight to administer the drug. Air travelers' lives are at stake, and vials of epinephrine are not a viable substitute for epinephrine auto-injectors.
> **Purvi Parikh, MD, FACAAI. May 18, 2023. Allergy and Asthma Network** Epinephrine auto-injectors were first approved by the U.S. Food and Drug Administration (FDA) in 1987. Since then, the devices have become the standard of care for severe allergic reactions, or anaphylaxis.
> Now new **epinephrine** delivery routes are under review by the FDA: a nasal spray and sublingual patch. Each will offer a new treatment option for people who prefer a needle-free way to treat anaphylaxis.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives

This position will demonstrate that ENA advocates for excellence in emergency practice and best outcomes for patients and the supporting the public. Furthermore, ENA advocates for the best evidence-based practices. Rapid delivery of treatment is essential to best practice outcomes during emergent situations.

Table 1 Federal Aviation Administration-Mandated Emergency Medical Kit Equipment and Medications

Equipment	Medications
Adhesive tape	Antihistamine tablets, 25 mg

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Alcohol sponges	Antihistamine injectable, 50 mg
Cardiopulmonary resuscitation masks*	Aspirin tablets, 325 mg
Intravenous line start kit with tubing and Y-connectors	Atropine, 0.5 mg
Needles (18-, 20-, and 22-gauge)	Bronchodilator, inhaled
Oropharyngeal airways*	Dextrose, 50% per 50 ml, injectable
Protective nonpermeable gloves	Epinephrine 1:1000, 1 ml, injectable
Self-inflating manual resuscitation device with masks*	Epinephrine 1:10,000, 2 ml, injectable
Sphygmomanometer	Lidocaine, 5 ml, 20mg per ml, injectable
Stethoscope	Nitroglycerin tablets, 0.4 mg
Syringes (5 ml, 10 ml)	Nonnarcotic analgesic tablets, 325 mg
Tape scissors	Saline solution, 500 ml
Tourniquet	

Note: All airplanes with at least one flight attendant and a capacity for 30 or more passengers are required to have an automated external defibrillator.

* Three sizes: child, small adult, and large adult or equivalent.

Adapted from Federal Aviation Administration. (2006, January 12). *Advisory circular (No. 121-33B): Emergency medical equipment*. https://www.faa.gov/documentLibrary/media/Advisory_Circular/AC121-33B.pdf

Financial Consideration/Operations Impact

To be completed by ENA staff. The scope of work outlined in the resolved clauses has a fiscal impact between $10,000-$25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

Professional References

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Letter of Intent

Some of the major U.S. airlines carry epinephrine in their EMKs (emergency medical kits), typically in vials and syringes for administration. However, flight attendants may not be trained in administration, which requires that a physician or another medically trained person must be identified and verified prior to use. For various reasons, up to 85% of the population prefer a needless route of administration before they would administer a medication. Therefore, ENA should advocate for the alternative routes of administration under review.

ENA General Assembly
Reference Guide

DELEGATION

1. Each state council shall determine its own method for delegate selection by using a point system, election or lottery.

2. Each state council is encouraged to take the following eligibility criteria into consideration in choosing its delegates:
   - Attendance at 50 percent of all scheduled meetings of the state council or local component since the previous General Assembly.
   - Service in an elected or appointed position at the local, state or national level during the prior three years; or
   - Participation in at least one of the following activities related to emergency nursing since the previous General Assembly:
     - Lecturer (other than that which is required in a professional nursing role)
     - Projects, such as public education, legislative involvement and chapter fundraising
     - Research in emergency nursing
     - Publishing on topics related to emergency care
     - Certification through the Board of Certification for Emergency Nursing (BCEN)

3. At least 30 days prior to the General Assembly, the ENA national office will send confirmation of delegate status to each delegate and alternate delegate. All proposed bylaws amendments, resolutions, rules and procedures will be made available on the ENA website.

4. Delegates and alternate delegates shall attend all business sessions of the General Assembly.

RESOLUTIONS

5. Resolutions must be submitted by the published deadline, to be considered during General Assembly.

6. Resolutions received at ENA headquarters will be forwarded to the Resolutions Committee, legal counsel, parliamentarian and ENA Board of Directors for review for compatibility with ENA's purpose, mission, values, objectives, bylaws and standing rules, federal and state laws and financial feasibility.

7. Resolutions that do not comply shall be returned to the authors with explanation.

8. Proposed resolutions submitted will be reviewed by the ENA Board of Directors for possible implementation prior to General Assembly.

9. The Resolutions Committee shall work with authors to combine proposed resolutions that have the same or similar subject matter.

10. Resolutions brought before the General Assembly shall include the exact text of the proposal along with the financial considerations and operational implications. They may also include comments from the Resolutions Committee and the ENA Board of Directors.

ENA EMERGENCY NURSES ASSOCIATION | GENERAL ASSEMBLY

BYLAWS AMENDMENT PROPOSALS

11. Bylaws amendment proposals received at ENA headquarters will be forwarded to the Resolutions Committee, legal counsel, parliamentarian and ENA Board of Directors for review for compatibility with ENA's purpose, mission, values, objectives, bylaws and standing rules, federal and state laws and financial feasibility.

12. Bylaws amendment proposals that do not comply shall be returned to the authors with explanation.

13. The Resolutions Committee shall work with authors to combine proposed bylaws amendments that have the same or similar subject matter.

14. Proposals to amend the ENA Bylaws shall include the exact text of the proposal. They may also include comments from the Resolutions Committee and ENA Board of Directors.

MISCELLANEOUS

15. The Resolutions Committee shall be authorized to correct article and section designations, punctuation and references in the Bylaws, Election Rules, and General Assembly Standing Rules of Procedure as may be necessary to reflect the intent of the General Assembly.

16. The draft General Assembly minutes shall be sent electronically to all state captains and the ENA Board of Directors for a 10-day review and comment period. The minutes shall be subsequently approved by the Resolutions Committee.

17. The status of resolutions adopted by the General Assembly will be made available to the ENA membership.

Appendix B

2020–2025 Emergency Nurses Association **Strategic Plan**

MISSION STATEMENT:

To advance excellence in emergency nursing

CORE VALUES:

Integrity
Evidenced by openness and honesty in decisions, communications and actions

Diversity & Inclusion
Evidenced by an organization that creates a culture and climate of mutual respect, inclusivity, and equity

Collaboration
Evidenced by a professional community characterized by mutual respect, service to the benefit of others, and appreciation of our members' contributions

Excellence
Evidenced by a culture of inquiry dedicated to innovation, compassion, and global commitment to best practice

Credo

Derived from the vision of our co-founders Judith Kelleher and Anita Dorr, our priorities are guided by these values and beliefs:

- Inclusion and the contributions of nursing, in **collaboration** with healthcare partners worldwide, help explore **innovative** solutions to the challenges of emergency care delivery.
- **Compassion** is an essential element of the emergency nursing profession.
- We should embrace **inclusion, diversity and mutual respect** in all interactions and initiatives to promote the essential value of different perspectives and experiences within emergency nursing.
- A team-based delivery of resources meet the highest quality standards of **excellence** for patients and emergency nurses.
- Emergency care evolves through **lifelong learning and a culture of inquiry** for the discovery and integration of evidence-based research into emergency nursing practice.
- Our Code of Ethics establishes and encourages adherence to principles of **honesty and integrity.**
- The **spirit of philanthropy** allows the advancement of the profession of emergency nursing and improves the lives of patients throughout the world.
- We place the highest **value on our members for their contributions** to the care of patients and their families, the emergency nursing profession, and our organization.

ENA™
EMERGENCY NURSES ASSOCIATION

Committed to Care
ena.org

Appendix B

Vivid Description of an Envisioned Future

VISION

Be the premier organization for the emergency nursing community worldwide

VIVID DESCRIPTION

Emergency Nurses

- Emergency nurses practicing worldwide have the appropriate evidence-based resources needed to provide the best care possible
- Emergency nurses globally have access to high quality education and resources to provide excellent care
- Emergency nurses are working in an ideal practice environment
- Emergency nurses provide care using their full scope of practice
- Every emergency nurse receives the highest level of specialized training and education offered

ENA as an organization

- ENA is recognized as the preeminent worldwide resource in emergency nursing
- ENA is indispensable to the global community
- All emergency nurses are members of the ENA community
- ENA is the primary source of evidence-based emergency nursing resources and standards of care

Patients

- All patients (children, adults, seniors) receive high quality, specialized emergency care in all settings
- Lower morbidity and mortality is demonstrated for emergency patients as a result of leading-edge emergency nursing education and training provided by ENA
- Patients receive expedited ED visits with streamlined admission to needed inpatient beds

The Public

- Legislators appreciate and advocate for the knowledge and depth of care provided in the ED
- Emergency nurses provide a key voice in public health epidemics
- Communities are educated on injury prevention to avoid preventable visits to the ED

Appendix B

Goals, Objectives & Strategies

PRACTICE ENVIRONMENT GOAL:

EMERGENCY NURSES WILL WORK IN AN IDEAL PRACTICE ENVIRONMENT TO PROVIDE THE HIGHEST QUALITY OF EMERGENCY CARE IN THE SAFEST WAY.

Objectives:

1. Improve quality and safety in emergency nursing practice
2. Prevent violence in the ED
3. Establish and disseminate standards for emergency nursing practice
4. Improve recruitment and retention of emergency nurses

Strategies:

1. Develop and compile comprehensive institutional safety assessment and quality measures for emergency nursing
2. Lead efforts to develop and disseminate data and resources to address workplace violence
3. Establish and disseminate standards for emergency nurses to provide care using their full scope of practice
4. Identify and disseminate best practices for emergency nursing staffing
5. Generate and promote new knowledge in emergency nurse wellness
6. Advocate for emergency departments to have the necessary resources and supplies for the highest quality, safe practice and safe care

EDUCATION GOAL:

EMERGENCY NURSES HAVE THE HIGHEST QUALITY EDUCATIONAL RESOURCES TO PROVIDE THE HIGHEST LEVEL OF CARE.

Objectives:

1. Expand research to increase the generation of new knowledge in emergency nursing
2. Expand the translation of best evidence into emergency nursing practice
3. Increase development and delivery of educational content for emergency nurses worldwide.

Strategies:

1. Identify research opportunities to meet the future needs of emergency nurses
2. Identify and prioritize emergency nursing education gaps
3. Expand ENA core educational offerings for all levels of emergency nurses
4. Create new educational offerings that cover the breadth and depth of emergency nursing
5. Create the framework for the gold standard for emergency nursing orientation
6. Influence academia to include emergency nursing content
7. Ensure relevance of instructional design and delivery for all learners to match how and where they learn

Appendix B

COMMUNITY GOAL:

ENA IS THE AUTHORITY AND PREMIER ORGANIZATION FOR EMERGENCY NURSING WORLDWIDE.

Objectives:

1. Increase membership
2. Increase collaboration and partnerships that advance emergency nursing
3. Increase ENA presence in every ED
4. Expand the impact of the ENA Foundation
5. Expand the voice of the emergency nurse in healthcare policy and public health

Strategies:

1. Evaluate membership categories
2. Strengthen member value proposition
3. Define strategic approach to partnerships and organizations that advance emergency nursing
4. Increase ENA brand and product awareness in EDs
5. Implement education and advocacy strategies for injury prevention and public health issues
6. Develop partnerships and a framework for emergency nurses to respond to disasters

CULTURE GOAL:

ENA'S CULTURE IS DYNAMIC, ENSURING RELEVANCE IN A CHANGING ENVIRONMENT TO ADVANCE THE MISSION.

Objectives:

1. Utilize best-in-class technology to support the development and delivery of leading-edge education, research and practice resources and member engagement
2. Employ best practices in governance and leadership
3. Nurture and grow an organizational culture and talent consistent with ENA's values
4. Manage expenses and resource utilization consistent with ENA's goals and objectives

Strategies:

1. Implement new and emerging technologies to enhance the user experience
2. Identify and implement best practices in governance
3. Strengthen support of State Councils and Chapters to provide best practices in strategic decision making and leadership
4. Implement a comprehensive staff development program
5. Implement actions that advance diversity and inclusivity

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EMERGENCY NURSES ASSOCIATION AND AFFILIATE

AUDITED CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Assurance

LOCAL KNOWLEDGE, GLOBAL EXPERTISE

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
AUDITED CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Finance Committee
of Emergency Nurses Association

Opinion

We have audited the accompanying consolidated financial statements of Emergency Nurses Association and Affiliate (nonprofit organizations), which comprise the consolidated statements of financial position as of December 31, 2022 and 2021, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Emergency Nurses Association and Affiliate as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Emergency Nurses Association and Affiliate and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Adoption of New Accounting Standard

As discussed in Note 2 of the financial statements, for the year ended December 31, 2022, Emergency Nurses Association and Affiliate adopted Accounting Standards Update (ASU) No. 2016-02, *Leases (Topic 842)*. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Emergency Nurses Association and Affiliate's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Certified Public Accountants ■ Business & Financial Advisors
Offices in Elgin, Chicago, Orland Park, Naperville, Des Plaines & Sarasota

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Emergency Nurses Association and Affiliate's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Emergency Nurses Association and Affiliate's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information presented on pages 32-42 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PKF Mueller

Elgin, Illinois
July 20, 2023

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

ASSETS

	2022	2021
Current assets:		
Cash and cash equivalents	$ 1,809,627	1,425,562
Accounts receivable, net	1,845,317	1,435,075
Grants receivable	27,673	18,412
Other receivables	1,298,083	67,184
Current portion of mortgage receivable	60,844	62,345
Inventory	50,717	54,522
Current portion of prepaid expenses	461,855	649,321
Total current assets	5,554,116	3,712,421
Property and equipment, net	12,731,743	12,082,265
Other assets:		
Prepaid expenses, net of current portion	534,782	563,151
Mortgage receivable, net of current portion	1,695,852	1,751,404
Interest rate swap asset	257,642	-
Split-dollar life insurance asset	915,090	-
Right of use assets under operating lease agreements	365,691	-
Investments	17,300,328	25,267,700
Total assets	$ 39,355,244	43,376,941

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

LIABILITIES AND NET ASSETS

	2022	2021
Current liabilities:		
Accounts payable	$ 675,207	728,160
Wages and benefits payable	812,311	1,114,853
Accrued expenses	508,277	459,297
Credits on customer accounts	93,339	48,295
Assessments payable	819,231	741,500
Line of credit	1,099,209	-
Current portion of deferred revenue	3,412,453	2,569,221
Current portion of obligations under operating leases	83,846	-
Current portion of bond payable	338,132	337,859
Total current liabilities	7,842,005	5,999,185
Long-term liabilities:		
Line of credit	-	1,099,209
Interest rate swap agreement	-	705,820
Deferred revenue, net of current portion	1,401,148	1,328,824
Obligations under operating leases, net of current portion	276,207	-
Bond payable, net of current portion	8,196,941	8,535,073
Total long-term liabilities	9,874,296	11,668,926
Total liabilities	17,716,301	17,668,111
Net assets:		
Without donor restrictions:		
Undesignated	17,356,153	20,831,482
Board-designated	2,241,587	2,649,255
Total without donor restrictions	19,597,740	23,480,737
With donor restrictions	2,041,203	2,228,093
Total net assets	21,638,943	25,708,830
Total liabilities and net assets	$ 39,355,244	43,376,941

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022			2021		
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Support and revenue:						
Courses	$ 15,736,924	-	15,736,924	14,625,186	-	14,625,186
Membership dues	4,550,348	-	4,550,348	4,802,544	-	4,802,544
Conferences	2,585,904	-	2,585,904	845,318	-	845,318
Publications	561,578	-	561,578	583,347	-	583,347
Marketplace	414,477	-	414,477	418,567	-	418,567
Sponsorships	397,475	-	397,475	296,300	-	296,300
Royalties	205,647	-	205,647	214,572	-	214,572
Other	229,544	-	229,544	192,629	-	192,629
Grants	165,751	-	165,751	83,011	-	83,011
Paycheck Protection Program grant revenue	-	-	-	1,938,315	-	1,938,315
Employee Retention Credit grant revenue	1,283,954	-	1,283,954	-	-	-
Special event revenue	67,325	-	67,325	9,276	-	9,276
Mailing lists	55,354	-	55,354	31,633	-	31,633
Contributions	285,759	358,752	644,511	322,304	603,575	925,879
Donated services	80,000	-	80,000	-	-	-
Net assets released from restrictions	264,089	(264,089)	-	269,842	(269,842)	-
Total support and revenue	26,884,129	94,663	26,978,792	24,632,844	333,733	24,966,577
Expenses:						
Programs, grants, and scholarships	19,183,762	-	19,183,762	15,361,958	-	15,361,958
Supporting services:						
Management and general	8,983,708	-	8,983,708	7,722,288	-	7,722,288
Fundraising and development	74,437	-	74,437	89,446	-	89,446
Total supporting services	9,058,145	-	9,058,145	7,811,734	-	7,811,734
Total expenses	28,241,907	-	28,241,907	23,173,692	-	23,173,692
Change in net assets - before other income	(1,357,778)	94,663	(1,263,115)	1,459,152	333,733	1,792,885
Other income (expense)						
Interest income	15,186	-	15,186	-	-	-
Interest expense	(365,951)	-	(365,951)	(362,841)	-	(362,841)
Investment return, net	(3,131,528)	(281,553)	(3,413,081)	2,402,217	219,239	2,621,456
Gain on interest rate swap agreement	963,462	-	963,462	504,153	-	504,153
Loss on disposal	(6,388)	-	(6,388)	-	-	-
Total other income	(2,525,219)	(281,553)	(2,806,772)	2,543,529	219,239	2,762,768
Change in net assets	(3,882,997)	(186,890)	(4,069,887)	4,002,681	552,972	4,555,653
Net assets, beginning of year	23,480,737	2,228,093	25,708,830	19,478,056	1,675,121	21,153,177
Net assets, end of year	$ 19,597,740	2,041,203	21,638,943	23,480,737	2,228,093	25,708,830

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2022

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Payroll expenses:				
Salaries and wages	$ 6,656,305	3,889,928	-	10,546,233
Employee benefits	915,135	533,272	-	1,448,407
Payroll taxes	483,264	262,307	-	745,571
Total payroll expenses	8,054,704	4,685,507	-	12,740,211
Operating expenses:				
Advertising and promotion	132,236	38	-	132,274
Bank charges and credit card processing fees	-	471,242	1,744	472,986
Discount on sales	84,600	-	-	84,600
Bad debt expense	2,544	-	-	2,544
Computer	233,295	1,163,669	7,540	1,404,504
Conferences	2,245,548	389,720	3,012	2,638,280
Cost of goods sold	1,376,776	-	-	1,376,776
Depreciation and amortization	410,631	122,673	9,521	542,825
Fulfillment and warehousing services	211,580	-	-	211,580
Grants and scholarships	425,310	2,750	-	428,060
Insurance	71,890	54,146	-	126,036
Miscellaneous	132,097	89,730	-	221,827
Postage, freight, and shipping	263,722	5,180	145	269,047
Printing	258,395	18,457	936	277,788
Professional services	1,366,485	675,410	9,500	2,051,395
Provision for UBIT	63,055	-	-	63,055
Public relations	11,685	-	-	11,685
Recruitment fees	-	68,520	-	68,520
Stipends	145,017	140,511	-	285,528
Supplies and equipment	51,407	146,991	5,966	204,364
Temporary workers	166,111	56,201	-	222,312
Training	56,029	201,837	-	257,866
Travel	489,144	381,995	6,075	877,214
Total operating expenses	8,197,557	3,989,070	44,439	12,231,066
Occupancy expenses:				
Building maintenance	93,976	58,933	6,371	159,280
Depreciation	137,099	85,977	9,295	232,371
Insurance	8,047	5,046	546	13,639
Real estate taxes	163,767	102,702	11,103	277,572
Rent	45,553	31,656	-	77,209
Telephone	1,520	954	103	2,577
Utilities	38,051	23,863	2,580	64,494
Total occupancy expenses	488,013	309,131	29,998	827,142
Assessment expenses:				
State/chapter membership dues	505,253	-	-	505,253
ENPC/TNCC	1,938,235	-	-	1,938,235
Total assessment expenses	2,443,488	-	-	2,443,488
Total expenses	$ 19,183,762	8,983,708	74,437	28,241,907

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2021

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Payroll expenses:				
Salaries and wages	$ 5,662,669	3,300,382	-	8,963,051
Employee benefits	1,072,241	613,410	-	1,685,651
Payroll taxes	426,189	233,469	-	659,658
Total payroll expenses	7,161,099	4,147,261	-	11,308,360
Operating expenses:				
Advertising and promotion	116,423	720	4,048	121,191
Bank charges and credit card processing fees	-	413,239	1,413	414,652
Discount on sales	112,395	-	-	112,395
Bad debt expense	49,209	20	-	49,229
Computer	198,429	1,012,227	8,495	1,219,151
Conferences	592,822	226,844	1,000	820,666
Cost of goods sold	1,413,308	-	-	1,413,308
Depreciation and amortization	375,590	128,237	11,798	515,625
Fulfillment and warehousing services	217,472	-	-	217,472
Grants and scholarships	412,111	-	-	412,111
Insurance	74,399	47,220	-	121,619
Miscellaneous	104,234	66,175	-	170,409
Postage, freight, and shipping	286,543	3,761	4,228	294,532
Printing	227,012	8,023	275	235,310
Professional services	868,115	710,664	9,500	1,588,279
Promotion/advocacy	-	1,291	-	1,291
Provision for UBIT	11,869	-	-	11,869
Public relations	11,701	944	-	12,645
Recruitment fees	80	82,111	-	82,191
Stipends	117,700	142,000	-	259,700
Supplies and equipment	53,603	94,094	15,716	163,413
Temporary workers	80,639	17,426	-	98,065
Training	46,101	144,234	-	190,335
Travel	61,825	151,372	1,017	214,214
Total operating expenses	5,431,580	3,250,602	57,490	8,739,672
Occupancy expenses:				
Building maintenance	97,034	60,852	6,579	164,465
Depreciation	140,203	87,924	9,505	237,632
Insurance	7,223	4,530	490	12,243
Real estate taxes	184,436	115,663	12,504	312,603
Rent	41,486	28,829	-	70,315
Telephone	1,242	779	84	2,105
Utilities	41,217	25,848	2,794	69,859
Total occupancy expenses	512,841	324,425	31,956	869,222
Assessment expenses:				
State/chapter membership dues	531,398	-	-	531,398
ENPC/TNCC	1,725,040	-	-	1,725,040
Total assessment expenses	2,256,438	-	-	2,256,438
Total expenses	$ 15,361,958	7,722,288	89,446	23,173,692

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Cash provided (used) by operating activities:		
Change in net assets	$ (4,069,887)	4,555,653
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization of property and equipment	768,223	746,011
Amortization of debt issuance costs	6,973	7,246
Gain on interest rate swap agreement	(963,462)	(504,153)
Loss on disposal of property and equipment	6,388	-
Provision for doubtful accounts	(36,279)	20,641
Realized and unrealized loss (gain) on investments	3,963,257	(1,880,247)
Contributions restricted for investment in endowments	(119,608)	(261,912)
Amortization of right of use assets under operating leases	87,108	-
Interest earned on split dollar life insurance agreement	(15,186)	-
Changes in:		
Accounts receivable, net	(373,963)	188,900
Grants receivable	(9,261)	(1,503)
Other receivables	(1,230,899)	6,869
Inventory	3,805	(19,536)
Prepaid expenses and other current assets	215,835	(254,895)
Accounts payable	(52,953)	406,533
Wages and benefits payable	(302,542)	560,482
Accrued expenses	48,980	(6,607)
Credits on customer accounts	45,044	(28,446)
Assessments payable	77,731	(81,400)
Deferred revenue	915,556	(62,903)
Obligations under operating leases	(92,746)	-
Net cash provided (used) by operating activities	(1,127,886)	3,390,733
Cash provided (used) by investing activities:		
Purchases of property and equipment	(1,424,089)	(943,016)
Payments received on mortgage receivable	57,053	60,251
Purchase of investments	(14,050,064)	(3,934,051)
Proceeds from sale and maturities of investments	17,266,763	1,374,187
Net cash provided (used) by investing activities	1,849,663	(3,442,629)

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Cash provided (used) by financing activities:		
Collections of contributions restricted for investment in endowments	119,608	261,912
Payments on bonds payable	(344,832)	(344,832)
Payments on split dollar life insurance agreement	(112,488)	-
Net cash used by financing activities	(337,712)	(82,920)
Net increase (decrease) in cash and cash equivalents	384,065	(134,816)
Cash and cash equivalents, beginning of year	1,425,562	1,560,378
Cash and cash equivalents, end of year	$ 1,809,627	1,425,562
Noncash investing transactions:		
Initial principal amount of promissory note for collateral assignment split-dollar agreement	$ 899,904	-
Interest accrued on split-dollar life insurance asset	$ 15,186	-
Other cash flow information:		
Interest paid	$ 365,951	362,841
Income taxes paid	$ 10,000	5,000

The accompanying notes are an integral part of the consolidated financial statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1 - NATURE OF OPERATIONS

Emergency Nurses Association and Affiliate (Association) consists of Emergency Nurses Association (ENA) and ENA Foundation (ENAF).

ENA is a not-for-profit, professional association whose mission is to advance excellence in emergency nursing. ENA, whose national headquarters is located in Schaumburg, Illinois, was founded in 1970. Paid membership is approximately 38,500.

ENAF was established in 1991 to operate exclusively for charitable, educational, and scientific purposes relating to emergency nursing. ENAF activities benefit emergency nurses, patients, and the public through provision of undergraduate, advance practice, doctoral, and continuing education scholarships and research grants.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) as applicable to not-for-profit organizations.

Principles of Consolidation

The accompanying consolidated financial statements (collectively, financial statements) include the accounts of ENA and ENAF. The sole voting member of ENAF is ENA. Since ENA has control of the ENAF Board of Directors (ENAF Board), U.S. GAAP requires that the financial position and activities of both organizations be consolidated. All significant interorganizational transactions and balances have been eliminated in consolidation.

Cash and Cash Equivalents

For purposes of the consolidated statements of cash flows, the Association considers all highly liquid instruments with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable consists of amounts due from Trauma Nursing Core Courses (TNCC), Emergency Nursing Pediatric Courses (ENPC), the sale of advertising space in various ENA publications, and royalty arrangements with vendors for ENA educational offerings. Management reviews the aging of the course receivables to determine the level of allowance for doubtful accounts to establish against the course receivables. As of December 31, 2022 and 2021, the allowance for doubtful accounts was $136,937 and $173,216, respectively. No allowance was deemed necessary for non-course receivables as of December 31, 2022 and 2021.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Inventory

Inventory, which consists of course manuals and ENA merchandise, is carried at the lower of cost or net realizable value with cost being determined by the first-in, first-out (FIFO) method. As of December 31, 2022 and 2021, no allowance for obsolete or excess inventory was recorded.

Property and Equipment

Property and equipment have been recorded at cost if purchased or at fair value at time of donation if received as a gift. The Association capitalizes property and equipment over $5,000 that have a useful life of more than one year. Depreciation and amortization of property and equipment is provided over the estimated useful lives of the respective assets on a straight-line basis. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed as incurred. The useful lives of property and equipment for purposes of computing depreciation and amortization are as follows:

Buildings	40 years
Building improvements	30 - 40 years
Equipment	5 years
Program development	3 - 7 years
Furniture and fixtures	15 years
Computer software	3 - 7 years

Investments

Long-term and short-term investments in marketable securities with readily determinable fair values are presented in the financial statements at fair value. Short-term investments are those with a maturity of greater than three months but no more than one year. Long-term investments with a maturity of greater than one year are mutual funds or equity securities. The fair values of investments are based on quoted market prices, when available, for those investments. Both realized and unrealized gains and losses are reported as investment income in the consolidated statement of activities and changes in net assets. The Association's investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to these risk factors, it is reasonably possible that changes in the values of investments will occur in near term that will materially affect the amounts reported in the consolidated statements of activities and changes in net assets.

Credits on Customer Accounts

Credits on customer accounts represent overpayments on accounts of ENA course directors relating to course fees. These overpayments are not automatically refunded, but instead are held on the account until the course director provides instruction as to the disposition of the credit. The credits are typically applied to future courses.

Assessments Payable

Assessments payable are amounts due to ENA State Councils and Chapters for their share of paid memberships and course fees. Assessments are calculated and paid quarterly.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Interest Rate Swap Agreement

The interest rate swap agreement is reflected at fair value in the Association's consolidated statements of financial position and the related portions of the debt being hedged are reflected at an amount equal to its carrying value.

Under U.S. GAAP, not-for-profit entities may elect to use a simplified hedge accounting approach to account for interest rate swap agreements that are entered into for the purpose of economically converting a variable-rate borrowing into a fixed-rate borrowing. Under this approach, the statement of activity charge for interest expense is similar to the amount that would result if the Association had directly entered into a fixed-rate borrowing instead of a variable-rate borrowing and a receive-variable, pay-fixed interest rate swap. The Association elected to use the simplified accounting approach.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor-imposed restrictions. Currently, the ENA Board of Directors (ENA Board) has designated funds for ENAF endowments as well as to fund projects that fall within the criteria of the ENA spending policy. The ENAF Board has also designated funds for the ENAF endowments.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Association reports contributions restricted by donors as increases in net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

Concentration of Credit Risk

The Association maintains its cash in bank deposits which, at times, may exceed federally insured limits. The Association's uninsured cash balance was $1,382,199 and $903,973 at December 31, 2022 and 2021, respectively. The Association believes it is not exposed to any significant credit risk on cash.

The Association maintains its investment in broker accounts which, at times, may exceed federally insured limits. As of December 31, 2022 and 2021, the Association's uninsured investment balance was $17,093,326 and $24,287,184, respectively. The Association believes it is not exposed to any significant credit risk on investments.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition

Revenue from Contracts with Customers

The Association derives a significant portion of its revenue from revenue sources that involve contracts with customers. Those sources include courses, membership dues, conferences, publications, marketplace, sponsorships, royalties, special events, mailing lists, and other revenue. Revenue is recognized when control of these goods or services are transferred to its customers, in an amount that reflects the consideration the Association expects to be entitled to in exchange for those goods or services. The Association does not have any significant financing components as all payments are received within a year of the services being provided. Costs incurred to obtain a contract will be expensed as incurred when the amortization period is less than a year. All contracts contain specified pricing for each performance obligation thus allocation of the transaction price is not necessary.

Disaggregation of Revenue from Contracts with Customers

The following table disaggregates the Association's revenue based on the timing of satisfaction of performance obligations for the years ended December 31:

	2022	2021
Performance obligations satisfied at a point in time	$ 19,583,136	16,494,186
Performance obligations satisfied over time	$ 5,221,440	5,525,186

Revenues from performance obligations satisfied at a point in time consist of revenues from courses, conferences, publication advertising revenue, marketplace, event sponsorships, special events, mailing lists, and other revenues. Revenues from performance obligations satisfied over time consist of membership dues, publication editorial support and profit sharing, corporate engagement council sponsorships, and royalties.

Performance Obligations

For performance obligations related to courses, control transfers to the customer at a point in time. Courses occur on specified dates and course fee revenue is recorded when the course is held. Revenue from the sale of manuals is recognized upon shipment to the customer.

For performance obligations related to membership dues, control transfers to the customer over time. The Association offers membership categories of one year, three years, five years, and lifetime. Revenue is recorded in equal installments as control is passed to the customer over the term of the membership. The Association has determined that the average career span of an emergency professional is thirteen years and recognizes lifetime memberships over a thirteen-year period.

For performance obligations related to conferences, control transfers to the customer at a point in time. Conferences occur at specified dates and revenue is recorded at the time the conference is held.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition, Continued

Performance Obligations, Continued

For performance obligations related to publication advertising revenue, control transfers at a point in time. Revenue is recorded at the time the advertisement is printed or advertising service is performed. For performance obligations related to publication editorial support and profit sharing, control transfers to the customer over time in equal installments as control is passed to the publisher over the term of the agreement.

For performance obligations related to marketplace, control transfers to the customer at a point in time. Revenue from marketplace is recognized upon shipment of goods to customers.

For performance obligations related to event sponsorships and special events, control transfers to the customer at a point in time. Events occur at specified dates and revenue is recorded at the time the event is held. For performance obligations related to corporate engagement council sponsorships, control transfers to the customer over time. All obligations associated with corporate engagement council sponsorships are satisfied in the year in which the contract was obtained.

For performance obligations related to royalty revenue, control transfers to the customer over time. The Association recognizes royalty revenue using the output method based on terms agreed upon in contracts established with customers. The Association receives a percentage of gross income in exchange for a customer's usage of the Association's name and logo. The Association also receives commissions based on net revenue generated for promotion of a job board on the Association's website.

For performance obligations related to mailing lists and other revenues, control transfers to the customer at a point in time.

Conference fees received in advance are deferred until the conference takes place. Course fees received in advance are deferred until the course takes place. Membership dues received in advance are deferred until the period to which the dues relate. The deferred amounts as of December 31, 2022 and 2021 are included in deferred revenue on the consolidated statements of financial position.

Contract Balances

The timing of revenue recognition, billings, and cash collections results in billed accounts receivable and deferred revenue on the consolidated statements of financial position. The beginning and ending contract balances were as follows:

	December 31, 2022	December 31, 2021	January 1, 2021
Accounts receivable	$ 1,982,254	1,608,291	1,797,191
Deferred revenue	$ 4,813,601	3,898,045	3,960,948

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition, Continued

Promises to Give

The Association recognizes contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. As of December 31, 2022 and 2021, there were no conditional promises to give. Contributions not collected at the end of the year are disclosed as pledges receivable and are recorded at their estimated fair values. They are subsequently valued at the present value of future cash flows. All contributions are expected to be collected in one year or less.

Employee Retention Credit

The provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) provides an employee retention credit (ERC), which is a refundable tax credit against certain employment taxes for eligible employers. Management determined the Association qualifies for the ERC and has elected to treat the credit consistent with the treatment of conditional grants. The Association recorded a receivable and ERC grant revenue once the measurable performance or other barrier and right of return of the ERC had been overcome. The Association has recognized $1,283,954 as ERC grant revenue for the years ended December 31, 2022. The Association has a related receivable balance of $1,283,954 as of December 31, 2022 included in other receivables on the consolidated statements of financial position. The Association has filed for refunds of the ERC and subsequent to year end has received the funds.

Accounting Estimates

The preparation of consolidated financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

ENA and ENAF are exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(3). ENA pays unrelated business income tax (UBIT) on advertising revenue derived from various ENA publications, as well as sponsorship revenue that provide marketing opportunities for the sponsor. Unrelated business income tax (UBIT) for the years ended December 31, 2022 and 2021 amounted to $63,055 and $11,869, respectively. Provision for UBIT expense is included in programs, grants, and scholarship expense on the consolidated statements of functional expenses.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income Taxes, Continued

Management has concluded that as of December 31, 2022 and 2021, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Association would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Association is no longer subject to examination by federal, state, or local tax authorities for periods before 2019.

Advertising

Advertising costs are expensed as incurred. Advertising expense was $132,274 and $121,191 for the years ended December 31, 2022 and 2021, respectively, and is included with miscellaneous expenses in the consolidated statements of functional expenses.

Functional Expenses

The costs of program and supporting service activities have been summarized on a functional basis in the consolidated statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The Association utilizes a direct coding methodology for a majority of their expenses, however, expenses classified as occupancy expenses on the consolidated statements of functional expenses are allocated on the basis of estimates of time and effort.

Change in Accounting Principles – Contributed Nonfinancial Assets

In September 2020, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2020-07, Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets. The ASU improves financial reporting by providing new presentation and disclosure requirements, including presenting contributed nonfinancial assets (in-kind contributions) as a separate line item in the consolidated statements of activities apart from contributions of cash and other financial assets. The ASU also requires additional qualitative and quantitative disclosures about the nature, amount, restrictions, and policies surrounding the contributed nonfinancial assets. For the year ended December 31, 2022, the Association adopted the ASU on a retrospective basis and has adjusted the presentation in these financial statements accordingly.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Adoption of New Accounting Standard – Leases

In February 2016, FASB issued ASU No. 2016-02, Leases (Topic 842). The FASB also subsequently issued additional ASUs, which amend and clarify Topic 842. The most significant change in the new leasing guidance is the requirement to recognize right-of-use (ROU) assets and lease liabilities for operating leases on the consolidated statement of financial position. ASU No. 2016-02 is effective for fiscal years beginning after December 15, 2021.

The Association elected to adopt these ASUs effective January 1, 2022 and utilized the available practical expedients. As a result of adoption, the Association recorded ROU assets and lease liabilities of $452,799 effective January 1, 2022.

Leases

The Association leases office space and equipment. The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

Operating leases are included in operating lease right-of-use ("ROU") assets and other current and long-term operating lease liabilities in the consolidated statements of financial position. Finance leases are included in property and equipment, other current liabilities, and other long-term liabilities in the consolidated statements of financial position.

ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. The Association uses the implicit rate when it is readily determinable. Since most of the Association's leases do not provide an implicit rate, to determine the present value of lease payments, management uses the risk free rate based on the information available at lease commencement. Operating lease ROU assets also includes any lease payments made and excludes any lease incentives. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Association's lease terms may include options to extend or terminate the lease when it is reasonably certain that it will exercise the option.

New Accounting Standard – Credit Losses

In June 2016, the FASB issued guidance to change the accounting for credit losses. The guidance requires an entity to utilize a new impairment model known as the current expected credit loss ("CECL") model to estimate its lifetime "expected credit losses" and record an allowance that presents the net amount expected to be collected on the financial assets. The CECL framework is expected to result in earlier recognition of credit losses. The Association intends to adopt the guidance as of January 1, 2023 and is currently evaluating the effect it is expected to have on its financial statements and related disclosures.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Management Evaluation of Going Concern

In accordance with U.S. GAAP, management performed an evaluation to determine if adverse conditions or events, considered in the aggregate, raise substantial doubt about the Association's ability to continue as a going concern for the one-year period from the date the financial statements were available to be issued. Management's evaluation did not identify any conditions or events that raise substantial doubt about the Association's ability to continue as a going concern for the period from July 20, 2023 to July 20, 2024.

Subsequent Events

Subsequent events have been evaluated through July 20, 2023, the date that the financial statements were available to be issued.

On January 4, 2023, ENA established a wholly-owned subsidiary under the name ENA Ventures, LLC and on January 5, 2023 amended the articles of organization to change the name of the limited liability company to be ENA WorkWell Solutions, LLC. As of April 13, 2023, ENA WorkWell Solutions, LLC is doing business as Engage - Powered by ENA.

NOTE 3 - LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the consolidated statement of financial position, comprise the following:

	2022	2021
Financial assets at year-end:		
Cash and cash equivalents	$ 1,809,627	1,425,562
Accounts receivable, net	1,845,317	1,435,075
Grants receivable	27,673	18,412
Other receivables	1,298,083	67,184
Mortgage receivable	60,844	62,345
Investments	17,300,328	25,267,700
Total financial assets	22,341,872	28,276,278
Less: amounts not available for general expenditures within one year, due to:		
Donor-restricted for a specific purpose	656,155	962,652
Perpetual restrictions	1,385,048	1,265,440
Board-designated endowment	1,649,769	2,015,769
Board-designated for a specific purpose	89,908	131,576
Board-designated reserve fund	501,910	501,910
Total amounts not available for general expenditures within one year	4,282,790	4,877,347
Financial assets available to meet cash needs for general expenditures within one year	$ 18,059,082	23,398,931

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 3 - LIQUIDITY AND AVAILABILITY, CONTINUED

The Association's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes. As of December 31, 2022 and 2021, donor restricted endowment funds were not available for general expenditure.

The Association's board-designated endowment of $1,649,769 and $2,015,769 at December 31, 2022 and 2021, respectively, is subject to an annual spending rate of 5% as described in Note 13. Although the Association does not intend to spend from this board-designated endowment (other than amounts appropriated for general expenditure as part of the ENAF Board's annual budget approval and appropriation), these amounts could be made available if necessary.

During 2020, the ENAF Board designated funds for utilizing reserves to support COVID-19 relief and in December 2022, the ENAF Board re-designated the purpose of the COVID Relief Fund to an Emergency Relief Fund. At December 31, 2022 and 2021, there was a balance of $89,908 and $131,576, respectively, with this designation. Although the Association intends to spend these funds in support of emergency relief, these amounts could be made available if necessary.

Additionally, the ENA Board has designated funds within the parameters of the ENA spending policy for utilizing reserves on identified projects. At December 31, 2022 and 2021 there was a balance of $501,910 with this designation. Although the Association intends to spend these funds in accordance with the ENA spending policy referred to above, these amounts could be made available if necessary.

As part of the Association's liquidity management plan, cash in excess of current needs for expenses is invested in mutual funds. Investments are released to cover operating expenses as needed upon management approval. Additionally, the Association maintains a line of credit that if deemed necessary can be drawn upon to cover operating expenses (Note 8).

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 4 - PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2022 and 2021 consisted of the following:

	2022	2021
Land	$ 1,492,112	1,492,112
Buildings	2,948,699	2,948,699
Building improvements	5,969,138	5,969,138
Equipment	178,598	281,744
Program development	1,246,992	1,308,564
Furniture and fixtures	1,283,098	1,297,834
Computer software	5,122,465	5,560,296
Total property and equipment	18,241,102	18,858,387
Less accumulated depreciation	(5,509,359)	(6,776,122)
Property and equipment, net	$ 12,731,743	12,082,265

Depreciation expense of property and equipment was $498,019 and $544,434 for the years ended December 31, 2022 and 2021, respectively. In addition, the Association amortized development costs (included in programs, grants, and scholarship expenses) for the years ended December 31, 2022 and 2021 in the amounts of $270,204 and $201,577, respectively.

NOTE 5 - MORTGAGE RECEIVABLE

On August 21, 2020, the Association entered into a real estate sale agreement with a third party. The Association agreed to provide financing for a portion of the purchase price of the property sold, which amounted to $1,900,000. The mortgage receivable is stated at unpaid principal balance, less an allowance for loan losses. As of December 31, 2022 and 2021, an allowance was not deemed necessary. Certain insurance coverage is required and the policies must name the Association as additional insured.

Interest on the note is compounded annually and accrues at a rate of 4.00% from September 1, 2021 through August 31, 2023 and at a rate of 5.00% from August 31, 2023 through the maturity date. Interest on the loan is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. Interest income recorded for the years ended December 31, 2022 and 2021 was $71,662 and $30,499, respectively, and is included as other support and revenue on the consolidated statements of activities. The Association's practice is to charge off any loan or a portion of a loan when the loan is determined by management to be uncollectible due to the third party's failure to meet repayment terms, or for other reasons.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 6 - SPLIT-DOLLAR LIFE INSURANCE AGREEMENT

On April 1, 2022, the Association entered into a collateral assignment split-dollar agreement and limited recourse term promissory note with a key employee of the Association to encourage the employee to continue employment and to provide insurance protection, as well as additional retirement income, for the benefit of the employee. The Association and employee jointly own a life insurance policy (Policy). The limited recourse term promissory note accrues interest at a rate of 2.25% per annum compounded annually and the Policy is assigned as collateral, which secures the Association's right to recover the funding amount plus interest. Commencing December 31, 2029, the employee has the right to draw excess cash value earnings from the Policy, up to the vested annual borrowing cap. The employee will be 100% vested in her borrowing rights if employed through December 31, 2029.

Beginning in 2022 and ending in 2029, the Association will make eight annual premium payments to the insurance company in the amount of $112,488 per year. Interest income is recognized as earned and accrued for in split dollar life insurance on the consolidated statements of financial position. The balance of the split dollar life insurance as of December 31, 2022 comprised of the following:

Initial principal amount	$ 899,904
Accrued interest	15,186
Total split dollar life insurance	$ 915,090

NOTE 7 - FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that management has the ability to access at the measurement date.

Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 7 - FAIR VALUE MEASUREMENTS, CONTINUED

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual funds: Valued at the closing price as reported by the fund. Mutual funds held by the Association are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

Interest rate swap: Valued using both observable and unobservable inputs when available and can generally be corroborated by market data.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Money market funds	$ 521,780	-	-	521,780
Bond funds	5,541,831	-	-	5,541,831
Equity funds	4,408,471	-	-	4,408,471
Exchange traded funds	7,615,662	-	-	7,615,662
Interest rate swap	-	257,642	-	257,642
Total assets in the fair value hierarchy	$ 18,087,744	257,642	-	18,345,386

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 7 - FAIR VALUE MEASUREMENTS, CONTINUED

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Bond funds	$ 3,773,408	-	-	3,773,408
Equity funds	11,022,113	-	-	11,022,113
Exchange traded funds	10,472,179	-	-	10,472,179
Total assets in the fair value hierarchy	$ 25,267,700	-	-	25,267,700
Liability:				
Interest rate swap	$ -	705,820	-	705,820

As of December 31, 2022, $787,416 of the $18,087,744 of investments are earmarked for the collateral assignment split-dollar agreement and are included in split-dollar life insurance asset on the consolidated statement of financial position.

For the years ended December 31, 2022 and 2021, there were no significant transfers into or out of Level 3.

NOTE 8 - LINE OF CREDIT

The Association has a $2,500,000 unsecured line of credit. This line expires on December 21, 2023 and bears interest at prime (7.50% at December 31, 2022) minus .75%. The outstanding balance on the line of credit was $1,099,209 at December 31, 2022 and 2021.

Restrictive covenants imposed under the line of credit require the Association to maintain an unrestricted cash and investment to total fund debt of not less than 1.25 (ENA only). As of December 31, 2022 and 2021, this covenant was met.

NOTE 9 - BOND PAYABLE

On December 21, 2017, a Series 2017 Industrial Revenue Bond (Bond) was issued by the City of Watseka. The aggregate principal amount of the Bond is $10,000,000 and the proceeds of the Bond were used to finance the purchase of the land and building in Schaumburg, IL. The maturity date of the Bond is December 21, 2047.

The Bond bears interest at variable rates throughout the life of the bond. As of December 31, 2022, the interest rate on the Bond is 4.69%. The Bond requires monthly payments of $28,736.

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 9 - BOND PAYABLE, CONTINUED

The Bond agreement requires the Association to furnish audited financial statements 270 days after each year end. Restrictive covenants imposed under the Bond agreement also require the Association to maintain an unrestricted cash and investment to total fund debt of not less than 1.25 (ENA only). As of December 31, 2022 and 2021, this covenant was met.

There were debt issuance costs of $123,194 related to the bond issuance. Amortization expense for the years ended December 31, 2022 and 2021 was $6,973 and $7,246, respectively.

During 2018, the Association entered into a $10,000,000 interest rate swap agreement with a bank to fix the rate on the variable rate bond and to manage the borrowing costs. The interest rate swap agreement has a termination date of December 10, 2027 and a fixed interest rate of 3.61%.

The settlement value of the interest rate swap at December 31, 2022 was an asset of $257,642 and at December 31, 2021 was a liability of $705,820. The settlement rate was estimated using a present value calculation of the swap's remaining estimated cash flows, not adjusted for any nonperformance risk.

The Bond payable as of December 31, 2022 and 2021 consisted of the following:

	2022			2021		
	PRINCIPAL	DEBT ISSUE COSTS	NET	PRINCIPAL	DEBT ISSUE COSTS	NET
Bond	$ 8,620,672	85,599	8,535,073	8,965,504	92,572	8,872,932
Less current portion	(344,832)	(6,700)	(338,132)	(344,832)	(6,973)	(337,859)
Long-term debt	$ 8,275,840	78,899	8,196,941	8,620,672	85,599	8,535,073

Principal payments due on Bond payable during each of the next five years are as follows:

2023	$ 344,832
2024	344,832
2025	344,832
2026	344,832
2027	344,832
Thereafter	6,896,512
Total	$ 8,620,672

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 10 - LEASES

As of and for the Year ended December 31, 2022

The Association has operating lease agreements that require monthly payments ranging from $144 to $6,793, and lease maturity dates up through November 2027. The Association is not obligated by any lease agreements that meet the criteria of a finance lease.

Certain leases include optional renewal periods. When it is reasonably certain that a renewal option will be exercised that renewal period is included in the lease term, and the related payments are reflected in the ROU asset and lease liability.

All of the Association's leases include fixed rental payments. While the majority of the leases are gross leases, the Association also has a number of leases which require separate payments to the lessor based on the property taxes assessed on the property, as well as a portion of the common area maintenance associated with the property. The Association has elected the practical expedient not to separate lease and nonlease components for all leases.

The Association elects to apply the short-term lease measurement and recognition exemption to leases that meet the criteria. As of December 31, 2022, the Association had not entered into any lease agreements that qualify for the short-term lease measurement and recognition exemption.

Lease expense for the year ended December 31, 2022 was as follows:

Operating leases:	
Fixed rent expense	$ 92,567

Aggregate future minimum lease payments and the present value of net future minimum payments at December 31, 2022 is as follows:

2023	$ 88,123
2024	90,118
2025	87,345
2026	82,703
2027	21,958
	370,247
Less interest	(10,194)
	$ 360,053

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 10 - LEASES, CONTINUED

As of and for the Year ended December 31, 2022, Continued

As of December 31, 2022, the weighted-average remaining lease term for all operating leases is 4.13 years. Because the Association generally does not have access to the rate implicit in the lease, the Association utilizes the risk free rate as the discount rate. The weighted-average discount rate associated with operating leases as of December 31, 2022 is 1.36%.

As of and for the Year ended December 31, 2021

The Association was obligated under operating leases, primarily for certain office space and office equipment which expire on various dates through 2026. Total rent expense under these leases amounted to $101,585 for the year ended December 31, 2021 and is included with rent and supplies and equipment expenses in the consolidated statements of functional expenses.

NOTE 11 - RETIREMENT PLAN

ENA has a 401(k) defined contribution retirement savings plan (Plan) available to substantially all of ENA's employees. ENA matches up to 4% of each employee's contribution to the Plan. The Plan also has a discretionary profit-sharing component. ENA's discretionary profit-sharing contribution is determined annually based on the fiscal results of the Association with input from staff and the Board. Based on ENA's financial performance in 2021, the profit-sharing contribution was given to each of the qualified employees of 5%, which was paid in 2022. In 2022, there was no profit-sharing contribution. ENA's contribution is funded on a current basis. Total contributions to the Plan for the years ended December 31, 2022 and 2021 totaled $321,253 and $716,175, respectively.

NOTE 12 - COMMITMENTS AND CONTINGENCIES

The Association has entered into a number of contracts with various vendors for space, hotel accommodations, and ancillary services for future meetings. Prepaid hotel deposits may be applied towards hotel cancellation fees. Minimum estimated cancellation fees for future meetings as of December 31, 2022 are as follows:

2023	$ 1,147,850
2024	3,056,382
2025	469,505
2026	240,993
2027	-
Thereafter	884,032
Total	$ 5,798,762

NOTE 12 - COMMITMENTS AND CONTINGENCIES, CONTINUED

The $1,938,315 Paycheck Protection Program (PPP) loan (loan 1), $1,938,315 second PPP loan (loan 2), and their forgiveness are subject to examination under the terms of the agreement with the Small Business Administration for a period of six years from the date the PPP loans are forgiven, which was March 2021, for loan 1 and November 2021 for loan 2. The Association is not currently under examination nor has the Association been contacted.

NOTE 13 - ENDOWMENT

The Association's endowment includes three board-designated endowments established for the ENAF and twenty one donor-restricted endowment funds primarily for the general operating purposes of the Association, as well as for specific programs and scholarships. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The State of Illinois adopted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) on June 30, 2009. The board of directors has adopted a spending policy that requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary.

As a result of this policy, the Association retains in perpetuity (a) the original value of initial and subsequent gift amounts (including promises to give net of any discounts or an allowance for uncollectible pledges) donated to the endowment and (b) any accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by the Association in a manner consistent with the standard of prudence described by UPMIFA. The Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Association and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Association
- The investment policies of the Association

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 13 - ENDOWMENT, CONTINUED

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Association's board has approved a policy of appropriating annually no more than 5% of the prior three-year average of the fair market value of the endowment, including any capital appreciation and/or current yield. In establishing this policy, the Association considered the long-term expected return on its endowments. This is consistent with the Association's objective to maintain the fair value of the endowment assets held in perpetuity for a specified term as well as to provide additional real growth through new gifts and investment return. Donor-restricted endowments are spent in accordance with the donors' requirements; distributions are made for purposes that conform to the donors' stated intentions.

Funds with Deficiencies

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). There were no such deficiencies at December 31, 2022 and 2021.

Endowment net asset composition by type of fund as of December 31, 2022:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 1,649,769	-	1,649,769
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,385,048	1,385,048
Accumulated investment gains	-	297,436	297,436
Total endowment net assets	$ 1,649,769	1,682,484	3,332,253

Changes in endowment net assets for the year ended December 31, 2022:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, December 31, 2021	$ 2,015,769	1,881,913	3,897,682
Investment return, net	(298,000)	(281,537)	(579,537)
Appropriation of endowment assets for expenditures	(68,000)	(37,500)	(105,500)
Contributions	-	119,608	119,608
Endowment net assets, December 31, 2022	$ 1,649,769	1,682,484	3,332,253

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 13 - ENDOWMENT, CONTINUED

Endowment net asset composition by type of fund as of December 31, 2021:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 2,015,769	-	2,015,769
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,265,440	1,265,440
Accumulated investment gains	-	616,473	616,473
Total endowment net assets	$ 2,015,769	1,881,913	3,897,682

Changes in endowment net assets for the year ended December 31, 2021:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2021	$ 1,835,515	1,456,862	3,292,377
Investment return, net	258,754	216,139	474,893
Appropriation of endowment assets for expenditures	(78,500)	(53,000)	(131,500)
Contributions	-	261,912	261,912
Endowment net assets, December 31, 2021	$ 2,015,769	1,881,913	3,897,682

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 14 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods for the years ended December 31, 2022 and 2021:

	2022	2021
Karen O'Neil Endowed Scholarship Fund	$ 111,793	133,562
New York State September 11 Endowment Fund	143,989	175,504
Judith C. Kelleher Memorial Endowment Fund	134,771	171,196
Anita Dorr Memorial Endowment Fund	4,843	5,655
Jeanette Ash Endowed Scholarship Fund	64,834	71,708
Richard Wynkoop Scholarship Fund	55,267	58,897
Elizabeth B. Moore Memorial Fund for Scholarships	126,363	155,373
Texas Endowed Scholarship Fund	208,959	250,090
Mildred Fincke Memorial Endowed Scholarship Fund	32,603	35,310
Joan Eberhardt Endowed Scholarship Fund	55,156	64,117
Peggy McCall Fund	27,536	32,217
Jeff Solheim International Endowment	31,334	16,876
Gracen Brooke Oglesby Pediatric Fund	22,597	24,464
Castner and Spencer Family Research Fund	25,742	20,032
Patricia Kunz Howard Endowed Scholarship Fund	33,525	25,863
Virginia ENA State Council Endowed Scholarship Fund	24,483	15,518
HoosiER ENA Scholarship Fund	22,604	25,000
Illinois ENA Thelma Kuska Endowment Fund	33,220	27,163
Minnesota Pathways Scholarship Fund	12,000	-
Barbara Ann Stout Fund	24,543	-
General Endowment Fund	486,322	573,368
Total endowments	1,682,484	1,881,913
Purpose restricted contributions	358,719	346,180
Total net assets with donor restrictions	$ 2,041,203	2,228,093

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2022 and 2021:

	2022	2021
Scholarships	$ 264,089	242,330
Emergency Relief Fund (COVID-Relief)	-	27,512
Total net assets released from restrictions	$ 264,089	269,842

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 15 - PAYCHECK PROTECTION PROGRAM LOAN

On April 5, 2020, the Association received proceeds in the amount of $1,938,315 under the PPP established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act). PPP loans and accrued interest are forgivable to the extent the criteria established in the CARES Act are met.

Pursuant to the 2021 Consolidated Appropriations Act (CAA), the Association applied for a $1,938,315 PPP2 loan and received the proceeds on February 1, 2021. The PPP2 loan and accrued interest are forgivable to the extent the criteria established in the CAA are met.

Given Congress' intent to have the proceeds of the PPP loans forgiven by meeting specific criteria, the Association has elected to treat the PPP loans in accordance with the conditional government grants model in accordance with FASB ASC 958-605. The Association initially recorded the loan as a refundable advance and subsequently recognized PPP grant revenue in accordance with the guidance for conditional government grants; that is, once the measurable performance or other barrier and right of return of the PPP loan no longer existed. The Association has recognized $1,938,315 and $1,938,315 as PPP grant revenue for the years ended December 31, 2021 and 2020, respectively.

NOTE 16 - RECLASSIFICATIONS

Certain amounts in the 2021 financial statements have been reclassified to conform to the December 31, 2022 presentation.

SUPPLEMENTARY INFORMATION

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

ASSETS

	2022	2021
Current assets:		
Cash and cash equivalents	$ 1,033,055	808,215
Accounts receivable, net	1,837,751	1,411,792
Grants receivable	27,673	18,412
Due from affiliate	5,693	3,496
Other receivables	1,298,083	67,184
Current portion of mortgage receivable	60,844	62,345
Inventory	50,717	54,522
Current portion of prepaid expenses	457,555	649,321
Total current assets	4,771,371	3,075,287
Property and equipment, net	12,730,565	12,079,069
Other assets:		
Prepaid expenses, net of current portion	534,782	563,151
Mortgage receivable, net of current portion	1,695,852	1,751,404
Interest rate swap asset	257,642	-
Split-dollar life insurance asset	915,090	-
Right of use assets under operating lease agreements	365,691	-
Investments	13,332,058	20,661,985
Total assets	$ 34,603,051	38,130,896

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

LIABILITIES AND NET ASSETS

	2022	2021
Current liabilities:		
Accounts payable	$ 670,124	726,665
Wages and benefits payable	812,311	1,114,853
Accrued expenses	508,277	459,297
Credits on customer accounts	93,339	48,295
Assessments payable	819,231	741,500
Line of credit	1,099,209	-
Current portion of deferred revenue	3,412,453	2,569,221
Current portion of obligations under operating leases	83,846	-
Current portion of bond payable	338,132	337,859
Total current liabilities	7,836,922	5,997,690
Long-term liabilities:		
Line of credit	-	1,099,209
Interest rate swap agreement	-	705,820
Deferred revenue, net of current portion	1,401,148	1,328,824
Obligations under operating leases, net of current portion	276,207	-
Bond payable, net of current portion	8,196,941	8,535,073
Total long-term liabilities	9,874,296	11,668,926
Total liabilities	17,711,218	17,666,616
Net assets:		
Without donor restrictions:		
Undesignated	16,389,923	19,962,370
Board-designated	501,910	501,910
Total without donor restrictions	16,891,833	20,464,280
Total net assets	16,891,833	20,464,280
Total liabilities and net assets	$ 34,603,051	38,130,896

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Support and revenue:		
Courses	$ 15,736,924	14,625,186
Membership dues	4,550,348	4,802,544
Conferences	2,585,904	845,318
Publications	561,578	583,347
Marketplace	414,477	418,567
Sponsorships	397,475	296,300
Royalties	205,647	214,572
Other	229,534	191,267
Grants	165,751	83,011
Paycheck Protection Program grant revenue	-	1,938,315
Employee Retention Credit grant revenue	1,283,954	-
Mailing lists	55,354	31,633
Donated services	80,000	-
Total support and revenue	26,266,946	24,030,060
Expenses:		
Programs, grants, and scholarships	18,319,646	14,532,849
Supporting services:		
Management and general	8,925,029	7,687,221
Fundraising and development	469,085	458,941
Total supporting services	9,394,114	8,146,162
Total expenses	27,713,760	22,679,011
Change in net assets - before other income	(1,446,814)	1,351,049
Other income (expense)		
Interest income	15,186	-
Interest expense	(365,951)	(362,841)
Investment return, net	(2,731,942)	2,059,484
Gain on interest rate swap agreement	963,462	504,153
Loss on disposal	(6,388)	-
Total other income	(2,125,633)	2,200,796
Change in net assets	(3,572,447)	3,551,845
Net assets, beginning of year	20,464,280	16,912,435
Net assets, end of year	$ 16,891,833	20,464,280

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2022

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Payroll expenses:				
Salaries and wages	$ 6,226,739	3,889,928	-	10,116,667
Employee benefits	915,135	533,272	-	1,448,407
Payroll taxes	483,264	262,307	-	745,571
Total payroll expenses	7,625,138	4,685,507	-	12,310,645
Operating expenses:				
Advertising and promotion	132,236	38	-	132,274
Bank charges and credit card processing fees	-	471,242	-	471,242
Discount on sales	84,600	-	-	84,600
Bad debt expense	2,544	-	-	2,544
Computer	228,995	1,160,958	-	1,389,953
Conferences	2,245,548	383,271	-	2,628,819
Cost of goods sold	1,376,776	-	-	1,376,776
Depreciation and amortization	410,631	120,655	9,521	540,807
Fulfillment and warehousing services	211,580	-	-	211,580
Grants and scholarships	-	2,750	429,566	432,316
Insurance	71,890	53,666	-	125,556
Miscellaneous	132,097	87,553	-	219,650
Postage, freight, and shipping	263,722	4,412	-	268,134
Printing	258,395	17,248	-	275,643
Professional services	1,366,485	670,976	-	2,037,461
Provision for UBIT	63,055	-	-	63,055
Public relations	11,685	-	-	11,685
Recruitment fees	-	68,497	-	68,497
Stipends	145,017	140,511	-	285,528
Supplies and equipment	50,830	146,072	-	196,902
Temporary workers	166,111	56,201	-	222,312
Training	56,029	201,837	-	257,866
Travel	484,781	344,504	-	829,285
Total operating expenses	7,763,007	3,930,391	439,087	12,132,485
Occupancy expenses:				
Building maintenance	93,976	58,933	6,371	159,280
Depreciation	137,099	85,977	9,295	232,371
Insurance	8,047	5,046	546	13,639
Real estate taxes	163,767	102,702	11,103	277,572
Rent	45,553	31,656	-	77,209
Telephone	1,520	954	103	2,577
Utilities	38,051	23,863	2,580	64,494
Total occupancy expenses	488,013	309,131	29,998	827,142
Assessment expenses:				
State/chapter membership dues	505,253	-	-	505,253
ENPC/TNCC	1,938,235	-	-	1,938,235
Total assessment expenses	2,443,488	-	-	2,443,488
Total expenses	$ 18,319,646	8,925,029	469,085	27,713,760

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2021

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Payroll expenses:				
Salaries and wages	$ 5,247,482	3,300,382	-	8,547,864
Employee benefits	1,072,241	613,410	-	1,685,651
Payroll taxes	426,189	233,469	-	659,658
Total payroll expenses	6,745,912	4,147,261	-	10,893,173
Operating expenses:				
Advertising and promotion	116,423	720	-	117,143
Bank charges and credit card processing fees	-	413,239	-	413,239
Discount on sales	112,395	-	-	112,395
Bad debt expense	49,209	-	-	49,209
Computer	198,429	1,004,107	-	1,202,536
Conferences	592,822	224,173	-	816,995
Cost of goods sold	1,413,308	-	-	1,413,308
Depreciation and amortization	375,590	126,219	11,798	513,607
Fulfillment and warehousing services	217,472	-	-	217,472
Grants and scholarships	-	-	415,187	415,187
Insurance	74,399	46,740	-	121,139
Miscellaneous	104,170	66,175	-	170,345
Postage, freight, and shipping	285,245	3,255	-	288,500
Printing	227,012	7,121	-	234,133
Professional services	868,115	703,876	-	1,571,991
Provision for UBIT	11,869	-	-	11,869
Public relations	11,701	944	-	12,645
Recruitment fees	80	82,083	-	82,163
Stipends	117,700	142,000	-	259,700
Supplies and equipment	53,154	93,446	-	146,600
Temporary workers	80,639	17,426	-	98,065
Training	46,101	144,234	-	190,335
Travel	61,825	139,777	-	201,602
Total operating expenses	5,017,658	3,215,535	426,985	8,660,178
Occupancy expenses:				
Building maintenance	97,034	60,852	6,579	164,465
Depreciation	140,203	87,924	9,505	237,632
Insurance	7,223	4,530	490	12,243
Real estate taxes	184,436	115,663	12,504	312,603
Rent	41,486	28,829	-	70,315
Telephone	1,242	779	84	2,105
Utilities	41,217	25,848	2,794	69,859
Total occupancy expenses	512,841	324,425	31,956	869,222
Assessment expenses:				
State/chapter membership dues	531,398	-	-	531,398
ENPC/TNCC	1,725,040	-	-	1,725,040
Total assessment expenses	2,256,438	-	-	2,256,438
Total expenses	$ 14,532,849	7,687,221	458,941	22,679,011

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Cash provided (used) by operating activities:		
Change in net assets	$ (3,572,447)	3,551,845
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization of property and equipment	766,205	743,993
Amortization of debt issuance costs	6,973	7,246
Gain on interest rate swap agreement	(963,462)	(504,153)
Loss on disposal of property and equipment	6,388	-
Provision for doubtful accounts	(36,279)	20,641
Realized and unrealized loss (gain) on investments	3,171,857	(1,454,988)
Amortization of right of use assets under operating leases	87,108	-
Interest earned on split dollar life insurance agreement	(15,186)	-
Changes in:		
Accounts receivable, net	(389,680)	202,884
Grants receivable	(9,261)	(1,503)
Due (to) from affiliate	(2,197)	(9,741)
Other receivables	(1,230,899)	6,869
Inventory	3,805	(19,536)
Prepaid expenses and other assets	220,135	(254,895)
Accounts payable	(56,541)	432,559
Wages and benefits payable	(302,542)	560,482
Accrued expenses	48,980	(6,607)
Credits on customer accounts	45,044	(28,446)
Assessments payable	77,731	(81,400)
Deferred revenue	915,556	(62,903)
Obligations under operating leases	(92,746)	-
Net cash provided (used) by operating activities	(1,321,458)	3,102,347
Cash provided (used) by investing activities:		
Purchases of property and equipment	(1,424,089)	(943,016)
Payments received on mortgage receivable	57,053	60,251
Purchases of investments	(12,071,393)	(3,562,461)
Proceeds from sale of maturities of investments	15,442,047	1,266,470
Net cash provided (used) by investing activities	2,003,618	(3,178,756)
Cash used by financing activities:		
Payments on bonds payable	(344,832)	(344,832)
Payments on split dollar life insurance agreement	(112,488)	-
Net cash used by financing activities	(457,320)	(344,832)
Net increase (decrease) in cash and cash equivalents	224,840	(421,241)
Cash and cash equivalents, beginning of year	808,215	1,229,456
Cash and cash equivalents, end of year	$ 1,033,055	808,215
Noncash investing transactions:		
Initial principal amount of promissory note for collateral assignment split-dollar agreement	$ 899,904	-
Interest accrued on split-dollar life insurance asset	$ 15,186	-
Other cash flow information:		
Interest paid	$ 365,951	362,841
Income taxes paid	$ 10,000	5,000

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2022 AND 2021

ASSETS

	2022	2021
Current assets:		
Cash and cash equivalents	$ 776,572	617,347
Accounts receivable, net	7,566	23,283
Current portion of prepaid expenses	4,300	-
Total current assets	788,438	640,630
Property and equipment, net	1,178	3,196
Other assets:		
Investments	3,968,270	4,605,715
Total assets	$ 4,757,886	5,249,541

LIABILITIES AND NET ASSETS

	2022	2021
Current liabilities:		
Accounts payable	$ 5,083	1,495
Due to affiliate	5,693	3,496
Total current liabilities	10,776	4,991
Net assets:		
Without donor restrictions:		
Undesignated	966,230	869,112
Board-designated	1,739,677	2,147,345
Total without donor restrictions	2,705,907	3,016,457
With donor restrictions	2,041,203	2,228,093
Total net assets	4,747,110	5,244,550
Total liabilities and net assets	$ 4,757,886	5,249,541

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022			2021		
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Support and revenue:						
Contributions	$ 285,759	358,752	644,511	322,304	603,575	925,879
Special event revenue	67,325	-	67,325	9,276	-	9,276
Other	10	-	10	1,362	-	1,362
Net assets released from restrictions	264,089	(264,089)	-	269,842	(269,842)	-
Total support and revenue	617,183	94,663	711,846	602,784	333,733	936,517
Expenses:						
Programs, grants, and scholarships	572,564	-	572,564	539,335	-	539,335
Supporting services:						
Management and general	217,953	-	217,953	202,886	-	202,886
Fundraising and development	167,196	-	167,196	167,647	-	167,647
Total supporting services	385,149	-	385,149	370,533	-	370,533
Total expenses	957,713	-	957,713	909,868	-	909,868
Change in net assets - before contributed services from affiliate and other income	(340,530)	94,663	(245,867)	(307,084)	333,733	26,649
Contributed services from affiliate	429,566	-	429,566	415,187	-	415,187
Other income:						
Investment return, net	(399,586)	(281,553)	(681,139)	342,733	219,239	561,972
Change in net assets	(310,550)	(186,890)	(497,440)	450,836	552,972	1,003,808
Net assets, beginning of year	3,016,457	2,228,093	5,244,550	2,565,621	1,675,121	4,240,742
Net assets, end of year	$ 2,705,907	2,041,203	4,747,110	3,016,457	2,228,093	5,244,550

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2022

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Operating expenses:				
Bank charges and credit card processing fees	$ -	-	1,744	1,744
Computer	4,300	2,711	7,540	14,551
Conferences	-	6,449	3,012	9,461
Depreciation and amortization	-	2,018	-	2,018
Grants and scholarships	425,310	-	-	425,310
Insurance	-	480	-	480
Miscellaneous	-	2,177	-	2,177
Postage, freight, and shipping	-	768	145	913
Printing	-	1,209	936	2,145
Professional services	138,014	163,708	141,778	443,500
Recruitment fees	-	23	-	23
Supplies and equipment	577	919	5,966	7,462
Travel	4,363	37,491	6,075	47,929
Total operating expenses	$ 572,564	217,953	167,196	957,713

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2021

		SUPPORTING SERVICES		
	PROGRAMS, GRANTS, AND SCHOLARSHIPS	MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	TOTAL
Operating expenses:				
Advertising and promotion	$ -	-	4,048	4,048
Bank charges and credit card processing fees	-	-	1,413	1,413
Bad debt expense	-	20	-	20
Computer	-	8,120	8,495	16,615
Conferences	-	2,671	1,000	3,671
Depreciation and amortization	-	2,018	-	2,018
Grants and scholarships	412,111	-	-	412,111
Insurance	-	480	-	480
Miscellaneous	64	-	-	64
Postage, freight, and shipping	1,298	506	4,228	6,032
Printing	-	902	275	1,177
Professional services	125,413	174,607	131,455	431,475
Promotion/advocacy	-	1,291	-	1,291
Recruitment fees	-	28	-	28
Supplies and equipment	449	648	15,716	16,813
Travel	-	11,595	1,017	12,612
Total operating expenses	$ 539,335	202,886	167,647	909,868

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Cash provided (used) by operating activities:		
Change in net assets	$ (497,440)	1,003,808
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation of property and equipment	2,018	2,018
Net realized and unrealized losses (gains) on investments	791,400	(425,259)
Contributions restricted for investment in endowment	(119,608)	(261,912)
Changes in:		
Accounts receivable	15,717	(13,984)
Accounts payable	3,588	(26,026)
Due (to) from affiliate	2,197	9,741
Prepaid expenses	(4,300)	-
Net cash provided by operating activities	193,572	288,386
Cash provided (used) by investing activities:		
Purchases of investments	(1,978,671)	(371,590)
Proceeds from sale and maturities of investments	1,824,716	107,717
Net cash used by investing activities	(153,955)	(263,873)
Cash provided by financing activities:		
Contributions restricted for long-term purposes - endowment	119,608	261,912
Net increase in cash and cash equivalents	159,225	286,425
Cash and cash equivalents, beginning of year	617,347	330,922
Cash and cash equivalents, end of year	$ 776,572	617,347

See Independent Auditor's Report.

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2023 GENERAL CRITERIA

General Criteria for all committees (unless specifically noted) is as follows:

- Strong attention to detail and the ability to meet deadlines
- Professional writing and editing skills
  - Writing and/or editing samples may be required for consideration
- Ability to provide expert and time-sensitive feedback on documents from external entities, as requested by the Association, on behalf of the President
- Proficient in Microsoft Office Suite (Word, Excel, PowerPoint)
- Ability to use ENA Connect for committee activity (online)
- Timely response to email and phone calls
- Ability to participate in meetings via online video conference, phone or in person
  - Some committees require attendance at onsite meetings, requiring travel (expenses paid by ENA)
  - Review and agree to ENA's travel policy and guidelines if applicable
  - Agree to participate in online video conferencing or conference calls and share documents via ENA CONNECT
- In general, committee meetings, video conferences and conference calls are scheduled during ENA business days of Monday through Friday, however these meetings may take place outside of the general timeframe as needed.
- Be accountable to ENA's committee code of conduct, communication standards.
- Committee members should not hold an elected position within ENA Nominations and Elections Committee and Board of Directors
- Ability to attend meetings (virtual or in-person), while fulfilling informational requests between meeting dates

ADVOCACY ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Al Duke, MBA, BSN, RN, CEN, CPHRM, MICN	Chair	CA	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. William Schueler, MSN, RN, CEN, FAEN	Member	OR	1/1/23 – 12/31/23	1/1/20 – 12/31/23
3. Melanie Hamilton, BSN, RN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Casandra Campbell, MSN, BSN, RN, CPEN, NEA-BC	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. John Fraleigh, MSN-L, RN, CFRN	Member	AZ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Traci Mcgregor, MBA, BSN, RN, CEN, NE-BC	Member	ID	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Julia Crist, BSN, RN, CEN	Alternate	ID	1/1/23 – 12/31/23
2. Crissie Richardson, BSN, RN, CEN, CPEN	Alternate	TX	1/1/23 – 12/31/23

Board Liaison: Jennifer Schmitz
Staff Liaison: Rob Kramer

2023 Charges:

1. Review and identify public policy as it relates to advocacy in emergency nursing
2. Generate ideas for program development and implementation related to government relations and advocacy.
3. Assist in prioritizing advocacy efforts based on ENA's organizational priorities
4. Provide assistance to ENA State Government Affairs Chairs for assigned states

2023 Specific Criteria:

- Must have extensive knowledge of public policy issues affecting emergency care and emergency nursing at the state and federal levels
- Demonstrated advocacy involvement with ENA State Council/Chapter
- Ability to serve for a two-year term
- One onsite meeting at Day on the Hill required

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AWARDS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Linda Arapian, MSN, RN, FAEN	Chair	MD	1/1/23 – 12/31/23	1/1/23 – 12/31/24
2. Melanie Gibbons Hallman, DNP, RN, CRNP, CEN, ACNP-BC, ENP-C, FNP-BC, TCRN, FAEN	Member	AL	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Abigail White, MSN, BSN, RN, CEN, ACCNS-AG	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Bridget Ferrigan, RN	Member	KS	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Christine Russe, MSN, RN, CEN, CPEN, TCRN, FAEN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Margaret Letitia, BSN, RN, EMT-P, CEN	Member	CT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Melane Marsh, BSN, RN, CEN, SANE	Member	NV	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Tameka Poston, MSN, BSN, RN, CEN	Member	AL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. William Welsh, MSN, MBA, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Karla Nygren, MSN, MBA, BSN, BA, RN, CEN, CPEN, CFRN, CCRN, CPN, TCRN	Member	SD	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Elizabeth (Betty) Nolan, MA, BSN, RN, CEN, FAEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
12. Kathleen Shubitowski, MSN, BA, RN, CEN	Member	MA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
13. Aimee Westmore, MSN, BSN, RN, FNP, CEN, TCRN	Alternate	MI	1/1/23 – 12/31/23
14. Chris Gisness, MSN, RN, FNP, CEN, ATCN, ENP-C, FNP-BC, FNP-C, TCRN, FAEN	Alternate	GA	1/1/23 – 12/31/23
15.Debra Duncan, BSN, BA, AND, RN, CEN, CPEN	Alternate	IN	1/1/23 – 12/31/23

Board Liaison: Rachael Smith
Staff Liaison: Ellen Siciliano

2023 Charges:
1. Encourage award application submission
2. Review awards and their applicable criteria and provide recommendations for revisions
3. Review and score eligible candidate applications

2023 Specific Criteria:
- Must be able to participate in reviewer training and utilize the electronic award scoring tool
- Experience at a state or chapter level at ENA
- Ability to serve for a two-year term
- No onsite meeting required

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CLINICAL PRACTICE GUIDELINES COMMITTEE

Name	Position	State	Position Term	Service Term
1. Andrea Slivinski, DNP, RN, CEN, CPEN, ACNS-BC	Chair	NC	1/1/23 – 12/31/23	1/1/21 – 12/31/24
2. Carolyn Dixon, DNP, MSN, BSN, RN, FNP, CEN, FNP-BC, TCRN	Member	NY	1/1/22 – 12/31/23	1/1/22 – 12/31/23
3. Robin MacPherson-Dias, MS, BSN, RN, CEN, CPEN, CCRN, TCRN	Member	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
4. Andrea Perry, MSN, BSN RN, CEN, CPEN, CNL, MICN	Member	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
5. Alison Camarda, MSN-ED, BSN, RN, CEN, CPEN, SANE	Member	VT	1/1/21 – 12/31/23	1/1/21 – 12/31/23
6. Andrew Slifko, DNP, MBA, RN, EMT-B, NEA-BC	Member	NJ	1/1/21 – 12/31/23	1/1/21 – 12/31/23
7. Deana Cirillo, MSN, RN, NPD-BC	Member	CA	1/1/22 – 12/31/24	1/1/22 – 12/31/24
8. Diana DeGroot, DNP, RN, CCRN-K (Adult), TCRN	Member	FL	1/1/22 – 12/31/24	1/1/22 – 12/31/24
9. Janet Kaiser, DNP, MSN, BSN, ADN, RN, CEN, NE-BC	Member	VA	1/1/22 – 12/31/24	1/1/22 – 12/31/24
10. Sharon Coffey, DNP, MSN, BSN, RN, CRNP, CEN, ACNS-BC, CCRN, FNP-C, FAEN	Member	AL	3/7/2023 – 12/31/25	3/7/23 - 12/31/25
11. Amy Tucker, MSN, BSN, CCRN, TCRN	Member	TX	1/1/23 – 12/31/25	1/1/23 – 12/31/25
12. Joshua Gibson, MSN BSN RN APRN CEN ACCNS-AG NRP	Member	MD	1/1/23 – 12/31/25	1/1/23 – 12/31/25

Alternates:

Name	Position	State	Position Term
1. Chelsea Collins, DNP, RN, CEN, ACCNS-AG, SANE-A	Alternate	WI	1/1/23 – 12/31/23

Board Liaison: Ryan Oglesby
Staff Liaison: Altair Delao

2023 Charges:
1. Develop evidence-based clinical practice guidelines
2. Recommend topic areas for future clinical practice guidelines development
3. Review and update existing clinical practice guidelines as appropriate

2023 Specific Criteria:
- Formal training in research and evidence-based practice translation required
- Must have current emergency department experience

- Must have capacity to review significant numbers of scientific articles and other literature, conduct literature searches and be able to critically analyze and discuss the results of the literature searches including a working knowledge of evidence ratings
- Must be able to write clearly, professionally, and within the time constraints of the CPG process
    - Scientific writing samples are required as part of submission process
- Doctoral degree preferred, master's degree required
- Ability to serve for a three-year term
- One onsite meetings required

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COURSE ADMINISTRATION FACULTY

Name	Position	State	Position Term	Service Term
1. Tiffiny Strever, BSN, RN, CEN, TCRN, FAEN	Chair	AZ	1/1/23 – 12/31/23	1/1/23 – 12/31/24
2. Amy Boren, MS, BSN, RN, CEN, CPEN, TCRN	Member	CO	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Shawntay Harris, MSN, MHA, MBA, BSN, RN, CEN, CPEN, NEA-BC, NE-BC, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Paula Davis, MSN, APRN, CEN, CPEN, CFRN, FNP-BC, TCRN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Hayley Kinchant, MSN, RN, CEN	Member	NH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Tina Johnson, MSN, RN, CEN, CPEN, CFRN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Patricia Yancey, RN, CEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Aaron Worthley, RN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Dawn McKeown, MSN, MBA, RN, CEN, CPEN, TCRN, FAEN	Alternate	LA	1/1/23 – 12/31/23
2. Bonita Garner, BSN, RN, EMT-P, CEN, CPEN, CFRN, TCRN	Alternate	SC	1/1/23 – 12/31/23

Board Liaison: Chris Parker
Staff Liaison: Katrina Ceci

2023 Charges:
1. Review course administrative procedures and provide recommendations on an ongoing basis
2. Recommend disciplinary action of Course Directors and Course Instructors as necessary
3. Provide recommendations for course implementation based on various course delivery models
4. Serve as ambassadors on ENA Connect sites for Course Directors and Instructors

2023 Specific Criteria:
- Must be ENPC and TNCC Faculty
- Experience in working with ENA educational programs
- Ability to serve for a two-year term
- Willingness to engage in online ENPC and TNCC communities consistently
- Current or past experience as a state pediatric or trauma chairperson preferred

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DIVERSITY, EQUITY AND INCLUSIVITY COMMITTEE

Name	Position	State	Position Term	Service Term
1. Anna Valdez, PhD, MSN, RN, CEN, CFRN, CNE, FAEN	Co Chair	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
2. Hershaw Davis, Jr., MSN, RN	Co Chair	MD	1/1/23 – 12/31/23	1/1/21 – 12/31/24
3. Aaron Dinger, MSN, BSN, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Debra Wilcox, BSN, RN	Member	TN	1/1/22 – 12/31/23	1/1/22 – 12/31/23

5. Giavonie Sannuti, BSN, RN, CPN, ENP-C	Member	DE	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Margaret Plyler, BSN, RN	Member	IA	9/16/22 – 12/31/23	9/16/22 – 12/31/23
7. Matthew Benevides, BSN, RN, CEN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Nancy Mannion, DNP, MS, RN, CEN, FAEN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Arlene Ramirez, MSN, RN, CCRN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Garrett Hall, BSN, RN	Member	MD	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Justin Milici, MSN RN CEN CPEN CCRN CPN TCRN FAEN	Alternate	TX	1/1/23 – 12/31/23
2. Kieva Skinner, BSN, RN, CEN	Alternate	NC	1/1/23 – 12/31/23

Board Liaison: Joop Breuer
Staff Liaison: Lise Jinno

2023 Charges:

1. Assess the experiences of emergency nurses related to DEI within the emergency nursing community and ENA
2. Determine barriers and challenges to promoting DEI within the emergency nursing profession and ENA community
3. Implement strategies, with ENA Board approval, to improve DEI within the ENA member and emergency nursing communities

2023 Specific Criteria:

- Must have current ENA membership
- Ability to serve for a two-year term
- Must be comfortable with virtual engagement via online meetings, email and document sharing
- Experience working within, creating or the desire to impact the development of an environment that values and encourages diversity of thought, experience, demographic backgrounds and identifies

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EMERGENCY DEPARTMENT LEADERSHIP COMMITTEE

Name	Position	State	Position Term	Service Term
1. Cathlyn Robinson, MN, RN, CEN	Chair	NJ	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Jonathan Green, DNP, RN, CEN, FACHE	Member	NJ	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Tyler Babcock, MSN, RN, CEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Sandra Marquez, MSN, RN, PHN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5.Linda Zieman, DNP, RN, CEN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Jim Hoelz, MS, RN, CEN, FAEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Vanessa Gorman MSN,-ED, RN, CCRN, FAEN	Member	Australia	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Sarah Casteel, MSN, RN	Alternate	KY	1/1/23 – 12/31/23

Board Liaison: Dustin Bass
Staff Liaison: Cathy Olson

2023 Charges:

1. Provide subject matter expertise related to emergency department operations/management
2. Identify, recommend, and/or develop evidence-based educational content to support the Leadership Pathway of ENA University

3. Review and provide feedback on educational content and other ENA initiatives as requested

2023 Specific Criteria:

- At least two years' experience in a leadership role in an emergency care setting
- Must have a good understanding of systems, organization and management of operations in the delivery of emergency care
- Ability to write clearly, professionally, and within established timelines
- Ability to serve for a two-year term

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EMERGENCY MANAGEMENT AND PREPAREDNESS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Kathy Van Dusen, MSN, RN, CEN, CPEN, NHDP-BC	Chair	CA	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Angie Lee, MSN-ED, RN, CEN	Member	NY	1/1/23 – 12/31/23	1/1/20 – 12/31/23
3. Monica Staples, RN	Member	MA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Melissa Lynch, RN, CEN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Margaret McMahon, MN, RN, APN, CEN, NP-C, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Christin Quarry, MSN, RN, PHRN	Member	HI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Nicole Blais, RN	Member	CT	3/1/23 – 12/31/24	3/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Wendy Wheeler, MA, RN, CEN	Alternate	CT	1/1/23 – 12/31/23

Board Liaison: Steven Jewell
Staff Liaison: Domenique Johnson

2023 Charges:

1. Provide subject matter expertise on issues related to emergency management and preparedness
2. Identify best practices for all patient populations related to emergency management preparedness
3. Identify, recommend, and develop resources for emergency management and preparedness
4. Quarterly review of ENA's disaster webpage

2023 Specific Criteria:

- Must have knowledge and active involvement in emergency management, planning, application and evaluation
- Ability to serve for a two-year term
- No onsite meeting required

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EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Nathan White, AS, RN, EMT-B, EMT-P, CEN, ATCN, NRP, TCRN	Chair	AL	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Andrew Bowman, MSN, RN, APRN, NP, ACNP, EMT-P, CEN, CPEN, CFRN, CTRN, ACNP-BC, ACNPC, CCRN, CCRN-CMC, CVRN, NREMT-P, NRP, TCRN	Member	IN	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Brandi Beers, DNP, RN, EMT-B, CEN, TCRN	Member	OK	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Ivan Rios Morales, RN	Member	AL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Jamla Rizek, MSN, MBA, RN, CEN, CPEN, NHDP-BC, NRP	Member	MD	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Stephanie Suzadail, MSN, RN, CEN, CPEN, CFRN, CTRN, PHRN, SANE, TCRN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Teresa Windham, MBA, BSN, RN, EMT-B, SANE-A	Member	MS	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Nicholas North, RN, NREMT-P	Member	MA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Karen Schill, DNP, RN, APN, MICP, EMT-P, CEN, CFRN, ENP-C, FNP-BC, NREMT-P	Alternate	NJ	1/1/23 – 12/31/23
2. Margaret Austin, BA, RN, CEN, PHRN, SANE, TCRN	Alternate	PA	1/1/23 – 12/31/23

Board Liaison: Steven Jewell
Staff Liaison: Danielle McCallum

2023 Charges:
1. Provide subject matter expertise on emergency medical services as it relates to the emergency nurse
2. Review and recommend resources to promote collaboration between EMS providers and emergency nurses
3. Review EMS initiatives to improve population health and provide recommendations as relevant to emergency nursing

2023 Specific Criteria:
- Must have current or recent experience as an EMS provider (basic, advanced, pre-hospital RN, flight nursing that does 911 response) or be in an EMS leadership or education position
- Ability to review and respond to assigned documents related to EMS and emergency nursing, sometimes on urgent timelines
- Ability to serve for a two-year term
- Ability to attend quarterly virtual meetings, while fulfilling informational requests between meeting dates

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EMERGENCY NURSING ADVANCED PRACTICE ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Jacob Miller, MS, ACNP, FNP, CNS, CFRN, CCRN, NREMT-P	Chair	OH	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Aimee Westmore, MSN, RN, CEN	Member	CT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
3. Craig Nuttall, RN FNP-C	Member	UT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Julie Rossie, MS, RN, CNS, CCNS, CCRN, TCRN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Tresa Zielinski, DNP, RN, APRN, CPNP-PC	Member	IL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Audrey Snyder, PhD, RN, CEN, FAEN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Chelsea Collins, DNP, RN, CEN	Member	WI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Darlene Williams, DNP, APRN, CEN	Member	FL	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Vicki Bacidore, DNP, RN, CEN	Alternate	IL	1/1/23 – 12/31/23
2. Jennifer Bevacqua, RN, ACNPC-AG	Alternate	OR	1/1/23 – 12/31/23

Board Liaison: Jennifer Schmitz
Staff Liaison: LaToria Woods

2023 Charges:
1. Provide subject matter expertise for advanced practice nursing opportunities and issues
2. Generate ideas for advanced practice nursing program development and review educational content accordance with ENA's strategic plan
3. Support key APRN programs and projects that support members' needs including participation in APRN stakeholder biannual meetings
4. Provide input to the conference education planning committee to enhance the APRN conference experience; support execution of the experience as needed

2023 Specific Criteria:
- Must have experience in advanced practice in emergency or urgent care settings

- Evidence of scholarly activities such as developing evidence-based practice protocols, developing or conducting nursing education, implementing evidence into practice, evaluating outcomes (patient/population, nurse, or systems level), and/or publications is required
- Certified nurse practitioner or clinical nurse specialist preferred
- Doctorate of Nursing Practice or other appropriate advance degree required
- Ability to serve for a two-year term

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EMERGENCY NURSING CONFERENCE EDUCATION PLANNING COMMITTEE

Name	Position	State	Position Term	Service Term
1. Brett Pickens, DNP, MSN-ED, BSN, AND, RN, CEN, CPEN, CNE	Co-Chair	MS	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Katherine Hammond, DNP, MN, RN, FNP, CEN	Co-Chair	OR	1/1/23 – 12/31/23	1/1/22 – 12/31/24
3. Heidi Gilbert, BSN, RN, CEN, SANE, TCRN	Member	OK	1/1/23 – 12/31/23	1/1/22 – 12/31/23
4. Bradley Rund, MSN, BSN, AS, RN, EMT-P, CEN, CPEN, CFRN, NREMT-P	Member	IN	1/1/23 – 12/31/23	1/1/22 – 12/31/23
5. Dawn Peta, BN, RN	Member	Canada	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. David House, DNP, MSN, BSN, BS, RN, APRN, CRNP, FNP, CNS, CEN, CNE, ENP-C, FNP-BC	Member	AL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
7. Emily Green, MSN, RN	Member	IN	1/1/22 – 12/31/23	1/1/21 – 12/31/23
8. Anna Cecil, DNP, MSN, RN, EMT-B, CEN, SANE, TCRN	Member	KY	1/1/22 – 12/31/23	1/1/21 – 12/31/23
9. Renee Malaro, MSN, RN, TCRN	Member	CT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Naomi Ishioka, MSN, BSN, RN, CEN, NHDP-BC	Member	MI	1/1/22 – 12/31/23	1/1/21 – 12/31/23
11. Michael Zonak, MSN, RN, CEN, CNL	Member	FL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
12. Teri Campbell, MSN, RN, CEN, CFRN, PHRN, FAEN	Member	IL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
13. Helen Kenny, MSN, RN, CEN, CNML	Member	CO	1/1/22 – 12/31/23	1/1/21 – 12/31/23
14. Julia Ponder, DNP, RN, CEN	Member	AR	1/1/23 – 12/31/24	1/1/23 – 12/31/24
15. Patricia Clutter, MEd, RN, CEN, FAEN	Member	MO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
16. Deborah Wambold, BNS, CEN	Member	DE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
17. Megan Parks, BSN, RN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
18. Gregory (Chuck) Pittman, MSN, RN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
19. Kaylee Hartley, MSN, CCRN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Leslie Kees, MSN, RN, CEN	Alternate	WA	1/1/23 – 12/31/23
2. Joseph Kilpatrick, RN, NREMT-P	Alternate	NJ	1/1/23 – 12/31/23

Board Liaison: Terry Foster
Staff Liaison: Ashley Grady

2023 Charges:

1. Identify key learning outcomes and content for education relevant to emergency nursing
2. Explore and implement innovative learning approaches to enhance the overall ENA conference experience
3. In collaboration with advanced practice advisory council and other organizations as appropriate, create a plan to include diverse nurse pathways including APRN's, CENs, SANE nurses, Air and Transport, etc., including relevant clinical and professional development issues based on member feedback and needs assessment

2023 Specific Criteria:

- Highly recommended that applicants have attended the Emergency Nursing 2022 to observe meeting processes and flow of events
- Must be available to attend the annual Emergency Nursing conference
    - Willingness to work throughout annual conference as session monitors
    - Ability to walk long distances and participate in conference activities as scheduled

- Suggest that applicants not participate as delegates or alternate delegates at the 2023 General Assembly to avoid scheduling issues
- Experience in program planning and/or nursing education
- Knowledge of the American Nurses Credentialing Center (ANCC) Guidelines for continuing education
- Onsite meeting required at the ENA office
- Ability to adapt to quickly to new technology
- Ability to serve for a two-year term

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EMERGENCY NURSING CORE CURRICULM 8TH EDITION REVISION WORK TEAM

Name	Position	State	Position Term	Service Term
1. Andi Foley, DNP, RN, CEN, FAEN	Chair	ID	1/1/23 – 6/30/24	1/1/23 – 6/30/24
2. Wesely Davis, DNP, APRN, CEN	Member	WY	1/1/23 – 6/30/24	1/1/23 – 6/30/24
3. Mariann Cosby, DNP, RN, CEN, LNCC, FAEN, CCM	Member	CA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
4. Cheryl Swanson, RN	Member	Canada	1/1/23 – 6/30/24	1/1/23 – 6/30/24
5. Julie Wescott, DNP, CNS, CEN	Member	PA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
6. Justin Milici, MSN, RN, CEN, FAEN	Member	TX	1/1/23 – 6/30/24	1/1/23 – 6/30/24
7. Kristen Cline, BSN, RN, CEN	Member	CA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
8. Kristen Ray, MSN-ED, RN, TCRN	Member	FL	1/1/23 – 6/30/24	1/1/23 – 6/30/24

Board Liaison: Dustin Bass
Staff Liaison: Katrina Ceci

2023 Charges:

- Review the 7th edition of the Emergency Nursing Core Curriculum.
- Work with co-editors to update, if needed, the table of contents.
- Assume responsibility for groups of chapters as a section editor.
- Identify and coach subject matter experts to research and update chapters (contributors).
- Develop and ensure consistent presentation of content within the text and in line with Sheehy's Emergency Nursing Principles and Practice and Sheehy's Manual of Emergency Care.
- Provide editorial guidance (ensure content representative of the most current evidence, accurate, and clearly written) to contributors.
- Revise individual chapters as needed with guidance/peer review from co-editors.

2023 Specific Criteria:

- Academic writing and editing experience, proficiency in Microsoft Word, and access to scholarly resources (university or medical library, online databases, current nursing and medical textbooks and journals) required.
- Ability to attend monthly meetings, meet deadlines, and commit significant time to the project (6-8 hours per week) required.
- Publication experience preferred.
- Doctorate or master's degree preferred.
- Emergency nursing certification preferred.

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EMERGENCY NURSING EDUCATION ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Stacie Hunsaker, DNP, RN, CEN, CPEN, CNE, CNML	Chair	UT	1/1/22 – 12/31/23	1/1/22 – 12/31/24
2. Dana Kemery, EdD, MSN, RN, CEN, CPEN, CNE	Member	NJ	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Brian Rogers, MSN, RN, CEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Lisa Eckenrode, DNP, MSN, MBA, RN, NRP, TCRN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Mark Goldstein, MSN, BSN, RN, EMT-P	Member	CO	1/1/22 – 12/31/23	1/1/22 – 12/31/23

6. Christine Alston, DNP, RN, CEN	Member	FL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Daphne Thomas, DNP, RN, CEN	Member	UT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Jacqueline Roland, MSN, RN	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Timothy Burns, MSN, RN, CEN	Alternate	FL	1/1/23 – 12/31/23
2. Sarah Casey Klein, BSN, RN, CEN	Alternate	VA	1/1/23 – 12/31/23

Board Liaison: Rachael Smith
Staff Liaison: Mark Kardon

2023 Charges:
1. Provide subject matter expertise and education market insights in support of ENA educational portfolio and education-related initiatives
2. Generate ideas for educational offerings and assist in prioritizing the content development initiatives based upon the ENA Strategic Plan
3. Support education program development by contributing to content development and review of key ENA education offerings

2023 Specific Criteria:
- Must have extensive knowledge about and experience in nursing education
- Knowledge of adult learning principles
- Experience with various educational delivery methods, including live, enduring, online, and/or distance learning
- Must have a minimum of a Master's degree in Nursing
- Ability to serve for a two-year term

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EMERGENCY NURSING QUALITY MEASURES DEVELOPMENT WORK TEAM

Name	Position	State	Position Term	Service Term
1. Kathy Baker, PhD, RN, NE-BC	Chair	VA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
2. Elizabeth Tedesco, DNP, RN, CEN, PHRN	Member	PA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
3. Kathleen Zavotsky, PhD, RN, CEN, ACNS-BC, CCRN, FAEN	Member	NJ	1/1/21 – 12/31/23	1/1/21 – 12/31/23
4. Shenee Laurence, MPH, BSN, BS, RN	Member	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
5. Rebecca Lash, PhD, RN, CEN	Member	MI	11/1/22 – 12/31/23	11/1/22 – 12/31/23
6. Anna May, MSN, MBA, BA, RN, CEN, CPEN	Member	NE	1/1/21 – 12/31/23	1/1/21 – 12/31/23
7. Elizabeth Brennan, EdD, MSN, BS, RN, CEN	Member	PA	1/1/21 – 12/31/23	1/1/21 – 12/31/23

Board Liaison: Jack Rodgers
Staff Liaison: Catherine Olson
Research Lead: Lisa Wolf

2023 Charges:
1. Provide subject matter expertise on emergency nursing quality improvement
2. Research current evidence for best nursing practice to improve patient outcomes in the emergency department
3. Recommend pertinent, evidence-based emergency nursing quality measures to be developed
4. Develop introductory set of emergency nursing quality measures
5. Draft and refine process for testing of measures.

2023 Specific Criteria:
- Must have knowledge and/or experience in emergency department quality improvement and benchmarking of data
- Must have strong understanding of nurse-sensitive quality indicators

- Master's Degree strongly preferred.
- Experience in emergency nursing leadership or education preferred
- Knowledge and experience in nursing research preferred
- Knowledge and experience in nursing informatics or EHR data retrieval desired

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EMERGENCY NURSING RESEARCH ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Tania Strout, PhD, MS, BSN, RN	Chair	ME	1/1/22 – 12/31/23	1/1/21 – 12/31/23
2.Anna Valdez, PhD, MSN, RN, CEN, CFRN, CNE, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/21 – 12/31/23
3. Paul Clark, PhD, RN, FAEN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Elizabeth Mizerek, MSN, RN, CEN, CPEN, CNE, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Annie Horigan, PhD, RN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Marilyn Hodgins, PhD, RN	Member	NB	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Michael Lee Callihan, Jr, PhD, RN, CEN	Member	AL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Michael Moon, PhD, RN, CEN, FAEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Nurul'Ain Ahayalimudin, PhD, RN, CEN	Member	MY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10.Christian Burchill, PhD, RN, CEN	Member	PA	1/1/23 – 12/31/23	1/1/21 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Elizabeth Stone, RN	Alternate	NC	1/1/23 – 12/31/23
2. Stephanie Frisch, PhD, RN, CEN	Alternate	PA	1/1/23 – 12/31/23

Board Liaison: Ryan Oglesby
Staff Liaison: Lisa Wolf

2023 Charges:
1. Provide subject matter expertise for the advisory council
2. Assist in development and implementation of 5-year research strategic plan
3. Assist in prioritizing the advisory council's programs based upon the ENA Strategic Plan
4. Collaborate with ENA Foundation to review research grant proposals
5. Participate in developing research protocols, analyzing data and contributing to manuscripts
6. Participate in development and writing *Understanding Research* column for *Journal of Emergency Nursing (JEN)*
7. Participate in review of ENA Clinical Practice Guidelines
8. Participate in review of abstracts and posters to be presented at the annual conference.

2023 Specific Criteria:
- Writing sample may be required as part of submission
- Must have extensive knowledge about and experience in nursing research
- Evidence of scholarly activities such as developing proposals, conducting research, dissemination, and/or implementing findings into practice is required
- Interest in collaborative research with other members of the Advisory Council
- Must have a minimum of a doctorate, will consider those enrolled in PhD programs
- Ability to serve for a two- or three-year term in order to collaborate meaningfully on research projects
- Onsite meeting required

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EMERGING PROFESSIONAL ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Darcie Lenz, BSN, RN	Chair	CA	1/1/23 – 12/31/23	1/1/22 – 12/31/23
2. Kaitlin Buford, RN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23

3. Adam Lawrence, BS, RN, CEN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Haylee Carlson, RN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Parker Webster, BSN, RN, CEN	Member	AZ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Nisreen Atta	Member	WI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Rachel Koenekamp, BSN, RN, CEN	Member	MT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Sarah DerKacy, RN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Dock Fox, BS, RN	Alternate	CT	1/1/23 – 12/31/23
2. Asher Craw, BSN, RN	Alternate	OR	1/1/23 – 12/31/23
3. Cristy VanWagoner, RN	Alternate	MI	1/1/23 – 12/31/23

Board Liaison: Chris Parker
Staff Liaison: Merrill Green

2023 Charges:
1. Help assess and engage the needs of emerging professional members
2. Evaluate new benefits and resources necessary to support the needs of emerging professionals
3. Advise ENA on the best channels to communicate with this membership group
4. Advise on opportunities for expanding engagement of emerging professionals
5. Serve as the planning team for the emerging professionals event held during annual conference

2023 Specific Criteria:
- Must have five years or less experience in emergency nursing at the time of appointment
- Must be comfortable with virtual engagement via online meetings and hosting social hours at least every other month
- Ability to serve a two-year term
- Ability to attend monthly virtual meetings
- No onsite meeting required

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EMERGING PROFESSIONAL LIAISON

Name	Position	State	Position Term	Service Term
1. Nisreen Atta	Member	WI	1/1/23 – 12/31/23	1/1/23 – 12/31/23

Staff Liaison: Ashley Schuring

2023 Charges:
1. Provide the emerging professional perspective and key insights through active participation in all Board meetings
2. Serve as a non-voting liaison to the ENA Board of Directors for a one-year term
3. Participate in person at all Board meetings during the year and attend the State and Chapter Leaders Orientation and Day on the Hill
4. Participate in Board projects and workgroups as assigned
5. Provide an update/seek commentary on issues facing emerging professionals during the ENA Update with the Board of Directors at the annual conference
6. Simultaneously serve as a member of the Emerging Professional Advisory Council for one year and serve as Chair the following year
7. Draft an end-of-year report on the experience as an Emerging Professional Liaison and support the transition of the role to a new emerging leader
8. Other mentoring/shadowing opportunities may include: a one-on-one meeting with the ENA president and shadowing a Board Liaison during a state visit and/or volunteer group call (with permission)

2023 Specific Criteria:
- Must have five years or less experience in emergency nursing at the time of appointment
- Be a current ENA member in good standing
- Previous experience in an ENA State Council/Chapter leadership position or ENA volunteer position is

recommended
- Cannot be a sitting member of the ENA Board of Directors
- Must be able to commit to attending in-person meetings and various video conferences as needed
- Must be comfortable with virtual engagement via online meetings, email, and document sharing

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ENPC REVIEW COMMITTEE

Name	Position	State	Position Term	Service Term
1. Claudia Phillips, MSN-ED, RN, CEN, CPEN	Chair	NM	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Cam Brandt, MSN, RN, CEN, CPEN	Member	TX	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Angela Dean, RN, CEN, CPEN, TCRN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Lisa Jamerson, DNP, RN, CPEN	Member	VA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Lisa Smotrich, RN, CCRN	Member	FL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Harriet Hawkins, RN, CPEN, FAEN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Joyce Foresman-Capuzzi, MSN, RN, CEN FAEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Katherine Stolz Grindinger, RN	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Patti Kunz Howard, PhD. RN, CEN, FAEN	Alternate	KY	1/1/23 – 12/31/23
2. Stacy Shipp, ADN, RN	Alternate	TX	1/1/23 – 12/31/23

Board Liaison: Chris Dellinger
Staff Liaison: Katrina Ceci

2023 Charges:
1. Provide subject matter expertise for the Emergency Nursing Pediatric Course (ENPC)
2. Review course material content and student/instructor feedback
3. Recommend and review course content edits

2023 Specific Criteria:
- Current ENPC faculty or course director desired, current course instructor required
- Subject matter expert in pediatrics
- Diversity in experience encouraged to include representation and perspective of critical access, community, and teaching facilities
- Experience with development and evaluation of education for bedside emergency nurses preferred
- Ability to serve for a two-year term

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GERIATRIC COMMITTEE

Name	Position	State	Position Term	Service Term
1. Joan (Michelle) Moccia, DNP, MSN, RN, ANP-BC, CCRN	Chair	MI	1/1/23 – 12/31/23	1/1/21 – 12/31/24
2. Betty Miller, MSN, RN, CEN	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
3. Mariann Cosby, DNP, RN, CEN, LNCC, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Aaron Malsch, MS, RN, GCNS-BC	Member	WI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Rhyan Weaver, MSN-ED, RN, CEN, TCRN	Member	AZ	3/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Jo Tabler, MSN, RN, CEN	Member	IN	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Michelle Glidden, MSN, RN, CEN	Alternate	IN	1/1/23 – 12/31/23
2. Nicole Ingram, RN	Alternate	NC	1/1/23 – 12/31/23

Board Liaison: Jack Rodgers
Staff Liaison: LaToria Woods

2023 Charges:
1. Provide subject matter expertise related to geriatric emergency care
2. Identify and recommend resources to promote geriatric readiness in the emergency department
3. Revise, edit and develop resources for geriatric emergency care

2023 Specific Criteria:
- Must have subject matter experience in Geriatrics
- Experience with development and evaluation of education for bedside emergency nurses
- Research and/or performance improvement background recommended
- Ability to write clearly, professionally, and within established timelines
- Ability to serve for a two-year term

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INTERNATIONAL ADVISORY COUNCIL

Name	Position	Country	Position Term	Service Term
1. Alison Day, PhD, MSN, BS, RN, FAEN	Chair	UK	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Walter Sergio Lugari, BSN, RN, ATCN	Member	Germany	1/1/23 – 12/31/23	1/1/22 – 12/31/23
3. Hayley Kinchant, MSN, RN, CEN	Member	NH/New Z.	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Nurul'Ain Ahayalimudin, PhD, RN, CEN	Member	Malaysia	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Trent Moser, RN	Member	Canada	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Braniesney Guevara, RN	Member	MN/Columbia	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Gabriela Peguero-Rodriguez, RN	Member	Canada	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Amie Porcelli, BSN, RN, CEN	Alternate	PA	1/1/23 – 12/31/23
2. Vientiane Pajo, BSN, RN, CEN	Alternate	FL	1/1/23 – 12/31/23

Board Liaison: Dustin Bass
Staff Liaison: Terrence Sykes & Matt Hessler

2023 Charges: Charges to be developed upon 2023 committee formation and presented to the Board for ratification at a future date.

2023 Specific Criteria:
- Understanding of local and global nursing issues
- Ability to participate in virtual and in-person meetings in the United States. Onsite meeting at annual emergency nursing conference will be held for both in-person and virtual members
- Ability to serve for a two-year term
- Strong preference for IAC members to serve as international delegates (as applicable) and attend the ENA General Assembly and International Business meeting held at the Emergency Nursing Annual Conference. Travel for IAC members is budgeted to attend the Business meeting.

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LANTERN AWARD COMMITTEE GROUP 1

Name	Position	State	Position Term	Service Term
1. Chris Rankin, DNP, MSN, BSN, RN, CEN	Chair	OH	1/1/22 – 12/31/23	1/1/21 – 12/31/24

2. David Weih, MHA, BSN, BS, BA, AND, RN, CEN	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
3. Debra Rodriguez, MSN, BSN, RN, CPEN, SANE	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Hanna Gerke, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Chelsey Lupica, BSN, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Diane Heine, DNP, RN, CEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Mary Ellen Wilson, MS, RN, CEN, FAEN	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Megan Alane McCormick, MSN, RN, CEN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Meghan Walter, MSN, RN, CEN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
Marina Grennen, MSN-ED, RN, CEN	Alternate	NY	1/1/23 – 12/31/23

Board Liaison: Cheryl Randolph
Staff Liaison: Ellen Siciliano

2023 Charges:
1. Review and recommend revisions for Lantern Award program materials as requested
2. Review and score eligible Lantern Award applications
3. Provide substantive and supported comments/feedback for Lantern application responses

2023 Specific Criteria:
- Must be able to participate in reviewer training and utilize the online reviewer tool to evaluate Lantern applications
- Deadlines and activity are heaviest between January-July; must have capacity to review a significant number of applications within an eight-week period (April-May)
- Excellent writing skills required in order to provide content for inclusion in applicant feedback letters.
- Ability to serve for a two-year term
- No onsite meeting required

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LANTERN AWARD COMMITTEE GROUP 2

Name	Position	State	Position Term	Service Term
1. Heidi Webber, MN, RN, CEN	Chair	MO	1/1/23 – 12/31/23	1/1/23 – 12/31/24
2. Carol Fridal, MS, RN, EMT-B, CEN, CLNC	Member	IA	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Seantai Burwell, RN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Jennifer Van Cura, DNP, RN, CEN	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Rebecca Basso, DNP, MAS, RN, CEN, CPEN, HN-BC, NEA-BC	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Will Stewart, MSN, RN, CEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Robert Kentner, DNP, RN, CEN	Member	NE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Anthony Watkins, MSN, RN, NE-BC	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Deborah Schwytzer, DNP, RN, CEN	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
Jackie Blankenship, BSN, RN	Alternate	WI	1/1/23 – 12/31/23

Board Liaison: Cheryl Randolph
Staff Liaison: Ellen Siciliano

2023 Charges:
4. Review and recommend revisions for Lantern Award program materials as requested

5. Review and score eligible Lantern Award applications
6. Provide substantive and supported comments/feedback for Lantern application responses

2023 Specific Criteria:

- Must be able to participate in reviewer training and utilize the online reviewer tool to evaluate Lantern applications
- Deadlines and activity are heaviest between January-July; must have capacity to review a significant number of applications within an eight-week period (April-May)
- Excellent writing skills required in order to provide content for inclusion in applicant feedback letters.
- Ability to serve for a two-year term
- No onsite meeting required

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PEDIATRIC COMMITTEE

Name	Position	State	Position Term	Service Term
1. Roberta Miller, RN, CPEN, TCRN	Chair	TX	1/1/23 – 12/31/23	1/1/22 – 12/31/24
2. Elyssa Wood, PhD, MPH, BSN, RN, CPEN, CPN, TCRN, FAEN	Member	VA	1/1/23 – 12/31/23	1/1/22 – 12/31/23
3. Julie Cohen, MSN, RN, CEN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Tasha Lowery, RN, APRN, CEN, CPEN, ENP-C, FNP-C	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN	Member	MI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Lisa Hill, DNP, RN, TCRN	Member	MI	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Kimberly MacKeil-White , MSN-ED, RN, CPEN	Alternate	TN	1/1/23 – 12/31/23

Board Liaison: Jennifer Schmitz
Staff Liaison: Domenique Johnson

2023 Charges:

1. Provide subject matter expertise related to pediatric emergency care
2. Identify, recommend and/or develop resources for care of the pediatric patient in emergency care settings
3. Review and provide feedback on educational content and other ENA initiatives as requested
4. Collaborate on Emergency Medical Services for Children (EMSC) initiatives to support pediatric readiness and quality care of children in the ED

2023 Specific Criteria:

- Must have subject matter experience in pediatrics
- Diversity in experience encouraged to include representation and perspective of pediatric facilities, critical access, community, and teaching facilities that provide care to pediatric patients.
- Current ENPC provider status
- Ability to serve for a two-year term

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PEER REVIEW EDUCATION COMMITTEE

Name	Position	State	Position Term	Service Term
1. Charlene Draleau, MSN, RN, CPEN, CPN, RN-BC, TCRN	Chair	RI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
2. Joan Somes, PhD, MSN, RN, CEN, CPEN, RN-BC, FAEN	Member	MN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
3. Sherine Villegas, BSN, RN, CEN, TCRN	Member	NY	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Andrea Novak, PhD, RN-BC, FAEN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Candi Miller-Morris, MSN, RN, CEN	Member	NM	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Caroline Meza, MSN, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Cheryl Richards, RN	Member	MT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Daniel Misa, MSN, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24

9.Deborah Spann, MSN, RN, CEN	Member	LA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10.Elizabeth Simmons, BSN, RN, NREMT-P	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Marie Garrison, MSN, RN, CEN	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
12. Maureen Lugod, MSN, RN, CEN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
13.Virginia Kurz, MSN, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
14.Janis Farnholtz Provinse, MS, RN, CEN, FAEN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
15.Louse Hummel, MSN, RN, CNS, CEN, TCRN, FAEN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaison: N/A
Staff Liaison: Kim Cheramie

2023 Charges:
1. Serve as peer review members of the ENA's accredited Approver Unit CNE applications
2. Participate as pilot study subjects for ENA's accredited Provider Unit's newest products or activities
3. Serve as content reviewers for ENA's accredited Provider Unit ongoing CNE activities

2023 Specific Criteria:
- Experience with the American Nurses Credentialing Center's criteria for continuing nursing education
- Ability to independently review, on average one to two continuing education applications and required forms submitted to ENA's approval unit each month, occasionally requiring a quick turn-around. The number of submitted applications and required forms varies each quarter.
- Mentor new members through at least three CNE applications of varying complexity
- Ability to serve for a two-year term

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POSITION STATEMENT COMMITTEE

Name	Position	State	Position Term	Service Term
1.Jean Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN	Chair	NH	1/1/21 – 12/31/23	1/1/23 – 12/31/24
2.Alison Day, PhD, MSN, BS, RN, FAEN	Member	UK	1/1/23 – 12/31/23	1/1/20 – 12/31/23
3. Cheryl Riwitis, DNP, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Dawn Peta, BN, RN, ENC(C)	Member	Canada	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Lisa Leiding, DNP, RN, CCHP-RN	Member	NM	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Joanne Navarroli, MSN, RN, CEN	Member	AZ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Judith Bradford, DNS, RN, FAEN	Member	MS	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Sharon Carrasco, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Kristie Gallagher, DNP, RN, CEN, FAE	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Nancy Denke, DNP, RN, CEN, FAEN	Alternate	AZ	1/1/23 – 12/31/23

Board Liaison: Jack Rodgers
Staff Liaison: Domenique Johnson

2023 Charges:
1. Recommend subject matter experts collaborate with ENA committees and work teams in developing new position statements
2. Develop and revise ENA position statements in collaboration with subject matter experts and relevant ENA committees as needed

3. Collaborate with external organizations on development and revision of Joint and Supported Position Statements at the direction of the ENA Board of Directors
4. Recommend topic areas for future position statement development and participate in the decision process to revise or achieve existing statements

2023 Specific Criteria:

- Capacity to review significant number of scientific articles and other literature, conduct literature searches, and be able to critically analyze and discuss the results of the literature searches
- Ability to write clearly, professionally, and within the timelines established by the PSC process
    - Academic writing sample using APA format and editing sample will be required as part of submission
- Previous experience on the Clinical Practice Guidelines Committee, IENR Advisory Council or Journal of Emergency Nursing (JEN) Editorial Board is preferred
- Master's degree required; Doctoral degree is preferred. BSN applicants considered on a case-by-case basis
- Ability to participate in at least one video conference call each month
- Ability to serve for a two-year term

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QUALITY AND SAFETY ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Kristine Powell, MSN, RN, CEN, NEA-BC, FAEN	Chair	TX	1/1/23 – 12/31/23	1/1/21 – 12/31/24
2. Kayla Lott, MSN, RN, CRNP, CEN, FNP-C	Member	AL	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. DeAnna Gillespie, BSN, RN, CEN, CPEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Heather Lechner, BSN, RN, CEN, TCRN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Robert Ready, MN, RN, NEA-BC, FAEN	Member	RI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Mary Raley, BSN, RN, CEN	Member	KY	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Maia Holtzhower, RN	Alternate	GA	1/1/23 – 12/31/23

Board Liaison: Chris Parker
Staff Liaison: Cathy Olson

2023 Charges:

1. Provide subject matter expertise on quality, safety and injury prevention relevant to emergency nursing practice
2. Generate ideas for program development and implementation for quality, safety and injury prevention in accordance with the ENA Strategic Plan
3. Review and provide feedback on initiatives, practice resources or other documents as requested
4. Revise and/or develop practice resources related to quality, safety, and/or injury prevention as requested

2023 Specific Criteria:

- Must have knowledge about and experience in quality, safety, and/or injury prevention
- Previous experience in implementing quality, safety and/or injury prevention activities
- Ability to serve for a two-year term

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RESOLUTIONS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Cody Staub, RN	Chair	WA	1/1/23 – 12/31/23	1/1/23 – 12/31/25
2. Debby Rogers, MS, RN, FAEN	Member	CA	1/1/23 – 12/31/25	1/1/23 – 12/31/25
3. India Owens, MSN, RN, CEN, NE-BC, FAEN	Member	IN	1/1/22 – 12/31/24	1/1/22 – 12/31/24
4. Todd Haines, MSN, BSN, RN, EMT-I, CEN	Member	TN	1/1/21 – 12/31/23	1/1/21 – 12/31/23

5. Gina Slobogin, DNP, MSN, BSN, AND, RN, APRN, FNP, EMT-B, EMT-P, CEN, APRN-BC, FNP-BC, NHDP-BC, NREMT-P, PHRN, TCRN	Member	PA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
6. William Light, MSN, BSN, BS, ADN, RN, CEN, CPEN, TCRN	Member	OR	1/1/22 – 12/31/24	1/1/22 – 12/31/24
7. R. Dale Morton, MSN, RN	Member	KY	1/1/23 – 12/31/25	1/1/23 – 12/31/25

Alternates:

Name	Position	State	Position Term
1. Jaime Stephens-Davenport, MSN, RN, CEN	Alternate	KY	1/1/23 – 12/31/23

Board Liaison: Chris Dellinger
Staff Liaison: Ashley Schuring

2023 Charges:

1. Conduct annual call for resolutions and bylaws amendments
2. Provide assistance to resolution and bylaws authors submitting a proposal
3. Ensure submitted bylaw amendments and resolutions adhere to ENA guidelines and formatting requirements
4. Review and provide feedback regarding the resolutions and bylaws amendments guidelines and supporting materials for submission of a proposal
5. Lead the reference committee hearings and assist with debate and vote during the onsite General Assembly meeting
6. Deliberate and determine final recommendations and potential amendments for consideration during day two of General Assembly

2023 Specific Criteria:

- Experience with the resolutions and bylaws process on the local, state, or organizational level
- Prior attendance at one ENA General Assembly as a delegate
- Working knowledge of Roberts Rules of Order
- Two onsite meetings required. One held at the ENA offices and one held at the ENA annual emergency nursing conference
- Ability to serve for a three-year term

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TNCC REVIEW COMMITTEE

Name	Position	State	Position Term	Service Term
1. Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN	Chair	MI	1/1/23 – 12/31/23	1/1/21 – 12/31/24
2. Sheila Silva, DNP, RN	Member	MA	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Jami Blackwell, BSN, BS, RN, CEN, TCRN	Member	MO	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Wendy Reynolds, RN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Brian Aeschliman, BSN, RN, EMT-P, CEN	Member	KS	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Vanessa Young, BSN, RN	Member	TT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Ellen Ruja, MSN, RN, CEN, FAEN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Anthony Tiraboschi, RN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Callie Crawford, MSN-L, RN, TCRN	Alternate	TX	1/1/23 – 12/31/23
2. Hemant Sule, MSN-FNP, MSN-ED, BSN, RN, CLNC, CSRN, CEN	Alternate	NM	1/1/23 – 12/31/23

Board Liaison: Chris Dellinger
Staff Liaison: Katrina Ceci

2023 Charges:

1. Provide subject matter expertise for the Trauma Nurse Core Course (TNCC)
2. Review course material content and student/instructor feedback
3. Recommend and review course content edits

2023 Specific Criteria:

- Diversity in experience encouraged to include representation and perspective of critical access, community, and teaching facilities
- Current TNCC faculty or course director desired, current course instructor required
- Experience with development and evaluation of education for bedside emergency nurses preferred
- Subject matter expertise in trauma
- Ability to serve for a two-year term

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TRAUMA COMMITTEE

Name	Position	State	Position Term	Service Term
1. Steve Weinman, MS, BSN, RN, EMT-B, CEN, NHDP-BC, TCRN	Chair	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/24
2. Eric Cohen, MSN, RN, CEN, TCRN	Member	NY	1/1/23 – 12/31/23	1/1/21 – 12/31/23
3. Karen O'Connell, PhD, RN, CEN	Member	KY	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Julie Tseh-Willcockson, RN	Member	CO	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Catana Philipps, MSN, RN, CEN, TCRN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Michael Snead, BSN, BS, RN	Member	IL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Allison Sundeen, RN	Member	NE	1/1/22 – 12/31/24	1/1/22 – 12/31/24
8. Candice Thompson, MSN, RN, CEN, TCRN	Member	NE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Tara Sanseverino, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Nicholas Wall MSN, BS, RN, CEN, TCRN	Alternate	AL	1/1/23 – 12/31/23
2. Karin Kloppel, BSN, RN, CEN, CCRN	Alternate	ID	1/1/23 – 12/31/23

Board Liaison: Steven Jewell
Staff Liaison: Monica Kolbuk

2023 Charges:

1. Collaborate on the ongoing updates and revisions of ENA's trauma related courses
2. Provide subject matter expertise related to trauma emergency care.
3. Collaborate on the development of trauma and/or injury prevention resources
4. Review, revise, and recommend changes to the Course of Advance Trauma Nursing

2023 Specific Criteria:

- Must have subject matter experience in trauma and be willing to serve in collaborative projects
- Must currently be providing emergency care to trauma patients
- Ability to serve for a two-year term
- No onsite meeting required

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WELLNESS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Melinda Elayda, MPA, RN	Chair	CA	1/1/23 – 12/31/23	1/1/23 – 12/31/24
2. Ann Hoit, BSN, RN, CEN	Member	OK	1/1/23 – 12/31/24	1/1/23 – 12/31/24

3. Edward Gutierrez, DNP, RN, CEN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. AnnMarie Papa, DNP, RN, CEN, FAEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Erin Brady, RN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Victoria Nash, RN	Member	LA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Jami Johnson, RN	Alternate	CA	1/1/23 – 12/31/23
2. Jessica Poole, RN, CEN	Alternate	PA	1/1/23 – 12/31/23

Board Liaison: Cheryl Randolph
Staff Liaison: Cathy Olson

2023 Charges:

- Provide subject matter expertise on wellness and healthy work environment relevant to emergency nurses
- Generate ideas for resource/program development and implementation in alignment with ENA strategic plan
- Review and provide feedback on initiatives, practice resources or other documents as requested
- Revise and/or develop resources related to wellness and HWE as requested

2023 Specific Criteria:

- Knowledge and experience in wellness and/or healthy work environment initiatives
- Ability to serve for a two-year term

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APPENDIX A:

FOR REFERENCE: ENA FOUNDATION VOLUNTEER GROUPS
(ENA Foundation volunteer group participants selected by ENA Foundation Board)

ENA FOUNDATION FUNDRAISING COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Sally Snow, BSN, RN, CPEN, FAEN	Chair	TX	1/1/23 – 12/31/23	1/1/23 – 12/31/23
2. Barbara Gibson, BSN, RN, CEN	Co-Chair	TN	1/1/23 – 12/31/23	1/1/23 – 12/31/23
3. Freda Lyon, DNP, MSN, BSN, RN, NE-BC, FAEN	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Jessica Lucio, BSN, RN, CEN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Julia Bossie, MSN, RN, CEN, CNL	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Lauren Sanguinetti, RN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Melane Marsh, BSN, RN, CEN, SANE	Member	NV	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Patricia Nierstedt, MS, RN, CEN, TCRN, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Todd Haines, MSN, BSN, RN, EMT-I, CEN	Member	TN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Lisa Burk, RN, CEN	Member	OR	1/1/22 – 12/31/23	1/1/22 – 12/31/23
11. David McDonald, MSN, RN, APN, CEN, CCNS, TCRN, FAEN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
12. Chuck (Gregory) Pittman, MSN BSN ADN AS RN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
13. Melanie Stoutenburg, MSN, RN, CEN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
14. Rhonda Manor Coombes, BSN, RN, TCRN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
15. Tonya Brown, BSN, RN, CEN	Member	ME	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaisons: Shawntay Harris, Jeff Solheim, CherylAnn MacDonald Sweet, Kim Russo
Staff Liaison: Lise Jinno and Meghan Higham

2023 Charges:

1. Promote and strengthen the culture of philanthropy
2. Champion fundraising efforts with and for the ENA Foundation in your community and state
3. Provide advice and guidance to the Foundation Board of Trustees with respect to the mission, and strategic outlook, of the Foundation as it relates to raising money to further the mission
4. Provide advice and guidance to state officers and fundraising chairs as it relates to raising money to further the mission of ENA
5. Develop a network of resources

2023 Specific Criteria:

- Collaborate with the ENA Foundation and the ENA Foundation Board of Trustees to assist in local and state fundraising and program initiatives
- Participate in the promotion of the ENStrong Fundraising Challenge, ENA scholarships and research grants, and engage in ENA fundraising activities
- Establish and maintain annual fundraising initiatives at the state level through collaboration with the State Council officers and fundraising chairs and plan for adequate resources to maintain or expand fundraising efforts
- Maintain communications about current and ongoing fundraising activities with ENA Foundation, ENA Foundation Board of Trustees, and other ENA State Fundraising Chairs
- Network within the state and with other similar organizations on fundraising and development initiatives in venues such as ENA annual, regional, and local conferences, meetings, coalitions, task forces and work groups
- Participate in ENA Foundation fundraising events at ENA conferences, if attending
- Ability to serve a two-year term

- Have fundraising experience and preferably responsibilities/roles within their local Council or Chapter

ENA FOUNDATION RESEARCH GRANT COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Christine Russe, MSN, RN, CEN, CPEN, TCRN, FAEN	Chair	TX	1/1/23 – 12/31/23	1/1/23 – 12/31/23
2. Aaron Malsch, MS, RN, GCNS-BC	Member	WI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
3. Courtney Edwards, DNP, MPH, RN, CEN, CCRN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Elizabeth Crago, PhD, MSN, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Kimberly Johnson, PhD, RN, CEN, FAEN	Member	OH	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Stephen Stapleton, PhD, MSN, MS, BSN, BS, RN, CEN, FAEN	Member	MN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Ellen Benjamin, RN	Member	MA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Emily Harder, MSN, BSN, RN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Krystal Scott, MSN BSN RN CEN PHN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Joyce Foresman-Capuzzi, MSN, RN, CNS, EMT-P, CEN, CPEN, CTRN, CCNS, CCRN, PHRN, SANE, FAEN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaisons: Todd Haines, Nycole Oliver
Staff Liaison: Lise Jinno and Meghan Higham

2023 Charges:

1. Review and score applications for ENA designated research grants and seed grants.
2. Provide guidance and strategic outlook for future research as it relates to engaging ENA membership on available research and successful funding of research
3. Actively engage and champion ENA research and seed grant activity at organizational, state, local and community levels.

2023 Specific Criteria:

- Participate in video conference calls for training and review of research grants
- Promote research grants to members at the state and local level
- Maintain communication with the ENA Foundation Board of Trustees member and ENA Foundation staff regarding the grant review process
- Contact research grant recipients, providing constructive feedback to unsuccessful applicants regarding application process
- Collaborate with other ENA entities to identify resources for seed grant awardees
- Network within the state and with other similar organizations on the promotion of research grants and development initiatives in venues such as, ENA annual, regional and local conferences, meetings, coalitions, task forces, and work groups.
- Have research experience
- Participate in ENA Foundation fundraising events at ENA conferences, if attending
- PhD or and research experience highly preferred
- Ability to serve a two-year term

ENA FOUNDATION SCHOLARSHIP COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Amy Boren, MS, RN, CEN, CPEN, TCRN	Chair	CO	1/1/23 – 12/31/23	1/1/23 – 12/31/23

2. Vicki Patrick, MS, APRN, CEN, ACNP-BC, FAEN	Co-Chair	TX	1/1/23 – 12/31/23	1/1/23 – 12/31/24
3. Christine Jandora, RN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Danita Mullins, MSN, RN, CEN	Member	AR	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Kay-Ella Bleecher, CRNP, PHRN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Kelly Collins, BSN, RN, CEN, CPEN, SANE	Member	ME	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Kelsea Heiman, MSN, BSN, BS, RN, CEN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Lynn Howard, MSN-ED, BSN, RN, CEN, RN-BC, TCRN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Marc Summy, BA, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Margaret Letitia, BSN, RN, EMT-P, CEN	Member	CT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
11. Mariann Cosby, DNP, RN, CEN, LNCC, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
12.Brianna Buzzuro, MSN, RN, CEN, TCRN	Member	DE	1/1/22 – 12/31/23	1/1/22 – 12/31/23
13.Alexus Moore, MSN-ED, RN	Member	VA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
14.Barbara Conicello, BSN, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
15.Cynthia Wright Johnson, MSN, RN	Member	MD	1/1/23 – 12/31/24	1/1/23 – 12/31/24
16.Lisa Lietzke, MSN RN CEN CPEN TCRN	Member	DE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
17.Melanie Gibbons Hallman, DNP, RN, CRNP, CEN, ACNP-BC, ENP-C, FNP-BC, TCRN, FAEN	Member	AL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
18.Wendy Allen-Thompson, DNP RN EMT-B CEN NEA-BC	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
19.William Barbre, BSN RN CEN CPEN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
20.Patrice Christensen, BSN, RN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
21.Kayla Hanson, MSN BSN ADN RN APRN FNP-C	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
22.Katie Frerichs, MSN BSN ADN RN	Member	IA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaisons: CherlyAnn MacDonald Sweet, Fred Neis, Kim Russo
Staff Liaison: Lise Jinno and Meghan Higham

2023 Charges:

1. Review and score applications for ENA designated scholarships
2. Provide guidance and strategic outlook for future scholarships as it relates to Foundation direction
3. Champion ENA academic scholarship activity at all levels of the organization

2023 Specific Criteria:

- Participate in video conference calls for training and review of academic scholarships
- Maintain communication with the ENA Foundation Board of Trustees regarding the scholarship review process
- Contact scholarship recipients
- Participate in the committee evaluation process and provide feedback on application and scoring rubric tools
- Network within the state and with other similar organizations on the promotion of academic scholarships and development initiatives in venues such as, ENA annual, regional and local conferences, meetings, coalitions, task forces, and work groups
- Participate in ENA Foundation fundraising events at ENA conferences, if attending
- Ability to serve a two-year term