

ENAO
EMERGENCY NURSES

40 Years of Excellence in Emergency Nursing

Journal

of emergency nurses
association of ontario

Vol 2, Issue 2, Fall 2012

The Official Publication of the Emergency Nurses Association of Ontario



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President's Report

Janice L. Spivey, RN, EN(C), CEN



Congratulations ENAO on 40 years of being recognized as the professional organization representing Ontario's emergency nurses and the specialty of emergency nursing throughout the province of Ontario! Clinical excellence, practice standards, education, and research have steadfastly directed ENAO through all of its remarkable achievements over the past four decades. ENAO's motto "Reach Out and Serve" has proudly guided the association through a wide variety of initiatives and educational events.

In 1970, a group of emergency nurses from various parts of Ontario attended a conference in Niagara Falls, New York, sponsored by the newly formed New York State Emergency Nurses Association. Lasting contacts were made across the border with the host-nurses, leading to many subsequent communications regarding establishing a professional organization in Ontario. New York ENA President Anita Dorr and her advisory board generously shared valuable insights, experiences, guidelines, and documents with their new Ontario emergency nursing friends. ENAO will always be grateful for the sharing and caring of our New York state colleagues.

The creation of any professional organization is a huge undertaking, requiring much time, effort, and commitment by a group of truly dedicated professionals, as was the case with our founding members. The first meeting of interested emergency nurses took place in Toronto, and was sponsored by Ethicon Sutures Ltd. The "Proposed Constitution" was created for this new association indicating that "The organization shall be known as the EMERGENCY DEPARTMENT NURSES' ASSOCIATION OF ONTARIO (EDNAO)". A membership fee was set at "one dollar (\$1.00), to be paid annually to the Treasurer." This fee was subsequently raised to \$8.00 in 1977.

Our first provincial emergency nursing conference was held in Toronto in June of 1972. The pertinent topics of the day included poison control, adolescent care, burns, abdominal and chest injuries, tracheitis and epiglottitis, cardiac arrest, eye injuries, head injuries, cervical and back injuries, as well as surgical and medical shock. Through the years, ENAO has consistently produced conferences of amazing caliber, while ever raising the bar higher for current and pertinent educational opportunities for emergency nurses.

During the 1972 annual general meeting (AGM), the membership "unanimously accepted the removal of DEPARTMENT from our Association name" subsequently becoming the Emergency Nurses Association of Ontario (ENAO). The May 31, 1972 financial statements show this renamed association to have a bank balance of \$324.79.

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The process of selecting a logo began, followed by a membership vote on the various submissions. The chosen logo identified ENAO for many years.

At the same time in ENAO's history, it was decided that "the province shall be divided into districts and each district shall be coordinated by its chairman." These 11 provincial districts allowed for good geographical representation of all ENAO members on the Board of Directors. The "district" setup served the membership well for close to 40 years.

A 1981 document located in the ENAO archives indicates that "Because of our growing need to develop the skills of Ontario's emergency nurses and the similar expressed need of other provinces, the first steps toward national affiliation have been taken and will proceed to that end." ENAO remains proud of our active participation throughout the development process that ultimately led to the establishment of the National Emergency Nurses' Affiliation (NENA) on May 2, 1982.

After 10 years, in 1981 ENAO had come to be widely recognized as the official voice of emergency nurses in Ontario. Over the past 40 years, ENAO has had the privilege of being invited to work with many health care organizations on a wide variety of important projects. These liaisons have included the Ontario Heart and Stroke Foundation, the Public Health Agency of Canada, the Ontario Lung Association, the Centre for Excellence in Emergency Preparedness, the Ontario Nurses Association, the Ontario Medical Association, the Ontario Neurotrauma Foundation, the Registered Nurses Association of Ontario, the Ontario Ministry of Health, as well as several Ontario colleges and universities.

Since its creation, ENAO has developed, created, or been awarded ownership of various professional documents including Guidelines for the Emergency Nurse in Ontario, ENAO Standards of Emergency Nursing, and ENAO Core Competencies for the Emergency Nurse. These valuable documents, like ENAO, have definitely stood the test of time and continue to be used as important resources.

Over the past 40 years, we have amassed so much incredible history to be able to look back on. We will always be grateful to our Ontario Emergency Nursing "foremothers" for their vision along with their determination and stamina to make ENAO a reality for all of us. Over the years, emergency nursing has seen so many huge changes and has evolved into a dynamic profession as well as a highly respected nursing specialty.

Looking forward, we can only guess at what the future will hold. We must continue to bring each generation of brothers and sisters in emergency nursing into the ENAO family. After all, they will be creating the next 40 years of ENAO history and archives. Together we have come so very far, and together we have so much further to go! Happy 40th anniversary ENAO!



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Rouge Valley Health System is an innovative leader committed to delivering the best patient/family experience in its two hospital sites – RV Centenary, in east Toronto, and RV Ajax and Pickering, in Ajax.

Rouge Valley is gaining a reputation in the healthcare industry for our innovative and sustained approach to the enterprise-wide deployment of Lean thinking as the fundamental philosophy underpinning our transformation efforts. As part of our new Strategic Plan-on-a-Page and commitment to continuous improvement, we will provide all of our staff and physicians with the knowledge, tools and support required to lead the industry in defining and delivering the best healthcare experience. Join our team as we meet the needs of our growing communities.

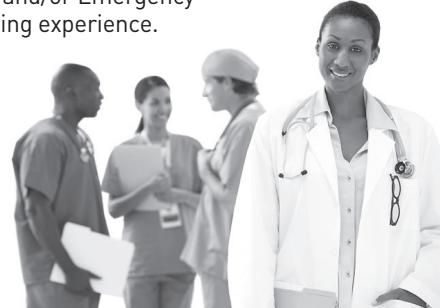
Emergency RNs

Full-time, part-time and temporary opportunities are available at both of our sites for Registered Nurses who welcome the chance to provide care to a diverse patient population, including paediatrics, cardiology, obstetrics/gynaecology, trauma, medicine and psychiatry. You hold current CNO certification, BCLS, ACLS and PALS credentials, and a recognized Critical Care and/or Emergency Certificate, and possess at least 1 year of current Emergency and/or 2 years of Medical/Surgical nursing experience.

With space for some 60,000 patient visits a year, the new RV Ajax and Pickering Emergency Department includes new state-of-the-art trauma and decontamination rooms, and is supported by newly renovated diagnostic imaging, cardiac diagnostic and laboratory services.

Discover why we're the best. When you work with a multidisciplinary team that offers a full array of support, you know you're making a difference in the lives of the people around you.

For more details on available opportunities, and to apply online, **visit our website**. Be sure to quote the **reference number RN-ENAO** when applying for these positions.



EMERGENCY DEPARTMENT NURSES' ASSOCIATION

ATTENTION OF ONTARIO

93 Alcorn Avenue
Toronto 7, Ontario

June 9, 1971

TO: Emergency Department Supervisor

In late 1970, a group of nurses from various parts of Ontario attended a conference in Niagara Falls, New York, organized by the Emergency Department Nurses' Association of that state. Because of the favourable impression at that time about such an association, a few nurses from Ontario decided to try to form a similar association in this province.

A questionnaire was sent out by Mrs. C. Lautenslager of Guelph to hospitals with 90 beds, so that the feelings could be obtained. The res...

PAGE 2
JUNE 5, 1971

I WILL BE ANXIOUS TO HEAR FROM YOU.

Anita M. Blaet
NATIONAL EMERGENCY DEPARTMENT
NURSES ASSOCIATION
1187 WOODSTOCK AVENUE 14150
TONAWANDA, NEW YORK

AMD/MBK
ENCL.

At the close of 1970, a group of Ontario nurses ventured to Niagara Falls, New York to attend a conference by the newly formed New York State Emergency Nurses Association.

EMERGENCY NURSES' ASSOCIATION OF ONTARIO

PROPOSED CONSTITUTION

1. NAME:

The organization shall be known as the EMERGENCY DEPARTMENT NURSES' ASSOCIATION OF ONTARIO (EDNAO).

2. OBJECTIVES:

- a) to teach and exchange ideas,
- b) to improve community relations and communications by becoming more knowledgeable about individual hospital problems and patient needs,
- c) to establish a programme geared specifically to Emergency Department nurses so that we all may improve the care given to our patients.

4. DUES:

A membership fee of one dollar (\$1.00) shall be paid annually to the treasurer by June 30th.

Not long after the New York conference, a proposed constitution for an Ontario emergency nursing association was drafted.

- a) in arrears,
- b) a reinstatement of membership in the current year.

7. FISCAL YEAR:

The fiscal year of the Association

8. AUDITS:

- a) there shall be an annual audit,
- b) a special audit may be called.

9. MEMBERS:

A handwritten receipt for Mrs Sybil Marsh's membership renewal fee of \$1.00. By 1977, membership fees would skyrocket by 800% to \$8.00.

Mrs. B. Morse,
1355 Silverpear Rd.,
Mississauga, Ont.

18 Beverly C.
Welland, Ont. N. D.
Aug 17, 1972

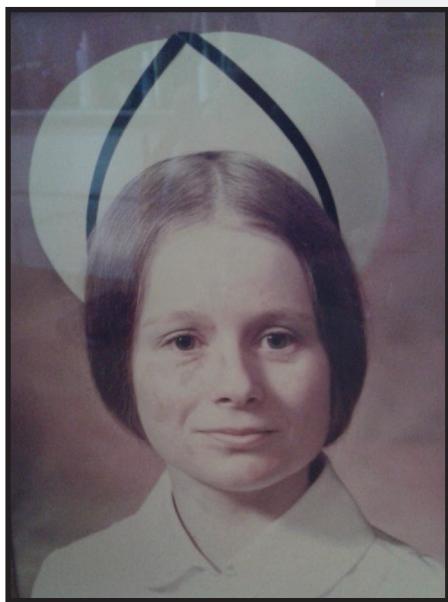
Dear Mrs. Morse -

I am enclosing a Money Order
for \$1.00 for renewal of my
Emergency Nurses Association membership.

I'm a registered nurse on the
part-time staff of the Emergency
Department at the Welland County
General Hospital.

Yours truly,
(Mrs) Sybil Marsh

Life in the ED: 1970s



Pat Kimber

News from the 1970s

- Munich Olympics terrorist attacks, 11 Israeli athletes murdered (1972)
- Canada bans cigarette ads on film, radio, and TV
- Construction begins on CN Tower (1973)
- Ontario schools teach the metric system (1974)
- Microsoft is founded (1975)
- CN Tower opens to the public (1975)
- Montreal hosts 1976 Summer Olympics
- Timbit is introduced at Tim Horton's (1976)
- Elvis is found dead (1977)
- First test-tube baby is born (1978)

Pat Kimber, a registered nurse since 1973, has seen the profession and the association change over the past 40 years.

How many emergencies would you see coming into the ED on any given shift? How have the types of emergencies changed?

In a 12-hour shift we'd see about 80 emergencies, and about 160-180 over the course of a day. We are seeing larger number of patients with myocardial infarctions and acute strokes arriving to the ED alive. In the 70s, the education was not out there for the average person to recognize the signs and symptoms of MI or acute strokes so people would often not survive. We are also seeing a lot more elderly patients with sepsis and a lot more overdoses of illicit drugs and prescription drugs.

What was the staffing like in the ED? What other staff members did you work with who might not be part of the ED system now?

Staffing practices differed between hospitals. When I first started in Belleville there was one ED physician and one nurse on nights. During the day there were more; approximately 5-6 nurses with one physician. There were family physicians that came in and did procedures; dental surgery was also done in the ED. When I went to Kingston there was one ED physician covering two hospitals during the night.

Today we have approx 30 staff nurses, plus charge nurses with 7-8 ED physicians and multiple residents and medical students in a 24-hour period. We worked with orderlies and ward aids back then now we have PCA and ward clerks. We work closely with respiratory techs, social workers, and CCAC nurses with more of a collaborative approach to patient care.

What was required to become an ED nurse? How does that compare to today's graduates?

In the 1970s, they liked previous experience but if you had a good interview and were willing to work hard, you could get into an opening in the ED. Still, full time jobs were hard to come by. Today they want you to have ENPC, PALS, TNCC, and ACLS, plus critical care nursing and a Bachelor of Nursing!

What has been the most significant advancement from the 1970s to 2012?

The biggest advancement for ED nursing from the 1970s to 2012 is the acknowledgement that emergency nursing is a highly recognized field with trained nurses that work very hard. The stress level and demand of expertise needed is ten times what it used to be and the numerous hospital closures in the last decade has compounded that.

What aspects of the job do you think have been lost since you started nursing?

A lot has been lost over the decades but also a lot gained. Gone are the days of "fluff and puff" nursing where we were able to spend more time with individual patients making them comfortable (holding their hands and talking to them or straightening their bed and giving them a back rub). We try very hard to do this for patients but the demands on our time are many. Saying that, a lot of patients get advanced critical care and survive with our nursing expertise where years ago that may not have been.

Having been a nurse for 40 years, how have you seen culture and society affect the ED?

Society puts a lot of demands on nurses but there does seem to be more respect for our knowledge base. Our team approach to emergency medicine with the physicians and auxiliary staff has come a long way. If I had to do it all over again I would not change the direction that I took in nursing and am very proud to be a fulltime ED nurse for the past 40 years.

Life in the ED: 1980s



Photo not available

News from the 1980s

- Terry Fox begins "The Marathon of Hope" in support of cancer research
- O Canada becomes the official national anthem (July 1, 1980)
- The first reported case of AIDS in Canada (1982)
- Queen Elizabeth II signs Canada's Constitution & Charter of Rights and Freedoms (April 17, 1982)
- Tornado in Barrie kills 12 (May 31, 1985)
- Wreck of the Titanic found (1985)
- Loonie introduced (1986)
- DNA first used to convict criminals (1987)
- Berlin Wall falls (1989)

Debra Davies, Ontario emergency department nurse since the 1980s, describes some of her memories from being on the job.

How many emergencies would you see coming into the ED on any given shift? How have the types of emergencies changed?

The volume of patients coming in through the department has changed significantly over the last 23 years, however the patients seem to be sicker than before. We are seeing fewer minor treatment patients.

What was the staffing like in the ED? What other staff members did you work with who might not be part of the ED system now?

We would have one doctor on each shift. Now we have considerably more physician coverage. We have also added nurse practitioners to our team, and they have been instrumental in decreasing the wait time for our minor patients.

When I started working in the emergency department we did team nursing, and we had a much higher nurse to patient ratio. It would not be uncommon to be caring for 8-10 acute patients, particularly on a night shift. We have moved to primary nursing and the maximum number of patients in our sub-acute area is five.

What was required to become an ED nurse? How does that compare to today's graduates?

Experience on an inpatient unit was essential when I started working in the emergency department. Now we are taking new graduates with little or no practical experience. There are advantages to both. The new graduates are well prepared academically and have a focus on research, which is great for patients. In the past, the experience gained working on a busy inpatient unit helped the nurse develop excellent critical thinking and organization skills, which certainly helps when transitioning to the emergency environment.

What has been the most significant advancement from the 1980s to 2012?

Advancements in technology have significantly improved nursing over the last 30 years. Access to information to support clinical decision making is now readily available electronically, as is patient information. It is no longer necessary to have handbooks and notes in your locker for reference – all you need is your phone! Waiting hours for a chart to come from Medical Records is a thing of the past. Now you can access almost all of the patient's past history from their electronic record.

What aspects of the job do you think have been lost since you started nursing?

I think we have become more technical in our approach to patients, and I don't see that we are spending the time connecting with the patients and their families the way we did in the past.

Having been a nurse since the 1980s, how have you seen culture and society affect the ED?

The patients are much more ethnically diverse and the need for interpretation solutions to help us provide care has become an essential component of practice.

Describe an ED memory that you feel is an "only in the 1980s" type of story.

Nurses and patients smoking in the department! Many days the air would be blue with smoke!

In 1974, past president of ENAO Kathleen McPhee took part in a panel discussion on expanding the role of nurses in the ED as "primary contact nurses."

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ETAT DES REVENUS DE PLACEMENT

For Recipient — Attach to your Income Tax Return
SEE INFORMATION ON REVERSE

Supplementary — Supplémentaire
Rev. 74

RECIPIENT, SURNAME FIRST, AND FULL ADDRESS
BÉNÉFICIAIRE, NOM DE FAMILLE D'ABORD, ET ADRESSE COMPLÈTE

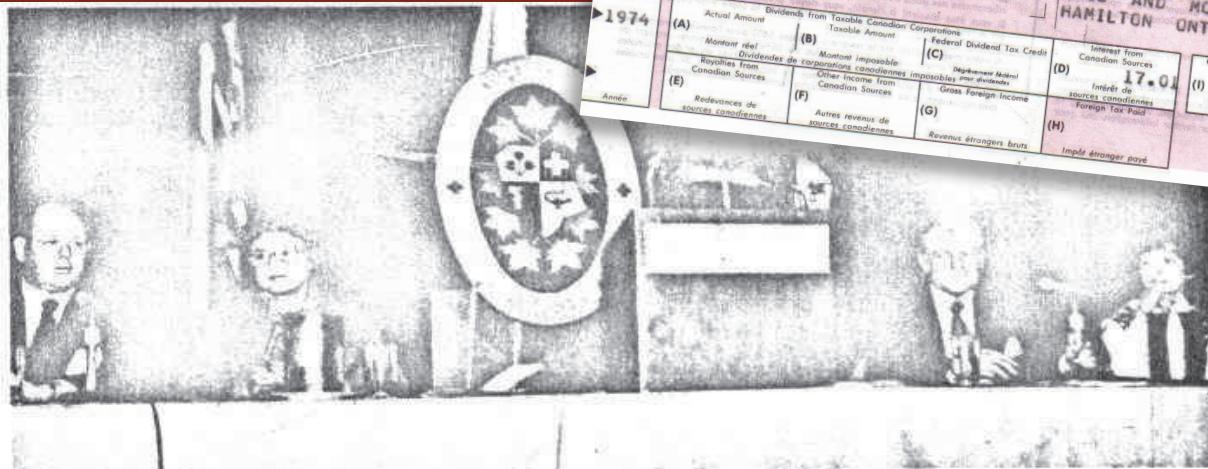
EMERGENCY NURSES ASSOCIATION,
C/O MRS K MCPHEE
57 LAWFIELD DRIVE
HAMILTON ONTARIO

NAME AND ADDRESS OF PAYOR (must appear on each slip)
NOM ET ADRESSE DU PAYEUR (à inscrire sur chaque feuillet)

THE ROYAL BANK OF CANADA
GAGE AND MOHAWK
HAMILTON ONTARIO

Year Année	1974	Social Insurance Number Numéro d'assurance sociale	
(A) Actual Amount Montant réel			Dividends from Taxable Canadian Corporations Dividendes de sociétés canadiennes imposables
(B) (C) (D)			Interest from Canadian Sources Intérêt de sources canadiennes
(E) Royalties from Canadian Sources Redevances de sources canadiennes			(F) Other Income from Canadian Sources Autres revenus de sources canadiennes
(G) (H)			Gross Foreign Income Autres revenus de sources étrangères
(I) (J)			Interest from Foreign Tax Paid Intérêt de taxes payées à l'étranger
Capital Gains Dividends Dividendes sur gains en capital			Capital Gains Gain en capital

Impôt étranger payé



Kingston physician Dr. Richard Milne (left) discusses the primary contact nurse with Laura Barr, executive director of the Registered Nurses' Assn. of Ontario, Kathleen McPhee (far right), past president of the Emergency Nurses' Assn. of Ontario, and session chairman Dr. Arnold Swanson of Toronto during the recent Ontario Hospital Association convention.

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EMERGENCY
DEPARTMENT NURSE'S
ASSOCIATION OF
ONTARIO

PRESENTS
FIRST ANNUAL CONFERENCE

AT THE

KING EDWARD HOTEL
TORONTO

HOSTED BY:
TORONTO DISTRICT

June 5-6-7
1972

After experiencing the New York conference, EDNAO made it a priority to incorporate great conferences and meet-up opportunities for its members. Here are the programmes from the first three conferences, an event that has continued throughout the association's 40-year span. Also included is a programme for a 1982 conference.

EMERGENCY NURSES ASSOCIATION
OF ONTARIO

SECOND ANNUAL CONFERENCE

ROYAL YORK HOTEL
TORONTO

JUNE 25-26-27, 1973



PRESENT
A
FUTURE
EXPECTATIONS

THIRD
ANNUAL CONVENTION

HOSTED BY
HAMILTON DISTRICT

JUNE 17-18-19, 1974

HELD AT
THE ROYAL CONNAUGHT HOTEL
HAMILTON, ONT.



OCTOBER 3, 4, 5, 6
1982
TORONTO
SKYLINE HOTEL

- Association of Casualty Care Personnel
- Emergency Nurses Association of Ontario
- Ontario Medical Association — Section of Emergency Medicine

Life in the ED: 1990s



Kathy Bates

News from the 1990s

- Nelson Mandela freed (February 11, 1990)
- Tuberculosis resurgence in the United States (1990)
- Collapse of the Soviet Union (1991)
- Dr Roberta Bondar becomes first Canadian woman in space (January 22, 1992)
- Toonie introduced (1996)
- Mad Cow disease hits Britain (1996)
- Michael Jackson marries LA nurse Debbie Rowe
- Formation of the GTA "Megacity" (January 1, 1998)
- Viagra hits the market (1998)

Kathy Bates, a dedicated nurse since the 1990s, offers her experiences and memories from her time in the emergency department.

How many emergencies would you see coming into the ED on any given shift? How have the types of emergencies changed?

Currently we are seeing between 160 and 190 patients per day. Our volumes have increased considerably over the past few years as the result of urban development in the downtown core, lack of accessibility to family doctors, etc.

With patients living longer the complexity of their disease processes has increased requiring greater interventions and advance nursing care. There are a greater number of patients with chronic illnesses seeking emergency care now than there was in the 90s.

What was the staffing like in the ED? What other staff members did you work with who might not be part of the ED system now?

There are more nurses and MD's working now in the ED than we had in the 90s.

What was required to become an ED nurse? How does that compare to today's graduates?

In the 90s, the Gold Standard was to have at least 5 years of experience on a General Internal Medicine unit prior to being considered to work in the ED. This was to ensure that the RN had a good grasp of patient and time management, good organizational and critical thinking skills, as well as a good understanding and application of nursing documentation. With the number of senior nurses retiring and or moving to other areas we are facing the challenge of hiring newly graduated nurses. The learning curve is much greater for them. There is also an increased demand placed upon the organization to provide in-depth education and preceptor/mentor support for the new hire.

What has been the most significant advancement from the 1990s to 2012? What aspects of the job do you think have been lost since you started nursing?

Best practice guidelines are the Gold Standard that drives nursing practice now. Historically nursing procedures and practice were based upon departmental practices that were not necessarily updated and supported by current literature. Nursing has now reached the forefront in research and education and continues in developing and advancing best practice for quality patient care.

Having been a nurse for 20 years, how have you seen culture and society affect the ED?

Patients are more informed about their health partially due to easy access of information, i.e. Internet sites such as WEB MD and Mdscape, etc. This allows them to actively participate in their care by asking informed questions, which help to guide their care.

Life in the ED: 2000s



Tori Woolner

News from the 2000s

- Mapping the Human Genome (2000)
- First death from SARS in Toronto (March 5, 2003)
- Health Canada announces 17 suspected cases of SARS (March 17, 2003)
- Ontario declares a public health emergency as a result of SARS (March 26, 2003)
- Massive black out across eastern seaboard (August 14, 2003)
- Avian influenza outbreak (2004)
- Vancouver hosts 2010 Winter Olympics
- The NDM-1 super bug is found at Brampton Ontario William Osler Health Centre (August 10, 2010)

Having been working since the late 2000s, emergency department nurse Tori Woolner contributes a unique outlook on modern day nursing.

Have the types of emergencies you see coming into the ED changed since you started?

The definition of emergency is vague in my opinion; it can vary based on the person. The type of emergencies coming in have definitely changed in the last few years. As our technology changes and improves we are seeing people who are living longer with worsening illnesses. Patients now have multiple transplanted organs, are surviving on dialysis longer, have mechanical valves and ventricular assist devices, and as such we see more complex patients in the ED than in the past. We also do not see as many heart attacks directly into the ED with the improved education and services of EMS.

What is staffing like in a modern ED?

My ED currently has, on average, 9-11 registered nurses, and 2-3 hospital assistants (similar to a nurse's aid). Less frequently, there are emergency residents and medical students; nursing students often come to the emerge now, which is a shift from the past. We have a dedicated pharmacist, social worker, and CCAC. Most days, we also work with 6 different physicians within the emergency. This number has risen due to increasing patient volumes. A new addition to emergency care has been nurse practitioners, who help to see more patients while not adding the additional cost of another physician. We also work with multiple technicians from x-ray and CT.

What is required to be an ED nurse? How does this compare to what past graduates had to do?

Education for nurses in general has increased; we are now required to have a bachelor's degree. Emergency education varies depending on the institution; some will require a specific emergency education certificate obtained before or during the first 6 months of employment. Some hospitals will provide education within the hospital. I received in-hospital education for 3 weeks and had 6 weeks of departmental training with an experienced nurse.

How has the ED advanced since you started nursing? Where do you see it going in the future?

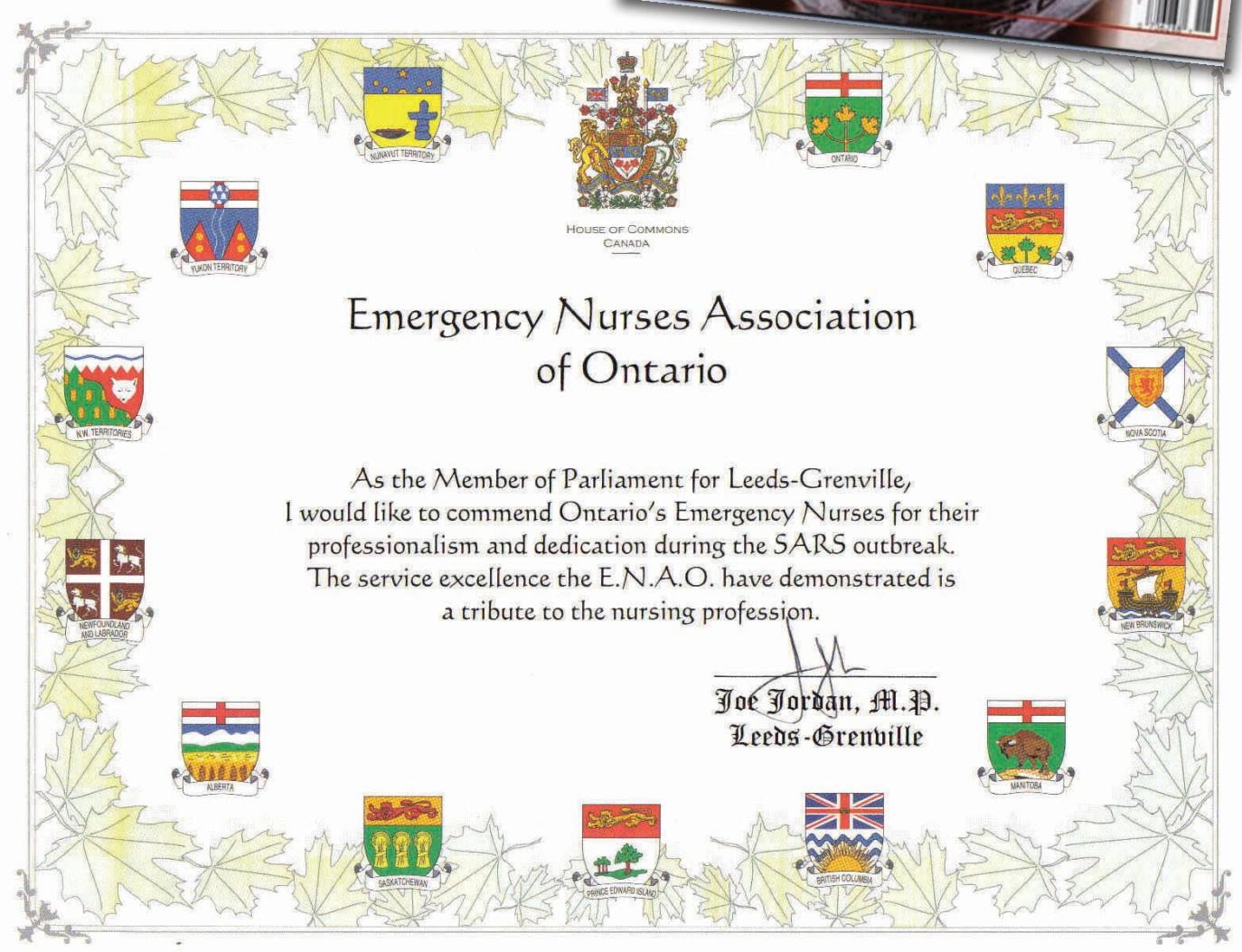
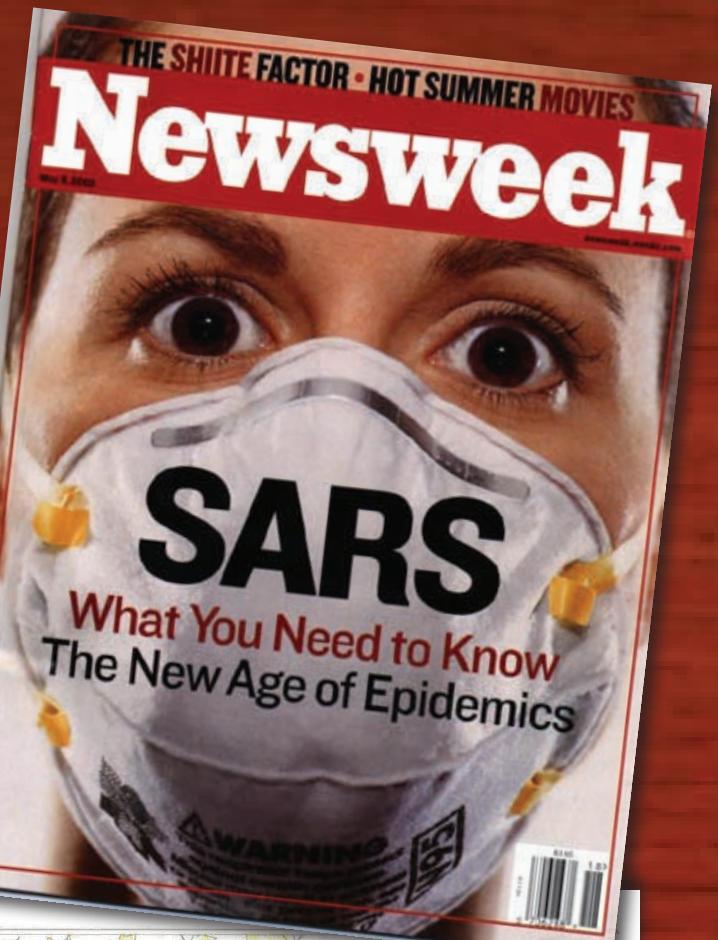
Even since I started nursing I have seen the advancement of medical directives and technology. We are able to perform more procedures in the ED, such as bedside ultrasounds by physicians, and ultrasound guided IV insertion. Our emerge has been given more advanced medical directives providing the nurses with more autonomy than ever before. We are able to order blood work, perform bedside ECGs, order certain x-rays, and administer medications as per assessments and directives and all before a physician has even seen the patient.

In the future, I hope to see point-of-care blood work, meaning results within 5-10 minutes at the bedside; the technology is available but currently not cost effective. I hope to see EDs going paperless and completely computerized. As well as a network within Ontario to connect family doctors and other medical services records to have universal access. Having their complete health records would make treating the people we see once or twice in the ED much easier.

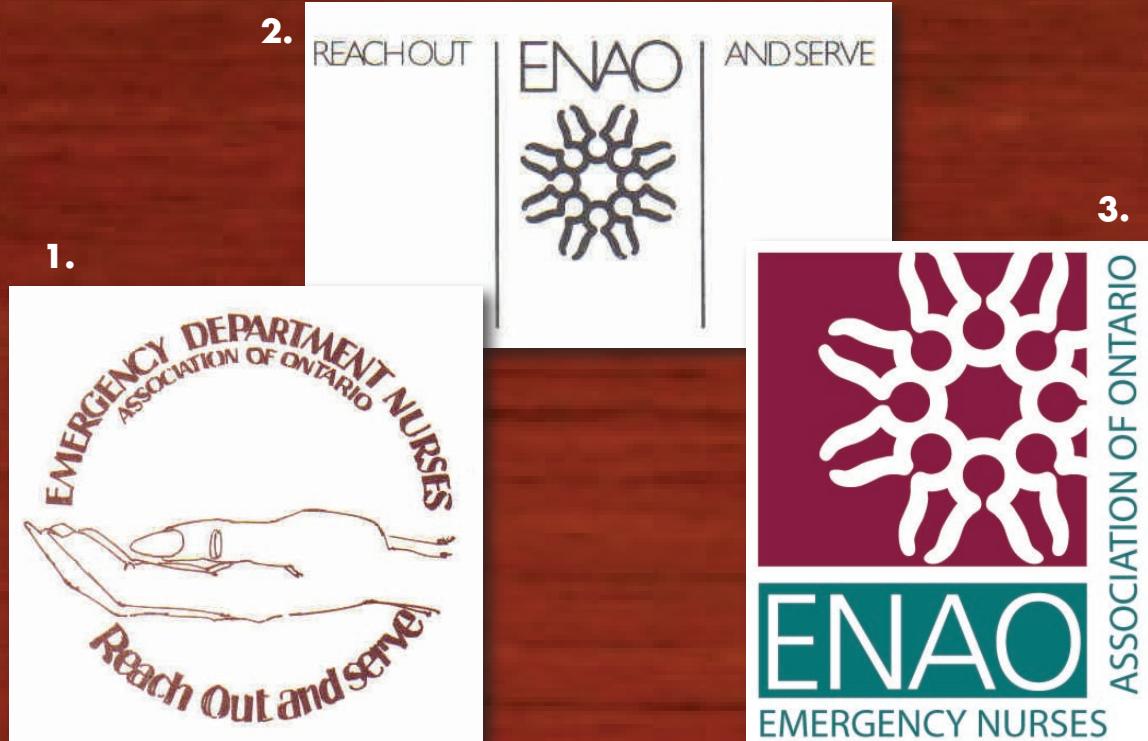
If budget wasn't an issue, what would be your number one improvement for the ED?

More staff! We have increasing number of patients and just not enough people to take care of them.

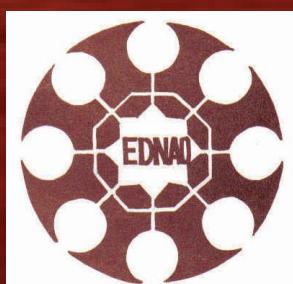
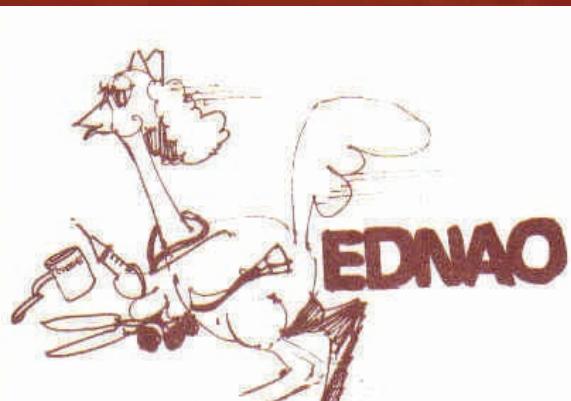
In early 2003, Severe Acute Respiratory Syndrome, known just as SARS, hit Toronto. While panic overwhelmed the general public, emergency nurses maintained their professionalism and dedication to providing assistance and maintaining order.



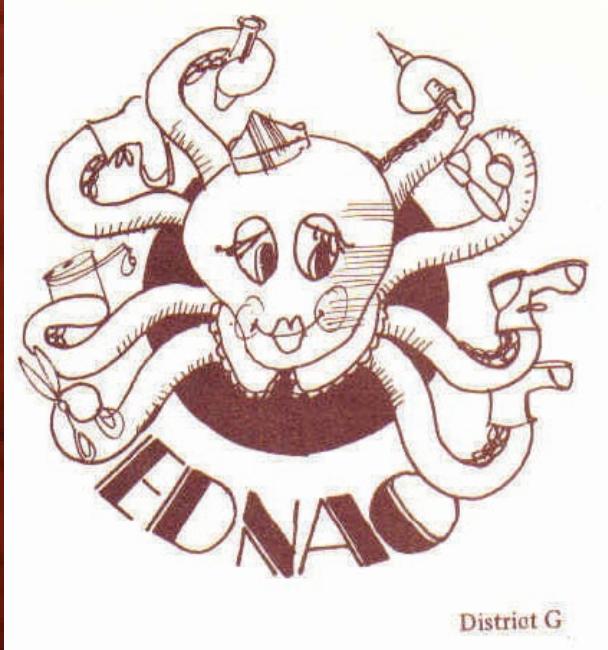
Evolution of a logo: The ENAO logo has had many faces throughout the years; here are just a few, starting with the original from 1972 (fig 1). Later the logo evolved to include the familiar "snowflake" imagery we know today (fig.3).



Artist's concept of Jean Grote's – (District G) design



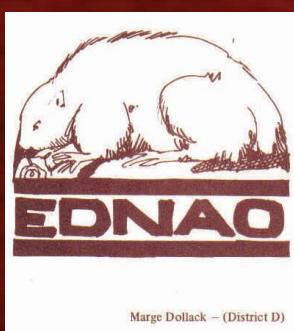
Jean Grote – (District G)



District G



Alison Harris – Peel Memorial Hospital



Marge Dollack – (District D)



Certificate of Membership

Certificat d'adhésion



In addition to providing outstanding service to Ontario hospitals and emergency departments, the members of ENAO are also quick to volunteer their time and skills outside of their usual hospital commitments. These volunteer opportunities allow the nurses to promote and strengthen volunteerism and leadership across Ontario and Canada.

ENAO Awards

AWARD Information:

- ENAO has 3 types of awards available to members annually.
- All are announced and awarded at the Annual General Meeting.
- Members may only receive one ENAO award every three years.
- Qualifying criteria and application forms available for download @ www.enao.me
- Award application deadline is September 1st annually.
- Mail completed applications to ENAO Awards Chair: Janice Spivey 112 Old River Road, RR2, Mallorytown, Ontario K0E 1R0. *Email award essay for ENAO newsletter publication to: Janice Spivey: janicespivey@live.ca

CAROLE MacDONALD AWARD:

This award was established in honour of Carole MacDonald, who in 1971 led the creation of the organization towards becoming the Emergency Nurses Association of Ontario (ENAO).

AWARD: \$250.00, Number of Awards: 4

CRITERIA: ENAO membership for at least 1 full year. Proof of successful completion of a recognised ED program, conference or course. Funds used towards continuing education in Emergency Nursing.

DIANE DIXON DEGREE AWARD:

This award was renamed in 1999 in honour of Diane Dixon, who had served ENAO in various Executive roles on the Board of Directors for more than 20 years.

AWARD: \$500.00, Number of Awards: 2

CRITERIA: ENAO membership for at least the past 2 full and consecutive years. Proof of enrolment in a recognised Baccalaureate Degree in Nursing program. Funds applied to courses in a Nursing degree program.

ENAO MASTER'S AWARD:

This award was established in 1999 to promote high level Nursing education and to reward a member working towards this further education.

AWARD: \$1,000.00, Number of Awards: 1

CRITERIA: ENAO membership for at least the past 3 full and consecutive years. Proof of enrolment in a recognised Master's or Doctoral Degree in Nursing program. Funds applied to courses in a Nursing Master's or Doctoral program.



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Phone: 519.376.1212

Kitchener
742 King Street West
Kitchener, Ontario N2G 1E7
Phone: 519.279.1024

Membership

General Information:

Your \$85.00 tax deductible fee provides an Emergency Nursing provincial membership in ENAO and a national membership in NENA.

Only members are eligible to apply for the annual ENAO AWARDS and the NENA BURSARIES and AWARDS of EXCELLENCE.

Members receive a personal copy of the biannual ENAO Journal (JENAO) and the NENA OUTLOOK Journal, as well as the annual ENAO day planner calendar.

Members qualify for significant discounts on provincial and national conferences as well as on ENAO/NENA endorsed courses.

All new and renewal membership applications must be completed online.

There are NO part-year memberships or prorated fees for membership.

Only the member may enter a new or renewing member into website data source.

The membership secretary cannot activate a member to the PAID or current status, until the member "SUBMITS" their new, reviewed or revised personal data on the website.

The NENA website membership list is the only approved source for verification of current membership status in provinces across Canada.

This list is used to determine all eligibility for conference and course discounts and for approval to course direct or teach TNCC and ENPC anywhere in Canada.

There are NO mailed paper receipts or duplicate receipts per policy.

INSTRUCTIONS:

1. Go to NENA website @ www.nena.ca
2. On home page, click on MEMBERSHIP.
3. Click on "Apply for Membership" or "Renew Your Membership."
4. New members will be asked to enter personal demographic information.
5. Renewing members must review their demographics and update as necessary.
6. New & renewing members: remember to click SUBMIT at bottom of page!
7. Website will provide payment options; personal cheque as always, or immediately online through PayPal. Mailing address provided for membership secretary.
8. NENA website sends you email instructions to print your own income tax receipt.

Forgot your password?

After clicking on Membership, click on "NENA.ca password reset." Website will immediately send your password to you by email.

Contact information changed?

Remember to notify ENAO/NENA of any mailing or email address changes, to ensure that you continue to receive ENAO and NENA mailings, emails, newsletters and membership gifts. Go into the NENA website as when you renew, click on "Update Demographics," change information as necessary, and remember to click SUBMIT.

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From the Communication Officer

Humberto Laranjo RN, BScN, MScN



It is amazing to see an organization such as ENAO celebrate 40 years of existence. It speaks to the level of commitment emergency nurses have towards their profession, specialty, and their patients. What started off as a vision 40 years ago has transpired into a highly respected organization from which other organization seek input when undergoing initiatives that impact Ontario Nurses and their patients. Our dedication and commitment to education for emergency nurses has always been a priority and today this is highly visible in the ED world. We have our bi-annual conference, our own professional journal, scholarships and bursaries, and a number of educational sessions that are held throughout the province.

It is an honour to be part of this amazing organization and to witness first hand the respect that other organizations have for emergency nurses. It is very important that we continue to support ENAO and ensure that the membership grows so we can hold an even stronger voice in Ontario. It is important for us as a specialty of our profession and more importantly for our patients. We have made great history in the last 40 years, let's keep working together to make the upcoming years even more powerful for emergency nursing across Ontario.



*On behalf of the Government of Ontario,
I am pleased to congratulate the members of the*

EMERGENCY NURSES ASSOCIATION OF ONTARIO

*on the occasion of this organization's
Fortieth Anniversary*

*Over the years, the commitment of the members
of the Emergency Nurses Association Of Ontario has helped to make your
community and our province a better place.*

*May the years ahead bring further accomplishments
and many more happy anniversaries.*

Legislative Building, Toronto
October 1, 2010



Dalton McGuinty
Premier

In 2010, the association's accomplishments were recognized by Ontario's Premier Dalton McGuinty with the issue of this certificate of congratulations.

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The ENAO is constantly seeking contributors for our publication.

If you have an editorial, case study, research, or reflection that you wish to share; the Emergency Nursing community wants to hear about it!

Please contact Humberto Laranjo, Communications Officer for ENAO, at hjlaranjo@gmail.com for submission information.

Knowledge is beneficial to all of us; write for the Journal of Emergency Nurses Association of Ontario!



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