



2024 General Assembly Handbook

Table of Contents

General Assembly Business Agenda 2

General Assembly Officials 3

Proposed General Assembly Standing Rules of Procedure 4

Resolution Proposals

 GA24-01: Classification of International Membership Nursing Titles Based on Education, Competency, and Scope of Practice 7

 GA24-02: Review, Revise and Rename the State Achievement Award 12

 GA24-03: Triage Documentation 15

 GA24-04: Expanding Open Access to Emergency Nurses Association Practice Resources for Major Emergencies and Disasters 18

 GA24-05: Evidenced-Based Screening for Child Maltreatment in the Emergency Department 21

 GA24-06: Support for Case Management or Social Worker in the Emergency Department 25

 GA24-07: Pregnancy Capable Health Resources for Emergency Department Nurses 28

 GA24-08: Improving Patient Safety in the Emergency Department Waiting Room 33

 GA24-09: Finding Consensus on Education and Needs in Emergency Care for Behavioral Health Patients 36

Appendices

Appendix A – ENA General Assembly Reference Guide 40

Appendix B – ENA Strategic Plan 42

Appendix C – 2024 ENA Volunteer Roster 46

** ENA and Affiliate Audited Consolidated Financial Statements 2023 will be posted following finalization and approval in September.*



GENERAL ASSEMBLY

2024 General Assembly Business Agenda

MONDAY, SEPTEMBER 2

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

TUESDAY, SEPTEMBER 3

6:30-7:30 am Breakfast/Keypad Registration

7:30-8:15 am General Assembly
Opening Ceremonies
Call to Order and Introductions
Credentials Report
Adoption of General Assembly Standing Rules of Procedure
Adoption of Business Agenda

8:15-8:20 am President Address

8:20-8:25 am President-Elect Address

8:25-8:30 am Secretary/Treasurer Report

8:30-8:35 am Chief Executive Officer Report

8:35-8:40 am ENA Foundation Chairperson Report

8:40-9:30 am Open Reference Hearings

9:30-10 am **BREAK**

10-11:45 am Open Reference Hearings

11:45 am.....Adjournment

WEDNESDAY, SEPTEMBER 4

7-7:45 a.m. Amendment Assistance

8-9 a.m. Breakfast/Keypad Registration/ Review Day 1 Report

9-9:15 a.m. General Assembly
Call to Order
Credentials Report
Adoption of Business and Consent Agendas

9:15-10:20 a.m. Consideration of Proposed Resolutions (Debate and Vote)

10:20-10:30 a.m. Memorial Presentation

10:30-11 a.m. **BREAK**

11 a.m.-12 p.m. Consideration of Proposed Resolutions (Debate and Vote)

12-1:30 p.m. **LUNCH BREAK (on own)**

1:30-3 p.m. Consideration of Proposed Resolutions (Debate and Vote)

3 p.m..... General Assembly Adjournment



2024 General Assembly Officials

General Assembly Chair/President	Chris Dellinger, MBA, BSN, RN, FAEN <i>West Virginia</i>
Credentials Chairperson/Immediate Past President	Terry M. Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN <i>Kentucky</i>
President-Elect	Ryan Oglesby, PhD, MHA, RN, CEN, CFRN, NEA-BC <i>Florida</i>
Secretary/Treasurer	Dustin Bass, DNP, MHA, RN, CEN, NEA-BC <i>North Carolina</i>
Directors	Joop Breuer, RN, FAEN <i>Netherlands</i>
	Heidi Gilbert, MSN, RN, CEN, SANE-A, TCRN <i>Oklahoma</i>
	Vanessa Gorman, MSN, RN, CCRN, FAEN, FCENA <i>Australia</i>
	Chris Parker, MSN, RN, CEN, CPEN, CFRN, CNL, NRP, TCRN <i>Virginia</i>
	Lauren Plaine, MPS, BSN, RN, CEN <i>Virginia</i>
	Jack Rodgers, MBA, BSN, RN, EMT-P, CEN, FAEN <i>Georgia</i>
	Rachael Smith, MSN, RN, CEN, CCRN, CPEN, CNE, NPD-BC, TCRN <i>Connecticut</i>
Emerging Professional	Nisreen Atta, MSN-ED, RN <i>Wisconsin</i>
Chief Executive Officer	Nancy MacRae, MS, CAE <i>Illinois</i>
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.
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 General Assembly may consider resolutions received after the published deadline by a two-thirds vote, provided all other criteria have been met. Notice of such resolutions shall be sent to state captains. Late resolutions that do not meet the published requirements circulated by the Resolutions Committee shall not be considered.

COMPOSITION

5. 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.
6. Each state council must formally register delegates and alternate delegates with the ENA headquarters no later than August 29, 2024. Following this deadline, any delegate vacancies can only be filled by registered alternate delegates.
7. The delegate captain shall be selected as soon as possible but no later than 75 days prior to the General Assembly (i.e., on or before June 20, 2024).
8. The ENA Immediate Past President shall oversee the credentials process.
9. A keypad will be assigned to each delegate. Delegates are responsible for checking out their own keypad from the keypad vendor. Delegates may not give their keypad to another delegate to cast their vote.

10. 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.
11. 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

12. 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. The video must be confined to the merits of the bylaw amendment or resolution proposal. Such time will not be counted in the total time for discussion.
13. The total discussion time for each bylaw amendment or resolution will be 15 minutes. When called upon, each delegate will be given two (2) minutes to speak for or against each proposal.
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. The Resolutions Committee shall have the authority to recommend that bylaw amendments or resolution proposals be adopted by unanimous consent by the General Assembly via the Consent Agenda. Any items that are recommended for adoption by unanimous consent will not be discussed unless there is an objection by a delegate to the resolution or bylaw amendment being adopted by unanimous consent.
16. Amendments to bylaws or resolution 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.
17. 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

18. The Resolutions Committee will determine the order in which the General Assembly will consider, debate and vote on resolutions and bylaw amendment proposals.
19. After being recognized, delegates and ENA past presidents shall give their name and affiliation before beginning to speak.

20. A delegate may request that an individual without speaking rights be allowed to speak. A majority vote shall be required to grant the request.
21. The author or designee of each motion shall be given the right to speak first for up to two minutes, and; such time shall not be counted in the total time for debate.
22. Within the allotted debate time, a delegate may speak for up to two minutes when recognized to speak.
23. Debate will alternate for and against 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.
24. The total debate time allotted for each bylaws amendment proposal and resolution, including any and all discussion on subsidiary, privileged, and incidental motions, shall be 15 minutes. If a bylaws amendment proposal or resolution is divided, then each of the divided portions of the bylaws amendment proposal or resolution shall receive 15 minutes total debate time. If there are speakers in the queue when the total debate time expires, then the chair shall take a vote on whether to extend debate for an additional five minutes.

ADMINISTRATIVE

25. The Resolutions Committee shall be authorized to correct article and section designations, typos, grammatical errors, 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.
26. 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.
27. 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](#).

Resolution GA24-01

1 **TITLE: Classification of International Membership Nursing Titles Based on Education, Competency, and**
2 **Scope of Practice**

3
4 Whereas, the Emergency Nurses Association (ENA) supports a culture of diversity, equity, and inclusion
5 for all members of the association as the language and titles used do not support this (ENA, n.d.; ENA, 2020);
6

7 Whereas, in many countries, the registered nurse (RN) title differs from what the U.S. considers an RN.
8 International members are excluded from the full benefits of ENA membership due to the lack of equivalency of
9 certifications or licenses, even though they possess the equivalent education and competency, and the scope of
10 practice of their work is the same as that of their U.S. RN colleagues. The registered nurse title limits inclusivity
11 and access for international members because not every jurisdiction recognizes the RN title;
12

13 Whereas, in three provinces in Canada, Alberta, Manitoba, and Nova Scotia, licensed practical nurses
14 (LPNs) have equivalent, full scope of practice and educational equivalency to a U.S. RN, yet they are unable to
15 be fully verified as providers in the Emergency Nursing Pediatric Course (ENPC) and the Trauma Nursing Core
16 Course (TNCC). The course Administration faculty (CAF) committee has, on a trial basis, allowed the LPNs in
17 two of these provinces' full verification as providers, but their card is different from those of RNs, reading non-
18 RN or RN equivalent, which is not inclusive language. They meet the criteria as defined by TNCC/ENPC to be
19 verified (L. Larsen, personal communication, April 9, 2024 @ 1633);
20

21 Whereas, the Nursing Care Continuum Framework and Competencies document was developed by the
22 International Council of Nurses (ICN) in 2008. It was intended for countries to use to establish core
23 competencies across the continuum of nursing, from support workers to advanced practice nurses (ICN, 2010);
24

25 Whereas, the bedside nurse may hold a license with a title that differs from the license title used in the
26 U.S. based on the country or region in which they practice due to legal or regulatory frameworks. A nurse with
27 that license title may have the equivalent education preparations to that of the registered nurse but is unable to
28 gain equitable access to complete ENA benefits such as education and verification; and
29

30 Whereas, the resolution GA-22-08 International Inclusivity was adopted, and this resolution would
31 further the commitment from ENA to ensure the inclusion of international members in all aspects of ENA.
32 International members with equivalent education and scope of practice should have the same services and
33 educational opportunities and verifications as U.S. members.
34

35 *Resolved*, that ENA explores the definition of equivalency and will collaborate with stakeholders to
36 identify equivalent titles to “registered nurse (RN)” based on education, competency, and scope of practice;
37

38 *Resolved*, that ENA will consider the review of future ENA materials to adjust the language of RN to
39 include the nurse with equivalent education, competency, and scope of practice consistent with international
40 guidelines; and
41

42 *Resolved*, That ENA consider use of the ICN consensus framework titled “Scope of Nursing Practice and
43 Decision-Making Framework Toolkit” as a guide for writing bylaws, policies, position statements and
44 educational materials, textbooks, and associated verification-granting courses such as TNCC and ENPC to
45 ensure inclusivity for all ENA members.
46

47 **Resolution Background Information**

48 The ability to provide safe and effective care to a patient in an emergency setting relies on the educational
49 preparation and competency-based training of the individual (Barrett et al., 2021; Spies & Feutz, 2022). These

Resolution GA24-01

50 foundations are supported by the World Health Organization (WHO) as part of the frameworks identified in
51 *State of the World's Nursing 2020* for supporting the best healthcare outcomes (2020). However, it has been
52 noted that the title of the person can become a point of confusion when speaking in international communities.
53 According to the International Council of Nurses (2008), registered nurses (RNs) are defined as qualified nurses
54 with the capacity and authority to practice in primary, secondary, and tertiary healthcare settings, and all
55 specialties of nursing. This definition opens up who would be classified as an “RN” for many disciplines in
56 various countries that do not use the term “RN” (ICN, 2010).

57
58 In 2022, ENA recognized the emergency nursing certification ENC(C) for Canadian members who are certified
59 in their country only at the request of an advocating international member.

60
61 Position statements such as *The Role of the RN in the Use of Intraosseous Vascular Devices* are not inclusive of
62 all members of ENA because nurses globally put in intraosseous vascular devices based on training and
63 competency. In Alberta, Canada, LPNs are able to perform intraosseous vascular access but are excluded based
64 on professional title. Non-RN emergency nurses in Germany would perform this skill based on training and
65 competency.

66
67 The American Heart Association Advanced Cardiac Life Support (ACLS) course does not classify by title but by
68 competency and education and identifies those for whom the course is relevant as “healthcare professionals who
69 either direct or participate in the management of cardiovascular arrest or other cardiac emergencies and for
70 personnel in emergency response” (American Heart Association, n.d.).

71
72 Trauma Nursing Core Course (TNCC) as well Emergency Nursing Pediatric Course (ENPC) also exclude non-
73 registered nurses from receiving equitable verification as a provider and do not align with the stated ENA vision,
74 mission, and strategic initiatives. ENA has recently allowed non-RN or RN equivalent verification of TNCC in
75 the Canadian provinces of Alberta and Manitoba as the LPNs work to a scope of practice equivalent to that of an
76 RN. Treating non-RN or RN equivalent nurses the same as RNs, regardless of title would be more equitable and
77 create diversity for those who meet the verification criteria of the course.

78
79 On November 9, 2022, ENA announced an “ongoing commitment to embrace the diversity of its membership,
80 staff, and the community’s emergency nurses serve by partnering for education to grow diversity, equity, and
81 inclusion” (ENA, n.d.). Based on this initiative, ENA needs to ensure the language of any documents, statements,
82 and publications reflect this.

83 84 **Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives**

85 This resolution will further the resolved clauses of the adopted GA22-08 “International Inclusivity” Resolution,
86 particularly “... enabling participation through the removal of geographical, cultural, and language barriers”
87 (GA22-08). ENA has committed to advancing excellence and inclusivity to emergency nurses globally, most
88 recently amending the bylaws to state licensed or equivalent registered nurses can vote and to allow members 65
89 or older access to “senior” membership regardless of their country of residence or non-US membership, further
90 supporting inclusivity (ENA, 2023).

91
92 ENA’s vision includes being “indispensable to the global community” and ensuring “emergency nurses globally
93 have access to high-quality education and resources to provide excellent care” (ENA, 2020). Leaders who
94 embrace inclusivity harness the potential to build relationships, generate engagement and staff buy-in, increase
95 performance, and enable positive health outcomes as well as a positive staff and patient experience (Morrison,
96 2021; Henshall et al. 2022).

Resolution GA24-01

98 In their *Global Strategic Direction for Nursing and Midwifery 2021-2025*, WHO cites the need to “invest in
99 leadership skills development” (p. 6) and engage nurses in various organizations to broaden their skills and
100 improve access to development opportunities (WHO, 2021).

101
102 WHO has recognized the impact emergency care has on emergency care. The 25 by 25 initiative strived to
103 include basic emergency care in 25 countries for frontline nurses and midwives by 2025 (WHO, n.d.). This
104 education could include TNCC / ENPC as options, but currently, the qualifier of RN limits enrollment and
105 educational opportunities for international members.

106 **Financial Considerations/Operations Impact**

107
108 The scope of work outlined in the resolved clauses has a fiscal impact between \$10,000-\$25,000. Upon final
109 outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA’s
110 strategic plan and operational goals.

111 **Professional References**

- 112 American Heart Association. (n.d.). *Advanced cardiovascular life support* [Course].
- 113 Baker, C., Cary, A., & da Conceicao Bento, M. (2021). Global standards for professional nursing education: The
114 time is now. *Journal of Professional Nursing*, 37(1), 86–92. <https://doi.org/10.1016/j.profnurs.2020.10.001>
- 115 Barrett, C., Mathews, M., Poitras, M., Norful, A., Martin-Minsener, R., Tranmer, J., Ryan, D., & Lukewich, J.
116 (2021). Job titles and education requirements of registered nurses in primary care: An international document
117 analysis. *International Journal of Nursing Studies Advances*, 3. Article 100044.
118 <https://doi.org/10.1016/j.ijnsa.2021.100044>
- 119 Emergency Nurses Association. (n.d.). *Diversity equity and inclusion in action*.
120 <https://www.ena.org/about/dei#vis>
- 121 Emergency Nurses Association. (2020). *2020–2025 Emergency nurses association strategic plan*.
122 https://www.ena.org/docs/default-source/default-document-library/enastrategicplan.pdf?sfvrsn=5c367de2_2
- 123 Emergency Nurses Association. (2023). *Bylaws: Emergency nurses association*.
124 [https://www.ena.org/docs/default-source/about-us/leadership-governance/reference-materials/ena-](https://www.ena.org/docs/default-source/about-us/leadership-governance/reference-materials/ena-bylaws.pdf?sfvrsn=837d5136_16)
125 [bylaws.pdf?sfvrsn=837d5136_16](https://www.ena.org/docs/default-source/about-us/leadership-governance/reference-materials/ena-bylaws.pdf?sfvrsn=837d5136_16)
- 126 Emergency Nurses Association. (2023). *2023 general assembly minutes*. [https://www.ena.org/docs/default-](https://www.ena.org/docs/default-source/about-us/leadership-governance/2023gaminutes.pdf?sfvrsn=6e62483e_0)
127 [source/about-us/leadership-governance/2023gaminutes.pdf?sfvrsn=6e62483e_0](https://www.ena.org/docs/default-source/about-us/leadership-governance/2023gaminutes.pdf?sfvrsn=6e62483e_0)
- 128 Henshall, C., Jones, L., Armitage, C., & Tomlinson, L. (2022). Empowering nurses through inclusive leadership
129 to promote research capacity building: A James Lind Alliance priority setting Partnership in Community
130 Nursing. *Journal of Advanced Nursing*, 78(9), 2765–2774. <https://doi.org/10.1111/jan.15342>
- 131 International Council of Nurses. (2010). *Scope of Nursing Practice and Decision-making Framework Toolkit*.
132 [https://www.icn.ch/sites/default/files/2023-](https://www.icn.ch/sites/default/files/2023-06/2010_ICN%20Scope%20of%20Nursing%20and%20Decision%20making%20Toolkit_eng.pdf)
133 [06/2010_ICN%20Scope%20of%20Nursing%20and%20Decision%20making%20Toolkit_eng.pdf](https://www.icn.ch/sites/default/files/2023-06/2010_ICN%20Scope%20of%20Nursing%20and%20Decision%20making%20Toolkit_eng.pdf)
- 134 Morrison, V. H. (2021). Diversity, equity, and inclusion in nursing: The pathway to excellence framework
135 alignment. *Nursing Administration Quarterly*, 45(4), 311–323.
136 <https://doi.org/10.1097/naq.0000000000000494>
- 137 Peta, D. B. (2022). *GA22-08 International inclusivity*. ENA General Assembly.
138 [https://www.ena.org/docs/default-source/about-us/leadership-governance/adopted-proposals_resolved-](https://www.ena.org/docs/default-source/about-us/leadership-governance/adopted-proposals_resolved-clauses.pdf?sfvrsn=993089b_8)
139 [clauses.pdf?sfvrsn=993089b_8](https://www.ena.org/docs/default-source/about-us/leadership-governance/adopted-proposals_resolved-clauses.pdf?sfvrsn=993089b_8)
- 140 Spies, L. A., & Feutz, K. (2023). Developing and implementing entrustable professional activities to prepare
141 global nurses. *Journal of Transcultural Nursing*, 34(1), 100–105.
142 <https://doi.org/10.1177/10436596221125896>
- 143 World Health Organization. (n.d.). *Emergency care saves lives*. [https://www.who.int/initiatives/emergency-care-](https://www.who.int/initiatives/emergency-care-saves-lives)
144 [saves-lives](https://www.who.int/initiatives/emergency-care-saves-lives)

Resolution GA24-01

- 147 World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and*
148 *leadership*. World Health Organization. [https://iris.who.int/bitstream/handle/10665/331677/9789240003279-](https://iris.who.int/bitstream/handle/10665/331677/9789240003279-eng.pdf?sequence=1)
149 [eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/331677/9789240003279-eng.pdf?sequence=1)
150 World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021–2025*. Geneva:
151 World Health Organization. [https://iris.who.int/bitstream/handle/10665/344562/9789240033863-](https://iris.who.int/bitstream/handle/10665/344562/9789240033863-eng.pdf?sequence=1)
152 [eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/344562/9789240033863-eng.pdf?sequence=1)
153

154 Authors

- 155 Dawn Peta
156 ENA #830065
157 dawn.peta@albertahealthservices.ca
158

159 Walter Sergio Lugari

- 160 ENA #1598113
161 wslugari@live.it
162

163 Daniel Nadworny

- 164 ENA #561074
165 dnadworny@gmail.com
166

167 Supporter(s)

- 168 Kevin McFarlane, ENA #475610
169 Alison Day, ENA #467562
170 Hayley Kinchant, ENA #522120
171 Joanne Navaroli, ENA #86509
172 Lori Vandersloot, ENA #42365
173 Pat Clutter, ENA #5926
174 Jean A. Proehl, ENA #10523
175 Nancy Mannion, ENA #22694
176 Sharon Vanairsdale Carrasco, EN A#518354
177 Tiffany Strever, ENA #101152
178 Margaret Dymond, ENA# 108988
179 Todd Haines, ENA #774122
180 Gina Slobogin, ENA #846970
181 Maureen O'Reilly Creegan, ENA #6633
182 Nurul' Ain Ahayalimudin, ENA #688257
183 Kristy Waffle, ENA #847415
184 Andi Foley, ENA #112569
185 Trent Moser, ENA #1001962
186 Marie Grandmont, ENA #334289
187 Jeff Solheim, ENA #100942
188 Mary Ellen Wilson, ENA #23035
189 Matthew F. Powers, ENA #212707
190 Kristie Gallagher, ENA #442533

Resolution GA24-01

- 191 Ellen Encapera, ENA #36111
- 192 Debbie Arbique, ENA #67876
- 193 Meredith Addison, ENA #22994
- 194 Jessica Marcoux, ENA #665717
- 195 Nancy Denke, ENA #4207
- 196 Marge Letitia, ENA #19020

Resolution GA24-02

1 **TITLE: Review, Revise, and Rename the State Achievement Award**

2
3 Whereas, the Emergency Nurses Association (ENA) “encourages recognition of volunteer efforts and the
4 fostering of volunteer motivation” (ENA, 2024d);

5
6 Whereas, the State Achievement Award (SAA) is to showcase best practices and excellence (ENA,
7 2024d), but the SAA criteria is ever-changing and at times redundant (ENA, 2023a & 2024a) ; and

8
9 Whereas, while ENA espouses inclusivity, the SAA does not allow our international colleagues to
10 showcase the good work they do to advance the profession (ENA 2023c).

11
12 *Resolved*, That ENA explore the current SAA criteria and processes to enable councils to highlight their
13 efforts to advance to the mission and vision of ENA; and

14
15 *Resolved*, ENA communicates with state leaders when SAA criteria is published.

16
17 **Resolution Background Information**

18 For years, the SAA has been a way for states to highlight the volunteer work being done in the communities they
19 serve and to be recognized by the national ENA organization. However, over time the SAA criteria have evolved
20 to be more data-driven, with different data points each year, causing a significant decrease in the number of
21 eligible applicants, as well as award winners, which does not adequately represent the organization as a whole.
22 The steady decrease in applications can be tied to the cumbersome criteria that are often not state applicable and
23 which are not disclosed until after councils have set their strategic plans as evidenced by the reference guide and
24 the two most recent SAA applications (ENA, 2023a; ENA, 2023c; ENA 2024a). The ENA *State Council*
25 *Achievement Award Best Practices* guidelines (2023d) suggest that councils collect data throughout the year,
26 which is not possible because the criteria for data collection changes from year to year and is not released until
27 well into the year of application. This lack of transparency makes it difficult to track retrospectively, leading to
28 states attempting to retrofit their activities into predetermined categories, resembling a “square peg in a round
29 hole” scenario.

30
31 While ENA speaks to inclusivity and diversity, the SAA potentially excludes states from applying due to certain
32 criteria. For example, to apply a state must hold a conference. For states that do not require continuing education
33 (CE) for licensure this would be counterproductive because putting time, energy, and money into a project that
34 would inspire limited to no participation is not sensible.

35
36 The current SAA, by its very name, excludes our international colleagues. With the passage of *GA23-02:*
37 *Proposal to Amend Bylaws: Expanding Councils for International Inclusivity* (ENA, 2023b) the criteria for
38 application will need to be changed to ensure inclusivity for our international colleagues.

39
40 It is well known that ENA is successful because of its member-driven approach (Milbrath & Snyder, 2021). In
41 fact, volunteers are a crucial aspect of the success of non-profit organizations such as ENA (Englert & Helmig,
42 2018). ENA has nearly 50,000 members worldwide (ENA, 2024c). Of those members, hundreds volunteer their
43 time, expertise, and passion for the profession because they are motivated by more than money. Volunteer
44 motivations include social interaction with other members, personal experiences, and benefits as well as the
45 experiences and benefits from the communities they serve, all in an effort to have a successful outcome for the
46 organization (Arnon, Almog-Bar, & Cnaan, 2023; Cho, Wong, & Chiu, 2020; Englert & Helmig, 2018), Some of
47 ENA’s councils do not have the resources to successfully complete the current SAA application while others
48 perform specific activities to meet the needs of the communities they serve. Regardless of where each council is
49 located, they are trying to fulfill the mission, vision, values, and initiatives set forth by ENA to the best of their

Resolution GA24-02

50 ability. Because each council is so distinctly different, with diverse membership, the SAA should reflect that
51 diversity. ENA should recognize achievements to reflect the diverse work being completed much like the
52 American Association of Critical-Care Nurses (AACN, 2024) or the Association of periOperative Registered
53 Nurses (AORN, 2024). The AACN Circle of Excellence Chapter Awards divides its awards into categories,
54 enabling chapters to apply for and be honored in the categories of their choosing (AACN, 2024). Categories
55 include Excellence in Chapter; Collaboration, Community Education and Public Service, Leadership
56 Development, Educational Programming, Promoting the Value of Certification, and President's Award, with
57 each category having specific criteria available on their website (AACN, 2024). The AORN awards are given
58 based on size, and then provides application criteria that must be addressed to be considered (AORN, 2024)
59 ENA places “the highest value on our members for their contributions to the care of patients and their families,
60 the emergency nursing profession, and our organization” (ENA, 2024b). Thus, the contributions that ENA
61 members make within their councils provides a value-add to ENA through collaboration with other councils
62 while advancing our profession. Therefore, councils should be recognized through a transparent, flexible, and
63 inclusive award for what is being accomplished.

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

65 The SAA is a way to showcase how state councils meet the ENA mission and vision to advance excellence in
66 emergency nursing while also being the professional nursing organization supporting emergency nurses around
67 the world (ENA, 2024b). Changes to the SAA will enable the organization to continue to “embrace inclusion,
68 diversity and mutual respect in all interactions and initiatives to promote the essential value of different
69 perspectives and experiences within emergency nursing” (ENA, 2024b).

70 **Financial Considerations/Operations Impact**

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

74 **Professional References**

75 American Association of Critical-Care Nurses. (2024). *Circle of excellence chapter awards*.

76 <https://www.aacn.org/nursing-excellence/excellence-awards/circle-of-excellence-chapter-award>

77 Arnon, L., Almog-Bar, M., & Cnaan, R. (2023). Volunteer engageability: A conceptual framework . *Nonprofit
78 and Voluntary Sector Quarterly*, 52(6), 1633–1659. <https://doi.org/10.1177/08997640221132499>

79 Association of periOperative Registered Nurses (AORN). (2024). *Award programs*. [https://www.aorn.org/get-
80 involved/periop-community/award-programs](https://www.aorn.org/get-involved/periop-community/award-programs)

81 Cho, H., Wong, Z., & Chiu, W. (2020). The effect of volunteer management on intention to continue
82 volunteering: A mediating role of job satisfaction of volunteers. *Sage Open* , 10(2).

83 <https://doi.org/10.1177/2158244020920588>

84 Emergency Nurses Association. (2023a). *2023 State council achievement award application* [(for 2022 calendar
85 year activities)].

86 Emergency Nurses Association. (2023b). *2023 General Assembly Minutes*. [https://www.ena.org/docs/default-
87 source/about-us/leadership-governance/2023gaminutes.pdf?sfvrsn=6e62483e_0](https://www.ena.org/docs/default-source/about-us/leadership-governance/2023gaminutes.pdf?sfvrsn=6e62483e_0)

88 Emergency Nurses Association. (2023c). *Reference guide for the state council achievement award application*.
89 [https://www.ena.org/docs/default-source/state-and-chapter-leaders/awards-
90 recognition/referenceguide.pdf?sfvrsn=f6de1f5f_0](https://www.ena.org/docs/default-source/state-and-chapter-leaders/awards-recognition/referenceguide.pdf?sfvrsn=f6de1f5f_0)

91 Emergency Nurses Association. (2023d). *State council achievement award: Best practices*.
92 [https://www.ena.org/docs/default-source/state-and-chapter-leaders/awards-
93 recognition/bestpractices.pdf?sfvrsn=9bc434cc_0](https://www.ena.org/docs/default-source/state-and-chapter-leaders/awards-recognition/bestpractices.pdf?sfvrsn=9bc434cc_0)

94 Emergency Nurses Association. (2024a). *2024 State council achievement award application* [for 2023 calendar
95 year activities].

Resolution GA24-02

- 99 Emergency Nurses Association (ENA). (2024b). *About Emergency Nurses Association*.
100 <https://www.ena.org/about#mission>
101 Emergency Nurses Association (ENA). (2024c). *Membership*. <https://www.ena.org/membership/member>
102 Emergency Nurses Association (ENA). (2024d). *State council achievement awards*.
103 [https://www.ena.org/membership/get-involved/state-and-chapter-leader-area/state-council-achievement-](https://www.ena.org/membership/get-involved/state-and-chapter-leader-area/state-council-achievement-awards)
104 [awards](https://www.ena.org/membership/get-involved/state-and-chapter-leader-area/state-council-achievement-awards)
105 Englert, B., & Helmig, B. (2018). Volunteer performance in the light of organizational success: A systematic
106 literature review. *Voluntas*, 29(1), 1–28. <http://www.jstor.org/stable/45105390>
107 Milbrath, G., & Snyder, A. (2021). The Emergency Nurses Association: 50 years of advocacy and advancement .
108 *Journal of Emergency Nursing* , 47(2), 224–238. <https://doi.org/10.1016/j.jen.2020.11.007>
109

Authors

- 110 Tiffany Strever
111 ENA # 101152
112 tstreverrn@gmail.com
113
114 Virginia Orcutt
115 ENA #381081
116 ginny_orcutt@yahoo.com
117
118

119 Joanne Navaroli

- 120 ENA #86509
121 joenavaroli@mindspring.com
122

Supporter(s)

- 123 Arizona State Council
124 Lori Vandersloot, ENA #42365
125 Brooke Ingram, ENA #1006405
126 Nicole Hill, ENA #809403
127 John Fraleigh, ENA #110692
128 Maureen O'Reilly Creegan, ENA #6633
129 Rita Anderson, ENA #56507
130 Tomi St Mars, ENA #75046
131 Andrew Bowman, ENA #53310
132 Nancy Mannion, ENA #22694
133 Meredith Addison, ENA #22994
134 Benjamin Coe, ENA #850822
135 Janet Tully, ENA #79313
136 Lacy Garth, ENA#1000753
137 Kimberly Austin, ENA #828675
138 Alison Day, ENA #467562
139 Dawn Peta, ENA #830065
140 Rachel Perkins Garner, ENA #83068
141 Kathy Karlberg, ENA #397575
142 Mary Ellen “Mel” Wilson, ENA #23035
143

Resolution GA24-03

TITLE: Triage Documentation

Whereas, emergency nursing is a specialized area of nursing practice with triage included in the Emergency Nursing Scope and Standards of Practice (2023);

Whereas, the Australasian Triage Scale (Australasian College for Emergency Medicine, 2023) clearly defines minimal essential details of ED triage documentation to include date and time of assessment; chief presenting problem(s); limited, relevant history; relevant assessment findings; initial triage category allocated; re-triage category with time and reason; assessment and treatment area allocated; and any diagnostic, first aid or treatment measures initiated;

Whereas, the Canadian Triage Acuity Scale (Canadian Association of Emergency Physicians, 2013) process includes the ED triage elements of a critical look to determine individuals potentially requiring expedited triage assessment; screening for infectious disease; the triage assessment considering airway, breathing, circulation, disability vital signs or pain alterations with objective and subjective considerations; assignment of a triage acuity score; initiating symptom relief where appropriate; and reassessing patients in the waiting area whenever possible (D. Peta, BN, RN, ENC(C); email; February 8, 2024);

Whereas, the Malaysian Triage Scale (Ministry of Health Malaysia, 2023) consists of a primary survey where a critical first look, rapid assessment and safety shall be in place before triaging patients into five different levels: Level 1–Resuscitation, Level 2–Emergency, Level 3–Urgent, Level 4–Early Care, and Level 5–Routine;

Whereas, the Emergency Severity Index (Wolf et al., 2023) focuses on identifying physiological or psychological instability, there is not a defined list of assessment and documentation elements. Considerations of objective and subjective findings, including vital signs, if indicated, prior to acuity assignment can be extrapolated from the ESI handbook (Wolf et al., 2023); and

Whereas, a 2024 qualitative exploratory study (Wolf et al., 2024) reported the perception that regulatory requirements that are not necessary to assign an appropriate acuity posed challenges to the performance of rapid, accurate triage. The study’s authors recommended removing questions unrelated to establishing patient stability to another point in the patient’s ED visit.

Resolved, that ENA continue to develop a minimum standard set of ED triage assessment and documentation components that are essential to determining triage acuity across known evidence-based triage acuity systems with a subsequent update to all related ENA materials; and

Resolved, that ENA collaborate with major international electronic health record (EHR) invested parties, such as Epic and Cerner, to support the minimum standard set of ED triage documentation components, placing screening tools and questions non-essential to triage acuity determination away from the ED triage documentation section of the EHR.

Resolution Background Information

The purpose of triage is to identify patients who require immediate treatment from those who are safe to wait. Traditionally, the triage encounter has become the default for any required documentation, whether regulatory or organizational requirement. Assessments or screening related to fall risk, SDOH, interpersonal violence, trafficking, ETOH use, smoking, communicable disease, suicide, or other situations, not related to the chief complaint, can be important to complete to ensure patients receive appropriate care in the appropriate care location. At the same time, there is conflicting international guidance for the essential information to assess and

Resolution GA24-03

document during the triage interview that is relevant to the triage acuity assignment. Accurate and complete documentation of a triage assessment is essential for several reasons:

- This documentation is essentially a “handoff” of sorts.
- The nurse caring for the patient after triage can get a picture of what the patient looked like during triage and can identify whether the patient’s condition has changed.
- From a risk perspective, documentation should support the triage acuity decision.

ED nurses have a limited amount of time and information to complete the triage assessment and make an acuity determination. Documentation requirements that do not inform the triage assessment extend the time nurses take to complete the triage process and cause unnecessary delays for arriving patients. Gathering this additional information may distract the nurse from obtaining/assessing the essential information needed to make an accurate acuity assignment.

For patient safety, focus on obtaining the information needed to prioritize the patient correctly (Wolf et al., 2024). Standards for triage assessment and documentation can reduce the documentation burden for the ED nurse and increase the likelihood of timely, accurate patient acuity assignment.

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

Relationship to ENA Bylaws: This resolution supports ENA’s purpose to advance emergency nursing through education and public awareness via standardization of an essential emergency nursing practice.

Relationship to ENA Mission: This resolution advances excellence in global emergency nursing through clarification of triage documentation, which is fundamental to emergency nursing practice.

Relationship to ENA Vision and Values: This resolution supports collaboration with healthcare EHR partners as well as standardizing triage practice to enhance quality and excellence.

Relationship to ENA Strategic Initiatives: This Resolution seeks to clearly establish and disseminate standards in the practice of emergency triage, as well as to enhance strategic partnerships to advance evidence-based emergency nursing practice.

Financial Considerations/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

Australasian College for Emergency Medicine. (2023). *Guidelines on the implementation of the Australasian Triage Scale in Emergency Departments. V6-G24*. https://acem.org.au/getmedia/51dc74f7-9ff0-42ce-872a-0437f3db640a/G24_04_Guidelines_on_Implementation_of_ATS_Jul-16.aspx

Canadian Association of Emergency Physicians. (2013). *The Canadian triage and acuity scale combined adult/pediatric educational program: Participant’s manual, version 2.5b*. https://ctas-phctas.ca/wp-content/uploads/2018/05/participant_manual_v2.5b_november_2013_0.pdf

Emergency Nurses Association. (2023). *Emergency nursing: Scope and standards of practice* (3rd ed.). Jones & Bartlett Learning.

Ministry of Health Malaysia. (2023). *Malaysian Triage Scale for Emergency and Trauma Departments* (New Revised Version 2022).

Resolution GA24-03

- 97 Wolf, L., Ceci, K., McCallum, D., & Brecher, D. (2023). *Emergency Severity Index handbook* (5th ed.).
98 Emergency Nurses Association. <https://enau.ena.org/URL/EmergencySeverityIndexHandbook5thEdition>
99 Wolf, L., Delao, A., Clark, P., Mizerek, E., & Moon, M. D. (2024). The effect of mandatory triage questions on
100 triage processes: A qualitative exploratory study. *Journal of Emergency Nursing*, 50(1), 84–94.
101 <https://doi.org/10.1016/j.jen.2023.06.011>
102

103 Authors

- 104 Deena Brecher
105 ENA #104564
106 deena.brecher@gmail.com
107

- 108 Sheri Dungan
109 ENA #461572
110 sheridungan@gmail.com
111

- 112 Andi Foley
113 ENA #112569
114 andifoley042@gmail.com
115

116 Supporters

- 117 Dawn Peta, ENA #830065
118 Alison Day, ENA #467562
119 Nurul'Ain Ahayalimudin, ENA #688257
120 Mark Goldstein, ENA #331450
121 Michelle Tracy, ENA #403172
122 Nicholas Chmielewski, ENA #516473
123 Katherine Schulz, ENA #801318
124 Christine Fenwick, ENA #786819
125 Stephanie Britt, ENA #1158367
126 Debbie Arbique, ENA #67876
127 Kathleen Findlay, ENA #08699
128 Andrew Bowman, ENA #53310
129 Diana Meyer, ENA #54415
130 Ellen Encapera, ENA #36111
131 Angela Dean, ENA #113294
132 Maureen O'Reilly Creegan, ENA #6633
133 Deb Delaney, ENA #82682

Resolution GA24-04

1 **Title: Expanding Open Access to Emergency Nurses Association Practice Resources for Major**
2 **Emergencies and Disasters**

3
4 Whereas, it is vital for emergency nurses worldwide to have the knowledge and capabilities to prevent,
5 prepare, respond, mitigate, and recover from mass casualty events, public health emergencies, disease outbreaks,
6 and disasters (National Academy of Science, Engineering, and Medicine [NASEM], 2021, Chapter 8);

7
8 Whereas, the Emergency Nurses Association’s (ENA) vision as an organization is to be “recognized as
9 the preeminent worldwide resource in emergency nursing” (ENA, 2020, p.2);

10
11 Whereas, lack of access to readily available and trusted sources for practice guidance is a barrier to
12 providing best practices during unfolding major emergencies or disasters (Farokhzadian et al., 2024);

13
14 Whereas, nurses report barriers to providing evidence-based care include difficulty accessing literature
15 and interpreting and comprehending formal research (Poiroux et al., 2024; Younas, 2022);

16
17 Whereas, grey literature (i.e., resources from governmental or professional organizations) is recognized
18 as valid sources for evidence-based practice that are more readily accessible for implementation into practice
19 (Phillips et al., 2023; Woods et al., 2020);

20
21 Whereas, current access to ENA’s repository of practice resources for major emergencies and disasters
22 requires membership login and multiple steps to navigate and acquire resources from its website; and

23
24 Whereas, Disasters disproportionately impact low resource communities worldwide. ENA can mitigate
25 health disparities from disasters by providing access to information to assist all to be prepared.

26
27 *Resolved*, That ENA, in its regular process of determining which practice resources from its repository
28 are openly accessible to the broader emergency nursing community, considers expanding access to include
29 resources for major emergencies and disaster preparedness.

30
31 **Resolution Background Information:**

32 Nurses fulfill significant roles during major emergencies and disasters, but many are not well prepared for such
33 events (NASEM, 2021, Chapter 8). Professional nursing organizations serve “an important role in ensuring that
34 their members and the *profession at large* [emphasis added] have the expertise and support” to respond to major
35 emergencies and disasters; ENA is a specialty nursing organization that can help facilitate efforts to better
36 prepare nurses for future events (NASEM, 2021, Chapter 8 p. 265). However, currently, many of ENA’s practice
37 resources for major emergencies and disasters require membership login for access and multiple steps to navigate
38 and acquire resources from its website.

39
40 With increasing occurrences of major emergencies and disasters, it is vital for nurses to have access to readily
41 available evidence-based practice resources for use to better prepare them for their roles in preventing, preparing,
42 responding, mitigating, and recovering from such events. Emergency nurses reported that the lack of evidence-
43 based guidelines was one challenge among many they have faced in responding to disasters (Farokhzadian et al.,
44 2024). Indeed, nurses reported the lack of access to evidence-based clinical guidance as a barrier to providing
45 care during the COVID-19 pandemic (Stimpfel et al, 2022). Although the flux of information from valid sources
46 complicated provision of care during the pandemic, notably, healthcare workers preferred utilizing grey literature
47 sources (such as the Centers for Disease Control and Prevention, National Institutes of Health, and the World
48 Health Organization websites) for trusted information to guide their practice (Sathianathan et al., 2021).

Resolution GA24-04

50 Grey literature, such as governmental websites and professional organizations, are considered valid sources for
51 evidence-based and peer-reviewed literature and have often been cited by nursing scholars in their publications
52 (Woods et al, 2020). Grey literature offers nurses routes to utilizing research for evidence-based practice.
53 Although nurses place high importance on providing evidence-based care, nurses reported barriers to
54 implementing research findings include limited access to research, difficulty interpreting and comprehending
55 research, and finding relevant research in one place (Poiroux et al, 2024; Younas, 2022). Grey literature can
56 mitigate these challenges through their evidence-based practice resources, which are more readily accessible and
57 adapted into practice (Phillips et al., 2023).

58
59 ENA is a grey literature source. However, many of ENA’s evidence-based practices resources for major
60 emergencies and disasters are not freely available to non-members. Limiting access to these evidence-based
61 practice resources not only creates a barrier to facilitating the nursing profession’s preparedness for future major
62 emergencies and disasters, but also challenges ENA meeting its goals as an organization. According to the 2020–
63 2025 *Emergency Nurses Association Strategic Plan* (ENA, 2020):

- 64 • ENA’s core value of excellence includes the organization’s “global commitment to best practice”
- 65 • ENA’s credo includes the “spirit of philanthropy,” which “allows the advancement of the profession of
66 emergency nursing and improves the lives of patients throughout the world”
- 67 • ENA’s vision of emergency nurses is ensuring they “have the appropriate evidence-based resources
68 needed to provide the best care possible”

69
70 This resolution proposes a route for ENA to be the go-to organization for nurses worldwide seeking evidence-
71 based practice resources for major emergencies and disasters, while facilitating ENA realizing its envisioned
72 future to be “the primary source of evidence-based emergency nursing resources and standards of care” globally
73 (ENA, 2020, p. 2). Open access to ENA’s evidence-based practice resources for major emergencies and disasters
74 fosters the nursing workforce ability to be better prepared for their roles in preventing, preparing, responding,
75 mitigating, and recovering from such events.

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

77 Providing open access to ENA’s evidence-based practice resources for major emergencies and disasters
78 facilitates the equitable delivery of evidence-based care during such events by freely availing these resources for
79 utilization by any nurse worldwide who seeks it. Wide utilization of ENA resources promulgates ENA’s status as
80 the premier authority on emergency nursing practice.
81

82 **Financial Considerations/Operations Impact:**

83 The scope of work outlined in the resolved clauses has a fiscal impact less than \$10,000. Upon final outcomes of
84 General Assembly, initiatives will be evaluated for resource planning in alignment with ENA’s strategic plan and
85 operational goals.
86

87 **Professional References:**

- 88 Emergency Nurses Association. (2019). *2020–2025 Emergency Nurses Association strategic plan*. Retrieved
89 April 19, 2024, from <https://www.ena.org/about#mission>
90 Farokhzadian, J., Mangolian Shahrababaki, P., Farahmandnia, H., Taskiran Eskici, G., & Soltani Goki, F. (2024).
91 Nurses' challenges for disaster response: A qualitative study. *BMC Emergency Medicine*, 24(1), 1.
92 <https://doi.org/10.1186/s12873-023-00921-8>
93 National Academies of Sciences, Engineering, and Medicine. (2021). Nurses in disaster preparedness and public
94 health emergency response. In *The future of nursing 2020-2030: Charting a path to achieve health equity*.
95 The National Academies Press. <https://doi.org/10.17226/25982>
96 Phillips, K., Woods, S., & Dudash, A. (2023). Evidence-based nursing and gray literature: Implications for
97

Resolution GA24-04

- 98 nursing education. *portal: Libraries and the Academy*, 23(2), pp. 339-354.
99 <https://doi.org/10.1353/pla.2023.0013>
- 100 Poiroux, L., Bruyneel, A., Larcin, L., Fossat, G., Kamel, T., Labro, G., Goursaud, S., Rouze, A., Heming, N.,
101 Hermann, B., & SRLF trial group. (2024). Barriers to research findings utilization amongst critical care
102 nurses and allied health professionals: An international survey. *Intensive & Critical Care Nursing*, 81,
103 103610. <https://doi.org/10.1016/j.iccn.2023.103610>
- 104 Sathianathan, S., Van Scoy, L. J., Sakya, S. M., Miller, E., Snyder, B., Wasserman, E., Chinchilli, V. M.,
105 Garman, J., & Lennon, R. P. (2021). Knowledge, perceptions, and preferred information sources related to
106 COVID-19 among healthcare workers: Results of a cross sectional survey. *American Journal of Health
107 Promotion*, 35(5), 633–636. <https://doi.org/10.1177/0890117120982416>
- 108 Stimpfel, A. W., Ghazal, L., Goldsamt, L. A., Zhanay, J., & Dickson, V. V. (2022). Losing the art and failing the
109 science of nursing: The experiences of nurses working during the COVID-19 pandemic. *American Journal
110 of Nursing*, 122(4), 22–29. <https://doi.org/10.1097/01.NAJ.0000827324.34143.7a>
- 111 Woods, S., Phillips, K., & Dudash, A. (2020). Grey literature citations in top nursing journals: A bibliometric
112 study. *Journal of the Medical Library Association*, 108(2), 262–269. <https://doi.org/10.5195/jmla.2020.760>
- 113 Younas, A. (2022). Research utilization: Identifying barriers and facilitators. *Nursing Management*, 53(4), pp.
114 41-45. <https://doi.org/10.1097/01.NUMA.0000771764.66437.c7>

Author(s):

117 Angie Lee, MSN, RN, CEN, NHDP-BC

118 ENA # 826716

119 (917) 945 -1411

120 alee8323@gmail.com

121
122 Kathy Van Dusen MSN, RN, CEN, CPEN, NHDP-BC, FAEN

123 ENA # 551652

124 (949) 378-5297

125 ksvandusen@cox.net

Supporter(s):

127 California ENA State Council

128 Janet Williams, ENA #159906

129 Judith Scott, ENA #21969

Resolution GA24-05

TITLE: Evidence-Based Screening for Child Maltreatment in the Emergency Department

Whereas, the early identification and treatment of child maltreatment in the emergency department are essential to the health and safety of children;

Whereas, child maltreatment (CM) is a public health crisis responsible for an enormous socio-economic burden in the United States and globally. The World Health Organization defines child maltreatment as the abuse or neglect that affects children under 18 years of age, including physical and emotional ill-treatment, sexual abuse, neglect, and commercial or other exploitation, which results in actual or potential harm to a child's health or survival (Hoedeman et al., 2021);

Whereas, in the United States, it is reported that 0.03% to 3% of children come to the emergency department (ED) for child maltreatment. With this small percentage of self-identified cases, there is a need for a standardized process that identifies children at risk (Teeuw et al., 2016). These statistics are for the identified cases of abuse. However, many instances of child abuse go unrecognized and unreported due to a lack of healthcare provider knowledge and skills to identify and diagnose injuries resulting from CM (Crichton et al., 2016);

Whereas, in a study conducted by Crichton (2016), seventy-two United States hospitals were surveyed to determine screening practices, and only nine of the respondents reported using a standardized tool to screen for concerns of child abuse; and

Whereas, education and resources are insufficient or not available to support healthcare providers in identifying at-risk children. In 2017, Gonzales and Deans defined the vital components of screening tools and characteristics of child maltreatment identification programs. Gonzales and Deans concluded that the two most crucial factors to consider when developing a screening process are incorporating screening into the ED workflow and adequate staff training (Gonzales & Deans, 2017).

Resolved, to explore available evidence-based screening tools for CM, for use as a best practice in the emergency department setting; and

Resolved, to update educational toolkits to screen for CM. This toolkit should include the Ten-4 Faces for recognizing child abuse as reference tools that can help emergency care providers identify children at risk. This compilation of educational information will support an emergency department's easy adoption of these best practices. These tools can also be used to guide the necessary annual education on child maltreatment, which can further sustain the healthcare provider's knowledge of CM identification.

Resolution Background Information

CM is a substantial public health concern that receives little national attention. Children under three years of age are often victims, with children under one experiencing the highest percentage of abuse (Gonzalez & Deans, 2017). The caregivers of children suffering from CM often seek treatment for their children for minor injuries and other illnesses in the emergency department. This is the first opportunity to identify these children at risk. The obvious cases of abuse are identified and treated. However, the subtle cases are missed if healthcare teams are not prepared to identify the signs of abuse.

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 authorized funding to help states respond to and treat child maltreatment (Child Welfare Information Gateway, 2017). This act also provided the source of the mandated reporter legislation, which charged healthcare providers and law enforcement officers with reporting abuse. In the 1980s, there were public awareness and educational programs that focused on identifying

Resolution GA24-05

50 child maltreatment. While raising awareness and providing support for children and families, the legislative
51 actions did not decrease CM cases.

52
53 Hoedeman's (2021) study explored European hospitals' processes for identifying abuse, include creation of
54 policies and resources to support identification in the emergency department (ED). The study results
55 demonstrated that 51% of European hospitals are not sufficiently equipped to recognize child maltreatment in the
56 ED (Hoedeman et al., 2021). Only a quarter of the hospitals responding to the survey used a screening tool, and
57 most used a non-validated tool. The Hoedeman study indicated that it is essential that ED healthcare providers
58 receive training on the recognition of child maltreatment in conjunction with the use of a screening tool. It is
59 vitally essential that EDs have protocols in place to support identification.

60
61 Nurses are the first contact families have when they visit an emergency department. The intake process starts
62 with the nurse completing the triage assessment, where they may conduct several social screens, including one
63 focusing on child maltreatment. Currently, the screening process in most organizations is a checklist or series of
64 questions that help the nurse determine a concern for child maltreatment (Crichton et al., 2016). Emergency
65 nurses report that children are not assessed because the nurses make assumptions during the triage assessment
66 and only ask questions concerning abuse if there is a high level of suspicion of abuse. This deviation from the
67 process creates bias and a lack of uniformity in the screening process.

68
69 CM sequelae are associated with long-lasting emotional, behavioral, and physical health challenges (Freer et al.,
70 2016). Victims of maltreatment are at risk for developmental delays, including changes in adaptive functioning,
71 communication, cognition, and language development, especially in younger children (Freer et al., 2016). Long-
72 term victims of child maltreatment, as they grow older and become adolescents, are often likely to suffer from
73 post-traumatic stress disorders and engage in unhealthy behaviors such as substance abuse and promiscuity (The
74 Children's Agenda, 2017). These children experience difficulties in their educational endeavors and social
75 interactions with family and peers and often need behavioral health interventions.

76
77 The Children's Bureau of the U.S. Department of Health and Human Services, during the financial year 2015,
78 reported that there were over 683,000 victims of child maltreatment in the United States, and 1,680 children were
79 fatally wounded (The Children's Agenda, 2017). In 2017, 13 child deaths resulting from child maltreatment were
80 reported in New Jersey (Child Welfare League of America, 2019). In 2017, there were 6,698 victims of abuse or
81 neglect in New Jersey, a rate of 3.4 per 1,000 children (Child Welfare League of America, 2019). One study
82 found the total lifetime costs of substantiated child abuse cases in the United States in 2008 totaled \$124 billion
83 (The Children's Agenda, 2017). The same authors hypothesized that expenses could be as high as \$585 billion if
84 all CPS-investigated children are assumed to be victims (The Children's Agenda, 2017). In the grouping of all
85 forms of child maltreatment in the USA, the average lifetime cost per survivor is an estimated \$210,000,
86 excluding quality of life and lost work costs (Miller et al., 2018). These health care expenditures are due to the
87 treatment required for sequelae of child maltreatment. This increased use of health care resources is a societal
88 burden. While there have been attempts at prevention, there has been little progress in decreasing child
89 maltreatment in our society.

90 91 **Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives**

92 Emergency nurses are advocates for our vulnerable populations, and this resolution will help to support the
93 identification of CM. The ENA credo supports lifelong learning and a culture of inquiry. It states that the
94 emergency nursing practice foundation is in empirical evidence, and our clinical practices should reflect that.
95 The screening for CM is an opportunity to adhere to the ENA mission and vision by taking an opportunity to
96 make practice changes that are based on the latest clinical evidence. These resolution outcomes have the
97 capability to set the standard of care nationally, with the potential to have a global impact.

Resolution GA24-05

99 **Financial Considerations/Operations Impact**

100 The scope of work outlined in the resolved clauses has a fiscal impact less than \$10,000. Upon final outcomes of
101 General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and
102 operational goals.
103

104 **Professional References**

105 The Children's Agenda. (2017). *Policy brief: Evidence-based strategies to prevent Child abuse and neglect.*

106 [https://thechildrensagenda.org/publications/2017-policy-brief-evidence-based-strategies-to-prevent-child-](https://thechildrensagenda.org/publications/2017-policy-brief-evidence-based-strategies-to-prevent-child-abuse-and-neglect/)
107 [abuse-and-neglect/](https://thechildrensagenda.org/publications/2017-policy-brief-evidence-based-strategies-to-prevent-child-abuse-and-neglect/)

108 Child Welfare Information Gateway. (2017). *Child maltreatment prevention: Past, present, and future.* (2017).

109 https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf

110 Child Welfare League of America. (2019). *New Jersey's children at a glance.* [http://www.cwla.org/wp-](http://www.cwla.org/wp-content/uploads/2019/04/New-Jersey-2019.pdf)

111 [content/uploads/2019/04/New-Jersey-2019.pdf](http://www.cwla.org/wp-content/uploads/2019/04/New-Jersey-2019.pdf)

112 Crichton, K. G., Cooper, J. N., Minneci, P. C., Groner, J. I., Thackeray, J. D., & Deans, K. J. (2016). A national
113 survey on the use of screening tools to detect physical child abuse. *Pediatric Surgery International*, 32, 815–
114 818. <https://doi.org/10.1007/s00383-016-3916-z>

115 Freer, B. D., Sprang, G., Katz, D., Belle, C., & Sprang, K. (2016). The impact of child abuse potential on
116 adaptive functioning: Early identification of risk. *Journal of Family Violence*, 32, 189–
117 196. <https://doi.org/10.1007/s10896-016-9863-6>

118 Gonzalez, D., & Deans, K. (2017). Hospital-based screening tools in the identification of non-accidental trauma.
119 *Seminars in Pediatric Surgery*, 26(1), 43–46. <https://doi.org/10.1053/j.sempedsurg.2017.01.002>

120 Hoedeman, F., Puiman, P. J., Smits, A., Dekker, M. I., Laribi, S., Lauwaert, D., Diderich-Lolkes de Beer, H.,
121 Parri, N., Riesgo, L. G., & Moll, H. (2021b). Recognition of child maltreatment in emergency departments in
122 Europe: Should we do better? *PLoS ONE*, 16(2), Article e0246361.

123 <https://doi.org/10.1371/journal.pone.0246361>

124 Miller, T. R., Steinbeigle, R., Lawrence, B. A., Peterson, C., Florence, C., Barr, M., & Barr5, R. G. (2018).

125 Lifetime cost of abusive head trauma at ages 0–4, USA. *Prevention Science*, 19, 695–704.

126 doi.org/10.1007/s11121-017-0815-z

127 Teeuw, A. H., Hoytema van Konijnenburg, E. M., Sieswerda-Hoogendoorn, T., Molenaar, S., Heymans, H. S., &
128 van Rijn, R. R. (2016). Parents' opinion about a routine head-to-toe examination of children as a screening
129 instrument for child abuse and neglect in children visiting the emergency department. *Journal of Emergency*
130 *Nursing*, 42(2), 128–138. <https://doi.org/10.1016/j.jen.2015.09.005>

131 **Author**

132 Dr. Marvella Cephas

133 ENA #461933

134 mcephas50@comcast.net

136 **Supporter(s)**

137 Julie Mc Guire, ENA #198092

138 Cathlyn Robinson, ENA #603431

139 Susan Sunyak ENA# 194854

140 Patricia Nierstedt, ENA #612661

141 Andrew Slifko, ENA #655759

142 Jessica Sarubbi, ENA #202242

143 Jessica Bucchere, ENA #1582866

144 Kari Kimberlin, ENA #1756721

145 Deborah Cioffi, ENA #1974642

146 Jan Fredrickson, ENA #36942

147 Daniel Misa, ENA #716808

Resolution GA24-05

- 148 Andrew Bowman, ENA #53310
- 149 James Doherty, ENA #584656
- 150 Kathleen Findlay, ENA #8699
- 151 Benjamin Coe, ENA #850822
- 152 Demitrius Capardi, ENA #1132597
- 153 Mark Goldstein, ENA #331450
- 154 Tiffany Strever, ENA #101152
- 155 Maureen O'Reilly Creegan, ENA #6633
- 156 Elizabeth McFarland, ENA #26549
- 157 Kristina Gamble, ENA #2116792
- 158 Joanne Navaroli, ENA #86509

Resolution GA24-06

TITLE: Support for Case Management or Social Worker in the Emergency Department

Whereas, emergency departments (ED) routinely treat complex patient populations including: the homeless, frequent utilizers, victims of physical and sexual assault, trauma patients, those with food insecurity, psychiatric crisis, substance abuse, and patients needing rehabilitation or skilled nursing placement that don't require hospital admission;

Whereas, hospital systems and insurance providers are no longer supporting social admissions;

Whereas, the emergency nurse's responsibilities have been extended outside the traditional nursing role, inhibiting their ability to seek out specific resources for unmet patient needs, resulting in poor follow-up care and repetitive inappropriate returns to the ED; and

Whereas, the American College of Emergency Physicians have recognized the need for Social Work and Case Management in the ED to support acquisition of appropriate referrals for follow up (ACEP, 2020).

Resolved, the ENA collaborate with other professional organizations to develop recommendations for the implementation of ED based case management positions.

Resolution Background Information

Emergency departments across the country consistently care for patients with complex health and social needs. Finding resources to assist these patients and prevent return visits takes the ED nurse away from bedside care. It is impossible for the ED nurse to stay abreast of all the multitudes of resources available in the community. Inclusion of case management and social work provides the best potential resource allocation to the patient. The Case Manager and Social Worker roles are optimally suited to identify and provide access to community services, and assist in the transition of care of complex medical patients to agencies outside the hospital (Malebranche et al., 2021). Multiple studies show the benefits of implementing case management in the ED such as reduced visits from frequent utilizers and cost savings to hospitals. (Di Mauro et al., 2019)

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

This resolution supports ENA's belief in the inclusion and contributions of nursing, in *collaboration* with healthcare partners worldwide, to explore innovative solutions to the challenges emergency care delivery.

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.

Professional References

American College of Emergency Physicians (2020). *Social Work and Case Management in the Emergency Department*. <https://www.acep.org/globalassets/new-pdfs/preps/social-work-and-case-management-in-the-emergency-department.pdf>

Batista, J., Pinheiro, C. M., Madeira, C., Gomes, P., Ferreira, Ó. R., & Baixinho, C. L. (2021). Transitional Care Management from Emergency Services to Communities: An Action Research Study. *International Journal of Environmental Research and Public Health*, 18(22), 12052. <https://doi.org/10.3390/ijerph182212052>

Resolution GA24-06

- 46 Di Mauro, R., Di Silvio, V., Bosco, P., Laquintana, D., & Galazzi, A. (2019). Case management programs in
47 emergency department to reduce frequent user visits: A systematic review. *Acta Bio Medica Atenei*
48 *Parmensis*, 90(6-S), 34–40. <https://doi.org/10.23750/abm.v90i6-S.8390>
- 49 Gonçalves, S., von Hafe, F., Martins, F., Menino, C., Guimarães, M. J., Mesquita, A., Sampaio, S., & Londral,
50 A. R. (2022). Case management intervention of high users of the emergency department of a Portuguese
51 hospital: A before-after design analysis. *BMC Emergency Medicine*, 22(1), 159.
52 <https://doi.org/10.1186/s12873-022-00716-3>
- 53 Grover, C. A., Sughair, J., Stoopes, S., Guillen, F., Tellez, L., Wilson, T. M., Gaccione, C., & Close, R. J. H.
54 (2018). Case management reduces length of stay, charges, and testing in emergency department frequent
55 users. *The Western Journal of Emergency Medicine*, 19(2), 238–244.
56 <https://doi.org/10.5811/westjem.2017.9.34710>
- 57 Howenstein, J. S., & Sandy, L. (2012). Case management and the expanded role of the emergency nurse. *Journal*
58 *of Emergency Nursing*, 38(5), 454–459. <https://doi.org/10.1016/j.jen.2011.05.004>
- 59 Joo, J. Y., & Liu, M. F. (2017). Case management effectiveness in reducing hospital use: A systematic
60 review. *International Nursing Review*, 64(2), 296–308. <https://doi.org/10.1111/inr.12335>
- 61 Malebranche, M., Grazioli, V. S., Kasztura, M., Hudon, C., & Bodenmann, P. (2021). Case management for
62 frequent emergency department users: no longer a question of if but when, where and how. *CJEM*, 23(1),
63 12–14. <https://doi.org/10.1007/s43678-020-00024-4>
- 64 Naït Salem, R., Rotily, M., Apostolidis, T., Odena, S., Lamouroux, A., Chischportich, C., Persico, N., &
65 Auquier, P. (2023). Health mediation: an intervention mode for improving emergency department care and
66 support for patients living in precarious conditions. *BMC Health Services Research*, 23(1), 495.
67 <https://doi.org/10.1186/s12913-023-09522-4>
- 68 Sathyanarayanan, S., Zhou, B., & Maxey, M. (2021). Reducing frequency of emergency department and
69 inpatient visits through focused case management. *Professional Case Management*, 26(1), 19–26.
70 <https://doi.org/10.1097/NCM.0000000000000426>
- 71 Selby, S., Wang, D., Murray, E., & Lang, E. (2018). Emergency departments as the health safety nets of society:
72 A descriptive and multicenter analysis of social worker support in the emergency room. *Cureus*.
73 <https://doi.org/10.7759/cureus.3247>
- 74 Wolf, L. A., Delao, A. M., Malsch, A. J., Moon, M. D., Perry, A., & Zavotsky, K. E. (2019). Emergency nurses’
75 perception of geriatric readiness in the ed setting: A mixed-methods study. *Journal of Emergency*
76 *Nursing*, 45(4), 374–385. <https://doi.org/10.1016/j.jen.2019.02.004>

77 Authors

78 William R. Barbre

79 ENA #803972

80 horse4663@yahoo.com

81 Dorine A. Barbre

82 ENA #1524785

83 dakrun09@gmail.com

84 Supporters

85 Robert Adams, ENA #1865548

86 Andrew Bowman, ENA #53310



EMERGENCY NURSES
ASSOCIATION

Resolution GA24-06

- 90 Ben Coe, ENA #850822
- 91 JoAnn Craze, ENA #677266
- 92 Josh Davis, ENA #859551
- 93 Kevin McFarlane, ENA #475610
- 94 Dr. Aaron Salinas, ENA #875709
- 95 Tabitha Lynn Stump Selvester, ENA #1537162

Resolution GA24-07

1 **TITLE: Pregnancy Capable Health Resources for Emergency Department Nurses**

2
3 Whereas, data is needed to determine the prevalence of hospitals that do not offer labor and delivery
4 (L&D) services and their readiness to care for these patients (Benzoni, 2022);

5
6 Whereas, the number of women who die giving birth in America each year has nearly doubled in the last
7 two decades (Every Mother Counts, 2024);

8 Whereas, pregnancy capable ward closures disproportionately affect communities of color, exacerbating
9 health inequities (Roeder, 2023);

10
11 Whereas, more than 80% of all pregnancy capable deaths in the U.S. can be prevented (Every Mother
12 Counts, 2024);

13
14 Whereas, black women are three times more likely to die from pregnancy-related complications than
15 white women in the U.S. (Every Mother Counts, 2024);

16 Whereas, TNCC previously had a pregnancy-related trauma scenario, and it is no longer included in the
17 teaching scenarios in the ninth edition of the course (Emergency Nurses Association, 2023);

18
19 Whereas, the lack of L&D services is causing laboring patients to present to emergency departments for
20 care in a crisis (American Hospital Association, n.d.);

21
22 Whereas, there are multiple online training courses available for labor and delivery nurses, none exist
23 specifically for emergency department (ED) nurses caring for these patients (Triple S Review Services, n.d.;
24 Wolf et al., 2021);

25
26 Whereas, there is a lack of resources and education specific to caring for intrapartum, peripartum, and
27 postpartum patients in the emergency department setting (The American College of Obstetricians and
28 Gynecologists, n.d.; Kozhimannil, 2018; Wolf et al., 2021); and

29
30 Whereas, staff familiarity with and competence in a topic enable them to care for patients more
31 confidently and effectively (Allen et al., 2022; Sprain, 2020; Wheeler et al., 2021).

32
33 *Resolved*, that ENA continue to make resources available that address the knowledge gap regarding
34 perinatal patients specifically in the ED setting;

35
36 *Resolved*, that ENA collaborate with appropriate experts to develop or make available resources
37 concerned with caring for all trimesters of pregnancy and postpartum complications for patients in the ED; and

38
39 *Resolved*, that ENA collaborate with relevant groups to develop and disseminate education for ED
40 nurses, emphasizing the care of the perinatal patients to help mitigate the harm of inequity caused by closure of
41 L&D units.

42
43 **Resolution Background Information**

44 Although the precise incidence of ED deliveries of pregnant full-term patients is unknown, in 2021, over 3.5
45 million births were registered in the United States (Benzoni, 2022).

46
47 The reason this topic is timely is the startling increase in closures of L&D departments across the country,
48 forcing unprepared emergency departments (ED) to deliver babies. These closures have created what is known as
49 “maternity care deserts” (Every Mother Counts, 2024), and those closing or likely to close are most likely to be

Resolution GA24-07

50 reliant on Medicaid, creating greater inequities in care (Roeder, 2023). Over 200 hospitals in the United States
51 have closed their L&D departments in the past decade. By 2020, over 40% of rural community hospitals no
52 longer provide obstetrics care (American Hospital Association, n.d.). This has caused a significant increase in
53 out-of-hospital births and births in non-delivering hospitals (Kozhimannil et al., 2018).

54
55 A *Medscape* article by Benzoni (2022) discusses how stressful this patient presentation is for emergency
56 medicine providers and some of the challenges regarding ED births. Part of alleviating the stress is to educate the
57 staff on the labor process. Emergency department nurses have broad knowledge of many different medical
58 emergencies and care for many types of patients. Certain conditions occur less frequently than others but are
59 critical and serious. One of these patient conditions is a laboring mother. Most ED nurses have limited
60 experience with these patients because their occurrence has been relatively rare in the emergency setting. ED
61 nurses may not have seen a birth since their clinical rotation in maternity. Additionally, with the accelerated
62 closures of maternity units, hospitals are left without knowledge experts within their divisions to offer training to
63 ED staff members. Even for those sites with maternity services, ED nurses are reluctant to consult with services
64 in a timely manner (Wolf et al., 2021).

65
66 The Administrative Perinatal Center (APC) content experts advocate for non-birthing-hospital emergency
67 department nurses to acquire knowledge and skills to care for perinatal patients who present to their emergency
68 department (Allen et al., 2022). Evidence exists that training and education with simulation improves healthcare
69 professional's knowledge and perceived confidence when dealing with common medical emergencies (Wheeler
70 et al., 2021) and increases emergency department (ED) staff preparedness in high-risk, low-volume obstetric
71 emergencies (Sprain, 2020).

72
73 ENA University has educational opportunities available for specialized populations such as pediatrics, trauma,
74 geriatrics, cardiology, opioid use, sepsis, and psychiatric emergencies. There are limited resources on the ENA
75 website that cover eclampsia, acute hypertension, and triage of the patient with obstetric concerns. Triage
76 changes at many hospitals have eliminated safety questions such as "Are you pregnant?" or "Have you been
77 pregnant in the last six weeks?" As a result, preeclampsia is undetected in early trimesters of pregnancy or
78 immediately after delivery. If questions are addressed, lack of education in preeclampsia has equated to assigning
79 of lower acuity levels, which can lead to poor patient outcomes (Wolf et al., 2021). The American Heart
80 Association's Go Red for Women focus of 2024 is heart disease and pregnancy capable health. Their research
81 has shown that pre-eclampsia is 60% more common in black women, who are 2.5 times more likely to die during
82 pregnancy or in the postpartum period (American Heart Association, 2023).

83
84 Additionally, ENA currently does not offer enough education on the laboring mother, childbirth, or L&D
85 emergencies in the ED, a significant area of focus for this resolution (The American College of Obstetricians and
86 Gynecologists, (n.d.). High-risk situations are present when a patient delivers in the emergency setting, such as
87 seizures, lack of fetal monitoring with magnesium titrations, or postpartum hemorrhage, which may be controlled
88 through fundal massage. There is a virtual obstetric bootcamp available (Triple S Review Services, n.d.).
89 However, it is geared toward educating L&D nurses. A resource like this on ENA University, tailored to the
90 emergency setting, would be a tremendous help to emergency nurses.

91
92 As resolution writers, we know we cannot prevent pregnancy capable units from closing in disadvantaged areas,
93 which contributes significantly to the statistics we are seeing in the pregnancy capable health disparities. The
94 trends show that black women present to the ED more often than their white counterparts (Patel et al., 2020).
95 However, access to pregnancy capable evidenced-based resources for emergency nurses will have an effect on
96 women of every color and background, from intrapartum to postpartum status.

Resolution GA24-07

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

100 ENA's purpose includes the advancement of emergency nursing through education. ENA's 2020 vision includes
101 the following strategic goals that are applicable to this topic:

- 102 • Lead the profession of emergency nursing beyond task-oriented care to evidence-based safe practices
- 103 • Develop and disseminate high-quality, innovative ENA educational programs and resources
- 104 • ENA has stated its commitment to equity and inclusivity in its vision statement.

106 Financial Considerations/Operations Impact

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

111 Professional References:

- 112 Allen, R., Festle, L., and Loiacono, S. (2022). Leading the way to improved care of obstetric and newborn
113 patients presenting to a non-birthing-hospital emergency department. *Journal of Obstetric, Gynecologic &*
114 *Neonatal Nursing*, 51(4), S36. <https://doi.org/10.1016/j.jogn.2022.05.124>
- 115 American Heart Association. (2023, June 22). *Pregnancy and maternal health resources and tools*.
116 www.goredforwomen.org. [https://www.goredforwomen.org/en/know-your-risk/pregnancy-and-maternal-](https://www.goredforwomen.org/en/know-your-risk/pregnancy-and-maternal-health/resources-and-tools)
117 [health/resources-and-tools](https://www.goredforwomen.org/en/know-your-risk/pregnancy-and-maternal-health/resources-and-tools)
- 118 American Hospital Association. (n.d.). *Obstetrics: U.S. rural hospitals* [Infographic].
119 <https://www.aha.org/system/files/media/file/2022/04/Infographic-rural-health-obstetrics-15ap22.pdf>
- 120 Benzoni, T. E. (2022). Labor and delivery in the emergency department. *Medscape*. Retrieved May 7, 2024,
121 from <https://emedicine.medscape.com/article/796379-overview>
- 122 Emergency Nurses Association. (2023). *Trauma Nursing Core Course*.
- 123 Every Mother Counts. (2024). *Giving birth in America* [Films series]. [https://everymothercounts.org/giving-](https://everymothercounts.org/giving-birth-in-america/)
124 [birth-in-america/](https://everymothercounts.org/giving-birth-in-america/)
- 125 Kozhimannil, K. B., Hung, P., Henning-Smith, C., Casey, M. M., & Prasad, S. (2018). Association between loss
126 of hospital-based obstetric services and birth outcomes in rural counties in the United States. *JAMA*,
127 319(12),1239–1247. <https://doi.org/10.1001/jama.2018.1830>
- 128 Patel, S., Rodriguez, A. N., Macias, D. A., Morgan, J., Kraus, A., & Spong, C. Y. (2020). A gap in care?
129 Postpartum women presenting to the emergency room and getting readmitted. *American Journal of*
130 *Perinatology*, 37(14), 1385-1392. <https://doi.org/10.1055/s-0040-1712170>
- 131 Roeder, A. (2023, December 13). *Maternity ward closures exacerbating health disparities*. Harvard T.H. Chan
132 School of Public Health. Retrieved from [https://www.hsph.harvard.edu/news/features/maternity-obstetric-](https://www.hsph.harvard.edu/news/features/maternity-obstetric-closure-health-disparities/)
133 [closure-health-disparities/](https://www.hsph.harvard.edu/news/features/maternity-obstetric-closure-health-disparities/)
- 134 Sprain, E. (2020). Birth in the Emergency Department. *Journal of Obstetric, Gynecologic & Neonatal Nursing*,
135 49(6), S33. <https://doi.org/10.1016/j.jogn.2020.09.057>
- 136 The American College of Obstetricians and Gynecologists. (n.d.). *Identifying and managing obstetric*
137 *emergencies in nonobstetric settings*. [https://www.acog.org/programs/obstetric-emergencies-in-nonobstetric-](https://www.acog.org/programs/obstetric-emergencies-in-nonobstetric-settings)
138 [settings](https://www.acog.org/programs/obstetric-emergencies-in-nonobstetric-settings)
- 139 Triple S Review Services. (n.d.). *OB bootcamp: Knowledge improves confidence*.
140 <https://www.triplesreviewservices.com/ob-boot-camp-knowledge-improves-confidence>
- 141 Wheeler, M., Powell, E., & Pallmann, P. (2021). Use of high-fidelity simulation training for radiology healthcare
142 professionals in the management of acute medical emergencies. *The British Journal of Radiology*, 94(1117),
143 Article 20200520. <https://doi.org/10.1259/bjr.20200520>
- 144 Wolf, L. A., Delao, A. M., Evanovich Zavotsky, K., & Baker, K. M. (2021). Triage decisions involving
145 pregnancy-capable patients: Educational deficits and emergency nurses' perceptions of risk. *The Journal of*
146 *Continuing Education in Nursing*, 52(1), 21-29. <https://doi.org/10.3928/00220124-20201215-07>

Resolution GA24-07

148 **Authors**

149 Stacey Simmerman
150 ENA #656266
151 Staceyann2007@gmail.com

152
153 Rebecca VanStanton
154 ENA #654746
155 rebecca.stanton.rn@gmail.com

156
157 Gail VanStanton
158 ENA #759410
159 vmtawas@gmail.com

160
161 Teri Diloy
162 ENA # 443499
163 tnickersonrn@yahoo.com

164
165 **Supporter(s):**

166 Michigan State Council ENA
167 Virginia State Council ENA
168 AnnMarie Papa, ENA #65692
169 Marvella Cephas, ENA #461933
170 Brenda Braun, ENA #46524
171 Gina Marie Slobogin, ENA #846970
172 Daniel Misa, ENA #716808
173 Jacqueline Noll, ENA #112509
174 Shawntay Harris, ENA #849084
175 Chelsea Meixner, ENA #1249893
176 Margaret McMahan, ENA #10489
177 Tiffany Strever, ENA #101152
178 Maureen P Kane #183526
179 Elizabeth McFarland, ENA #26549
180 Melissa Lynch, ENA #1232996
181 Michele Lee, ENA #53217
182 Joseph Lohr, ENA #1319959
183 Mitch LaFleur, ENA #2438763
184 Erica Thimons, ENA #2048148
185 Margaret (Marge) Letitia, ENA # 19020
186 Andrew Bowman, ENA #53310
187 Cindy L. Hearrell, ENA #58519
188 Carrie Buck, ENA #820739
189 Jean A. Proehl, ENA #10523
190 Kelsea K. Heiman, ENA #900602
191 Penelope Blake, ENA #425261
192 Meredith (MERRY) Addison, ENA #22994
193 Lauren Gier, ENA #2238448
194 Lauren Royse, ENA #2119348
195 Kathleen Findlay, ENA #08699
196 Benjamin Coe, ENA #850822

Resolution GA24-07

- 197 Michelle Paxton, ENA #101647
- 198 Britney Ewers, ENA #654850
- 199 Megan (Geis) Trovato, ENA #1323862
- 200 Lisa Scott, ENA #526070
- 201 Katie D'Alonzo, ENA #1979008
- 202 Pat O'Donnell, ENA #13389
- 203 Khay Douangdara, ENA #707829
- 204 Cheryl Blicharz, ENA #1133819
- 205 Patricia Kunz Howard, ENA #25128
- 206 Kathleen Nye, ENA #1248054
- 207 Michael Groskranz, ENA #708486

Resolution GA24-08

TITLE: Improving Patient Safety in the Emergency Department Waiting Room

Whereas, overcrowding in the emergency department (ED) is a worldwide concern (McKenna et al., 2019). It leads to the delivery of care in areas not intended for clinical use (Williams, 2023). Care may occur in corridors, storerooms, or waiting rooms;

Whereas, Studies have shown that ED crowding increases the chances of adverse events and mortality (Pearce et al., 2023). ED crowding has implications for increased length of stay, mortality, stress, potential malpractice, and non-adherence to treatment guidelines (Darraj et al., 2023, Smalley et al., 2020);

Whereas, the number of patients in ED waiting rooms is directly related to the number of patients boarded and several studies have found that boarding is associated with deleterious patient outcomes, including increased mortality and morbidity (do Nascimento Rocha, et al., 2021; Rogers, 2020; Smalley et al., 2020; Williams, 2023); and

Whereas, due to continued stress in the ED, the waiting room has become the latest ad-hoc location for patients to receive care (Emergency Nurses Association [ENA], 2022).

Resolved, That ENA support research into the care provided for patients awaiting a treatment space in the ED, which will serve as a foundation for developing evidence-based informed guidance; and

Resolved, That ENA develop a resource to guide unit leaders on developing a reasonable reassessment strategy when emergency care is being provided in the waiting room.

Resolution Background Information

In 2022, ENA partnered with the American College of Emergency Physicians to urge the United States government to find solutions to the boarding crisis. Waiting room care is discussed in the letter, but there is no guidance regarding minimum safety standards (ENA, 2022).

ED crowding is a concern in the U.S. and has been characterized as a national crisis by the National Academy of Medicine (formerly the Institute of Medicine) that impairs access to timely care (Baloescu et al., 2020).

EDs in Canada have been operating at peak occupancy since the return to baseline from the COVID-19 pandemic. Emergency physicians in Canada predicted record setting wait times and were predicting dire consequences for the health system, patient outcomes, and provider well-being. While volumes fluctuate, little time is available for emergency care providers to recover from the moral injury that occurs when treating sick patients in the waiting room (Varner, 2023).

ED boarding and subsequent waiting has far-reaching implications including increased mortality, increased risk of morbidity and adverse events, delay in treatment, and increased length of hospital stay and costs of care (Baloescu, 2020, Pearce et al., 2023, p. 171). ED boarding has a direct effect on the patients in the waiting room, and patients with an emergency severity index of level of 3 had a wait time 2.28 times longer in the lobby than individuals with higher acuity (Smalley et al., 2020).

ED crowding also has implications for patient experience. Several studies have evaluated patient perception of wait times and validated the need for communication in the lobby. Explanations regarding estimated wait times and reasons for delays are important aspects of transparent care (Calder-Sprackman et al., 2021).

Resolution GA24-08

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

51 This resolution is related to ENA’s mission statement in regard to helping guide the highest quality standards of
52 excellence for patients and emergency nurses. The relationship to the vision can be reflected in ensuring that
53 emergency nurses worldwide have appropriate evidence-based resources to provide the best care possible, while
54 working in ideal environments. ENA is the primary source of resources to promote high quality, specialized care
55 in all settings that lowers morbidity and mortality rates because of leading-edge emergency nursing training and
56 education.

57
58 The strategic plan strives to ensure that ED nurses will work in an ideal practice setting and provide high quality
59 nursing care in the safest way by establishing and disseminating standards for emergency nursing.
60

61 **Financial Considerations/Operations Impact:**

62 The scope of work outlined in the resolved clauses has a fiscal impact between \$10,000-\$25,000. Upon final
63 outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA’s
64 strategic plan and operational goals.
65

66 **Professional References**

- 67 Baloescu, C., Kinsman, J., Ravi, S, Parwani, V., Sangal, R., Ulrich, A., Venkatesh, A. (2020). The cost of
68 waiting: Association of ED boarding with hospitalization costs. *American Journal of Emergency Medicine*,
69 40, 169–172. <https://doi.org/10.1016/j.ajem.2020.10.058>
- 70 Calder-Sprackman, S., Kwok, E., Bradley, R., Landreville, J., Perry, J. and Calder, L. (2021). Availability of
71 emergency department wait times information: A patient-centered needs assessment. *Emergency Medicine*
72 *International*. Article 8883933 <https://doi.org/10.1155/2021/8883933>
- 73 Darraj, A., Hudays, A., Hazazi, A., Hobani, A., & Alghamdi, A., (2023). The association between emergency
74 department overcrowding and delays in treatment: A systematic review. *Healthcare*, 11(3), Article 385,
75 <https://doi.org/10.3390/healthcare11030385>
- 76 do Nascimento Rocha, H., da Costa Farre, A., & de Santana Filho. (2021). Adverse events in the emergency
77 department boarding: A systematic review. *Journal of Nursing Scholarship*, 53(4), 458–467,
78 <https://doi.org/10.1111/jnu.12653>
- 79 Emergency Nurses Association. (2022, November 7). *ENA joins letter to White House urging solutions to*
80 *boarding crisis* [Press release]. [https://www.ena.org/press-room/articles/detail/2023/04/25/ena-joins-letter-](https://www.ena.org/press-room/articles/detail/2023/04/25/ena-joins-letter-to-white-house-urging-solutions-to-boarding-crisis)
81 [to-white-house-urging-solutions-to-boarding-crisis](https://www.ena.org/press-room/articles/detail/2023/04/25/ena-joins-letter-to-white-house-urging-solutions-to-boarding-crisis)
- 82 McKenna, P., Heslin, S., Viccellio, P., Mallon, W., Hernandez, C., & Morley, E. (2019). Emergency department
83 and hospital crowding: Causes, consequences, and cures. *Clinical and Experimental Emergency Medicine*,
84 6(3), 189–195. <https://doi.org/10.15441/ceem.18.022>
- 85 Pearce, S., Marchand, T., Shannon, T., Ganshorn, H., & Lang, E. (2023). Emergency department crowding: An
86 overview of reviews describing measures, causes and harms. *Internal and Emergency Medicine*, 18, 1137–
87 1158. <https://doi.org/10.1007/s11739-023-03239-2>
- 88 Rogers, K. (2020). *Crowding, boarding, and patient throughput* [Position statement].
89 <https://enau.ena.org/URL/Crowding,-Boarding,-And-Patient-Throughput-Position-Statement>
- 90 Smalley, C., Simon, E., Meldon, S., Muir, M., Briskin, I., Crane, S., Delgado, F., Borden, B., & Fertel, B.
91 (2020). The impact of hospital boarding on the emergency department waiting room. *Journal of American*
92 *College of Emergency Physicians Open*, 1(5), 1052–1059. <https://doi.org/10.1002/emp2.12100>
- 93 The Joint Commission. (2023). *Emergency department boarding’s impact on patient care and clinician well-*
94 *being* [Press release]. [https://www.jointcommission.org/resources/news-and-multimedia/news/2023/11/ed-](https://www.jointcommission.org/resources/news-and-multimedia/news/2023/11/ed-boarding-impact-on-patient-care-and-clinician-well-being/)
95 [boarding-impact-on-patient-care-and-clinician-well-being/](https://www.jointcommission.org/resources/news-and-multimedia/news/2023/11/ed-boarding-impact-on-patient-care-and-clinician-well-being/)
- 96 Varner, C. (2023). Emergency departments are in crisis now and for the foreseeable future. *Canadian Medical*
97 *Association Journal*, 195(24). <https://doi.org/10.1503/cmaj.230719>

Resolution GA24-08

98 Williams, C. (2023). 'Corridor care' in the emergency department: Managing patient care in non-clinical areas
99 safely and efficiently. *Emergency Nurse*, 31(6), 34–41. <https://doi.org/10.7748/en.2023.e2187>

100 **Authors**

101 Jeannie Burnie

102 ENA#83908

103 Jeannie_burnie@trihealth.com

104 Megan Ellis

105 ENA #1525703

106 Megan_ellis@trihealth.com

107 Samantha Koeninger

108 ENA #1714455

109 Samantha_koeninger@trihealth.com

110 **Supporter(s)**

111 Kristie Gallagher, ENA #442533

112 Kendra Butcher, ENA #1002197

113 Molly Frank, ENA #807557

114 Brittany Panches, ENA #825233

115 Debbie Walker, ENA #1566172

116 Wendy Walters, ENA #852592

Resolution GA24-09

1 **TITLE: Finding Consensus on Education and Needs in Emergency Care for Behavioral Health Patients**

2
3 Whereas, 1 in 5 adults in America experience mental illness. The emergency departments (EDs) are
4 often the first point of care for patients experiencing psychiatric emergencies, yet ED staff face significant
5 challenges such as overcrowding and insufficient resources to provide optimal care (National Institute of Mental
6 Health, 2023; Peters et al., 2023);

7
8 Whereas, patients with psychiatric complaints are boarded in EDs for extended periods due to a lack of
9 available psychiatric beds, which exacerbates their conditions and increases the likelihood of agitation, the need
10 for verbal and physical interventions, and the use of restraints (American College of Emergency Physicians
11 [ACEP], 2019; Marton et al., 2014);

12
13 Whereas, emergency departments throughout the United States lack the physical and staffing resources
14 and specialty expertise leading to decompensation and increased use of chemical and physical restraints. (ACEP,
15 2019);

16
17 Whereas, psychiatric patients boarded in EDs frequently receive care that is not only suboptimal but also
18 not in accordance with best practices for mental health treatment (Nordstrom et al., 2019);

19
20 Whereas, nurses frequently encounter patients with behavioral health issues in emergency departments,
21 yet many report feeling unprepared to manage these patients effectively due to insufficient training (Marton et
22 al., 2014); and

23
24 Whereas, the lack of specialized training for ED nurses in managing behavioral health emergencies
25 affects the safety and efficacy of care provided to psychiatric patients (ACEP, 2019; Büyükbayram Arslan &
26 Engin, 2022).

27
28 *Resolved*, ENA should initiate and conduct a Delphi research study to determine the critical elements
29 that should be included in an emergency department-focused behavioral course curriculum;

30
31 *Resolved*, ENA consider collaborating with other stakeholders or professional organizations to develop a
32 curriculum that aligns with industry best practices; and

33
34 *Resolved*, ENA should update clinical practice guidelines and other ENA documents regarding
35 behavioral health emergencies.

36
37 **Resolution Background Information**

38 In communities that face systemic issues such as inadequate funding for psychiatric services and a shortage of
39 specialized care facilities, care of the behavioral health patients often fall onto the emergency department. The
40 Centers for Disease Control's National Center for Health Statistics reports that from 2018 to 2020 there was an
41 average of 774,508 emergency department visits related to behavioral health (Peters et al., 2023). This represents
42 12.3% of emergency department visits annually.

43
44 With a surge in presentations of psychiatric emergencies and the lack of adequate inpatient psychiatric beds and
45 community resources, EDs deal with issues such as overcrowding, prolonged patient boarding, and distressingly
46 frequent incidents of violence, all of which severely affect both patient care and staff safety.
47 Emergency departments must address patients' unique needs, but this requires specialized skills and training. In
48 order to provide a comprehensive approach to mental health emergencies, emergency departments should

Resolution GA24-09

49 provide targeted training, including bias education, standardized care protocols, development of suitable
50 treatment spaces, and access to experts in complex situations.

51
52 The proposed resolution is for ENA to spearhead a Delphi study to delineate the essential knowledge, skills, and
53 competencies required by emergency nurses to adeptly manage behavioral health patients in their care.

54
55 The outcomes of this Delphi study are aimed to serve as the cornerstone for the development of targeted
56 educational programs, informed policies, and evidence-based procedures aimed at equipping emergency nurses
57 with the critical skills and knowledge needed to navigate the complexities of behavioral health in the ED setting.

58 59 **Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives**

60 The ENA’s mission is to advance excellence in emergency nursing. A course on behavioral health emergencies
61 directly supports this mission by enhancing the skill set of emergency nurses in a critical area of patient care.

62 The development of a behavioral health emergencies course would be in direct alignment with ENA’s practice
63 environment goals by improving the quality of emergency nursing care of behavioral patients and mitigating the
64 increased risk of violence by behavioral patients receiving suboptimal care.

65 66 **Financial Considerations/Operations Impact**

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

70 71 **Professional References**

72 American College of Emergency Physicians. (2019). *The Impact of Boarding Psychiatric Patients on the*
73 *Emergency Department: Scope, Impact and Proposed Solutions*

74 [https://www.acep.org/siteassets/new-pdfs/information-and-resource-papers/the-impact-of-psychiatric-](https://www.acep.org/siteassets/new-pdfs/information-and-resource-papers/the-impact-of-psychiatric-boarders-on-the-emergency-department.pdf)
75 [boarders-on-the-emergency-department.pdf](https://www.acep.org/siteassets/new-pdfs/information-and-resource-papers/the-impact-of-psychiatric-boarders-on-the-emergency-department.pdf)

76 Büyükbayram Arslan, A., & Engin, E. (2022). Effect of emergency psychiatric care training for emergency
77 department nurses. *Journal of Psychiatric Nursing*. <https://doi.org/10.14744/phd.2022.56887>

78 Marton, M., O’Connor, J. P., Olsen, K., Robinson, J., & Shubitowski, K. (2014). *Care of behavioral health*
79 *patients in the emergency department* [Topic brief]. Emergency Nurses Association.

80 <https://enau.ena.org/URL/Care-of-Behavioral-Health-Patients-in-the-Emergency-Department-Topic-Brief>

81 National Institute of Mental Health. (2023, March). *Mental illness*. U.S. Department of Health and Human
82 Services. <https://www.nimh.nih.gov/health/statistics/mental-illness>

83 Nordstrom, K., Berlin, J. S., Nash, S. S., Shah, S. B., Schmelzer, N. A., & Worley, L. L. M. (2019). Boarding of
84 mentally ill patients in emergency departments: American Psychiatric Association resource document. *The*
85 *Western Journal of Emergency Medicine*, 20(5), 690–695. <https://doi.org/10.5811/westjem.2019.6.42422>

86 Peters, Z. J., Santo, L., Davis, D., & DeFrances, C. J. (2023). Emergency department visits related to mental
87 health disorders among adults, by race and Hispanic ethnicity: United States, 2018–2020. *National Health*
88 *Statistics Reports*, (181), 1–8. <https://doi.org/10.15620/cdc:123507>

89 90 **Authors**

91 Kevin McFarlane

92 ENA #475610

93 Kmc515150@gmail.com

94
95 Kelsea Heiman

96 ENA #900602

97 kelsea.k.bice@gmail.com

Resolution GA24-09

98 Dr. Aaron Salinas
99 ENA #875709
100 asalinas516@hotmail.com

101
102 **Supporter(s)**
103 New Mexico State Council
104 Valerie Arne Grossman, ENA #76446
105 Meredith Addison, ENA #22994
106 Angie Alexander, ENA #316878
107 Melanie Aluotto, ENA #440531
108 Barbara Baldwin, ENA #9503
109 William Barbre, ENA #803972
110 Ashley Barney, ENA #1984866
111 Andrew Bowman, ENA #53310
112 Valerie Brumfield, ENA #433778
113 Cindy Camp, ENA #557697
114 Marvella Cephas, ENA #461933
115 Benjamin Coe, ENA #850822
116 Sara Daykin, ENA #380034
117 Karima Durrazai, ENA #434145
118 Mindy Elayda, ENA #217516
119 Andi Foley, ENA #112569
120 Mark Goldstein, ENA #331450
121 Todd Haines, ENA #774122
122 Cheryl Hobbs, ENA #40491
123 Lynn Kelley, ENA #388386
124 Margaret Letitia, ENA #19020
125 Joseph Lorh, ENA #1319959
126 Nancy Mannion, ENA #22694
127 Jordan McAdam, ENA #1522515
128 Chelsea Meixner, ENA #1249893
129 Justn Milici, ENA #41020
130 Candi Miller-Morris, ENA #183681
131 Carol Milliken, ENA #359015
132 Elizabeth Mizerek, ENA #470227
133 Philip Prousnitzer, ENA #774528
134 Charles Schlichting, ENA #555522
135 Tabitha Selvester, ENA #1537162
136 Gina M. Slobogin, ENA #846970
137 Sally K. Snow, ENA #9905
138 Tiffany Strever, ENA #101152
139 Jessica Trivett, ENA #86800
140 Kathy Van Dusen, ENA #551652
141 Lori Vandersloot, ENA #42365
142 Jennifer Williams-Cook, ENA #102817
143 Katie Verett Wilson, ENA #1562748
144 Mary Ellen Wilson, ENA #23035
145 Pat Yancey, ENA #85403
146 Ellen Ruja, ENA #3425

Resolution GA24-09

- 147 Debbie Arbique, ENA #67876
- 148 Harriet S. Hawkins, ENA #57250
- 149 Maureen O'Reilly Creegan, ENA #6633
- 150 Daniel Nadworny, ENA #561074
- 151 Debra Rodriguez, ENA # 204197
- 152 Raquel Hansen, ENA #70417
- 153 Dorothy (Dottie) Hindman, ENA # 2452
- 154 Bill Schueler, ENA #477499



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.



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.

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.

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

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

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



930 E. Woodfield Road
Schaumburg, Illinois 60173
847.460.4000
ena.org



EMERGENCY NURSES ASSOCIATION

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

APPENDIX C: 2024 ENA VOLUNTEER GROUP ROSTER, CHARGES AND CRITERIA

Contents

2024 GENERAL CRITERIA2
ADVOCACY ADVISORY COUNCIL.....3
AWARDS COMMITTEE.....4
CLINICAL PRACTICE GUIDELINES COMMITTEE.....6
COURSE ADMINISTRATION FACULTY8
DIVERSITY, EQUITY AND INCLUSIVITY COMMITTEE.....9
EMERGENCY DEPARTMENT LEADERSHIP COMMITTEE.....10
EMERGENCY MANAGEMENT AND PREPAREDNESS COMMITTEE.....11
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL.....12
EMERGENCY NURSING ADVANCED PRACTICE ADVISORY COUNCIL.....13
EMERGENCY NURSING CONFERENCE EDUCATION PLANNING COMMITTEE.....14
EMERGENCY NURSING CORE CURRICULUM 8TH EDITION REVISION WORK TEAM16
EMERGENCY NURSING EDUCATION ADVISORY COUNCIL.....17
EMERGENCY NURSING QUALITY MEASURES DEVELOPMENT WORK TEAM.....18
EMERGENCY NURSING RESEARCH ADVISORY COUNCIL.....19
EMERGING PROFESSIONAL ADVISORY COUNCIL.....20
EMERGING PROFESSIONAL LIAISON21
ENPC REVIEW COMMITTEE22
GERIATRIC COMMITTEE23
GLOBAL ADVISORY COUNCIL.....24
LANTERN AWARD COMMITTEE GROUP 125
LANTERN AWARD COMMITTEE GROUP 2.....26
PEDIATRIC COMMITTEE.....27
PEER REVIEW EDUCATION COMMITTEE28
POSITION STATEMENT COMMITTEE29
QUALITY AND SAFETY ADVISORY COUNCIL.....30
RESOLUTIONS COMMITTEE.....31
TNCC REVIEW COMMITTEE32
TRAUMA COMMITTEE.....33
WELLNESS COMMITTEE.....34

2024 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/ Country	Position Term	Service Term
1. Cassandra Potvin, CPEN, DNP, NEA-BC, RN	Chair	TX	1/1/24-12/31/24	1/1/23-12/31/24
2. Crissie Richardson, BSN, CEN, CPEN, RN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
3. Julia Crist, BSN, CEN, RN	Member	ID	1/1/24-12/31/25	1/1/24-12/31/25
4. Al Duke, MBS, BSN, RN, CEN, CPHRM, MICN	Member	CA	1/1/23-12/31/24	1/1/22-12/31/24
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
7. David Short, ADN, EMT-B, MBA, NREMT-P, RN	Member	NC	1/1/24 -12/31/25	1/1/24 – 12/31/25
8. Jean Schuppe, CEN, MSN, RN	Member	CO	1/1/24 – 12/31/25	1/1/24 – 12/31/25

Board Liaison: Heidi Gilbert

Staff Liaison: Rob Kramer

2024 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.

2024 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.

AWARDS COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Christine Russe, CEN, CPEN, FAEN, MSN, RN, TCRN	Chair	TX	1/1/24- 12/31/24	1/1/23-12/31/24
2. Christine Gisness, ATCN, CEN, ENP-C, FAEN, FNP, FNP-BC, FNP-C, MSN, RN, TCRN	Member	GA	1/1/24- 12/31/25	1/1/24-12/31/25
3. Debra Duncan, ADN, BA, BSN, CEN, CPEN, MSN, RN	Member	IN	1/1/24- 12/31/25	1/1/24-12/31/25
4. Abigail White, ACCNS-AG, BSN, CEN, MSN, RN	Member	VA	1/1/24- 12/31/25	1/1/24-12/31/25
5. Sally Snow, BSN, CPEN, FAEN, RN	Member	TX	1/1/24- 12/31/25	1/1/24-12/31/25
6. Danita Mullins, CEN, MSN, RN	Member	AR	1/1/24- 12/31/25	1/1/24-12/31/25
7. Brandy Kalakay, RN	Member	MI	1/1/24- 12/31/25	1/1/24-12/31/25
8. Melanie Gibbons Hallman, CNS, CRNP, DNP, FAAN, FAANP, FAEN	Member	AL	1/1/23- 12/31/24	1/1/23-12/31/24
9. Linda Arapian, CEN, CPEN, FAEN, MSN, RN	Member	MD	1/1/24- 12/31/24	1/1/24-12/31/24
10. Karla Nygren, CCRN, CEN, CFRN, CPEN, CPN, MBA, MSN, RN, TCRN	Member	SD	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Elizabeth (Betty) Nolan, BSN, CEN, FAEN, MA, RN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
12. Kathleen Shubitowski, BA, CEN, MSN, RN	Member	MA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
13. James Thomas, CEN, DNP, RN	Member	PA	1/1/24 – 12/31/25	1/1/24 – 12/31/25
14. Cynthia Wright Johnson, MSN, RN	Member	MD	1/1/24- 12/31/25	1/1/24-12/31/25
15. Juanita Vordenberg, BSN, RN	Member	OH	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Joop Breuer
Staff Liaison: Ellen Siciliano

2024 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.

2024 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.
- ✓ In alignment with ENA's DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.



EMERGENCY NURSES
ASSOCIATION

CLINICAL PRACTICE GUIDELINES COMMITTEE

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. Andrea Slivinski, ACNS-BC, APRN, CEN, CPEN, DNP, TCRN	Chair	NC	1/1/24-12/31/24	1/1/21-12/31/24
2. Andrea Perry, BSN, CEN, CNL, CPEN, MSN, RN, TCRN	Member	CA	1/1/24-12/31/26	1/1/24-12/31/26
3. Alison Camarda, BSN, CEN, CPEN, MSN-ED, NPD-BC, RN, SANE	Member	VT	1/1/24-12/31/26	1/1/24-12/31/26
	Member			
5. Carolyn Dixon, BSN, CEN, DNP, FNP, FNP-BC, MSN, RN, TCRN	Member	NY	1/1/24-12/31/26	1/1/22-12/31/26
6. Andrew Slifko, DNP, EMT-B, MBA, NEA-BC, RN	Member	NJ	1/1/24-12/31/26	1/1/24-12/31/26
7. Sherlyn Wachtel, CCRN-K, RN	Member	TX	1/1/22-12/31/25	1/1/22-12/31/25
	Member	F		
9. Janet Kaiser, ADN, BSN, CEN, DNP, MSN, NE-BC, RN	Member	VA	1/1/22-12/31/23	1/1/22-12/31/23
10. Sharon Coffey, ACNS-BC, BSN, CCRN, CEN, CRNP, DNP, FAEN, FNP-C, MSN, RN	Member	AL	3/7/23-12/31/25	3/7/23-12/31/25
11. Amy Tucker, CCRN, DNP, TCRN	Member	TX	1/1/23-12/31/25	1/1/23-12/31/25
12. Joshua Gibson, ACCNS-AG, APRN, BSN, CEN, MSN, NRP, RN	Member	MD	1/1/23-12/31/25	1/1/23-12/31/25
13. Mary Alice Vanhoy, CEN, CPEN, FAEN, MSN, NREMT-P, RN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Ryan Oglesby

Staff Liaison: Altair Delao

2024 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.

2024 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.
 - o 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.
- ✓ Two onsite meetings required.
- ✓ Members should expect 15-20 hours of work per month.



**EMERGENCY NURSES
ASSOCIATION**
COURSE ADMINISTRATION FACULTY

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. Tiffany Strever, BSN, CEN, FAEN, RN, TCRN	Chair	AZ	1/1/24-12/31/24	1/1/24-12/31/24
2. Jim Sullivan, CEN, MSN, RN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
3. Charlene McCaul, RN	Member	OK	1/1/24-12/31/25	1/1/24-12/31/25
4. Ana Depuy, BSN, CEN, MSN-ED, RN	Member	LA	1/1/24-12/31/25	1/1/24-12/31/25
5. Hayley Kinchant, CEN, MSN, RN	Member	New Zealand	1/1/23-12/31/24	1/1/23-12/31/24
6. Tina Johnson, CEN, CFRN, CPEN, MSN, RN	Member	GA	1/1/23-12/31/24	1/1/23-12/31/24
7. Patricia Yancey, CEN, RN	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
9. Paula Davis, APRN, CEN, CFRN, CPEN, FNP-BC, MSN, TCRN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Terry Foster

Staff Liaison: Lisa Larsen

2024 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

2024 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.



Name	Position	State/ Country	Position Term	Service Term
1. Hershaw Davis, Jr., MSN, RN	Chair	MD	1/1/23-12/31/24	1/1/24-12/31/24
2. Casey Green, ADN, AS, BSN, CCRN-CMC, CEN, CFRN, CNRN, CPEN, CTRN, NREMT-P, RN, TCRN	Member	MD	1/1/24-12/31/25	1/1/24-12/31/25
3. Kieva Skinner, BSN, CEN, RN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25
4. Vicente Figueroa Feliciano, BS, BSN, MBA, RN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
5. Luis Caso, BSN, CEN, MBA, RN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
6. Tisha Thompson, DNP, NE-BC, RN	Member	MD	1/1/24-12/31/25	1/1/24-12/31/25
7. Cheryl Riwitis, CEN, CFRN, DNP, EMT-B, FAEN, FNP, FNP-BC, RN, TCRN	Member	IN	1/1/24-12/31/25	1/1/24-12/31/25
8. Caitlin Pohlen, RN	Member	MN	1/1/24-12/31/25	1/1/24-12/31/25
	Member			
10. Garrett Hall, BSN, RN	Member	MD	1/1/23-12/31/24	1/1/23-12/31/24
11. Jeffrey Jones – Ritzler, BSN, CEN, CPPS, NE-BC, NHDP-BC, RN	Member	KY	1/1/23-12/31/25	1/1/23-12/31/25
12. Walter Sergio Lugari, ATCN, BSN, RN	Member	Germany	1/1/23-12/31/25	1/1/23-12/31/25
13. Anna Valdez, CEN, CFRN, CNE, FAEN, MSN, PhD, RN	Member	CA	1/1/23-12/31/25	1/1/23-12/31/25

Board Liaison: Joop Breuer
 Staff Liaison: Bridget Walsh

2024 Charges:

1. Serve as leaders and a resource to the ENA community to ensure that activities, publications, and education are completed with a DEI lens.
2. Provide resources to identify and address barriers and challenges in promoting DEI within the emergency nursing profession and ENA community.
3. Devise and implement strategies, with ENA Board approval, to improve DEI within the ENA member and emergency nursing community.
4. Provide support to States, Chapters and International members to implement DEI and health equity strategies.
5. Serve as DEI ambassadors for ENA and the emergency nursing community.

2024 Specific Criteria:

- ✓ Must have current ENA membership.
- ✓ Ability to serve for a two-year term.
- ✓ 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.
- ✓ Experience working within, creating or the desire to impact the development of an environment that values and promotes diversity, equity, inclusivity, belonging, justice and health equity.
- ✓ Periodically review resources and collaborate with ENA committees and members to support DEI work.



**EMERGENCY NURSES
ASSOCIATION**

EMERGENCY DEPARTMENT LEADERSHIP COMMITTEE

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. Tyler Babcock, BSN, CEN, MBA, MSN, RN, TCRN	Chair	PA	1/1/24-12/31/24	1/1/23-12/31/24
2. Mark Goldstein, BSN, EMT-P, FAEN, MSN, RN	Member	CO	1/1/24-12/31/25	1/1/24-12/31/25
3. Melissa Easdon, BSN, CEN, CPEN, MBA, RN	Member	AR	1/1/24-12/31/25	1/1/24-12/31/25
4. Cathlyn Robinson, BSN, CEN, MN, MSN, RN, TCRN	Member	NJ	1/1/24-12/31/24	1/1/22-12/31/24
5. Linda Zieman, CEN, DNP, MM, MSN, NEA-BC, RN	Member	NY	1/1/23-12/31/24	1/1/23-12/31/24
6. Jacquelyn Bogard, RN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
7. Sarah Casteel, CEN, MSN, RN	Member	KY	3/14/23-12/31/24	3/14/23-12/31/24

Board Liaison: Dustin Bass

Staff Liaison: Cathy Olson

2024 Charges:

1. Provide subject matter expertise related to emergency department operations/management.
2. Identify, recommend, and/or develop evidence-based educational content to support ED leadership initiatives.
3. Review and provide feedback on educational content and other ENA initiatives as requested.

2024 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.

EMERGENCY MANAGEMENT AND PREPAREDNESS COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Kathy Van Dusen, CEN, CPEN, MSN, NHDP-BC, RN	Chair	CA	1/1/24- 12/31/24	1/1/22-12/31/24
2. Daniel Waderlow, BSN, EMT-B, NHDP-BC, RN, TCRN	Member	MI	1/1/24- 12/31/25	1/1/21-12/31/24
3. Joseph Stocking, DNP, RN, RCP, NREMT, CHEP, NHDP-BC, LSS-MB, USN (RETIRED)	Member	SC	1/1/24- 12/31/25	1/1/21-12/31/24
4. Taryn Amberson, CEN, MPH, NHDP-BC, RN	Member	WA	1/1/24- 12/31/25	1/1/21-12/31/24
5. April Burge, EMT-B, MSN, RN	Member	TX	1/1/24- 12/31/25	1/1/21-12/31/24
6. Christin Quarry, BA, BSN, MSN, PHRN, RN	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
8. Kirbie Young, RN	Member	NV	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Vanessa Gorman

Staff Liaison: Dominique Johnson

2024 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

2024 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.

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Name	Position	State/ Country	Position Term	Service Term
1. Stephanie Suzadail, CEN, CFRN, CPEN, CTRN, MSN, PHRN, RN, SANE, TCRN	Chair	PA	1/1/24-12/31/24	1/1/23-12/31/24
2. Jennifer Williams-Cook, BSN, CEN, CFRN, CPEN, CTRN, NRP, RN, TCRN	Member	MS	1/1/24-12/31/25	1/1/24-12/31/25
3. Jeffrey Maler, BSN, CEN, CFRN, EMT-P, RN, TCRN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25
4. Jermaine Clayborne, APRN, CCRN, CFRN, EMT-P, MSN, NEA-BC	Member	VA	1/1/24-12/31/25	1/1/24-12/31/25
5. Nathan White, AS, ATCN, CEN, EMT-B, EMT-P, NRP, RN, TCRN	Member	AL	1/1/24-12/31/24	1/1/22-12/31/24
6. Gregory Zanone, BSN, CFRN, MICN, PHRN, RN	Member	NJ	1/1/24-12/31/25	1/1/24-12/31/25
7. Teresa Windham, BSN, EMT-B, MBA, RN, SANE-A	Member	MS	1/1/23-12/31/24	1/1/23-12/31/24
8. Nicholas North, NREMT-P, RN	Member	MA	1/1/23-12/31/24	1/1/23-12/31/24
9. David Ellner, BSN, CEN, CVRN, EMT-P, RN	Member	CT	1/1/24-12/31/25	1/1/24-12/31/25
10. Daniel Kane, BSN, CCRN, CEN, CFRN, EMT-P, MEd, NREMT-P, RN	Member	MA	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Heidi Gilbert

Staff Liaison: Danielle McCallum

2024 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.

2024 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

EMERGENCY NURSING ADVANCED PRACTICE ADVISORY COUNCIL

Name	Position	State/ Country	Position Term	Service Term
1. Jacob Miller, ACNP, CCRN, CFRN, CNS, DNP, ENP-C, MBA, NRP	Chair	OH	1/1/24-12/31/24	1/1/22-12/31/24
2. Aimee Westmore, BSN, CEN, FNP, MSN, RN, TCRN	Member	CT	1/1/23 – 12/31/24	1/1/23 – 12/31/24
3. Kathleen Zielinski, CNP, RN	Member	IL	1/1/24-12/13/25	1/1/24-12/31/25
4. Tina Nielsen, ACNS-BC, CEN, MS, RN	Member	WI	1/1/24-12/13/25	1/1/24-12/31/25
5. Mollie Plotkin, CPNP-AC	Member	IL	1/1/24-12/13/25	1/1/24-12/31/25
6. Audrey Snyder, ACNP, ACNP-BC, CCRN, CEN, FAAN, FAANP, FAEN, FNP-BC, PhD, RN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Chelsea Collins, ACCNS-AG, CEN, DNP, RN, SANE-A	Member	WI	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Darleen Williams, APRN, CCNS, CEN, CNS, DNP, EMT-P	Member	FL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Luis Gino Guzman, APRN-BC, BSN, CEN, FNP-BC, MHA, MSN, RN, TCRN	Member	NJ	1/1/24-12/13/25	1/1/24-12/13/25
10. Teresa Dodge, CEN, DNP, FNP-C	Member	NY	1/1/24-12/13/25	1/1/24-12/13/25

Board Liaison: Rachael Smith

Staff Liaison: LaToria Woods

2024 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 meetings
4. Provide input to the conference education planning committee to enhance the APRN conference experience; support execution of the experience as needed

2024 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 advanced degree required.
- ✓ Ability to serve for a two-year term.

EMERGENCY NURSING CONFERENCE EDUCATION PLANNING COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Anna Cecil, CEN, DNP, EMT-B, MSN, RN, SANE, TCRN	Co-Chair	KY	1/1/24-12/31/24	1/1/24-12/31/25
2. Julia Ponder, AGACNP-BC, APRN, CEN, DNP, FNP-C	Co-Chair	AR	1/1/24 – 12/31/24	1/1/23 – 12/31/24
3. Teri Diloy, CEN, CPEN, MSN, RN	Member	VA	1/1/24-12/31/25	1/1/24-12/31/25
4. Rhonda Manor Coombes, BSN, RN, TCRN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
5. Neko Gilbert, RN	Member	AR	1/1/24-12/31/25	1/1/24-12/31/25
6. Heather Knapp, CEN, CPEN, CPHQ, MSN, RN	Member	ID	1/1/24-12/31/25	1/1/24-12/31/25
7. Kelly Collins, BSN, CEN, CPEN, RN, SANE	Member	ME	1/1/24-12/31/25	1/1/24-12/31/25
8. Jamla Rizek, CEN, CPEN, MBA, MSN, NHDP-BC, NRP, RN	Member	NY	1/1/24-12/31/25	1/1/24-12/31/25
9. Marcela McGeorge, MSN, RN	Member	SC	1/1/24-12/31/25	1/1/24-12/31/25
10. Lisa Matamoros, CEN, CPEN, DNP, RN, RN-BC	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
11. Jennifer Peterburs, RN	Member	IL	1/1/24-12/31/25	1/1/24-12/31/25
12. Katherine Hammond, DNP, MN, RN, FNP, CEN	Member	OR	1/1/24-12/31/24	1/1/22-12/31/24
13. Brett Pickens, ADN, BSN, CEN, CNE, CPEN, DNP, MSN-ED, RN	Member	MS	1/1/24-12/31/24	1/1/22-12/31/24
14. Renee Malaro, MSN, RN, TCRN	Member	CT	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, CEN, MSN	Member	DE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
17. Megan Parks, BSN, EMT-B, RN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
18. Gregory (Chuck) Pittman, ADN, AS, BSN, MSN, RN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
19. Kaylee Hartley, BSN, CCRN, CFRN, MSN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
20. Joan McCoy, CEN, RN	Member	MT	1/1/24-12/31/25	1/1/24-12/31/25
21. Walter Sergio Lugari, ATCN, BSN, RN	Member	Germany	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Chris Dellinger
Staff Liaison: Ashley Grady

2024 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.

2024 Specific Criteria:

- ✓ Highly recommended that applicants have attended the Emergency Nursing 2023 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.

EMERGENCY NURSING CORE CURRICULUM 8TH EDITION REVISION WORK TEAM

Name	Position	State/ Country	Position Term	Service Term
1. Andi Foley, ACCNS-AG, APRN, CEN, DNP, EMT-B, FAEN, RN, TCRN	Chair	ID	1/1/23 – 6/30/24	1/1/23 – 6/30/24
2. Wesely Davis, AGACNP-BC, APRN, CEN, DNP, ENP-C, FNP-C	Member	WY	1/1/23 – 6/30/24	1/1/23 – 6/30/24
3. Mariann Cosby, CCM, FAEN, NE-BC	Member	CA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
4. Cheryl Swanson, BSN, CEN, ENC(C), RN	Member	Canada	1/1/23 – 6/30/24	1/1/23 – 6/30/24
5. Julie Wescott, ACNS-BC, CEN, CNS, DNP	Member	PA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
6. Justin Milici, CCRN, CEN, CPEN, CPN, FAEN, MSN, RN, TCRN	Member	TX	1/1/23 – 6/30/24	1/1/23 – 6/30/24
7. Kristen Cline, BSN, CCRN, CEN, CFRN, CPEN, CTRN, RN, TCRN	Member	CA	1/1/23 – 6/30/24	1/1/23 – 6/30/24
8. Kristen Ray, BSN, MSN-ED, RN, TCRN	Member	FL	1/1/23 – 6/30/24	1/1/23 – 6/30/24

Board Liaison: Rachael Smith

Staff Liaison: Sharon Graunke

2024 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.

2024 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.

Please note: This group will sunset 6/30/2024.

EMERGENCY NURSING EDUCATION ADVISORY COUNCIL

Name	Position	State/ Country	Position Term	Service Term
1. Christine Alston, ADN, BSN, CEN, CFRN, CPEN, CTRN, DNP, MSN-ED, RN, TCRN	Chair	FL	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Peggy Batts, CEN, MSN, RN	Member	GA	1/1/24-12/31/25	1/1/24-12/31/25
3. Jacqueline Seales, CEN, MSN, RN	Member	CT	1/1/24-12/31/25	1/1/24-12/31/25
4. Bradley Rund, AS, BSN, CEN, CFRN, CPEN, EMT-P, MSN, NREMT-P, RN	Member	IN	1/1/24-12/31/25	1/1/24-12/31/25
5. Stacie Hunsaker, CEN, CNE, CNML, CPEN, DNP, RN	Member	UT	1/1/24-12/31/24	1/1/22-12/31/24
6. Brian Rogers, MSN, RN, CEN	Member	PA	1/1/23-12/31/24	1/1/23-12/31/24
7. Daphne Thomas, CEN, CNE, CNML, DNP, RN	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
9. Robin MacPherson-Dias, CCRN, CEN, CPEN, MS, RN, TCRN	Member	CA	1/1/24-12/31/25	1/1/24-12/31/25
10. Marie Dawkins, BSN, CEN, CNE, DNP, MHA, MSN, RN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Joop Breuer

Staff Liaison: Mark Kardon

2024 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.

2024 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 BSN, master's degree in nursing preferred.
- ✓ Ability to serve for a two-year term.



EMERGENCY NURSES
ASSOCIATION

EMERGENCY NURSING QUALITY MEASURES DEVELOPMENT WORK TEAM

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. Kathy Baker, PhD, RN, NE-BC	Chair	VA	1/1/21-12/31/24	1/1/21-12/31/24
2. Elizabeth Tedesco, CEN, DNP, NEA-BC, PHRN, RN	Member	PA	1/1/21-12/31/24	1/1/21-12/31/24
3. Kathleen Zavotsky, ACNS-BC, CCRN, CEN, FAEN, PhD, RN	Member	NJ	1/1/21-12/31/24	1/1/21-12/31/24
4. Shenee Laurence, BS, BSN, CPHQ, MPH, RN	Member	CA	1/1/21-12/31/24	1/1/21-12/31/24
5. Rebecca Lash, CEN, MSN, PhD, RN	Member	MI	1/1/21-12/31/24	1/1/21-12/31/24
6. Anna May, BA, CEN, CPEN, MBA, MSN, RN	Member	NE	1/1/21-12/31/24	1/1/21-12/31/24
7. Elizabeth Brennan, ADN, BS, CEN, EdD, Med, MSN, RN	Member	PA	1/1/21-12/31/24	1/1/21-12/31/24

Board Liaison: Vanessa Gorman

Staff Liaison: Catherine Olson

Research Lead: Lisa Wolf

2024 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. Assist in development of emergency nursing specific quality measures supported by evidence.
5. Draft and refine process for testing of measures based on pilot study results/data.

2024 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



Name	Position	State/ Country	Position Term	Service Term
1. Michael Lee Callihan, Jr, CEN, MSN, NRP, PhD, RN	Chair	AL	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Tania Strout, BSN, MS, PhD, RN	Member	ME	1/1/24-12/31/25	1/1/24-12/31/25
3. Paul Clark, FAEN, MA, PhD, RN	Member	KY	1/1/24-12/31/25	1/1/24-12/31/25
4. Christian Burchill, CEN, PhD, RN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25
5. Ellen Benjamin, RN	Member	MA	1/1/24-12/31/25	1/1/24-12/31/25
6. Amy McMenamain, RN	Member	NY	1/1/24-12/31/25	1/1/24-12/31/25
7. Marilyn Hodgins, PhD, RN	Member	NB	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Michael Moon, APRN, CEN, CNS-CC, FAEN, MSN, PhD, RN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Nurul'Ain Ahayalimudin, BN, CEN, PhD, RN	Member	MY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Annie Horigan, PhD, RN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Elizabeth Mizerek, CEN, CNE, CPEN, FAEN, PhD, RN	Member	NJ	1/1/24-12/31/25	1/1/24-12/31/25
12. Susan Barnason, APRN, CCRN, CEN, CNS, FAAN, FAEN, PhD, RN	Member	NE	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Ryan Oglesby
 Staff Liaison: Lisa Wolf

2024 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.
9. Participate in the ENDVR Fellows program as a mentor or co-mentor.

2024 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.
- ✓ Member must be willing to work for up to 5 hours of time per month.



Name	Position	State/ Country	Position Term	Service Term
1. Nisreen Atta, MSN-ED, RN	Chair	WI	1/1/24 – 12/31/24	1/1/23-12/31/24
2. Disney Cuddington, ADN, CEN, RN	Member	SC	1/1/24-12/31/25	1/1/24-12/31/25
3. Wilson Pierce, BDN, DNP, MSN, RN, TCRN	Member	GA	1/1/24-12/31/25	1/1/24-12/31/25
4. Alexandra Hughes, RN	Member	IL	1/1/24-12/31/25	1/1/24-12/31/25
5. Darcie Lenz, BSN, MICN, PHN, RN	Member	CA	1/1/24-12/31/24	1/1/23-12/31/24
6. Adam Lawrence, BS, CEN, CTRN, EMT-B, RN, TCRN	Member	NY	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. Cindy O'Connor, RN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25
9. Alexander Kasmere, BSN, CPEN, EMT-P, RN, TCRN	Member	SC	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Chris Parker
Staff Liaison: Merrill Green

2024 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.

2024 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.

EMERGING PROFESSIONAL LIAISON

Name	Position	State/ Country	Position Term	Service Term
1. Robert Adams, BSN, CEN, EMT-P, RN	Member	TX	1/1/24-12/31/24	1/1/24-12/31/24

Staff Liaison: Ashley Schuring

2024 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)

2024 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.

ENPC REVIEW COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Lisa Smotrich, CCRN, RN, RN-BC	Chair	FL	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Amanda Yarber, RN	Member	TN	1/1/24-12/31/25	1/1/24-12/31/25
3. Josephina Kik, CPEN, RN	Member	MI	1/1/24-12/31/25	1/1/24-12/31/25
4. Lisa Jamerson, BSN, CNE, CPEN, DNP, MSN, NRP, RN	Member	VA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Claudia Phillips, CEN, CPEN, MSN-ED, RN	Member	NM	1/1/24-12/31/24	1/1/22-12/31/24
6. Harriet Hawkins, CCRN, CPEN, CPN, FAEN, RN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Joyce Foresman-Capuzzi, CCNS, CCRN, CEN, CNS, CPEN, CTRN, DNP, EMT-P, FAEN, PHRN, RN, SANE	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Katherine Stolz Grindinger, MSN-ED, RN	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Elizabeth Decker	Member	MO	1/1/24-12/31/25	1/1/24-12/31/25
10. Britnie Jarrat, BS, CEN, CPEN, RN, TCRN	Member	VA	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Chris Parker

Staff Liaison: Courtney William Simons

2024 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.

2024 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.

GERIATRIC COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Joan (Michelle) Moccia, ANP-BC, DNP, MSN, RN	Chair	MI	1/1/24-12/31/24	1/1/21-12/31/24
2. Suessi Choe, BS, RN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
3. Michelle Glidden, CEN, MSN, RN	Member	IN	1/1/24-12/31/25	1/1/24-12/31/25
4. Aaron Malsch, GCNS-BC, MS, RN	Member	WI	1/1/24-12/31/25	1/1/24-12/31/25
5. Deborah Clark, BSN, CEN, CPEN, MS, RN, TCRN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25
6. Jo Tabler, MSN, RN, CEN	Member	IN	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Aileen Decker, BA, BSN, CEN, RN	Member	SC	1/1/24-12/31/25	1/1/24-12/31/25
8. Jason Cruz, MS, RN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Dustin Bass
Staff Liaison: LaToria Woods

2024 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.

2024 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.

GLOBAL ADVISORY COUNCIL

Name	Position	State/ Country	Position Term	Service Term
1. Hayley Kinchant, MSN, RN, CEN	Chair	New Zealand	1/1/24–12/31/24	1/1/23 – 12/31/24
2. Kiran Diyali, BSN	Member	Bhutan	1/1/24-12/31/25	1/1/24-12/31/25
3. Colin Fleming, RN	Member	Abu Dhabi	1/1/24-12/31/25	1/1/24-12/31/25
4. Kelly Edwards, APRN, CEN, FNP-C, MPA, MSN, NREMT-P	Member	Haiti	1/1/24-12/31/25	1/1/24-12/31/25
5. Alison Day, BS, BAEN, MSN, PhD, RN	Member	UK	1/1/24 – 12/31/24	1/1/22 – 12/31/24
6. Paul Lacey, BSN, ENC (C), RN	Member	Canada	1/1/24-12/31/25	1/1/24-12/31/25
7. Gabriela Peguero-Rodriguez, RN	Member	Canada	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Sara Phillips, RN	Member	Canada	1/1/24-12/31/25	1/1/24-12/31/25
9.Rebecca Caulfield, RN	Member	Australia	1/1/24-12/31/25	1/1/24-12/31/25
10.Nurul Rahman	Member	Malaysia	1/1/24-12/31/25	1/1/24-12/31/25

Board Liaison: Lauren Plaine

Staff Liaison: Terrence Sykes & Matt Hessler

2024 Charges:

- 1.Foster strong international partnerships
- 2.Partner with ENA Foundation to foster a culture of philanthropy internationally
- 3.Increase international membership and visibility in ENA

2024 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.
- ✓ In alignment with ENA’s DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.

Please note: This council was formerly known as the International Advisory Council

LANTERN AWARD COMMITTEE GROUP 1

Name	Position	State/ Country	Position Term	Service Term
1. Diane Heine, ADN, BSN, CEN, DNP, MSN, RN	Chair	TX	1/1/24- 12/31/24	1/1/23-12/31/24
2. Carol Fridal, CEN, CLNC, EMT-B, MS, RN	Member	IA	1/1/24- 12/31/25	1/1/24-12/31/25
3. Summer Nelson, BSN, RN, SANE	Member	AL	1/1/24- 12/31/25	1/1/24-12/31/25
4. Debra Rodriguez, BSN, CPEN, MSN, RN	Member	TX	1/1/24- 12/31/25	1/1/24-12/31/25
5. Marina Grennen, BS, CEN, MSN-ED, RN	Member	NY	1/1/24- 12/31/25	1/1/24-12/31/25
6. Meghan Walter, MSN, RN, CEN	Member	NY	1/1/23 – 12/31/24	1/1/23-12/31/24
7. Megan Alane McCormick, BA, CCRN-CMC, CEN, MSN, NE-BC, RN	Member	NC	1/1/23 – 12/31/24	1/1/23-12/31/24
8. Mary Ellen Wilson, MS, RN, CEN, FAEN	Member	OH	1/1/24- 12/31/24	1/1/21-12/31/24
9. Hanna Gerke, RN, CEN	Member	NJ	1/1/23 – 12/31/24	1/1/23-12/31/24
10. Chelsey Lupica, CEN, FNP-BC, MSN, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23-12/31/24
11. Karen Alexander, BSN, RN	Member	GA	1/1/24- 12/31/25	1/1/24-12/31/25
12. Lindsey Werk, ADN, MSN, RN	Member	AZ	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Terry Foster

Staff Liaison: Ellen Siciliano

2024 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.

2024 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.
- ✓ In alignment with ENA's DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.



Name	Position	State	Position Term	Service Term
1. Will Stewart, CEN, EMT-P, MSN, NE-BC, RN	Chair	TX	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Tammy Aiken, RN	Member	NY	1/1/24- 12/31/25	1/1/24- 12/31/25
3. John McClure, ADN, BSN, CEN, CNL, EMT-B, MSN-L, RN	Member	FL	1/1/24- 12/31/25	1/1/24- 12/31/25
4. Maria Ashdown, MSN, NE-BC, RN	Member	OH	1/1/24- 12/31/25	1/1/24- 12/31/25
5. Deborah Clark, BSN, CEN, CPEN, MS, RN, TCRN	Member	PA	1/1/24- 12/31/25	1/1/24- 12/31/25
6. Rebecca Basso, BSN, CEN, CPEN, DNP, HN-BC, MSN, NEA-BC, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Heidi Webber, CEN, CPEN, MN, PCCN, RN, TCRN	Member	MO	1/1/24- 12/31/24	1/1/23- 12/31/24
8. Robert Kentner, CEN, CPHQ, DNP, EMT-P, NHDP-BC, RN, TCRN	Member	NE	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Anthony Watkins, MSN, RN, NE-BC	Member	CO	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Deborah Schwytzer, CEN, DNP, RN, RN-BC	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Wendy Allen-Thompson, CEN, DNP, EMT-B, NEA-BC, RN	Member	NY	1/1/24- 12/31/25	1/1/24- 12/31/25
12. Laura Wilson, CEN, CPEN, MBA, MSN-ED, RN	Member	NY	1/1/24- 12/31/25	1/1/24- 12/31/25

Board Liaison: Terry Foster
Staff Liaison: Ellen Siciliano

2024 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.

2024 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.
- ✓ In alignment with ENA’s DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.

PEDIATRIC COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Julie Cohen, BSN, CEN, CPEN, MSN, RN	Chair	NY	1/1/24- 12/31/24	1/1/23-12/31/24
2. Becca Mielke, CPEN, RN, TCRN	Member	TX	1/1/24- 12/31/25	1/1/24-12/31/25
3. Wendy Wheeler, BSN, CEN, CPEN, EMT-B, MA, NHDP-BC, RN	Member	CT	1/1/24- 12/31/25	1/1/24-12/31/25
4. Roberta Miller, CPEN, CPN, DNP, RN, TCRN	Member	TX	1/1/24- 12/31/24	1/1/22-12/31/24
5. Kimberly MacKeil-White, BSN, CPEN, MSN-ED, RN	Member	TN	8/21/23 – 12/31/24	1/1/23-12/31/24
6. Lisa Hill, DNP, EMT-P, RN, TCRN	Member	MI	1/1/23 – 12/31/24	1/1/23-12/31/24
7. Janki Patel, RN	Member	NC	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Rachael Smith

Staff Liaison: Dominique Johnson

2024 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.

2024 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.

PEER REVIEW EDUCATION COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Marylee Bressie, APN, BSN, CCNS, CCRN-K, CEN, DNP, MSN, RN	Member	AR	1/1/24- 12/31/24	1/1/24-12/31/25
2. Amanda Ward, CNE, DNP, RN	Member	IN	1/1/24- 12/31/25	1/1/24-12/31/25
3. Marites Gonzalez-Reardon, APRN, CCNS, CEN, DNP	Member	IL	1/1/24- 12/31/25	1/1/24-12/31/25
4. Andrea Novak, FAEN, MSN-ED, PhD, RN-BC	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. Candi Miller-Morris, CCRN, CEN, CNS, MSN, RN, TCRN	Member	NM	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Caroline Meza, CEN, PhD, 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, CEN, CPEN, MSN, NE-BC, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Deborah Spann, ADN, CAE, CEN, FAEN, MSN, RN, RN-BC	Member	LA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Nicole Price, ANP, APRN, CEN, CNS, CPEN, MBA, MSN, TCRN	Member	WA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Marie Garrison, CEN, EMT-I, MSN, RN	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, CEN, CNL, MSN, RN	Member	NJ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
14. Julie Tseh-Willcockson, MSN-ED	Member	CO	1/1/24- 12/31/25	1/1/24-12/31/25
15. Louise Hummel, CEN, CNS, FAEN, MSN, RN, TCRN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaison: N/A

Staff Liaison: Kim Cheramie & Jamie Hogan

2024 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.

2024 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.
- ✓ Ability to serve for a two-year term.

POSITION STATEMENT COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Dawn Peta, BN, ENC (C), RN	Chair	Canada	1/1/24- 12/31/24	1/1/24-12/31/25
2. Elizabeth Stone, CPEN, FAEN, MSN, PhD, RN	Member	NC	1/1/24- 12/31/25	1/1/24-12/31/25
3. Nancy Denke, ACNP, ACNP-BC, CCRN, CEN, DNP, FAEN, FNP-BC, RN	Member	AZ	1/1/24- 12/31/25	1/1/24-12/31/25
4. Kimberly Austin, CPEN, MSN, RN, SANE-P, TCRN	Member	NC	1/1/24- 12/31/25	1/1/24-12/31/25
5. Jean Proehl, CEN, CPEN, FAAN, FAEN, MN, RN, TCRN	Member	NH	1/1/24 – 12/31/24	1/1/23 – 12/31/24
6. Joanne Navaroli, MSN, RN, CEN	Member	AZ	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Judith Bradford, DNS, FAEN, MSN, RN	Member	MS	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Sharon Carrasco, ACNS-BC, APRN, CEN, CNS, DNP, FAAN, FAEN, NP, NP-C, RN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Kristie Gallagher, CEN, CPEN, DNP, EMT-P, FAEN, NREMT-P, RN, TCRN	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaison: Chris Parker

Staff Liaison: Dominique Johnson

2024 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.

2024 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.
 - o 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.

QUALITY AND SAFETY ADVISORY COUNCIL

Name	Position	State/ Country	Position Term	Service Term
1. Mary Raley, BSN, RN, CEN, TCRN	Chair	KY	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Laura Wyatt, RN	Member	CA	1/1/24- 12/31/25	1/1/24-12/31/25
3. Jessica Plante, CEN	Member	FL	1/1/24- 12/31/25	1/1/24-12/31/25
4. Kristine Powell, CEN, FAEN, MSN, NEA-BC, RN	Member	TX	1/1/24- 12/31/24	1/1/21-12/31/24
	Member			
6. DeAnna Gillespie, BSN, CEN, CPEN, RN	Member	TX	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Lisa Eckenrode, DNP, MBA, MSN, NRP, RN, TCRN	Member	PA	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Vanessa Gorman

Staff Liaison: Cathy Olson

2024 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.

2024 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.

Name	Position	State	Position Term	Service Term
1. Cody Staub, CEN, RN	Chair	WA	1/1/24-12/31/24	1/1/23-12/31/25
2. Marie Yabut, CEN, MN, RN	Member	WA	1/1/24-12/31/26	1/1/24-12/31/26
3. Jamie Stephens-Davenport, CCRN, CEN, CFRN, CPEN, CTRN, EMT-B, MSN, NE-BC, RN, TCRN	Member	KY	1/1/24-12/31/26	1/1/24-12/31/26
4. Justin Winger, BA, BSN, CEN, MA, PhD, PHN, RN, TCRN	Member	CA	1/1/24-12/31/26	1/1/24-12/31/26
5. Debby Rogers, CNS, FAEN, MS, RN	Member	CA	1/1/23-12/31/25	1/1/23-12/31/25
6. William Light, ADN, BS, BSN, CEN, CPEN, MSN, RN, TCRN	Member	OR	1/1/22 – 12/31/24	1/1/22 – 12/31/24
7. R. Dale Morton, BSN, EMT-B, MSN, RN	Member	KY	1/1/23 – 12/31/25	1/1/23 – 12/31/25
8. Nycole Oliver, ACNPC-AG, APRN, CEN, DNP, FAEN, FNP-C, RN	Member	AR	1/1/24-12/31/26	1/1/24-12/31/26

Board Liaison: Ryan Oglesby
 Staff Liaison: Ashley Schuring

2024 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

2024 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.

TNCC REVIEW COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Ellen Ruja, BSN, CCM, CEN, FAEN, MSN, RN	Chair	SC	1/1/24– 12/31/24	1/1/23 – 12/31/24
2. Cassandra Richard, CEN, RN, TCRN	Member	OR	1/1/24- 12/31/25	1/1/24-12/31/25
3. Bonita McDonald, BSN, CEN, CFRN, CPEN, EMT-P, RN, TCRN	Member	SC	1/1/24- 12/31/25	1/1/24-12/31/25
4. Melanie Hamilton, BSN, RN	Member	VA	1/1/24- 12/31/25	1/1/24-12/31/25
5. Julie Miller, BSN, CEN, RN	Member	KS	1/1/24- 12/31/25	1/1/24-12/31/25
6. Vanessa Young, BSN, RN	Member	Trinidad & Tobago	1/1/23 – 12/31/24	1/1/23 – 12/31/24
7. Rebecca VanStanton, CEN, CPEN, MSN, RN, TCRN	Member	MI	1/1/24- 12/31/24	1/1/24-12/31/24
8. Anthony Tiraboschi, RN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Kai Yeung Cheung, RN	Member	Hong Kong, China	1/1/24- 12/31/25	1/1/24-12/31/25
10. Mike Spiro, BS, CCRN, CEN, CFRN, MSN, RN	Member	MA	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Terry Foster

Staff Liaison: Deb Jeffries

2024 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.

2024 Specific Criteria:

- ✓ Current TNCC faculty or course director desired, current course instructor required.
- ✓ Subject matter expertise in trauma
- ✓ 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.

TRAUMA COMMITTEE

Name	Position	State/ Country	Position Term	Service Term
1. Tara Sanseverino, RN, CEN	Chair	NJ	1/1/24 – 12/31/24	1/1/23 – 12/31/24
2. Steven Jacobson, ADN, BS, BSN, CEN, CFRN, CPEN, CTRN, EMT-P, MBA, MICP, MS, MSN, NREMT-P, RN, TCRN	Member	CA	1/1/24- 12/31/25	1/1/24-12/31/25
3. Jamin Rankin, BS, BSN, CEN, CFRN, CPEN, CTRN, EMT-B, RN, TCRN	Member	LA	1/1/24- 12/31/25	1/1/24-12/31/25
4. Sarah Dills, RN	Member	TN	1/1/24- 12/31/25	1/1/24-12/31/25
5. Brandi Beers, CEN, CFRN, CPEN, CTRN, DNP, EMT-B, RN, TCRN	Member	OK	1/1/24- 12/31/25	1/1/24-12/31/25
6. Regina Newby, BSN, CEN, MHA, RN, TCRN	Member	OK	1/1/24- 12/31/25	1/1/24-12/31/25
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. Steve Weinman, BSN, CEN, EMT-B, MS, NHDP-BC, RN, TCRN	Member	NJ	1/1/24- 12/31/24	1/1/22-12/31/24
10. Mary Bell, BSN, CEN, MS, RN	Member	FL	1/1/24- 12/31/25	1/1/24-12/31/25
11. Jennifer Davis, CEN, DNP, EMT-P, MPH, MSN, NE-BC, RN	Member	OH	1/1/24- 12/31/25	1/1/24-12/31/25

Board Liaison: Jack Rodgers

Staff Liaison: Deb Jeffries

2024 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 ENA's trauma related courses as needed.

2024 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.
- ✓ Must have current TNCC verification, TCRN, or TNS
- ✓ On-site meetings required.

Name	Position	State/ Country	Position Term	Service Term
1. Victoria Nash, BSN, CEN, RN, TCRN	Chair	LA	1/1/24-12/31/24	1/1/23-12/31/24
2. Melinda Elayda, BSN, MPA, RN	Member	CA	1/1/24 – 12/31/24	1/1/23 – 12/31/24
3. Ann Hoit, BSN, CCRN, CEN, RN	Member	OK	1/1/23 – 12/31/24	1/1/23 – 12/31/24
4. Edward Gutierrez, BS, CEN, DNP, MSN, NEA-BC, RN	Member	IL	1/1/23 – 12/31/24	1/1/23 – 12/31/24
5. AnnMarie Papa, BSN, CEN, DNP, FAAN, FAEN, MSN, NE-BC, RN	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
6. Kristen Gilmore, BSN, CEN, MSN, NE-BC, RN, TCRN	Member	PA	1/1/24-12/31/25	1/1/23 – 12/31/24
7. Erin Brady, RN	Member	NY	1/1/23 – 12/31/24	1/1/23 – 12/31/24
8. Adrienne Menke, RN	Member	OH	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Bethany Sanders, MSN, RN	Member	GA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Board Liaison: Lauren Plaine

Staff Liaison: Cathy Olson

2024 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.

2024 Specific Criteria:

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

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/ Country	Position Term	Service Term
1. Kim Russo, BSN, CEN, MSN, RN	Chair	NJ	1/1/24-12/31/24	1/1/24-12/31/25
2. Jackie Taylor-Wynkoop, FAEN, MSN, PHRN, RN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25
3. Amy Barnes, ADN, BSN, EMT-P, RN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25
4. Neko Gilbert, RN	Member	AR	1/1/24-12/31/25	1/1/24-12/31/25
5. Aimee Rothe, BSN, CEN, RN, SANE, TCRN	Member	AL	1/1/24-12/31/25	1/1/24-12/31/25
6. Lauren Sanguinetti, BSN, CEN, RN, TCRN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
7. Ellen DeJong, AS, BSN, RN	Member	IA	1/1/24-12/31/25	1/1/24-12/31/25
8. Walter Sergio Lugari, ATCN, BSN, RN	Member	Germany	1/1/24-12/31/25	1/1/24-12/31/25
9. Jamie Taraba, CNML, RN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
10. Jolynn Parker, BSN, RN	Member	LA	1/1/24-12/31/25	1/1/24-12/31/25
11. Michele Forness, BS, CEN, RN	Member	NY	1/1/24-12/31/25	1/1/24-12/31/25
12. Chuck (Gregory) Pittman, ADN, AS, BSN, MSN, RN	Member	SC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
13. Melanie Stoutenburg, CEN, MSN, RN	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, CEN, CPEN, RN	Member	ME	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Trustee Liaisons: Shawntay Harris & Fred Neis
Staff Liaison: Lise Jinno and Meghan Higham

2024 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.

2024 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



EMERGENCY NURSES
ASSOCIATION

ENA FOUNDATION RESEARCH GRANT COMMITTEE – ENA Foundation Committee

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. Christine Russe, CEN, CPEN, FAEN, MSN, RN, TCRN	Chair	TX	1/1/24-12/31/24	1/1/24-12/31/25
2. Aaron Malsch, GCNS-BC, MS, RN	Member	WI	1/1/24-12/31/25	1/1/24-12/31/25
3. Elizabeth Crago, MSN, PhD, RN	Member	PA	1/1/24-12/31/25	1/1/24-12/31/25
4. Courtney Edwards, CCRN, CEN, DNP, MPH, RN, TCRN	Member	TX	1/1/24-12/31/25	1/1/24-12/31/25
5. Kimberly Johnson, BSN, MSN, RN	Member	OH	1/1/24-12/31/25	1/1/24-12/31/25
6. Nurul Rahman	Member	Malaysia	1/1/24-12/31/25	1/1/24-12/31/25
7. Brittany Punches, CEN, PhD, RN	Member	OH	1/1/24-12/31/25	1/1/24-12/31/25
8. Ellen Benjamin, RN	Member	MA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
9. Emily Harder, MSN, BSN, RN	Member	NC	1/1/23 – 12/31/24	1/1/23 – 12/31/24
10. Krystal Scott, BSN, CEN, MSN, PHN, RN	Member	CA	1/1/23 – 12/31/24	1/1/23 – 12/31/24
11. Joyce Foresman-Capuzzi, CCNS, CCRN, CEN, CNS, CPEN, CTRN, DNP, EMT-P, FAEN, PHRN, RN, SANE	Member	PA	1/1/23 – 12/31/24	1/1/23 – 12/31/24

Trustee Liaisons: Christine Russe

Staff Liaison: Lise Jinno and Meghan Higham

2024 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.

2024 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.
- ✓ In alignment with ENA's DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.



EMERGENCY NURSES
ASSOCIATION

ENA FOUNDATION SCHOLARSHIP COMMITTEE – ENA Foundation Committee

930 E. Woodfield Road
Schaumburg, IL 60173
Telephone 847-460-4000
Fax 847-460-4006
www.ena.org

Name	Position	State/ Country	Position Term	Service Term
1. CherylAnn MacDonald-Sweet, BS, CEN, CPEN, RN, TCRN	Chair	PA	1/1/24-12/31/24	1/1/24-12/31/25
2. Paula Davis, APRN, CEN, CFRN, CPEN, FNP-BC, MSN, TCRN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
3. Chelsea Collins, ACCNS-AG, CEN, DNP, RN, SANE-A	Member	WI	1/1/24-12/31/25	1/1/24-12/31/25
4. Kristie Gallagher, CEN, CPEN, DNP, EMT-P, FAEN, NREMT-P, RN, TCRN	Member	OH	1/1/24-12/31/25	1/1/24-12/31/25
5. Margaret Letitia, BSN, CEN, EMT-P, RN	Member	CT	1/1/24-12/31/25	1/1/24-12/31/25
6. Ronald Duerr, RN	Member	KY	1/1/24-12/31/25	1/1/24-12/31/25
7. Christine Jandora, RN	Member	FL	1/1/24-12/31/25	1/1/24-12/31/25
8. Kelly Collins, BSN, CEN, CPEN, RN, SANE	Member	ME	1/1/24-12/31/25	1/1/24-12/31/25
9. Cheryl Quint, CEN, RN	Member	ME	1/1/24-12/31/25	1/1/24-12/31/25
10. Marie Dawkins, BSN, CEN, CNE, DNP, MHA, MSN, RN	Member	NC	1/1/24-12/31/25	1/1/24-12/31/25
11. Sara Daykin, CPEN, DNP, RN, TCRN	Member	NM	1/1/24-12/31/25	1/1/24-12/31/25
12. Carol Fridal, CEN, CLNC, EMT-B, MS, RN	Member	IA	1/1/24-12/31/25	1/1/24-12/31/25
13. Vicki Patrick, ACNP-BC, CEN, FAEN, MS, RN	Member	TX	1/1/24-12/31/24	1/1/23-12/31/24
14. Alexis Moore, MSN-ED, RN	Member	VA	1/1/23-12/31/24	1/1/23-12/31/24
15. Barbara Conicello, BSN, RN	Member	NJ	1/1/23-12/31/24	1/1/23-12/31/24
16. Cynthia Wright Johnson, MSN, RN	Member	MD	1/1/23-12/31/24	1/1/23-12/31/24
17. Lisa Lietzke, CEN, CPEN, DNP, RN, TCRN	Member	DE	1/1/23-12/31/24	1/1/23-12/31/24
18. Melanie Gibbons Hallman, CNS, CRNP, DNP, FAAN, FAANP, FAEN	Member	AL	1/1/23-12/31/24	1/1/23-12/31/24
19. Wendy Allen-Thompson, CEN, DNP, EMT-B, NEA-BC, RN	Member	NY	1/1/23-12/31/24	1/1/23-12/31/24
20. William Barbre, BSN, CEN, CPEN, RN	Member	TX	1/1/23-12/31/24	1/1/23-12/31/24

21. Patrice Christensen, BSN, RN	Member	CA	1/1/23-12/31/24	1/1/23-12/31/24
22. Kayla Hanson, ADN, APRN, BSN, FNP-C, MSN, RN	Member	OH	1/1/23-12/31/24	1/1/23-12/31/24
23. Katie Frerichs, AND, BSN, MSN, RN	Member	IA	1/1/23-12/31/24	1/1/23-12/31/24

Trustee Liaisons: Todd Haines
Staff Liaison: Lise Jinno and Meghan Higham

2024 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

2024 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.
- ✓ In alignment with ENA’s DEI Mission and Vision Statements, all members of committees who make member and/or award selection decisions will be required to complete an ENA-provided implicit bias training.

Academy of Emergency Nursing Board

NAME	Position	State	Position Term	Service Term
Patti Kunz Howard , PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN	Chairperson	KY	1/1/2024-12/31/2024	1/1/2022-12/31/2024
Deena Brecher , MSN, RN, CEN, CPEN, ACNS-BC, FAEN	Chairperson-elect	DE	1/1/2024-12/31/2024	1/1/2022-12/31/2024
Mary Alice Vanhoy , MSN, RN, CEN, CPEN, NREMT-P, FAEN	Member-at-Large	NC	1/1/2024-12/31/2025	1/1/2024-12/31/2025
Cheryl Riwitis , DNP, APRN, FNP-BC, CEN, CFRN, TCRN, FAEN	Member-at-Large	IN	6/27/2024-12/31/2024	6/27/2024-12/31/2024
Andi Foley , DNP, APRN-CNS, EMT, CEN, FAEN	Immediate Past Chairperson	ID	1/1/2024-12/31/2024	1/1/2021-12/31/2024

Board Liaison: Jack Rodgers

Staff Liaison: Ashley Schuring

2024 Charges:

1. Increase the Academy’s visibility and value within and external to ENA.
 - 1a. Collaborate on 20th anniversary celebration activities.
 - 1b. Promote enhanced understanding of the AEN Shared Mental Model for Fellowship (SMM-F).
2. Augment mentorship roles and responsibilities within the specialty.
3. Develop strategies to increase diversity within AEN.
 - 3 a. Investigate DEI initiatives as part of the Academy’s visibility.
4. Review the AEN Trailblazer program outcomes and determine 2024 proposals.