

2022 General Assembly Handbook

Table of Contents

General Assembly Business Agenda	2
General Assembly Officials	4
Proposed General Assembly Standing Rules of Procedure	5
Bylaws and Resolution Proposals	
<i>Proposed Bylaws Amendment Proposal</i>	
GA22-01: Proposal to Amend Bylaws: Membership Qualifications for Senior and Voting Members	8
<i>Proposed Resolutions</i>	
GA22-02: Augmenting Membership Growth and Sustainability Through the Creation of an Emergency Nurses Association Membership Focused Outreach Group.....	10
GA22-03: Sustaining Just Culture	18
GA22-04: Opposing the Criminalization of Medical Errors	23
GA22-05: A Workers’ Compensation and Insurance Bill to Include Psychological Injuries in the Definition of “Injury” for Healthcare Workers and First Responders.....	29
GA22-06: Fentanyl Testing Limitations in the Emergency Department.....	35
GA22-07: Development of Dignity Standards for the Care of the Behavioral Health Patient in the Emergency Department	40
GA22-08: International Inclusivity	43
<i>Appendices</i>	
Appendix A – ENA General Assembly Reference Guide	46
Appendix B – ENA Strategic Plan.....	48
Appendix C – ENA and Affiliate Audited Consolidated Financial Statements 2021	52
Appendix D – 2022 ENA Committee Roster.....	93



GENERAL ASSEMBLY

2022 General Assembly Business Agenda

THURSDAY, SEPTEMBER 29, 2022

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

FRIDAY, SEPTEMBER 30, 2022

1. General Assembly
 - a. Call to Order and Introductions
 - b. Credentials Report
2. Adoption of Business and Consent Agendas
3. Consideration of Proposed Bylaws Amendment Proposal and Resolutions (Debate and Vote)
4. Open Discussion (Time Permitting)



GENERAL ASSEMBLY

2022 General Assembly Schedule

WEDNESDAY, SEPTEMBER 28

6:00-7:00 pm.....New Delegate Orientation

THURSDAY, SEPTEMBER 29

6:30-7:30 am General Assembly Delegates Continental Breakfast
6:30-7:30 am Keypad Registration
7:30-8:30 am General Assembly
 Opening Ceremonies
 Call to Order and Introductions
 Credentials Report
 Adoption of General Assembly Standing Rules of Procedure
 Adoption of Business Agenda
8:30-8:35 am President Address
8:35-8:40 am President-Elect Address
8:40-8:45 am Secretary/Treasurer Report
8:45-8:50 am Chief Executive Officer Report
8:50-8:55 am ENA Foundation Chairperson Report
8:55-9:30 am Open Reference Hearings
9:30-10:00 am **BREAK**
10:00-11:30 am Open Reference Hearings
11:30 am..... Adjournment

FRIDAY, SEPTEMBER 30

5:45-6:45 am Amendment Assistance
6:30-7:30 am General Assembly Delegates Continental Breakfast
6:30-7:30 am Keypad Registration
7:30-7:45 am General Assembly
 Call to Order
 Credentials Report
 Adoption of Business and Consent Agendas
7:45-9:30 am Consideration of Proposed Bylaws Amendment Proposals and
 Resolutions (Debate and Vote)
9:30-10:00 am **BREAK**
10:00-11:30 am Consideration of Proposed Bylaws Amendment Proposals and
 Resolutions (Debate and Vote)
11:30 am-1:30 pm **LUNCH BREAK (on own)**
1:30-3:00 pm Consideration of Proposed Bylaws Amendment Proposals and
 Resolutions (Debate and Vote)
3:00-3:30 pm **BREAK**
3:30-3:40 pm Memorial Presentation
3:40-5:00 pm Open discussion (*time permitting*)
5:00 pm..... General Assembly Adjournment



GENERAL ASSEMBLY

2022 General Assembly Officials

General Assembly Chair/President	Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC <i>Maine</i>
Credentials Chairperson/Immediate	Ron Kraus, MSN, RN, EMT, CEN, ACNS-BC, TCRN <i>Indiana</i>
President-Elect	Terry M. Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN <i>Kentucky</i>
Secretary/Treasurer	Chris Dellinger, MBA, BSN, RN, FAEN <i>West Virginia</i>
Directors	Dustin Bass, MHA, BSN, RN, CEN, NE-BC <i>North Carolina</i> Joop Breuer, RN, CEN, CCRN, FAEN <i>Netherlands</i> Vanessa Gorman, MSN, RN, CCRN, FAEN, FCENA <i>Australia</i> Steven Jewell, BSN, RN, CEN, CPEN <i>Texas</i> Ryan Oglesby, PhD, MHA, RN, CEN, CFRN, NEA-BC <i>Florida</i> Cheryl Randolph, MSN, RN, CEN, CPEN, CCRN, FNP-BC, TCRN, FAEN <i>California</i> Jack Rodgers, MBA, BSN, RN, EMT-P, CEN, FAEN <i>Georgia</i>
Emerging Professional	Amie Porcelli, BSN, RN, CEN, TCRN <i>Pennsylvania</i>
Chief Executive Officer	Nancy MacRae, MS <i>Illinois</i>
Parliamentarian	Michael Taliercio
Legal Counsel	Kimberly Pendo



GENERAL ASSEMBLY

Standing Rules of Procedure of the ENA General Assembly

GENERAL

1. The General Assembly Standing Rules of Procedure may be suspended by a majority vote or amended or rescinded by a two-thirds vote. If notice of the proposed action was given in the call for the meeting, they may be amended or rescinded by a majority vote.
2. Delegates and alternate delegates shall wear name badges designating their delegate status.

RESOLUTIONS

3. Resolutions may be authored and submitted by the ENA Board of Directors, ENA committees, the *Journal of Emergency Nursing* Editorial Board, a state council or chapter, or by a voting ENA member.
4. The submission deadline for resolutions shall be June 1, 2022.
5. The General Assembly may consider resolutions received after the published deadline and by a two-thirds vote, provided all other criteria have been met. Notice of such resolutions shall be sent to state captains.

COMPOSITION

6. State council delegates shall be apportioned based on the ratio of members in the state or territory to the total ENA membership as of May 13 in accordance with the ENA bylaws. International delegates shall be allocated in accordance with the ENA bylaws. ENA headquarters will send necessary information for designating delegates, alternate delegates and state captains to state councils.
7. Each state council must formally register delegates and alternate delegates with the ENA headquarters no later than noon Central time on September 28, 2022.
8. The state captain shall be selected as soon as possible but no later than 75 days prior to the General Assembly.
9. The ENA Immediate Past President shall oversee the credentials process.
10. A keypad will be assigned to each delegate. Delegates are responsible for checking out their own keypad. Delegates may not give their keypad to another delegate to cast their vote.
11. A member registered as an alternate delegate may be transferred to delegate status, provided that no state delegation exceeds the maximum number of delegates allotted. The state captain shall sign authorizations to change delegates' status. A delegate who turns over his or her duties to an alternate



GENERAL ASSEMBLY

delegate must report to the keypad desk with the alternate to exchange keypads. If the delegate wishes to resume his or her duties, the keypads must be exchanged in the same way.

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

REFERENCE HEARINGS

13. The author (or their designee) of a resolution or bylaw amendment proposal has the right to speak first with respect to their resolution/proposal at the Reference Hearing for up to two (2) minute; such time will not be counted in the total time for discussion.
14. The Resolutions Committee shall determine the order of consideration of action items (except subsidiary amendments) that have been submitted for the second day of General Assembly. Delegates may change this order by a two-thirds vote.
15. Amendments to resolutions or bylaws proposals must be submitted in accordance with the deadline set by the chair of the General Assembly. Amendments not submitted by the deadline shall require a non-debatable two-thirds vote to consider and a two-thirds vote to adopt.
16. Amendments to proposals shall be made available to the delegates as soon as possible after the amendments have been processed by the Resolutions Committee following the reference hearings.

DEBATE

17. The Resolutions Committee will determine the order in which the General Assembly will consider, debate and vote on resolutions and bylaw amendment proposals.
18. After being recognized, delegates and ENA past presidents shall give their name and affiliation before beginning to speak.
19. A delegate may request that an individual without speaking rights be allowed to speak. A majority vote shall be required to grant the request.
20. The author or designee shall be given the right to speak first for up to two minutes; such time shall not be counted in the total time for debate.
21. Within the allotted debate time, a delegate may speak for up to two minutes when recognized to speak on a main motion and up to one minute when recognized to speak on any other debatable motion.
22. Debate will alternate “pro” and “con,” as much as possible, and each delegate shall be allowed only one turn to speak in each queue. If an amendment or other debatable motion is made that takes priority over the pending question, the existing queue will be saved and a new queue will be opened.



GENERAL ASSEMBLY

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

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

ADMINISTRATIVE

24. The Resolutions Committee shall be authorized to correct article and section designations, punctuation and references in the Bylaws, Election Rules, and General Assembly Standing Rules of Procedure as may be necessary to reflect the intent of the General Assembly.
25. Following the conclusion of General Assembly, the draft General Assembly minutes shall be sent electronically to all state captains and the ENA Board of Directors for a 10-day review and comment period. The minutes shall be subsequently approved by the Resolutions Committee.
26. The status of resolutions adopted by the General Assembly will be made available to the ENA membership through ENA publications and the [General Assembly website](#).

Proposal to Amend Bylaws

Proposal Number: To be completed by ENA Headquarters

Title: Membership Qualifications for Senior and Voting Members

Article and Section: Article III, Section 2. Classifications and Criteria

Current bylaws language:

- A. Voting Members – voting members shall be classified as national, international, senior and military (“Voting Members”). Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA’s meetings and social functions.
1. National membership may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.
 2. International Membership may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.
 3. Senior membership may be granted to a professional registered nurse who is age 65 or older and licensed in the United States or its territories.
 4. Military membership may be granted to a professional registered nurse licensed in the United States or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.

Proposed changes:

- B. Voting Members – voting members shall be classified as national, international, senior, ~~and~~ military (“Voting Members”). Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA’s meetings and social functions.
1. National membership may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.
 2. International Membership may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.
 3. Senior membership may be granted to a professional registered nurse who is age ~~65~~ **55** or older and licensed ~~in the United States or its territories~~ **(or the equivalent thereto) in their country of residence.**
 4. Military membership may be granted to a professional registered nurse licensed in the United States or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.

Bylaws language if adopted:

- A. Voting Members – voting members shall be classified as national, international, senior and military and such other classifications as the Board may determine from time to time (“Voting Members”). Only professional registered nurses licensed (or the equivalent thereof) in their country of residence are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA’s meetings and social functions.
1. National membership may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.

Proposal to Amend Bylaws

2. International Membership may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.
3. Senior membership may be granted to a professional registered nurse who is age 55 or older and licensed (or the equivalent thereof) in their country of residence.
4. Military membership may be granted to a professional registered nurse licensed in the United States or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.

Rationale:

ENA conducted a Member Needs Assessment in 2021, which collected data on member perception, needs, and challenges faced by emergency nurses across all age groups, experience levels, and practice settings. Currently, the Senior category applies to nurses 65 and over residing in the United States or its territories, which represent 3% of ENA's membership, while nurses over 55 have similar needs to the 65+ group yet are still paying full price. Expanding eligibility as proposed would impact an additional 17% of membership. This change also includes adding international nurse eligibility to the Senior category, making our membership dues more equitable and globally accessible. We believe this will lead to increased member retention and the overall increase of ENA membership.

Author(s):

2022 ENA Board of Directors

Resolution GA22-02

Augmenting Membership Growth and Sustainability Through the Creation of an Emergency Nurses Association Membership Focused Outreach Group

Whereas, visionary leaders attract and inspire like individuals and, together, join forces to form a relationship known as an association; “an organization of persons having a common interest” (Merriam-Webster, n.d.-a);

Whereas, Emergency Nurses Association (ENA) founders Anita Dorr and Judith Kelleher had a vision, joined forces, and created an association of, and for, emergency nurses (Solheim, 2018; Castner, 2021);

Whereas, as a voluntary, membership organization, ENA professional leaders and members are an essential driving force, establishing standards and ethics in emergency nursing (Cogan, n.d.). Membership growth through engagement is essential to ENA’s ongoing strength and sustainability;

Whereas, successful member engagement brings organizations and members closer together, benefiting the greater mission. States, their chapters, and international members are challenged to attract, nurture, and retain members and look to association leaders and colleagues for membership strategies and solutions;

Whereas, communication is a key driver of member satisfaction: informed members are more likely to engage in voluntary activities and invest as loyal members. Effective and frequent communication is an essential bridge between parties, and when barriers arise, information is lost as well as member investment; and

Whereas, enhanced communication derived through innovative outreach would foster discussions surrounding shared challenges and offer recommendations for success (Cogan, n.d.; Dandapani, 2020). A voluntary, membership focused outreach group would provide an innovative member value to national and international member leaders, creating a platform for direct member input, strengthening ties between members, ENA’s governing body and operational staff.

Resolved, recommend ENA’s governing board create a, voluntary membership focused outreach group to be charged with conducting focused membership outreach for the purpose of augmenting association membership communications, growth, and sustainability.

Resolution Background Information:

Through dedication to a cause and the determination to see that cause to fruition, ENA founders Anita Dorr and Judith (Judy) Kelleher created an association of emergency nurses for the purpose of honing training and skills of nurses in the emergency care setting and improving patient outcomes (Solheim, 2018). Our association’s humble beginnings are outlined in ENA 50th Anniversary timeline resources (ENA, n.d.; Dominis, 2020):

- In January of 1970, Anita Dorr initiated the first meeting of the Emergency Room Nurses Organization in New York.
- Five months later, Judy Kelleher from California announced her intention to form an organization for emergency nurses, yet unnamed.
- Through influential professional networking connections, Anita and Judy met and formed a coalition to be known as the National Emergency Department Nurses Association (EDNA).
- In December of 1970, EDNA was granted a certificate of incorporation as a not-for-profit corporation chartered in Albany, New York.
- Headquarters were established at the home of Anita Dorr in Tonawanda, New York. Membership recruitment efforts were initiated, and yearly dues were set at \$5.
- In October 1971, EDNA’s first board of directors meeting was held with elected regional representatives and Anita Dorr as executive director.

Resolution GA22-02

- Anita's grit and ingenuity pioneered the first "crash cart," a vital piece of resuscitation equipment embraced throughout the world today (Dominis, 2022).
- Bylaws and a constitution were approved, a roadrunner logo was chosen to depict agility, and dues were increased to \$10.
- Despite the death of Anita Dorr in October 1972, the association endured and thrived under the leadership of EDNA's first elected President, Judy Kelleher, and a handful of loyal member leaders.

Over a half century later, their legacy, the Emergency Nurses Association, boasted over 50,000 members from all states of the union and over 30 countries (Dominis, 2020). The Emergency Nurses Association's long and rich history of engagement and accomplishments by members defines our mission "to advance excellence in emergency nursing." Milbrath describes advancements and advocacy throughout our history, enduring policy initiatives championed by members, and their impact on emergency nursing and current health policy (2021). One conclusion is apparent: talented, engaged, and passionate members are, and always have been, the driving force that propels our specialty association forward.

Because emergency nursing professionals are the lifeblood of ENA, association long-term membership strategies focus on providing value to members and growing our member base (Cogan, n.d.; Dandapani, 2020). Our diverse group of nurse professionals from across the generations joined ENA for a variety of reasons with the expectation of value from their membership investment. A member-centric culture^{5, 10} combines vision and innovation that examines what matters most to members (Dandapani, 2020; Scott, 2019). Understanding what matters to members includes inviting member input and soliciting member feedback (Doubleknot, n.d.). Engaging members in surveys, focus groups, and direct conversations promotes valuable feedback and member satisfaction.

A recent conversation with ENA's membership services managers revealed the information shared here: reported membership trends and how the COVID-19 pandemic years have shifted membership strategies to best serve our members. According to executive officer Nash and senior manager Hessler, from 2017–2021, ENA's membership increased by sixteen percent (16%) from 43,000 to over 50,000. Member diversity data reveals that thirty percent (30%) of our total membership is under 40 and 50% are under 35 years of age. The number of members in other age brackets has increased as well; including student nurse members. COVID restrictions on in-person events opened the door to the option of virtual meetings and expanded opportunities to engage members across the association. Virtual technology has proven to be the silver lining solution combating the limitations of the pandemic years and continues to enhance member outreach, keeping us connected.¹² As a connection advantage, ENA launched dedicated state officer email accounts that can be transferred from current to future leaders, easing succession planning and leadership transitioning. Meeting the challenges and offering solutions is what innovation is all about.

Merriam-Webster.com dictionary defines the word communicate as follows: "to convey knowledge of or information about: make known; to transmit information, thought, or feeling so that it is satisfactorily received or understood" (n.d.-b). Modern day technology affords a plethora of social media platforms through which to communicate and connect. Using combinations of websites, social media, electronic mail and the written word, ENA has greatly expanded their messaging efforts to avoid the one-size-fits-all mentality (Pearson, 2021; Scott, 2019). Virtual meetings are convenient, more accessible, and, sometimes, preferential to in-person meetings. We are an association of diverse and multi-generational professionals; what works best for one may not reach another. No matter how hard the sender tries to reach everyone, barriers exist. Those who prefer social media sites instead of email may ignore, not open, or not read email messages. Information may be lost altogether if members fail to update online personal profiles and/or choose an email address associated with their workplace that employs strict security. If information is not conveyed, members are left uninformed, leading them to question the value of their membership investment, and as a result may choose not to renew. This is especially

Resolution GA22-02

critical when trying to connect with new members. First impressions are impactful and lasting.

Membership strategies guide association growth during good times and bad. Strategies need to flex to the times and adapt to the needs of the members both at home and abroad. Growing a strong membership base includes attracting and recruiting, engaging, and retaining members. While membership services are focused on providing valuable benefits and opportunities to members, state and local chapters are faced with the constant challenge of attracting and engaging members and nurturing future leaders. Leadership turnovers are always occurring; veteran leaders step aside as emerging leaders step up. Regional leaders are seeking answers to membership development strategies that work and asking these questions:

- How can we attract and onboard new members?
- Who are they and where can we find them?
- Once they choose to join us, how do we get them to engage?
- What can we do to foster future leaders?
- How can we keep them engaged and get them to stay?

How can we help each other, meet these regional leaders on a personal basis, and offer solutions to ongoing membership challenges? A voluntary membership focused outreach group comprised of a diverse mix of association membership advocates would fulfill this innovative member value, connecting state, chapter, and global member leaders with ENA's membership management services. Group members would serve an assigned regional area of states, local chapters where they exist, and international sectors to provide an inviting platform (Autry, 2021) on which member leaders could address membership strategy concerns, share experiences, and highlight successes. The results of interactive group discussions and member feedback would in turn be shared with ENA's membership service staff through scheduled meetings. In addition to membership building topics, member feedback might also include member preferences and recommendations regarding effective communication efforts and potential barriers.

Organizational engagement is described as playing a role in the organization through volunteering, voting, and promoting an association's reputation and brand (White, 2019; Pearson, 2021; Autry, 2021). Emergency Nursing Association's talented, loyal members contribute time and talent to organizational success. Every ENA member is afforded the opportunity to engage and serve the association as a volunteer member of a committee, advisory council, or designated work group that contributes to process improvements and innovative ideas. Together we can share in process improvement activities to improve member value and satisfaction, reach workable solutions, and ensure a strong and sustainable future for our specialty nurses association.

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

ENA Bylaws

Support member diversity, engagement, and opportunities to serve the association (ENA, 2021)

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

- A. **Voting Members** – voting members shall be classified as national, international, senior, and military (“Voting Members”). Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, *serve on committees*, and attend ENA's meetings and social functions.
1. **National membership** may be granted to any individual who is a professional registered nurse licensed in the United States or its territories.
 2. **International membership** may be granted to any individual who is a professional registered nurse licensed (or the equivalent thereto) outside of the United States or its territories.
 3. **Senior membership** may be granted to a professional registered nurse who is age 65 or older and licensed in the United States or its territories.

Resolution GA22-02

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

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

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

Article V, Meetings, Section 2. Authority. The General Assembly is responsible for *communicating member needs*, providing feedback, and input on issues relating to the practice of emergency nursing to the Board of Directors.

Article VIII, Constituent Divisions, Section 1. State Councils. A State Council’s general purposes and objectives shall be complementary and consistent, on a local basis within its territory, with those of ENA and the State Council will advance the general and specific purposes of ENA within its territory.

Article IX, Committees, Section 1. Committees

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

Mission

To advance excellence in emergency nursing; through direct membership advocacy and engagement, supporting regional leaders and international members to meet unique membership challenges, grow and sustain membership numbers, and promote membership value.

Vision

Be the premier organization for the emergency nursing community worldwide; offering a unique membership value platform where members support each other, communicate challenges, and share solutions, builds a strong and admired association model.

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

Strategic Initiatives: Core Values:

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

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

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

“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**”

Strategic Initiatives: Goals, Objectives, and Strategies

* The term “committees” also includes advisory councils and designated work groups.

Resolution GA22-02

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

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 ED

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

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 (ENA, n.d.-b)

Financial Consideration/Operations Impact:

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

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Resolution GA22-02

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Resolution GA22-02

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Resolution GA22-03

TITLE: Sustaining Just Culture

Whereas, a fatal medication error resulting in the criminal conviction of a former registered nurse has rocked the foundation of healthcare to its core;

Whereas, this precedent may potentially lead to a significant decrease in reporting of adverse events and behaviors creating an atmosphere of silence instead of the desired culture of safety;

Whereas, the American Nurses Association (ANA) endorses the adoption of *just culture* as an effective means to support safe quality patient care;

Whereas, the ANA recognizes just culture as an environment where “individual practitioners should not be held accountable for system failings over which they have no control” and “individual or ‘active’ errors represent predictable interactions between human operators and the systems in which they work,” and does not “tolerate conscious disregard of clear risks to patients or gross misconduct” (ANA, 2010);

Whereas, just culture “creates an atmosphere of trust, encouraging and rewarding people for providing essential safety-related information” contributing to a responsive healthcare environment supporting patients and all healthcare providers in delivering the highest quality of safe practice and safe care (ANA, 2010); and

Whereas, recent legal proceedings threaten nursing’s ability to embrace a just culture.

Resolved, ENA create a position statement endorsing and encouraging, the implementation of just culture;

Resolved, ENA consider incorporating just culture, into the future development and revision of educational materials; and

Resolved, ENA partner with other organizations in the dissemination of research initiatives identifying potential changes in patient safety and employee performance outcomes to strengthen a just culture.

Resolution Background Information:

A patient at a large university-based hospital died on December 26, 2017, after an experienced registered nurse, retrieved the wrong medication, failed to detect it was the wrong medication, and administered the wrong medication (Kelman, 2020). The nurse, attempting to accomplish multiple tasks simultaneously, did not perform standard safe medication practices which could have highlighted the error to the nurse, enabling her to prevent the error. The institution terminated the nurse eight days after the mistake was identified, citing her failure to adhere to the Five Rights of Medication Administration. Based on an anonymous tip, the Centers of Medicare and Medicaid Services conducted and released an investigative report detailing the errors in November 2018. The nurse was arrested on February 4, 2019, for her role in the patient’s death and charged with reckless homicide and impaired adult abuse. In July 2021, the State Board of Nursing revoked her nursing license after initially deciding not to pursue disciplinary action in October 2018 (Institute for Safe Medication Practices [ISMP], 2021). She was convicted of criminally negligent homicide and gross neglect of an impaired adult on March 25, 2022. The judge in the case called it a “terrible, terrible, mistake” and further stated the nurse had “no sustained intent to violate the law, is highly amenable to correction, has no criminal record, is removed from the healthcare setting, and she will never practice nursing again. This situation will never be repeated by this nurse.”

Resolution GA22-03

She received a diverted sentence of three (3) years probation on May 13, 2022 (Robbins, 2022).

The term “just culture” was first used in 2001 and widely adopted by hospitals following the release of the 1999 Institute of Medicine (IOM), now the National Academy of Medicine, report *To Err is Human* (IOM, 2000). Just culture reinforces safe patient care, which “creates an atmosphere of trust, encouraging and rewarding people for providing essential safety-related information” (ANA, 2010, p. 3) to contribute to a responsive healthcare environment assisting patients and all healthcare providers in delivering the highest quality safe practice and safe care. The just culture model focuses on improving system design and managing at-risk behaviors by creating an open and fair learning culture geared towards designing safe systems and managing behavioral choices resulting in successful outcomes (Marx, 2019). The focus of the just culture model is on the prevention of harm before it occurs, and as such, has documented success in reducing errors and improving outcomes (Boysen, 2013).

A just culture improves patient safety through the creation of an environment of shared accountability, evaluating systems and individual behavioral choices. There are three expected types of behaviors including human error, at-risk behaviors, and reckless behaviors. Human error is an inadvertent action or inadvertently doing something other than what should have been done. At-risk behaviors are those which increase risk where risk is not recognized or is mistakenly believed to be justified. Reckless behavior is a choice to consciously disregard a substantial and unjustifiable risk (ISMP, 2012).

The Joint Commission (TJC) urges organizations to establish a safety culture, which promotes trust. The Joint Commission *Comprehensive Accreditation Manual for Hospitals* (2022) outlines five leadership safety culture components. One component, *Accountability/Just Culture*, calls on leaders to “provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment” (The Joint Commission, 2018, p. 2). The essential role of leadership in developing a safety culture is a transparent and non-punitive approach to event reporting, which is critical to promoting learning from adverse events, close calls, and unsafe conditions (TJC, 2021). *Leading a Culture of Safety: A Blueprint for Success*, co-authored by representatives of the American College of Healthcare Executives and The National Patient Safety Foundation’s Lucian Leape Institute (2017), establishes six leadership domains requiring leadership to focus on developing and sustaining a culture of safety. “Lead and Reward a Just Culture” is one of the identified leadership domains. This blueprint notes a just culture recognizes punishing people for mistakes will discourage reporting, failing to rectify problems in the system, and setting the stage for the likelihood of recurrence.

Delivering safe nursing practice and safe patient care requires the integration of many complex factors working together simultaneously. Unfortunately, people make errors. “Transparent, just, and timely reporting mechanisms of medical errors, without the fear of criminalization, preserve safe patient care environments” (ANA, 2022). A punitive approach will not solve the problem. Individuals may be at fault, and the system is also at fault. To achieve a just culture, the American Nurses Association supports partnerships among state boards of nursing, professional nursing and hospital associations, and individual healthcare organizations (ANA, 2010). The recent criminalization of a health care provider’s actions leads to concern that such criminalization may stifle open and transparent learning as healthcare providers weigh the risks of disclosing an error within their organization or reporting an error (ISMP, 2012).

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

ENA Practice Environment Goal, Strategy # 6: Safe practice and safe care

ENA Mission Statement: To advance excellence in emergency nursing.

ENA Core Values: Collaboration, evidenced by working with healthcare partners to achieve an environment of

Resolution GA22-03

safety

ENA Core Values: Integrity, evidenced by openness and honesty in decisions, communications, and actions

ENA Core Values: Excellence, evidenced by a culture of inquiry dedicated to innovation, compassion, and global commitment to best practice

ENA Credo: Emergency care evolves through lifelong learning and a culture of inquiry for the discovery and integration of evidence-based research into emergency nursing practice.

ENA Practice Environment Goal, Objective #1: Improve quality and safety in emergency nursing practice.

ENA Community Goal, Objective #5: Expand the voice of the emergency nurse in healthcare policy and public health.

Financial Consideration/Operations Impact:

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

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Resolution GA22-04

TITLE: Opposing the Criminalization of Medical Errors

Whereas, unintentional errors occur in health care as well as every other very complex system that involves human beings and accountability for patient safety is a shared multidisciplinary responsibility (Institute of Medicine, 2000);

Whereas, medical errors involving emergency care personnel in multiple states have resulted in the criminal prosecution of licensed healthcare personnel and recently gained increased national media attention (“In rare move,” 2021; Loller, 2022);

Whereas, criminalization does not prevent human error, nor do safety procedures prevent intentionally harmful or reckless behavior (Beam & Carbajal, 2022; Brusie, 2022; Mate, 2022);

Whereas, hospitals have been influenced to adopt processes aimed at error prevention, establish patient safety cultures that encourages employee accountability, and limit negative consequences when human errors do occur (Paradis & Sweeney, 2019);

Whereas, punishment creates blame-based workplace cultures that deter error reporting (Eng & Schweikart, 2020);

Whereas, the Patient Safety and Quality Improvement Act of 2005 (Public Law 109-41) (2005) provides Federal legal privilege and confidentiality protections to information that is assembled and reported by providers to a Patient Safety Organization (PSO) or developed by a PSO ("patient safety work product") for the conduct of patient safety activities and significantly limits the use of this information in criminal, civil, and administrative proceedings; and

Whereas, nursing regulatory bodies are jurisdictional governmental agencies that are responsible for protecting the public's health and welfare by overseeing and ensuring the safe practice of nursing through state “privilege to practice” and “scope of practice” standards (National Council of State Boards of Nursing, 2015) and that identify competency standards, provide oversight and evaluation of nurses and their practice, investigate complaints, identify penalties, and make criminal referrals to law enforcement personnel and prosecutors when indicated.

Resolved, recommends that ENA establish a workgroup to identify research and resources that can be used to increase transparency, inclusion, and collaboration among legislators, regulatory agencies, employers, nurses, the public, and prosecutorial staff on the importance of peer review and just culture as a means to improve patient safety; and

Resolved, that ENA draft a position statement that opposes the criminalization of medical errors and emphasizes a message that criminal prosecution of nurses should be reserved for those that have been investigated by the state nursing regulatory body and willfully caused harm.

Resolution Background Information:

The Quality Interagency Coordination Task Force, a federal Agency for Healthcare Research and Quality, describes a medical error as a “failure of a planned action to be completed as intended or the use of a wrong plan

Resolution GA22-04

to achieve an aim. Errors can include problems in practice, products, procedures, and systems.” (Quality Interagency Coordination Task Force, as cited in Rodziewicz et al., 2022).

In 1999, the National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine [IOM]) encouraged health systems to work towards building an environmental culture of safety (Institute of Medicine, 2000). This meant that the design of systems should be geared to preventing, detecting, and minimizing hazards and the likelihood of error – and should not include attaching blame to individuals. In their own words, the IOM noted, “To Err Is Human asserts that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer” (IOM, 2000, para. 5). Since then, numerous safety publications, guidelines, and system models have informed our collective desire to highlight best practices designed to protect patients (Cheney, 2022). As a result of the landmark report *To Err is Human: Building a Safer Health System*, Congress passed the Patient Safety and Quality Improvement Act (PSQIA) in 2005. The PSQIA created a framework for voluntary reporting of patient safety events including near miss situations that addresses confidentiality provisions and legal protections.

The U.S. Department of Health and Human Services (HHS) is responsible for the implementation of the PSQIA and delegates the authority to enforce the privilege and confidentiality protections of the law to the Director of the Office of Civil Rights (OCR) (Department of Health and Human Services, 2006). The Centers for Medicare and Medicaid Services (CMS) is responsible for creating health and safety guidelines for U.S. hospitals and healthcare facilities, including introducing and enforcing clinical and quality programs through payment incentives and its Conditions of Participation program (CMS.gov, 2021). The HHS Office of the Inspector General works with law enforcement partners to investigate and prosecute fraud and other alleged violations of law (Office of Inspector General of the Department of Health and Human Services, 2020). When situations involve the intersection of medical negligence and criminal conduct, matters becomes more complicated, often involving a court system that is inherently designed to punish violators but may exclude the consideration of mitigating circumstances.

Traditional state-based legal protections for health care quality improvement activities, collectively known as peer review protections, are limited in scope. They do not exist in all states. Typically they only apply to peer review in hospitals, do not cover other health care settings, and seldom enable health care systems to pool data or share experience between facilities. If peer review protected information is transmitted outside an individual hospital, the peer review privilege for that information is generally considered to be waived. This limits the analysis of risks and hazards that can then be used to improve patient safety (Lindor et al., 2021).

State policymakers play a critical and longstanding role in occupational licensing policies, dating back to the late 19th century when the U. S. Supreme Court decision in *Dent v. West Virginia* established states’ rights to regulate certain professions (Dent v. West Virginia, 1889). State nursing regulatory board responsibilities center around three broad functions: licensure, education, and practice. State nursing boards prescribe minimum curricula and approve schools of nursing meeting board standards. State nursing boards interpret statutes and administrative rules to determine the appropriate standards of practice in an effort to ensure the highest professional conduct. Ultimately, states are authorized to determine whether a nurse is granted the privilege to practice by powers reserved to them by the Tenth Amendment to the U.S. Constitution (U.S. Const. Amend. X). Healthcare systems should be expected to provide an adequate and effective response to patients who have been unintentionally harmed while receiving care. A microscopic reanalysis of individual cases involving medical errors further scrutinizes the actions of individuals and facilities, which encourages nonparticipants to judge a sequence of events at which they were not present. This is not our role as nurses nor the role of a professional

Resolution GA22-04

nursing organization. Because safety disclosures may inadvertently contribute to evidence that can be used by prosecutors to file criminal charges against nurses, criminalization should be reserved for willful and purposeful acts that result in harm to patients. Related to the recent court case in Tennessee, the employer terminated the nurse and subsequently implemented a 330-page plan of correction that was not widely reported by the media (Vanderbilt University Medical Center (2018). The state board of nursing permanently revoked the nurse's license, and she was prosecuted in criminal court for negligent homicide and gross neglect of an impaired adult and was subsequently convicted of, and sentenced for both crimes, resulting in a dual penalty for her actions (revocation of license and conviction on the criminal complaints). The Fifth Amendment to the U.S. Constitution (U.S. Const. Amend. XX) provides protections against self-incrimination and prohibits anyone from being prosecuted twice for substantially the same crime. However, the application of these principles in this case would require legal interpretations that might be considered beyond the scope of this resolution.

Resources are needed to support nurses in identifying strategies to protect themselves from criminal liability when willfully and honestly coming forward to report medical errors. Resources for educating those creating and implementing legislative and law enforcement processes for patient safety cultures that improve care are need as well.

No known material currently exists at ENA to support this request.

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

It is ENA's mission to advance excellence in emergency nursing.

ENA Core Values include integrity, collaboration, and excellence in practice.

The ENA Code of Ethics adheres to the principles of honesty and integrity.

Our Credo reflects compassion as an essential element of the emergency nursing profession.

Financial Consideration/Operations Impact:

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

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Resolution GA22-04

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Resolution GA22-04

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Resolution GA22-05

TITLE: A Workers' Compensation and Insurance Bill to Include Psychological Injuries in the Definition of "Injury" for Healthcare Workers and First Responders

Whereas, "exposure to potentially traumatic events is considered a normal occupational hazard within certain professions" (Wagner et al., 2020, p. 601);

Whereas, healthcare workers and first responders provide trauma care to patients. They experience the trauma secondarily and are therefore at risk for developing secondary traumatic stress disorder, acute stress disorder, post-traumatic stress disorder, anxiety, and depression (Jobe et al., 2021);

Whereas, "secondary traumatic stress can put first responders and healthcare workers at an increased risk of developing severe anxiety and major depressive disorders due to secondary traumatic stress over time" (Jobe et al., 2021, p. 247);

Whereas, "symptoms of secondary traumatic stress and post-traumatic stress disorder include intrusion or the reexperiencing of the trauma through nightmares and flashbacks; avoidance of the trauma, including active efforts to avoid triggers and stimuli that may bring back those memories such as asking for a change of patient assignment; and hyperarousal, which can lead to irritability, anger, difficulty concentrating, and exaggerated startle response" (Jobe et al., 2021, p. 244);

Whereas, healthcare workers and first responders suffer from higher rates of compassion fatigue and depersonalization as a coping mechanism from work-related stressors (Jobe et al., 2021). The most intrusive symptoms of PTSD and secondary traumatic stress occur when first responders provide care for someone they know or for whom they feel empathy (Wagner et al., 2020);

Whereas, psychological implications of PTSD and secondary traumatic stress are largely negative and typically require greater attention to be treated including seeking the care of a psychologist, medications, and time off work in order to mitigate flashbacks, avoidance, triggering events, and suicidal contemplation and ideation (Barber et al., 2015; Cabarkapa et al., 2020);

Whereas, healthcare workers and first responders are less likely than the general public to seek mental health care secondary to social stigma and lack of resources associated with the historical need to be "mentally tough" and lack of economical ability to miss work (Cost of living index by state, 2021, n.d.; Horan et al., 2021; Jones et al., 2019; Lewis-Schroeder et al., 2018; U.S. Bureau of Labor Statistics, 2022a, 2022b, 2022c, 2022d).;

Whereas, only 20 states have current legislation that includes mental or psychological injuries under workers compensation laws, and 7 of those 20 are only for police, fire or first responders. The remaining 30 states have no inclusion for workers compensation coverage for mental or psychological injuries occurring through the course of their daily work; and

Whereas, safety net benefits and support resources for healthcare workers and first responders who are constantly exposed and indirectly affected by secondary traumatic stress due to exposure to traumatic events are limited. (Lerias & Byrne, 2003) The Emergency Nurses Association (ENA), being the premier organization for emergency nurses, has a direct interest in working to guarantee frontline healthcare workers and first responders can seek and receive care for mental and psychological injury associated with their professions under the protection of workers compensation benefits.

Resolution GA22-05

Resolved, ENA will work with other organizations and stakeholders to advocate for development of legislation that will include mental and psychological injury in the definition of “injury” for workers compensation claims for healthcare workers and first responders.

Resolution Background Information:

The evolution of workers compensation dates to 2050 B.C. (Guyton, 1999) In general, employees were rewarded based on the extent of injury incurred while working. For example, loss of a finger enabled a certain reward whereas the loss of an ear received another reward. (Guyton, 1999) Early frameworks for workers’ compensation included three principles for considering a compensable injury. The first two determined that if the worker or a co-worker were in any way responsible for the injury then the employer was not at fault. Therefore, there was no compensable claim. The third is an employee’s assumption of risk, often referred to as the “workers right to die.” This states that an employee knows what they are getting into when they sign up for a particular job and are therefore accepting the risk of the job (Guyton, 1999). Since “modern” workers’ compensation largely matured during the industrial revolution, benefits are targeted toward specific physical workplace injury. (Clayton, 2003). With the evolution of healthcare professions (nurses, doctors, and ancillary healthcare staff) and a robust first responder (police, fire, and EMS) system, there are now certain professions that cause debilitating psychological injury with no physical signs.

Research over the last 20 years has shown that healthcare workers and first responders are at a significantly greater risk of mental health problems and suicide than the general population (Hamed et al., 2020; Jones et al., 2019; Lewis-Schroeder et al., 2018; Salari et al., 2020) After surveying 130 jobs, healthcare workers and first responders consistently ranked within the top 20 with mental health problems, all suffering at a rate that is 80% higher than other occupations surveyed (Salari et al., 2020).

While for the general population being present during a critical incident may only occur once in their lifetime, for healthcare workers and first responders, that exposure occurs daily (Hamed et al., 2020; Jones et al., 2019; Lewis-Schroeder et al., 2018; Salari et al., 2020). Compounding this repeated exposure is that it can occur more often than even daily. Many healthcare workers and first responders work 12- to 24-hour shifts and can be repeatedly exposed to various traumas throughout their shift, such as performing CPR, suicide attempts, mass casualty events and providing postmortem care (Hamed et al., 2020; Jones et al., 2019). The tempo of their environment “leads to an inability to integrate work experiences” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018, p. 4) making it impossible for healthcare and first responder professionals to ever be allowed enough time to recover between traumatic events (Lewis-Schroeder et al., 2018; SAMHSA, 2018; Swensen et al., n.d.).

It is this cumulative nature of traumatic events that places healthcare workers and first responders at higher risk for acute stress disorders (ASD), PTSD, depression, anxiety, and burnout (Lewis-Schroeder et al., 2018). Symptoms associated with ASD, PTSD, anxiety, and depression are nightmares, flashbacks, avoiding triggers, hyperarousal, anger, irritability, sadness, intrusive thoughts, difficulty concentrating, even loss of appetite and lack of empathy (Jobe et al., 2021; Lewis-Schroeder et al., 2018). “The prevalence of depression among the general public ranges from 6% to 62%, whereas for healthcare workers the range is from 4% to 82%” (Deng et al., 2021, p. 104). “Overall, 88% of nurses had depression, anxiety, post-traumatic stress disorder, or burnout syndrome” (Hamed et al., 2020, para. 6). Approximately 30 – 40% of first responders experience ASD and PTSD, a rate like that of military veterans and much higher than the general population (8%) (Jones et al., 2019; Lewis-Schroeder et al., 2018). These elevated rates of mental health problems often lead to poor outcomes for healthcare workers and first responders. Many of them turning to poor coping mechanisms and suicide (SAMHSA, 2018).

Social stigma and lack of resources and availability of care often lead healthcare workers and first responders to

Resolution GA22-05

not receive care after traumatic events or when signs of mental health problems emerge. Healthcare workers and first responders are often reluctant to discuss traumatic events because of a culture that emphasizes strength, along with self-reliance; the importance of saving others; and the exaggerated value of mental toughness (Horan et al., 2021; Jones et al., 2019; Lewis-Schroeder et al., 2018). These social ideals alone discourages many from seeking help, further “perpetuating poor mental health outcomes among an already at-risk population” (Jones et al., 2019, p. 43). Lack of resources makes an already precarious situation worse. Although nurses are in the highest wage category of the discussed occupations, others healthcare workers, and first responders are not so fortunate. Whereas the national average salary of a registered nurse is \$82,000, the national average salaries of police, fire and EMS are lower at \$66,000, \$55,000, and \$36,000 a year respectively (U.S. Bureau of Labor and Statistics, 2022a, 2022b, 2022c, 2022d). However, the average cost of living in 2022 is \$61,000 per year (Cost of living index by state 2021, n.d.). This discrepancy leaves little ability for many healthcare workers and first responders to take time off work to receive care without some sort of benefit. More than half of the states in the U.S. do not have any benefit for mental or psychological injury sustained while working. This lack of a safety net benefit further discourages at-risk workers from seeking treatment, making mental health conditions worsen over time (Lewis-Schroeder et al., 2018).

Although there are few statistics to support such a claim, suicide among healthcare workers and first responders is thought to be higher than that of the general population. Few studies have been conducted specifically targeting these specific occupations. However, one study found that 86% of healthcare workers and first responders reported experiencing critical stress with 37% of respondents stating they had contemplated suicide and another 6% stating they had attempted it (Barber et al., 2015).

As workers’ protection laws have evolved, oddly enough workers compensation remains locked in the past with compensation largely based on physical injury alone. Regional changes have been made but often targeted to certain professions and continue to be specific to physical injury. No matter the type of injury or how it occurred, “the basic principle underlying modern workers compensation programs are that benefits are provided to injured workers without regard to fault and, in return, employers face limited liability” (Clayton, 2003, p. 7). Workers should no longer be forced to suffer mental health disorders in silence because they chose a profession of service to others.

Although ENA is currently supporting bills that discourage workplace violence, there has been no attempt to acquire safety net benefits for mental health disorders sustained in the workplace with which this author is familiar.

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

Health care workers and first responders work in a stress-filled environment that places them at risk of Secondary Traumatic Stress, ASD, and PTSD due to chronic exposure to traumatic events with little to no time to recover (Hamed et al., 2020; Jones et al., 2019; Lewis-Schroeder et al., 2018; Salari et al., 2020; Swensen et al., n.d.). This stress if left untreated can lead to debilitating mental health disorders and suicide in healthcare workers and first responders. By identifying, creating, and supporting a bill that will help encourage and protect healthcare workers to seek care for mental health disorders created through the course of their work and protect them while they do so, ENA can help protect a new generation from the dangers associated with untreated mental and psychological trauma.

Financial Consideration/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.

Resolution GA22-05

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Resolution GA22-05

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Resolution GA22-06

TITLE: Fentanyl Testing Limitations in the Emergency Department

Whereas, pharmaceutical fentanyl is a synthetic opioid approved for treating severe pain, including advanced cancer pain and is 50 to 100 times more potent than morphine (Centers for Disease Control and Prevention [CDC], n.d.);

Whereas, provisional data from the CDC National Center for Health Statistics estimated overdose deaths from opioids increased to 75,673 in the 12-month period ending in April 2021, up from 56,064 the year before (CDC, 2021);

Whereas, the National Center for Drug Abuse Statistics reported 96,779 drug overdose deaths were reported from March 2020 to March 2021, and about 70 percent of drug overdose deaths included opioids as a factor (National Center for Drug Abuse Statistics, n.d.);

Whereas, opioids kill more than 136 people in the U.S. every day, opioids kill more than three (3) times as many people as cocaine, and in January 2021, drug overdose deaths exceeded homicides by 306% (National Center for Drug Abuse Statistics, n.d.);

Whereas, the Federal Drug Enforcement Agency *2020 National Drug Threat Assessment* report states that illicit fentanyl and fentanyl-laced counterfeit pills are primarily responsible for fueling the ongoing opioid crisis and will likely continue to contribute to high numbers of drug overdose deaths in the U.S. (Drug Enforcement Administration, 2021);

Whereas, fentanyl, sold through illegal drug markets for its heroin-like effect, has surpassed heroin as the leading drug related to overdose deaths. Illicit fentanyl is often mixed with other drugs and/or medication, with or without the user's knowledge (CDC, n.d.; Li et al., 2020). Patients are often unaware that the substance they have taken (e.g., cocaine, heroin, marijuana, other) may be altered with fentanyl; this makes it difficult for providers to recognize the presence of fentanyl and administer naloxone promptly based on the patient's description alone (Li et al., 2020);

Whereas, it is common practice in many hospitals/emergency departments to perform urine toxicology screening to test for the presence of drugs of abuse, yet those same tests may not routinely identify fentanyl or other synthetic drugs. Fentanyl use is often missed, resulting in significant gaps in care (CDC, n.d.-b; Dezman, Felemban, et al., 2020; Dezman, Schwartz, et al., 2020);

Whereas, the State of Delaware Division of Public Health issued a health alert to providers stating that fentanyl is not detected using a "standard" urine opioid test and suggesting that providers work with their laboratory to expand the drugs of abuse screening (Delaware Division of Public Health, 2019). Additionally, 15 out of 24 hospitals in San Diego County, California, have started including fentanyl in their urine toxicology screening (Lev, 2022); and

Whereas, the identification of fentanyl is an opportunity to educate patients who may have either intentionally or accidentally ingested fentanyl, possibly providing a pathway to recovery and/or rehabilitation.

Resolved, that ENA develop education materials and conduct an information campaign to inform emergency department health care providers of the limitations of urine toxicology screening that does not include

Resolution GA22-06

fentanyl;

Resolved, that ENA encourage its members to use these materials to educate their colleagues and hospital administrators about the importance of ensuring routine drug toxicology screening includes fentanyl; and

Resolved, that ENA collaborate with relevant organizations to identify and reduce barriers to testing for fentanyl and partner together to inform health care providers of the limitations of routine drug toxicology screening tests as related to fentanyl.

Resolution Background Information:

This crisis of opioid misuse and addiction requires immediate intervention at the front lines of health care, including emergency nurses.

Here are some facts:

- In a cross-sectional study of 1 million patients' urine drug screens during the years 2013–2018, the positivity rates for non-prescribed fentanyl among cocaine-positive and methamphetamine-positive results increased 1,850% and 798% respectively), thus identifying the increase in concomitant use of fentanyl with stimulants (LaRue et al., 2019).
- In 2017, 68% of the 70,237 U.S. drug overdose deaths involved an opioid, and deaths involving synthetic opioids increased by 10% between 2017 and 2018 (Wilson et al., 2020). In 2017, deaths involving all opioids and synthetic opioids increased across all age groups, racial/ethnic groups, county urbanization levels, and in multiple states. From 2016 to 2017, synthetic opioid-involved death rates increased 45.2% (Scholl et al., 2019).
- The initial rise in opioid deaths began in 1999 with the increase in prescription opioids, followed by a rise in deaths involving heroin around 2011. This evolved in 2013 to include deaths by illicitly-manufactured fentanyl (CDC, n.d.-c). In 2016, synthetic opioids eclipsed prescription opioids as the most common drug involved in overdose deaths in the U.S., and synthetic opioids (fentanyl and related analogs) are the primary driver of that increase (Jones et al., 2018).
- Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in the 12-month period ending in April 2021 (CDC, 2021).

There are two main types of urine drug tests: immunoassay drug testing conducted at a laboratory or at the point of care and laboratory-based gas or liquid chromatography/mass spectrometry. The immunoassay is the most frequently used technique in all settings, including hospital laboratories, as it is less expensive and fast. It is most commonly used to screen for the presence of drugs or a panel of drugs such as amphetamine, marijuana, phencyclidine (PCP), cocaine, and natural opiates (morphine/codeine/thebaine but without differentiation). Heroin is metabolized to morphine and can therefore be detected, but a separate screening assay specific to heroin is required. The CDC states that routine urine drugs of abuse screening typically misses semisynthetic opioids (i.e., hydrocodone and oxycodone) and synthetic opioids (i.e., fentanyl and tramadol), so assays for these drugs must be specifically requested (Dowell et al., 2016; Moeller et al., 2008).

It is common practice in many hospitals/emergency departments to perform urine toxicology screening to test for the presence of drugs of abuse, yet these same tests may not routinely identify fentanyl or other synthetic drugs. (Moeller et al., 2008).

While we have been unable to find this lack of knowledge about urine toxicology screens and fentanyl in the

Resolution GA22-06

literature; the work of the Delaware Division of Public Health and the San Diego provider education show that this knowledge deficit exists and can be remedied. California ENA queried a group of emergency department leaders and found very few were aware that fentanyl was not part of a routine drug screen for drugs of abuse. A Maryland-based study found an increase in fentanyl-associated deaths but could not determine the prevalence of illicit fentanyl use. This was because the routine drugs of abuse panel does not include synthetic opioids and those cases, while diagnosed by presentation, were missed on the drug screen. The authors suggest that hospitals treating patients taking illicit fentanyl should consider adding the screening for fentanyl to their urine drugs of abuse panel (Moeller et al., 2008).

Whether consumption of illicit fentanyl is unintentional or deliberately taken for an added “high,” a lack of awareness of the potential for poisoning and death underscores the need for rapid identification in emergency departments. Equally as important is the opportunity to educate a patient who may have ingested fentanyl, and this education may provide a pathway to their rehabilitation.

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

Combating the ongoing national crisis of opioid addiction and overdose death is one of the policy 2022/23 priorities for ENA (ENA, n.d.).

Financial Consideration/Operations Impact:

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

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Resolution GA22-06

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Resolution GA22-07

TITLE: Development of Dignity Standards for the Care of the Behavioral Health Patient in the Emergency Department

Whereas, the emergency nurse seeks to provide the best environment for the emergency behavioral health (BH) patient in which to heal, the current conditions of overcrowding in the emergency department and lack of access to emergency mental health care are resulting in a deficiency of adequate care. The emergency nurse can often not provide environmental conditions that foster healing or respect due to a lack of resources;

Whereas, the volume of patients seeking care for behavioral health and substance use disorders is a growing proportion of ED encounters. The number of patients with concerns has risen by over 44% in the last decade (Agency for Healthcare Research and Quality [AHRQ], 2021). From 2000 to 2019, the suicide rate has increased by 34 percent;

Whereas, emergency department reporting reveals that the length of stay for a behavioral health patient continues to increase due to a lack of treatment centers and safe dispositions; and

Whereas, the role of nurses is to advocate for the best outcome for their patients and to ensure a therapeutic and healing environment whenever possible.

Resolved, that the Emergency Nurses Association (ENA) support research to investigate the emotional impacts of behavioral health patients boarding in the ED;

Resolved, that ENA will revise and develop evidence-based and ethically supported standards for the care of BH patients in the emergency department and that those standards should support evidence based environmental requirements such as natural light, privacy, and emotional support; and

Resolved, that ENA will recommend specific, developmentally appropriate therapeutic interventions to support empathetic care.

Resolution Background Information:

There is a stark reality that the care of the patients seeking mental healthcare in the emergency department is often not therapeutic and may be causing harm. The United Nations has stated maintaining prisoners in solitary confinement violates human rights standards if it extends beyond 15 days (United Nations, 1977). The manner in which many patients are held in the emergency department, in seclusion and lacking access to family or other supports is similar to confinement and may impinge on these human rights (Roennfeldt et al., 2021). While well-justified, the need to ensure safety of patients and to comply with regulatory requirements has driven the need to create a sterile environment for these patients. An unfortunate reality is that some of the longest lengths of stay for patients are in the pediatric population, with the rate of pediatric hospitalizations increasing over the last several years. The rates for children aged 5–11 and 12–17 years increased by approximately 24% and 31%, respectively (Centers for Disease Control and Prevention [CDC], 2021).

On arrival at an emergency department, patients are often in active psychiatric crisis, and interventions such as seclusion, medication support, and restraints are necessary to ensure the safety of patients, staff, and the community. Once the patient is stabilized, the patient is assessed, and a risk stratification tool such as the Columbia Suicide Screening is completed. The patients with the most significant risk and need for care are identified as needing an inpatient level of care, and a bed search is started. This process can range from hours to

Resolution GA22-07

weeks, depending on the regional or state processes surrounding behavioral health patient placement and available placement capacity. Delays in patient disposition resulting in ED boarding are well documented from by sources in the United States and other countries such as Canada (Major et al., 2021). Patients may be held in hallways or in group locations based on constraints on emergency departments and resources available. The continued care in these locations while safe can be overstimulating to patients.

According to ED visit data from AHRQ from 2006 to 2014 the rate of mental health and substance abuse-related ED visits increased 44.1 percent. Within that group of patients, those with suicidal ideation increased by over 400% during the same time (Moore et al., 2017). In 2021 The Joint Commission (TJC) published an article that outlines some of the causes of the current boarding crisis and goes on to provide strategies to support the care of patients boarding in the emergency department as well as address the moral distress of the caregivers (TJC, 2021). Those recommendations focus on the avoidance of restraints and the recognition that many patients may also have medical comorbidities. These findings have continued with public data from the Massachusetts Health and Hospital Association (MHA) noting that each week 500–700 patients are held in the emergency departments in the state (MHA, 2022). These reports note that the COVID pandemic has worsened an already existing crisis due to lack of inpatient beds, lower funding for mental health, and a population with no other option for care. While there is clear evidence of the scale of the mental health boarding crisis, the emotional impact on patients is not well published. According to Major et al. (2021), there is a notable increase in adverse events occurring with behavioral health patients as the length of stay increases (Major, 2021). Often patients are held in emergency departments without access to fundamental rights such as privacy, natural light, or protection from exposure to violence. The role of the emergency nurse is to advocate for the patients in our care. There is a need for national standards to be adopted to ensure all patients have equal access to privacy, natural light, and age-appropriate therapies while still providing a safe environment for those at risk.

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

This resolution aligns with the ENA strategic goals as outlined as being a professional characterized by mutual respect and service to the benefit of others. Respect for and benefitting our patients with mental illness should be a priority for the organization.

Financial Consideration/Operations Impact:

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

Professional References:

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Resolution GA22-07

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Resolution GA22-08

TITLE: International Inclusivity

Whereas, the Emergency Nurses Association (ENA) has committed to being the preeminent worldwide resource in emergency nursing (ENA, n.d.-a);

Whereas, ENA has made progress on having the international perspective represented in policies and position statements, fostering a culture of respect and belonging by encouraging involvement from all areas of the world;

Whereas, ENA is collaborating with international associations to partner in healthcare initiatives and to recognize comparable nursing certifications and credentials;

Whereas, ENA is ensuring their education platforms (ENA University) are reaching international markets with current courses including Trauma Nursing Core Course (TNCC) and Emergency Nursing Pediatric Course (ENPC). ENA has translated the TNCC provider manual into four languages and localized it for other English-speaking markets (Australia, UK) and the ENPC provider manual into two languages (ENA, 2021);

Whereas, ENA addresses emergency nursing issues unique to the United States through their Position Statements and Clinical Practice Guidelines;

Whereas, ENA has recognized international specialty certification with the Canadian Emergency Certification ENC(C), and this recognition globally will ensure inclusivity for all members of ENA and enable international specialty nurses to be equal certification partners to ENA members in the USA; and

Whereas, this resolution is in direct alignment with ENA's 2020-2025 vision and strategic goals (ENA, n.d.-a).

Resolved, ENA will identify and support changes to use inclusive language within Position Statements, Clinical Practice guidance, and other education materials and other forms of communication to ensure inclusion of the international community;

Resolved, ENA will consider the development of a process which are inclusive and respectful of international specialty certifications;

Resolved, ENA will continue to collaborate with existing nursing organizations globally to ensure inclusive educational opportunities, respecting diversity and enabling participation through the removal of geographical, cultural, and language barriers; and

Resolved, ENA will ensure educational opportunities exist for international members to develop their skills through accredited education and utilize opportunities to provide global content relevant to international members.

Resolution Background Information:

ENA is focused on advancing excellence in emergency nursing globally (ENA, n.d.-b). The 2020–2025 ENA Strategic Plan envisions an organization that is recognized as the preeminent worldwide resource for emergency nursing and that ENA is indispensable to the global community (ENA, n.d.-b). Additionally, the importance of

Resolution GA22-08

international membership is acknowledged on a distinct page of the ENA website (ENA website), in the 2020–2025 ENA Strategic Plan (ENA, n.d.-b) and within numerous other branded outputs including *ENA Connection*, the *Journal of Emergency Nursing*, and the ENA podcast. However, despite noting the importance of international inclusion, there appears to be a lack of an action plan and initiative to meet the international goals and international membership needs (Solheim, 2018).

Whilst international membership is relatively small (640 members as of April 2022), membership is from 43 countries. Whilst practice differences exist between health care systems, similarities enable shared learning opportunities through recognition of skills, certification, collaboration, and sharing of practice issues and standards.

The International Advisory Committee aims to 1) foster international partnerships. 2) partner with the ENA Foundation to foster a culture of philanthropy internationally and 3) increase international membership and visibility in ENA. However, there is not currently an international state/chapter structure to enable international members to have a voice, to serve as a decision-making body, to and foster a direct connection between ENA and their growing international membership. Additionally, recognition of comparable credentials and the provision of inclusive international practice resources with common language would aid inclusion and enhance worldwide collaboration and engagement.

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

The vision of ENA is to be “recognized as the preeminent worldwide resource in emergency nursing” and ensure that “emergency nurses practicing worldwide have the appropriate evidence-based resources needed to provide the best care possible” and “emergency nurses globally have access to high quality education and resources to provide excellent care” (ENA, n.d.-b, p. 2). This resolution, if adopted, would acknowledge worldwide member inclusion and is in direct alignment with the vision, education goals, objectives, and strategies of ENA (, n.d.-b).

Financial Consideration/Operations Impact:

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

Professional References:

Emergency Nurses Association. (n.d.-a). *2020–2025 Emergency Nurses Association strategic plan*.
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Resolution GA22-08

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GENERAL ASSEMBLY

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



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Assurance

EMERGENCY NURSES ASSOCIATION AND AFFILIATE

AUDITED CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

LOCAL
KNOWLEDGE,
GLOBAL
EXPERTISE

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
AUDITED CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

CONTENTS

PAGE

Financial Statements

Independent Auditor's Report	1 - 2
Consolidated Statements of Financial Position	3 - 4
Consolidated Statements of Activities and Changes in Net Assets	5
Consolidated Statements of Functional Expenses	6 - 7
Consolidated Statements of Cash Flows	8
Notes to Consolidated Financial Statements	9 - 27

Supplementary Information

Emergency Nurses Association

Statements of Financial Position	28 - 29
Statements of Activities and Changes in Net Assets	30
Statements of Functional Expenses	31 - 32
Statements of Cash Flows	33

ENA Foundation

Statements of Financial Position	34
Statements of Activities and Changes in Net Assets	35
Statements of Functional Expenses	36 - 37
Statements of Cash Flows	38

INDEPENDENT AUDITOR'S REPORT

To the Finance Committee
of Emergency Nurses Association

Opinion

We have audited the accompanying consolidated financial statements of Emergency Nurses Association and Affiliate (nonprofit organizations), which comprise the consolidated statements of financial position as of December 31, 2021 and 2020, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Emergency Nurses Association and Affiliate as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information presented on pages 28 - 38 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PKF Mueller

Elgin, Illinois
July 22, 2022

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 1,425,562	1,560,378
Accounts receivable, net	1,435,075	1,644,616
Grants receivable	18,412	16,909
Other receivables	67,184	74,053
Current portion of mortgage receivable	62,345	60,251
Inventory	54,522	34,986
Current portion of prepaid expenses	<u>649,321</u>	<u>957,577</u>
Total current assets	3,712,421	4,348,770
Property and equipment, net	12,082,265	11,885,260
Prepaid expenses, net of current portion	563,151	-
Mortgage receivable, net of current portion	1,751,404	1,813,749
Investments	<u>25,267,700</u>	<u>20,827,589</u>
Total assets	<u><u>\$ 43,376,941</u></u>	<u><u>38,875,368</u></u>

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable	\$ 728,160	321,627
Wages and benefits payable	1,114,853	554,371
Accrued expenses	459,297	465,904
Credits on customer accounts	48,295	76,741
Assessments payable	741,500	822,900
Line of credit	-	1,099,209
Current portion of deferred revenue	2,569,221	2,676,587
Current portion of bond payable	<u>337,859</u>	<u>337,586</u>
Total current liabilities	<u>5,999,185</u>	<u>6,354,925</u>
Long-term liabilities:		
Line of credit	1,099,209	-
Interest rate swap agreement	705,820	1,209,973
Deferred revenue, net of current portion	1,328,824	1,284,361
Bond payable, net of current portion	<u>8,535,073</u>	<u>8,872,932</u>
Total long-term liabilities	<u>11,668,926</u>	<u>11,367,266</u>
Total liabilities	<u>17,668,111</u>	<u>17,722,191</u>
Net assets:		
Without donor restrictions:		
Undesignated	20,831,482	17,033,882
Board-designated	<u>2,649,255</u>	<u>2,444,174</u>
Total without donor restrictions	23,480,737	19,478,056
With donor restrictions	<u>2,228,093</u>	<u>1,675,121</u>
Total net assets	<u>25,708,830</u>	<u>21,153,177</u>
Total liabilities and net assets	<u><u>\$ 43,376,941</u></u>	<u><u>38,875,368</u></u>

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

EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021			2020		
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Support and revenue:						
Courses	\$ 14,625,186	-	14,625,186	12,137,728	-	12,137,728
Membership dues	4,802,544	-	4,802,544	4,583,459	-	4,583,459
Conferences	845,318	-	845,318	867,804	-	867,804
Publications	583,347	-	583,347	584,984	-	584,984
Marketplace	418,567	-	418,567	506,938	-	506,938
Sponsorships	296,300	-	296,300	278,250	-	278,250
Royalties	214,572	-	214,572	155,369	-	155,369
Other	192,629	-	192,629	256,654	-	256,654
Grants	83,011	-	83,011	181,735	-	181,735
Paycheck Protection Program grant revenue	1,938,315	-	1,938,315	1,938,315	-	1,938,315
Special event revenue, net of direct expenses	9,276	-	9,276	-	-	-
Mailing lists	31,633	-	31,633	3,960	-	3,960
Contributions	322,304	603,575	925,879	193,892	450,342	644,234
Donated services	-	-	-	75,000	-	75,000
Net assets released from restrictions	269,842	(269,842)	-	261,351	(261,351)	-
Total support and revenue	24,632,844	333,733	24,966,577	22,025,439	188,991	22,214,430
Expenses:						
Programs, grants, and scholarships	15,361,958	-	15,361,958	14,680,961	-	14,680,961
Supporting services:						
Management and general	7,722,288	-	7,722,288	7,095,121	-	7,095,121
Fundraising and development	89,446	-	89,446	81,201	-	81,201
Total supporting services	7,811,734	-	7,811,734	7,176,322	-	7,176,322
Total expenses	23,173,692	-	23,173,692	21,857,283	-	21,857,283
Change in net assets - before other income	1,459,152	333,733	1,792,885	168,156	188,991	357,147
Other income (expense)						
Interest expense	(362,841)	-	(362,841)	(378,564)	-	(378,564)
Investment return, net	2,402,217	219,239	2,621,456	1,915,759	169,839	2,085,598
Gain (loss) on interest rate swap agreement	504,153	-	504,153	(497,536)	-	(497,536)
Loss on disposal of property held for sale	-	-	-	(450,000)	-	(450,000)
Total other income	2,543,529	219,239	2,762,768	589,659	169,839	759,498
Change in net assets	4,002,681	552,972	4,555,653	757,815	358,830	1,116,645
Net assets, beginning of year	19,478,056	1,675,121	21,153,177	18,720,241	1,316,291	20,036,532
Net assets, end of year	<u>\$ 23,480,737</u>	<u>2,228,093</u>	<u>25,708,830</u>	<u>19,478,056</u>	<u>1,675,121</u>	<u>21,153,177</u>

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

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

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

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2020**

	PROGRAMS, GRANTS, AND SCHOLARSHIPS	SUPPORTING SERVICES		TOTAL
		MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	
Payroll expenses:				
Salaries and wages	\$ 5,416,146	3,189,000	-	8,605,146
Employee benefits	743,590	433,757	-	1,177,347
Payroll taxes	401,152	218,721	-	619,873
Total payroll expenses	6,560,888	3,841,478	-	10,402,366
Operating expenses:				
Advertising and promotion	106,572	251	2,389	109,212
Bank charges and credit card processing fees	-	361,651	909	362,560
Discount on sales	142,192	-	-	142,192
Bad debt expense	35,160	-	-	35,160
Computer	223,389	780,161	-	1,003,550
Conferences	627,462	91,741	850	720,053
Cost of goods sold	1,343,693	-	-	1,343,693
Depreciation and amortization	359,425	117,967	11,722	489,114
Fulfillment and warehousing services	210,333	-	-	210,333
Grants and scholarships	711,970	2,640	-	714,610
Insurance	57,912	46,494	-	104,406
Miscellaneous	31,958	69,565	-	101,523
Postage, freight, and shipping	238,061	9,630	87	247,778
Printing	242,936	12,344	251	255,531
Professional services	965,007	845,119	30,448	1,840,574
Provision for UBIT	1,316	-	-	1,316
Public relations	9,211	156	-	9,367
Recruitment fees	-	38,017	-	38,017
Stipends	101,969	137,000	-	238,969
Supplies and equipment	35,965	101,422	553	137,940
Temporary workers	35,010	86,949	-	121,959
Training	31,649	120,736	-	152,385
Travel	127,094	102,215	1,780	231,089
Total operating expenses	5,638,284	2,924,058	48,989	8,611,331
Occupancy expenses:				
Building maintenance	114,796	71,991	7,783	194,570
Depreciation	135,870	85,207	9,212	230,289
Insurance	12,537	7,862	850	21,249
Real estate taxes	155,014	97,212	10,509	262,735
Rent	45,514	31,629	-	77,143
Telephone	2,622	1,645	178	4,445
Utilities	54,278	34,039	3,680	91,997
Total occupancy expenses	520,631	329,585	32,212	882,428
Assessment expenses:				
State/chapter membership dues	543,738	-	-	543,738
ENPC/TNCC	1,417,420	-	-	1,417,420
Total assessment expenses	1,961,158	-	-	1,961,158
Total expenses	<u>\$ 14,680,961</u>	<u>7,095,121</u>	<u>81,201</u>	<u>21,857,283</u>

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Cash provided (used) by operating activities:		
Change in net assets	\$ 4,555,653	1,116,645
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization of property and equipment	746,011	711,884
Amortization of debt issuance costs	7,246	7,519
(Gain) loss on interest rate swap agreement	(504,153)	497,536
Loss on disposal of property held for sale	-	450,000
Provision for doubtful accounts	20,641	(44,425)
Realized and unrealized gain on investments	(1,880,247)	(1,633,845)
Contributions restricted for investment in endowments	(261,912)	(63,104)
Changes in:		
Accounts receivable, net	188,900	107,493
Grants receivable	(1,503)	(186)
Other receivables	6,869	(26,865)
Inventory	(19,536)	15,566
Prepaid expenses and other current assets	(254,895)	(13,929)
Accounts payable	406,533	(452,119)
Wages and benefits payable	560,482	(390,534)
Accrued expenses	(6,607)	(146,701)
Credits on customer accounts	(28,446)	(154,169)
Assessments payable	(81,400)	(507,239)
Deferred revenue	(62,903)	198,756
Net cash provided (used) by operating activities	<u>3,390,733</u>	<u>(327,717)</u>
Cash provided (used) by investing activities:		
Purchases of property and equipment	(943,016)	(330,272)
Payments received on mortgage receivable	60,251	126,000
Purchase of investments	(3,934,051)	(3,506,307)
Proceeds from sale and maturities of investments	<u>1,374,187</u>	<u>4,138,966</u>
Net cash provided (used) by investing activities	<u>(3,442,629)</u>	<u>428,387</u>
Cash provided (used) by financing activities:		
Collections of contributions restricted for investment in endowments	261,912	63,104
Payments on bonds payable	<u>(344,832)</u>	<u>(344,832)</u>
Net cash used by financing activities	<u>(82,920)</u>	<u>(281,728)</u>
Net decrease in cash and cash equivalents	(134,816)	(181,058)
Cash and cash equivalents, beginning of year	<u>1,560,378</u>	<u>1,741,436</u>
Cash and cash equivalents, end of year	<u>\$ 1,425,562</u>	<u>1,560,378</u>
Noncash investing transactions:		
Mortgage receivable from sale of property held for sale	<u>\$ -</u>	<u>2,000,000</u>
Other cash flow information:		
Interest paid	<u>\$ 362,841</u>	<u>378,564</u>
Income taxes paid	<u>\$ 5,000</u>	<u>5,849</u>

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 1 - NATURE OF OPERATIONS

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

ENA is a not-for-profit, professional association whose mission is to advocate for patient safety and excellence in emergency nursing practice. ENA, whose national headquarters is located in Schaumburg, Illinois, was founded in 1970. Paid membership is approximately 40,900.

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Principles of Consolidation

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

Cash and Cash Equivalents

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

Accounts Receivable

Accounts receivable consists of amounts due from Trauma Nursing Core Courses (TNCC), Emergency Nursing Pediatric Courses (ENPC), the sale of advertising space in various ENA publications, and royalty arrangements with vendors for ENA educational offerings. Management reviews the aging of the course receivables to determine the level of allowance for doubtful accounts to establish against the course receivables. As of December 31, 2021 and 2020, the allowance for doubtful accounts was \$173,216 and \$152,575, respectively. No allowance was deemed necessary for non-course receivables as of December 31, 2021 and 2020.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Inventory

Inventory, which consists of course manuals and ENA merchandise, is carried at the lower of cost or net realizable value with cost being determined by the first-in, first-out (FIFO) method. As of December 31, 2021 and 2020, no allowance for obsolete or excess inventory was recorded.

Property and Equipment

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

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

Property Held for Sale

Property held for sale is recorded at the lower of cost or estimated fair value. On August 21, 2020, the property held for sale sold for \$2,000,000 resulting in a loss on sale of \$450,000 for the year ended December 31, 2020.

Investments

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

Credits on Customer Accounts

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Assessments Payable

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

Interest Rate Swap Agreement

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

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

Net Assets

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

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

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

Concentration of Credit Risk

The Association maintains its cash in bank deposits which, at times, may exceed federally insured limits. The Association's uninsured cash balance was \$903,973 and \$836,511 at December 31, 2021 and 2020, respectively. The Association believes it is not exposed to any significant credit risk on cash.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Concentration of Credit Risk, Continued

The Association maintains its investment in broker accounts which, at times, may exceed federally insured limits. As of December 31, 2021 and 2020, the Association's uninsured investment balance was \$24,287,184 and \$19,844,076, respectively. The Association believes it is not exposed to any significant credit risk on investments.

Support and Revenue Recognition

Revenue from Contracts with Customers

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

Disaggregation of Revenue from Contracts with Customers

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

	<u>2021</u>	<u>2020</u>
Performance obligations satisfied at a point in time	\$ 16,494,197	14,173,667
Performance obligations satisfied over time	\$ 5,525,186	5,201,479

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

Performance Obligations

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition, Continued

Performance Obligations, Continued

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

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

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

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

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

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

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

Conference fees received in advance are deferred until the conference takes place. Course fees received in advance are deferred until the course takes place. Membership dues received in advance are deferred until the period to which the dues relate. The deferred amounts as of December 31, 2021 and 2020 are included in deferred revenue on the consolidated statements of financial position.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition, Continued

Promises to Give

The Association recognizes contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. As of December 31, 2021 and 2020, there were no conditional promises to give. Contributions not collected at the end of the year are disclosed as pledges receivable and are recorded at their estimated fair values. They are subsequently valued at the present value of future cash flows. All contributions are expected to be collected in one year or less.

Accounting Estimates

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

Income Taxes

ENA and ENAF are exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(3). ENA pays unrelated business income tax (UBIT) on advertising revenue derived from various ENA publications, as well as sponsorship revenue that provide marketing opportunities for the sponsor. Unrelated business income tax (UBIT) for the years ended December 31, 2021 and 2020 amounted to \$11,869 and \$1,316, respectively. Provision for UBIT expense is included in programs, grants, and scholarship expense on the consolidated statements of functional expenses.

Management has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Association would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Association is no longer subject to examination by federal, state, or local tax authorities for periods before 2018.

Advertising

Advertising costs are expensed as incurred. Advertising expense was \$121,191 and \$109,212 for the years ended December 31, 2021 and 2020, respectively, and is included with miscellaneous expenses in the consolidated statements of functional expenses.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Functional Expenses

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

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

New Accounting Standard – Contributed Nonfinancial Assets

In September 2020, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2020-07, Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958). The key provisions of ASU No. 2020-07 are 1) a requirement to present contributed nonfinancial assets as a separate line item in the consolidated statements of activities and 2) disclosure of contributed nonfinancial assets disaggregated by type, which includes information about monetization and utilization, donor restrictions, and the valuation techniques used. ASU No. 2020-07 should be applied on a retrospective basis and is effective for fiscal years beginning after June 15, 2021. Early adoption is permitted. The Association is currently evaluating the effect that adoption is expected to have on its consolidated statements of activities, functional expenses, and related disclosures.

New Accounting Standard – Leases

In February 2016, FASB issued ASU No. 2016-02, Leases (Topic 842). The FASB also subsequently issued additional ASUs, which amend and clarify Topic 842. The most significant change in the new leasing guidance is the requirement to recognize right-of-use (ROU) assets and lease liabilities for operating leases in the consolidated statements of financial position. The ASUs are effective for fiscal years beginning after December 15, 2021. Early adoption is permitted. The Association is currently evaluating the methods of adoption allowed and the effect that adoption is expected to have on its consolidated financial position, changes in net assets, cash flows, and related disclosures.

Management Evaluation of Going Concern

In accordance with U.S. GAAP, management performed an evaluation to determine if adverse conditions or events, considered in the aggregate, raise substantial doubt about the Association's ability to continue as a going concern for the one-year period from the date the financial statements were available to be issued. Management's evaluation did not identify any conditions or events that raise substantial doubt about the Association's ability to continue as a going concern for the period from July 22, 2022 to July 22, 2023.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Subsequent Events

Subsequent to year end, the Association entered into a split-dollar deferred compensation benefit agreement with a key employee to encourage continued employment. As part of this agreement, the employee gradually vests increasing percentages as long as they stay employed. The employee will become 100% vested as of December 31, 2030. Subsequent events have been evaluated through July 22, 2022, the date that the financial statements were available to be issued and there are no other subsequent events besides the event discussed above.

NOTE 3 - LIQUIDITY AND AVAILABILITY

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

	<u>2021</u>	<u>2020</u>
Financial assets at year-end:		
Cash and cash equivalents	\$ 1,425,562	1,560,378
Accounts receivable, net	1,435,075	1,644,616
Grants receivable	18,412	16,909
Other receivables	67,184	74,053
Mortgage receivable	1,813,749	1,874,000
Investments	<u>25,267,700</u>	<u>20,827,589</u>
Total financial assets	<u>30,027,682</u>	<u>25,997,545</u>
Less: amounts not available for general expenditures within one year, due to:		
Donor-restricted for a specific purpose	962,653	671,593
Perpetual restrictions	1,265,440	1,003,528
Board-designated endowment	2,015,769	1,835,515
Board-designated for a specific purpose	131,576	106,749
Board-designated reserve fund	<u>501,910</u>	<u>501,910</u>
Total amounts not available for general expenditures within one year	<u>4,877,348</u>	<u>4,119,295</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 25,150,334</u>	<u>21,878,250</u>

The Association's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes. As of December 31, 2021 and 2020, donor restricted endowment funds were not available for general expenditure.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 3 - LIQUIDITY AND AVAILABILITY, CONTINUED

The Association's board-designated endowment of \$2,015,769 and \$1,835,515 at December 31, 2021 and 2020, respectively, is subject to an annual spending rate of 5% as described in Note 12. Although the Association does not intend to spend from this board-designated endowment (other than amounts appropriated for general expenditure as part of the ENAF Board's annual budget approval and appropriation), these amounts could be made available if necessary.

During 2020, the ENAF Board designated funds for utilizing reserves to support COVID-19 relief. At December 31, 2021 and 2020, there was a balance of \$131,576 and \$106,749, respectively, with this designation. Although the Association intends to spend these funds in support of COVID-19 relief, these amounts could be made available if necessary.

Additionally, the ENA Board has designated funds within the parameters of the ENA spending policy for utilizing reserves on identified projects. At December 31, 2021 and 2020 there was a balance of \$501,910 with this designation. Although the Association intends to spend these funds in accordance with the ENA spending policy referred to above, these amounts could be made available if necessary.

As part of the Association's liquidity management plan, cash in excess of current needs for expenses is invested in mutual funds. Investments are released to cover operating expenses as needed upon management approval. Additionally, the Association maintains a line of credit that if deemed necessary can be drawn upon to cover operating expenses (Note 7).

NOTE 4 - PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2021 and 2020 consisted of the following:

	<u>2021</u>	<u>2020</u>
Land	\$ 1,492,112	1,492,112
Buildings	2,948,699	2,948,699
Building improvements	5,969,138	5,969,138
Equipment	281,744	262,170
Program development	1,308,564	913,206
Furniture and fixtures	1,297,834	1,297,834
Computer software	<u>5,560,296</u>	<u>5,032,212</u>
Total property and equipment	18,858,387	17,915,371
Less accumulated depreciation	<u>(6,776,122)</u>	<u>(6,030,111)</u>
Property and equipment, net	<u>\$ 12,082,265</u>	<u>11,885,260</u>

Depreciation expense of property and equipment was \$544,434 and \$525,363 for the years ended December 31, 2021 and 2020, respectively. In addition, the Association amortized development costs (included in programs, grants, and scholarship expenses) for the years ended December 31, 2021 and 2020 in the amounts of \$201,577 and \$186,521, respectively.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 5 - MORTGAGE RECEIVABLE

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

Interest on the note is compounded annually and accrues at a rate of 4.00% from September 1, 2021 through August 31, 2023 and at a rate of 5.00% from August 31, 2023 through the maturity date. Interest on the loan is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. Interest income recorded for the year ended December 31, 2021 was \$30,499 and is included as other support and revenue on the consolidated statements of activities. No interest was received for the year ended December 31, 2020. The Association's practice is to charge off any loan or a portion of a loan when the loan is determined by management to be uncollectible due to the third party's failure to meet repayment terms, or for other reasons.

NOTE 6 - FAIR VALUE MEASUREMENTS

Accounting standards generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

- | | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that management has the ability to access at the measurement date. |
| Level 2 | <p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly such as:</p> <ul style="list-style-type: none"> • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 6 - FAIR VALUE MEASUREMENTS, CONTINUED

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds:				
Fixed income:				
Broad domestic	\$ 5,077,820	-	-	5,077,820
High yield bonds	6,727,117	-	-	6,727,117
Short-term bonds	1,267,610	-	-	1,267,610
Equity:				
Domestic large cap	6,763,610	-	-	6,763,610
Domestic small/mid cap	1,214,912	-	-	1,214,912
International equity	2,195,159	-	-	2,195,159
Emerging markets	<u>2,021,472</u>	<u>-</u>	<u>-</u>	<u>2,021,472</u>
Total assets in the fair value hierarchy	<u>\$ 25,267,700</u>	<u>-</u>	<u>-</u>	<u>25,267,700</u>
Liability:				
Interest rate swap	<u>\$ -</u>	<u>705,820</u>	<u>-</u>	<u>705,820</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 6 - FAIR VALUE MEASUREMENTS, CONTINUED

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Fixed income:				
Broad domestic	\$ 4,559,119	-	-	4,559,119
High yield bonds	5,684,903	-	-	5,684,903
Short-term bonds	37,323	-	-	37,323
Equity:				
Domestic large cap	5,445,110	-	-	5,445,110
Domestic small/mid cap	1,040,214	-	-	1,040,214
International equity	1,981,176	-	-	1,981,176
Emerging markets	2,079,744	-	-	2,079,744
Total assets in the fair value hierarchy	<u>\$ 20,827,589</u>	<u>-</u>	<u>-</u>	<u>20,827,589</u>
Liability:				
Interest rate swap	<u>\$ -</u>	<u>1,209,973</u>	<u>-</u>	<u>1,209,973</u>

For the years ended December 31, 2021 and 2020, there were no significant transfers into or out of Level 3.

NOTE 7 - LINE OF CREDIT

The Association has a \$2,500,000 unsecured line of credit. This line expires on December 21, 2023 and bears interest at prime (3.25% at December 31, 2021) minus .75%. The outstanding balance on the line of credit was \$1,099,209 at December 31, 2021 and 2020.

Restrictive covenants imposed under the line of credit require the Association to maintain an unrestricted cash and investment to total fund debt of not less than 1.25 (ENA only). As of December 31, 2021 and 2020, this covenant was met.

NOTE 8 - BOND PAYABLE

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

The Bond bears interest at variable rates throughout the life of the bond. As of December 31, 2021, the interest rate on the Bond is 1.15%. The Bond requires monthly payments of \$28,736.

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 8 - BOND PAYABLE, CONTINUED

The Bond agreement requires the Association to furnish audited financial statements 270 days after each year end.

There were debt issuance costs of \$123,194 related to the bond issuance. Amortization expense for the years ended December 31, 2021 and 2020 was \$7,246 and \$7,519, respectively.

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

The settlement value of the interest rate swap at December 31, 2021 and 2020 was a liability of \$705,820 and \$1,209,973, respectively. The settlement rate was estimated using a present value calculation of the swap's remaining estimated cash flows, not adjusted for any nonperformance risk.

The Bond payable as of December 31, 2021 and 2020 consisted of the following:

	<u>2021</u>			<u>2020</u>		
	<u>PRINCIPAL</u>	<u>DEBT ISSUE COSTS</u>	<u>NET</u>	<u>PRINCIPAL</u>	<u>DEBT ISSUE COSTS</u>	<u>NET</u>
Bond	\$ 8,965,504	92,572	8,872,932	9,310,336	99,818	9,210,518
Less current portion	<u>(344,832)</u>	<u>(6,973)</u>	<u>(337,859)</u>	<u>(344,832)</u>	<u>(7,246)</u>	<u>(337,586)</u>
Long-term debt	<u>\$ 8,620,672</u>	<u>85,599</u>	<u>8,535,073</u>	<u>8,965,504</u>	<u>92,572</u>	<u>8,872,932</u>

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

2022	\$ 344,832
2023	344,832
2024	344,832
2025	344,832
2026	344,832
Thereafter	<u>7,241,344</u>
Total	<u>\$ 8,965,504</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 9 - OPERATING LEASES

The Association is obligated under operating leases, primarily for certain office space and office equipment which expire on various dates through 2026.

Total rent expense under all operating leases amounted to approximately \$101,585 and \$107,465 for the years ended December 31, 2021 and 2020, respectively, and is included with rent and supplies and equipment expenses in the consolidated statements of functional expenses.

The aggregate future minimum lease commitment on these leases as of December 31, 2021 is as follows:

2022	\$ 95,041
2023	86,398
2024	88,393
2025	85,620
2026	80,978

NOTE 10 - RETIREMENT PLAN

ENA has a 401(k) defined contribution retirement savings plan (Plan) available to substantially all of ENA's employees. ENA matches up to 4% of each employee's contribution to the Plan. The Plan also has a discretionary profit-sharing component. ENA's discretionary profit-sharing contribution is determined annually based on the fiscal results of the Association with input from staff and the Board. Based on ENA's financial performance in 2021, the profit-sharing contribution was given to each of the qualified employees of 5% payable in 2022. In 2020, there was no profit-sharing contribution. ENA's contribution is funded on a current basis. Total contributions to the Plan for the years ended December 31, 2021 and 2020 totaled \$716,175 and \$256,285, respectively.

NOTE 11 - COMMITMENTS AND CONTINGENCIES

The Association has entered into a number of contracts with various vendors for space, hotel accommodations, and ancillary services for future meetings. Prepaid hotel deposits may be applied towards hotel cancellation fees. Minimum estimated cancellation fees for future meetings as of December 31, 2021 are as follows:

2022	\$ 247,808
2023	869,368
2024	2,856,000
2025	65,180
2026	181,837
Thereafter	<u>884,032</u>
Total	<u>\$ 5,104,225</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 11 - COMMITMENTS AND CONTINGENCIES, CONTINUED

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

NOTE 12 - ENDOWMENT

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

Interpretation of Relevant Law

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

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

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

Strategies Employed for Achieving Objectives

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 12 - ENDOWMENT, CONTINUED

Spending Policy and How the Investment Objectives Relate to Spending Policy

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

Funds with Deficiencies

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). There were no such deficiencies at December 31, 2021 and 2020.

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

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

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

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, December 31, 2020	\$ 1,835,515	1,456,862	3,292,377
Investment return, net	258,754	216,139	474,893
Appropriation of endowment assets for expenditures	(78,500)	(53,000)	(131,500)
Contributions	-	261,912	261,912
Endowment net assets, December 31, 2021	<u>\$ 2,015,769</u>	<u>1,881,913</u>	<u>3,897,682</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 12 - ENDOWMENT, CONTINUED

Endowment net asset composition by type of fund as of December 31, 2020:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Board-designated endowment funds	\$ 1,835,515	-	1,835,515
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,003,528	1,003,528
Accumulated investment gains	<u>-</u>	<u>453,334</u>	<u>453,334</u>
Total endowment net assets	<u>\$ 1,835,515</u>	<u>1,456,862</u>	<u>3,292,377</u>

Changes in endowment net assets for the year ended December 31, 2020:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, January 1, 2020	\$ 1,925,444	1,269,539	3,194,983
Investment return, net	194,071	168,219	362,290
Transfer of board-designated endowment funds to COVID-relief fund	(200,000)	-	(200,000)
Appropriation of endowment assets for expenditures	(84,000)	(44,000)	(128,000)
Contributions	<u>-</u>	<u>63,104</u>	<u>63,104</u>
Endowment net assets, December 31, 2020	<u>\$ 1,835,515</u>	<u>1,456,862</u>	<u>3,292,377</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 13 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Karen O'Neil Endowed Scholarship Fund	\$ 133,562	120,921
New York State September 11 Endowment Fund	175,504	157,364
Judith C. Kelleher Memorial Endowment Fund	171,196	144,721
Anita Dorr Memorial Endowment Fund	5,655	2,309
Jeanette Ash Endowed Scholarship Fund	71,708	60,836
Richard Wynkoop Scholarship Fund	58,897	49,137
Elizabeth B. Moore Memorial Fund for Scholarships	155,373	141,359
Texas Endowed Scholarship Fund	250,090	129,261
Mildred Fincke Memorial Endowed Scholarship Fund	35,310	27,955
Joan Eberhardt Endowed Scholarship Fund	64,117	55,617
Peggy McCall Fund	32,217	28,258
Jeff Solheim International Endowment	16,876	15,000
Gracen Brooke Oglesby Pediatric Fund	24,464	1,075
Castner and Spencer Family Research Fund	20,032	4,696
Patricia Kunz Howard Endowed Scholarship Fund	25,863	-
Virginia ENA State Council Endowed Scholarship Fund	15,518	-
HoosiER ENA Scholarship Fund	25,000	-
Illinois ENA Thelma Kuska Endowment Fund	27,163	-
General Endowment Fund	<u>573,368</u>	<u>518,353</u>
Total endowments	1,881,913	1,456,862
Purpose restricted contributions	<u>346,180</u>	<u>218,259</u>
Total net assets with donor restrictions	<u>\$ 2,228,093</u>	<u>1,675,121</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Scholarships	\$ 242,330	182,525
COVID-Relief	<u>27,512</u>	<u>78,826</u>
Total net assets released from restrictions	<u>\$ 269,842</u>	<u>261,351</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

NOTE 14 - IMPACT OF COVID-19

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic, which continues to spread in certain parts of the world. Due to the impact of COVID-19 and the resulting decision to move to a virtual meeting in 2020, the Association saw a temporary decrease in course fees, conferences, publications, and sponsorships. Management continues to actively monitor the global situation in order to mitigate any potential future impact on the Association's changes in net assets and financial performance. In 2021, revenue declines experienced in 2020 have since rebounded.

NOTE 15 - PAYCHECK PROTECTION PROGRAM LOAN

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

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

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

The Association applied for and received forgiveness of the full proceeds plus interest of the first PPP loan in March 2021. The Association submitted its application for loan forgiveness of the PPP2 loan and received forgiveness of the full proceeds plus interest in November 2021.

NOTE 16 - RECLASSIFICATIONS

Certain amounts in the 2020 financial statements have been reclassified to conform to the December 31, 2021 presentation.

SUPPLEMENTARY INFORMATION

**EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 808,215	1,229,456
Accounts receivable, net	1,411,792	1,635,317
Grants receivable	18,412	16,909
Due from affiliate	3,496	-
Other receivables	67,184	74,053
Current portion of mortgage receivable	62,345	60,251
Inventory	54,522	34,986
Current portion of prepaid expenses	<u>649,321</u>	<u>957,577</u>
Total current assets	3,075,287	4,008,549
Property and equipment, net	12,079,069	11,880,046
Prepaid expenses, net of current portion	563,151	-
Mortgage receivable, net of current portion	1,751,404	1,813,749
Investments	<u>20,661,985</u>	<u>16,911,006</u>
Total assets	<u><u>\$ 38,130,896</u></u>	<u><u>34,613,350</u></u>

See Independent Auditor's Report.

**EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable	\$ 726,665	294,106
Wages and benefits payable	1,114,853	554,371
Accrued expenses	459,297	465,904
Credits on customer accounts	48,295	76,741
Due to affiliate	-	6,245
Assessments payable	741,500	822,900
Line of credit	-	1,099,209
Current portion of deferred revenue	2,569,221	2,676,587
Current portion of bond payable	<u>337,859</u>	<u>337,586</u>
Total current liabilities	<u>5,997,690</u>	<u>6,333,649</u>
Long-term liabilities:		
Line of credit	1,099,209	-
Interest rate swap agreement	705,820	1,209,973
Deferred revenue, net of current portion	1,328,824	1,284,361
Bond payable, net of current portion	<u>8,535,073</u>	<u>8,872,932</u>
Total long-term liabilities	<u>11,668,926</u>	<u>11,367,266</u>
Total liabilities	<u>17,666,616</u>	<u>17,700,915</u>
Net assets:		
Without donor restrictions:		
Undesignated	19,962,370	16,410,525
Board-designated	<u>501,910</u>	<u>501,910</u>
Total without donor restrictions	20,464,280	16,912,435
Total net assets	<u>20,464,280</u>	<u>16,912,435</u>
Total liabilities and net assets	<u><u>\$ 38,130,896</u></u>	<u><u>34,613,350</u></u>

See Independent Auditor's Report.

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Support and revenue:		
Courses	\$ 14,625,186	12,137,728
Membership dues	4,802,544	4,583,459
Conferences	845,318	867,804
Publications	583,347	584,984
Marketplace	418,567	506,938
Sponsorships	296,300	278,250
Royalties	214,572	155,369
Other	191,267	256,654
Grants	83,011	181,735
Paycheck Protection Program grant revenue	1,938,315	1,938,315
Mailing lists	31,633	3,960
Donated services	<u>-</u>	<u>75,000</u>
Total support and revenue	<u>24,030,060</u>	<u>21,570,196</u>
Expenses:		
Programs, grants, and scholarships	<u>14,532,849</u>	<u>13,640,569</u>
Supporting services:		
Management and general	7,687,221	7,041,150
Fundraising and development	<u>458,941</u>	<u>451,413</u>
Total supporting services	<u>8,146,162</u>	<u>7,492,563</u>
Total expenses	<u>22,679,011</u>	<u>21,133,132</u>
Change in net assets - before other income	<u>1,351,049</u>	<u>437,064</u>
Other income (expense)		
Interest expense	(362,841)	(378,564)
Investment return, net	2,059,484	1,664,897
Gain (loss) on interest rate swap agreement	504,153	(497,536)
Loss on disposal of property held for sale	<u>-</u>	<u>(450,000)</u>
Total other income	<u>2,200,796</u>	<u>338,797</u>
Change in net assets	3,551,845	775,861
Net assets, beginning of year	<u>16,912,435</u>	<u>16,136,574</u>
Net assets, end of year	<u>\$ 20,464,280</u>	<u>16,912,435</u>

See Independent Auditor's Report.

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

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

See Independent Auditor's Report.

**EMERGENCY NURSES ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2020**

	PROGRAMS, GRANTS, AND SCHOLARSHIPS	SUPPORTING SERVICES		TOTAL
		MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	
Payroll expenses:				
Salaries and wages	\$ 5,034,584	3,189,000	-	8,223,584
Employee benefits	743,590	433,757	-	1,177,347
Payroll taxes	401,152	218,721	-	619,873
Total payroll expenses	6,179,326	3,841,478	-	10,020,804
Operating expenses:				
Advertising and promotion	106,572	251	969	107,792
Bank charges and credit card processing fees	-	361,651	-	361,651
Discount on sales	142,192	-	-	142,192
Bad debt expense	35,160	-	-	35,160
Computer	223,389	774,501	-	997,890
Conferences	627,462	90,895	-	718,357
Cost of goods sold	1,343,693	-	-	1,343,693
Depreciation and amortization	359,425	115,949	11,722	487,096
Fulfillment and warehousing services	210,333	-	-	210,333
Grants and scholarships	54,500	2,640	381,562	438,702
Insurance	57,912	46,014	-	103,926
Miscellaneous	31,958	69,565	-	101,523
Postage, freight, and shipping	237,948	9,120	-	247,068
Printing	242,936	11,919	-	254,855
Professional services	963,922	823,551	24,948	1,812,421
Provision for UBIT	1,316	-	-	1,316
Public relations	9,211	156	-	9,367
Recruitment fees	-	38,017	-	38,017
Stipends	101,969	137,000	-	238,969
Supplies and equipment	35,803	98,472	-	134,275
Temporary workers	35,010	84,951	-	119,961
Training	31,649	120,736	-	152,385
Travel	127,094	84,699	-	211,793
Total operating expenses	4,979,454	2,870,087	419,201	8,268,742
Occupancy expenses:				
Building maintenance	114,796	71,991	7,783	194,570
Depreciation	135,870	85,207	9,212	230,289
Insurance	12,537	7,862	850	21,249
Real estate taxes	155,014	97,212	10,509	262,735
Rent	45,514	31,629	-	77,143
Telephone	2,622	1,645	178	4,445
Utilities	54,278	34,039	3,680	91,997
Total occupancy expenses	520,631	329,585	32,212	882,428
Assessment expenses:				
State/chapter membership dues	543,738	-	-	543,738
ENPC/TNCC	1,417,420	-	-	1,417,420
Total assessment expenses	1,961,158	-	-	1,961,158
Total expenses	<u>\$ 13,640,569</u>	<u>7,041,150</u>	<u>451,413</u>	<u>21,133,132</u>

See Independent Auditor's Report.

**EMERGENCY NURSES ASSOCIATION
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Cash provided (used) by operating activities:		
Change in net assets	\$ 3,551,845	775,861
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization of property and equipment	743,993	709,866
Amortization of debt issuance costs	7,246	7,519
(Gain) loss on interest rate swap agreement	(504,153)	497,536
Loss on property held for sale	-	450,000
Provision for doubtful accounts	20,641	(44,425)
Realized and unrealized gain on investments	(1,454,988)	(1,295,465)
Changes in:		
Accounts receivable, net	202,884	111,774
Grants receivable	(1,503)	(186)
Due (to) from affiliate	(9,741)	14,145
Other receivables	6,869	(26,865)
Inventory	(19,536)	15,566
Prepaid expenses and other assets	(254,895)	(13,929)
Accounts payable	432,559	(472,271)
Wages and benefits payable	560,482	(390,534)
Accrued expenses	(6,607)	(146,701)
Credits on customer accounts	(28,446)	(154,169)
Assessments payable	(81,400)	(507,239)
Deferred revenue	(62,903)	198,756
Net cash provided (used) by operating activities	<u>3,102,347</u>	<u>(270,761)</u>
Cash provided (used) by investing activities:		
Purchases of property and equipment	(943,016)	(330,272)
Payments received on mortgage receivable	60,251	126,000
Purchases of investments	(3,562,461)	(3,113,487)
Proceeds from sale of maturities of investments	<u>1,266,470</u>	<u>3,713,178</u>
Net cash provided (used) by investing activities	<u>(3,178,756)</u>	<u>395,419</u>
Cash used by financing activities:		
Payments on bonds payable	<u>(344,832)</u>	<u>(344,832)</u>
Net decrease in cash and cash equivalents	(421,241)	(220,174)
Cash and cash equivalents, beginning of year	<u>1,229,456</u>	<u>1,449,630</u>
Cash and cash equivalents, end of year	<u>\$ 808,215</u>	<u>1,229,456</u>
Noncash investing transactions:		
Mortgage receivable from sale of property held for sale	<u>\$ -</u>	<u>2,000,000</u>
Other cash flow information:		
Interest paid	<u>\$ 362,841</u>	<u>378,564</u>
Income taxes paid	<u>\$ 5,000</u>	<u>5,849</u>

See Independent Auditor's Report.

**ENA FOUNDATION
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021 AND 2020**

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 617,347	330,922
Accounts receivable, net	23,283	9,299
Due from affiliate	<u>-</u>	<u>6,245</u>
Total current assets	640,630	346,466
Property and equipment, net	3,196	5,214
Investments	<u>4,605,715</u>	<u>3,916,583</u>
Total assets	<u><u>\$ 5,249,541</u></u>	<u><u>4,268,263</u></u>

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable	\$ 1,495	27,521
Due to affiliate	<u>3,496</u>	<u>-</u>
Total current liabilities	<u>4,991</u>	<u>27,521</u>
Net assets:		
Without donor restrictions:		
Undesignated	869,112	623,357
Board-designated	<u>2,147,345</u>	<u>1,942,264</u>
Total without donor restrictions	3,016,457	2,565,621
With donor restrictions	<u>2,228,093</u>	<u>1,675,121</u>
Total net assets	<u>5,244,550</u>	<u>4,240,742</u>
Total liabilities and net assets	<u><u>\$ 5,249,541</u></u>	<u><u>4,268,263</u></u>

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021			2020		
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Support and revenue:						
Contributions	\$ 322,304	603,575	925,879	193,892	450,342	644,234
Special event revenue, net of direct expenses	9,276	-	9,276	-	-	-
Other	1,362	-	1,362	-	-	-
Net assets released from restrictions	<u>269,842</u>	<u>(269,842)</u>	<u>-</u>	<u>261,351</u>	<u>(261,351)</u>	<u>-</u>
Total support and revenue	<u>602,784</u>	<u>333,733</u>	<u>936,517</u>	<u>455,243</u>	<u>188,991</u>	<u>644,234</u>
Expenses:						
Programs, grants, and scholarships	<u>539,335</u>	<u>-</u>	<u>539,335</u>	<u>769,588</u>	<u>-</u>	<u>769,588</u>
Supporting services:						
Management and general	202,886	-	202,886	215,044	-	215,044
Fundraising and development	<u>167,647</u>	<u>-</u>	<u>167,647</u>	<u>121,081</u>	<u>-</u>	<u>121,081</u>
Total supporting services	<u>370,533</u>	<u>-</u>	<u>370,533</u>	<u>336,125</u>	<u>-</u>	<u>336,125</u>
Total expenses	<u>909,868</u>	<u>-</u>	<u>909,868</u>	<u>1,105,713</u>	<u>-</u>	<u>1,105,713</u>
Change in net assets - before contributed services from affiliate and other income	(307,084)	333,733	26,649	(650,470)	188,991	(461,479)
Contributed services from affiliate	415,187	-	415,187	381,562	-	381,562
Other income:						
Investment return, net	<u>342,733</u>	<u>219,239</u>	<u>561,972</u>	<u>250,862</u>	<u>169,839</u>	<u>420,701</u>
Change in net assets	450,836	552,972	1,003,808	(18,046)	358,830	340,784
Net assets, beginning of year	<u>2,565,621</u>	<u>1,675,121</u>	<u>4,240,742</u>	<u>2,583,667</u>	<u>1,316,291</u>	<u>3,899,958</u>
Net assets, end of year	<u>\$ 3,016,457</u>	<u>2,228,093</u>	<u>5,244,550</u>	<u>2,565,621</u>	<u>1,675,121</u>	<u>4,240,742</u>

See Independent Auditor's Report.

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

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

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2020

	PROGRAMS, GRANTS, AND SCHOLARSHIPS	SUPPORTING SERVICES		TOTAL
		MANAGEMENT AND GENERAL	FUNDRAISING AND DEVELOPMENT	
Operating expenses:				
Advertising and promotion	\$ -	-	1,420	1,420
Bank charges and credit card processing fees	-	-	909	909
Computer	-	5,660	-	5,660
Conferences	-	846	850	1,696
Depreciation and amortization	-	2,018	-	2,018
Grants and scholarships	657,470	-	-	657,470
Insurance	-	480	-	480
Postage, freight, and shipping	113	510	87	710
Printing	-	425	251	676
Professional services	111,843	182,641	115,231	409,715
Supplies and equipment	162	2,950	553	3,665
Temporary workers	-	1,998	-	1,998
Travel	-	17,516	1,780	19,296
Total operating expenses	<u>\$ 769,588</u>	<u>215,044</u>	<u>121,081</u>	<u>1,105,713</u>

See Independent Auditor's Report.

ENA FOUNDATION
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Cash provided (used) by operating activities:		
Change in net assets	\$ 1,003,808	340,784
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation of property and equipment	2,018	2,018
Net realized and unrealized gains on investments	(425,259)	(338,380)
Contributions restricted for investment in endowment	(261,912)	(63,104)
Changes in:		
Accounts receivable	(13,984)	(4,281)
Accounts payable	(26,026)	20,152
Due (to) from affiliate	<u>9,741</u>	<u>(14,145)</u>
Net cash provided (used) by operating activities	<u>288,386</u>	<u>(56,956)</u>
Cash provided (used) by investing activities:		
Purchases of investments	(371,590)	(392,820)
Proceeds from sale and maturities of investments	<u>107,717</u>	<u>425,788</u>
Net cash provided (used) by investing activities	<u>(263,873)</u>	<u>32,968</u>
Cash provided by financing activities:		
Contributions restricted for long-term purposes - endowment	<u>261,912</u>	<u>63,104</u>
Net increase in cash and cash equivalents	286,425	39,116
Cash and cash equivalents, beginning of year	<u>330,922</u>	<u>291,806</u>
Cash and cash equivalents, end of year	<u><u>\$ 617,347</u></u>	<u><u>330,922</u></u>

See Independent Auditor's Report.



2022 ENA VOLUNTEER GROUP ROSTER, CHARGES AND CRITERIA

Table of Contents

2022 GENERAL CRITERIA	2
ADVOCACY ADVISORY COUNCIL	3
AWARDS COMMITTEE	3
CLINICAL PRACTICE GUIDELINES COMMITTEE	4
COURSE ADMINISTRATION FACULTY	5
DIVERSITY, EQUITY AND INCLUSIVITY COMMITTEE	5
EMERGENCY DEPARTMENT OPERATIONS COMMITTEE	6
EMERGENCY MANAGEMENT AND PREPAREDNESS COMMITTEE	6
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL	7
EMERGENCY NURSING ADVANCED PRACTICE ADVISORY COUNCIL	8
EMERGENCY NURSING CONFERENCE EDUCATION PLANNING COMMITTEE	8
EMERGENCY NURSING EDUCATION ADVISORY COUNCIL	9
EMERGENCY NURSING QUALITY MEASURES DEVELOPMENT WORK TEAM	10
EMERGENCY NURSING RESEARCH ADVISORY COUNCIL	10
EMERGING PROFESSIONAL ADVISORY COUNCIL	11
EMERGING PROFESSIONAL LIAISON	12
ENPC REVIEW COMMITTEE	12
GERIATRIC COMMITTEE	13
INTERNATIONAL ADVISORY COUNCIL	13
LANTERN AWARD COMMITTEE	14
LANTERN AWARD REVIEWERS	14
PEDIATRIC COMMITTEE	15
PEER REVIEW EDUCATION COMMITTEE	16
POSITION STATEMENT COMMITTEE	16
QUALITY AND SAFETY ADVISORY COUNCIL	17
RESOLUTIONS COMMITTEE	17
TNCC REVIEW COMMITTEE	18
TRAUMA COMMITTEE	19
APPENDIX A:	21

2022 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.
- Ability to attend meetings (virtual or in-person), while fulfilling informational requests between meeting dates

ADVOCACY ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. William Schueler, MSN, RN, CEN, FAEN	Chair	OR	1/1/21 – 12/31/22	1/1/20 – 12/31/23
2. Debby Rogers, MS, RN, FAEN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Lauren Plaine, BSN, RN, CEN	Member	VA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Mona Kelley, MSN, RN	Member	TN	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Al Duke, MBA, BSN, RN, CEN, CPHRM, MICN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Melanie Hamilton, BSN, RN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Mary Gannon, MSN, BSN, RN, CEN	Alternate	FL	1/1/22 – 12/31/22

Board Liaison: Ron Kraus**Staff Liaison:** Rob Kramer**2022 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

2022 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

[Back to Top](#)**AWARDS COMMITTEE**

Name	Position	State	Position Term	Service Term
1. Melanie Gibbons Hallman, DNP, RN, CRNP, CEN, ACNP-BC, ENP-C, FNP-BC, TCRN, FAEN	Chair	AL	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Linda Arapian MSN, RN, EMT-B, CEN, CPEN, TCRN, FAEN	Member	MD	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Louise Hummel MSN, RN, CNS, CEN, TCRN, FAEN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Jennifer Williams-Cook, BSN, RN, CEN, CPEN, CFRN, NRP, TCRN	Member	MS	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Barbara Gibson, BSN, RN, CEN	Member	TN	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Abigail White, MSN, BSN, RN, CEN, ACCNS-AG	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Bridget Ferrigan, RN	Member	KS	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Christine Russe, MSN, RN, CEN, CPEN, TCRN, FAEN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Margaret Letitia, BSN, RN, EMT-P, CEN	Member	CT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Melane Marsh, BSN, RN, CEN, SANE	Member	NV	1/1/22 – 12/31/23	1/1/22 – 12/31/23
11. Tameka Poston, MSN, BSN, RN, CEN	Member	AL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
12. William Welsh, MSN, MBA, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Cheryl Randolph**Staff Liaison:** Ellen Siciliano**2022 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

2022 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

[Back to Top](#)**CLINICAL PRACTICE GUIDELINES COMMITTEE**

Name	Position	State	Position Term	Service Term
2. Annie Horigan, PhD, RN	Chair	GA	1/1/21 – 12/31/22	1/1/18 – 12/31/23
3. Andrea Slivinski, DNP, RN, CEN, CPEN, ACNS-BC	Chair Elect	NC	1/1/21 – 12/31/24	1/1/21 – 12/31/24
4. Carolyn Dixon, DNP, MSN, BSN, RN, FNP, CEN, FNP-BC, TCRN	Member	NY	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Judith Bradford, DNS, MSN, RN, FAEN	Member	MS	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Robin MacPherson-Dias, MS, BSN, RN, CEN, CPEN, CCRN, TCRN	Member	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
7. Andrea Perry, MSN, BSN RN, CEN, CPEN, CNL, MICN	Member	CA	1/1/21 – 12/31/23	1/1/21 – 12/31/23
8. Alison Camarda, MSN-ED, BSN, RN, CEN, CPEN, SANE	Member	VT	1/1/21 – 12/31/23	1/1/21 – 12/31/23
9. Andrew Slifko, DNP, MBA, RN, EMT-B, NEA-BC	Member	NJ	1/1/21 – 12/31/23	1/1/21 – 12/31/23
10. Deana Cirillo, MSN, RN, NP-BC	Member	CA	1/1/22 – 12/31/24	1/1/22 – 12/31/24
11. Diana DeGroot, DNP, RN, CCRN-K (Adult), TCRN	Member	FL	1/1/22 – 12/31/24	1/1/22 – 12/31/24
12. Janet Kaiser, DNP, MSN, BSN, ADN, RN, CEN, NE-BC	Member	VA	1/1/22 – 12/31/24	1/1/22 – 12/31/24
13. Katherine Kruger, RN, ACNP, FNP, CEN, ACNP-BC, APRN-BC, FNP-BC	Member	MI	1/1/22 – 12/31/24	1/1/22 – 12/31/24

Alternates:

Name	Position	State	Position Term
1. Amy Tucker, MSN, BSN, CCRN, TCRN	Alternate	TX	1/1/22 – 12/31/22

Board Liaison: Chris Dellinger**Staff Liaison:** Altair Delao**2022 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

2022 Specific Criteria:

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

COURSE ADMINISTRATION FACULTY

Name	Position	State	Position Term	Service Term
1. Amy Boren, MS, BSN, RN, CEN, CPEN, TCRN	Chair	CO	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Cathy Fox, RN, CEN, CPEN, TCRN, FAEN	Member	VA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Sonya Drechsel, BSN, RN, CEN, TCRN	Member	MN	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Tiffany Strever, BSN, RN, CEN, TCRN, FAEN	Member	AZ	5/9/21 – 12/31/22	5/9/21 – 12/31/22
5. Shawntay Harris, MSN, MHA, MBA, BSN, RN, CEN, CPEN, NEA-BC, NE-BC, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Paula Davis, MSN, APRN, CEN, CPEN, CFRN, FNP-BC, TCRN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Ron Kraus**Staff Liaison:** Katrina Ceci**2022 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

2022 Specific Criteria:

- Must be TNCC and ENPC Faculty
- Experience in working with ENA educational programs
- Ability to serve for a two-year term
- Willingness to engage in online TNCC and ENPC communities consistently

[Back to Top](#)**DIVERSITY, EQUITY AND INCLUSIVITY COMMITTEE**

Name	Position	State	Position Term	Service Term
1. Anna Valdez, PhD, MSN, RN, CEN, CFRN, CNE, FAEN	Chair	CA	1/1/20 – 12/31/22	1/1/21 – 12/31/23
2. Hershaw Davis, Jr., MSN, RN	Member	MD	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Jennifer Bevacqua, RN, CPNP-AC, CPNP-PC	Member	OR	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Justin Milici, MSN, RN, CEN, CPEN, CCRN, CPN, TCRN FAEN	Member	TX	5/1/21 – 12/31/22	5/1/21 – 12/31/22
5. Aaron Dinger, MSN, BSN, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Debra Wilcox, BSN, RN	Member	TN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Giavonie Sannuti, BSN, RN, CPN, ENP-C	Member	DE	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Jen Kinson, RN	Member	IA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Matthew Benevides, BSN, RN, CEN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Nancy Mannion, DNP, MS, RN, CEN, FAEN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Macy Greenway, BSN, RN, LPN	Alternate	GA	1/1/22 – 12/31/22
2. Margaret Plyler, BSN, RN	Alternate	HI	1/1/22 – 12/31/22

Board Liaison: Joop Breuer**Staff Liaison:** Lise Jinno**2022 Charges:**

- Appendix D [Back to Top](#)
1. Assess the experiences of emergency nurses related to DEI within the emergency nursing community and ENA
 2. Determine barriers and challenges to promoting DEI within the emergency nursing profession and ENA community
 3. Implement strategies, with ENA Board approval, to improve DEI within the ENA member and emergency nursing communities

2022 Specific Criteria:

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

[Back to Top](#)

EMERGENCY DEPARTMENT OPERATIONS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Jonathan Green, DNP, MBA, RN, NP, CEN, CCRN, ENP-C, FNP-C, NEA-BC, FACHE	Chair	NJ	1/1/22 – 12/31/22	1/1/22 – 12/31/23
2. Beth Estep, MSN, RN, CEN	Member	OH	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. James Thomas, MSN, RN, CEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Susan Domagala, RN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Cathlyn Robinson, MN, MSN, BSN, RN, CEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Sandra Marquez, BSN, RN, PHN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternate:

Name	Position	State	Position Term
1. Jamie Vranak, MSN, BSN, RN, CEN	Alternate	WI	1/1/22 – 12/31/22

Board Liaison: Dustin Bass

Staff Liaison: Cathy Olson

2022 Charges:

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

2022 Specific Criteria:

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

[Back to Top](#)

EMERGENCY MANAGEMENT AND PREPAREDNESS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Angie Lee, MSN-ED, RN, CEN	Chair	NY	1/1/21 – 12/31/22	1/1/20 – 12/31/23
2. Wendy Wheeler, BSN, RN, EMT-B, CEN, CPEN	Member	CT	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Taryn Amberson, MPH, BSN, RN, CEN	Member	HI	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Monica Staples, RN	Member	MA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Melissa Lynch, RN, CEN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Margaret McMahon, MN, RN, APN, CEN, NP-C, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Kathy Van Dusen, MSN, RN, CEN, CPEN, NHDP-BC	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	Country	Position Term
1. Nurul'Ain Ahayalimudin, RN, CEN	Alternate	MY	1/1/22 – 12/31/22

Board Liaison: Jack Rodgers

Staff Liaison: Dominique Johnson

2022 Charges:

1. Provide subject matter expertise on 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

2022 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

[Back to Top](#)

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Andrew Bowman, MSN, BSN, RN, APRN, NP, ACNP, EMT-P, CEN, CPEN, CFRN, CTRN, ACNP-BC, ACNPC, CCRN, CCRN-CMC, CVRN, NREMT-P, NRP, TCRN	Chair	IN	1/1/22 – 12/31/22	1/1/21 – 12/31/23
2. Jeffrey Maler, BSN, RN, EMT-B, CEN, TCRN	Member	TX	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. Justin Beal, RN, EMT-P, CEN, CPEN, CFRN, NREMT-P, PHRN, TCRN	Member	WV	1/1/20 – 12/31/22	1/1/20 – 12/31/22
4. Kay-Ella Bleacher, MSN, RN, APRN, CRNP, CEN, FNP-C, NREMT-P, PHRN, FAEN	Member	PA	1/1/20 – 12/31/22	1/1/20 – 12/31/22
5. Deborah McCrea, EdD, MSN, RN, EMT-P, CEN, CFRN, FNP-BC	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Brandi Beers, MSN, Med, MBA, BSN, BA, RN, CEN, TCRN	Member	OK	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Ivan Rios Morales, RN	Member	AL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Jamla Rizek, MSN, MBA, RN, CEN, CPEN, NHDP-BC, NRP	Member	MD	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Joshua Horne, RN, CEN	Alternate	TX	1/1/22 – 12/31/22
2. Nathan White, AS, RN, EMT-B, EMT-P, ATCN, NREMT-P, NRP	Alternate	AL	1/1/22 – 12/31/22

Board Liaison: Jack Rodgers

Staff Liaison: Danielle McCallum

2022 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

2022 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	Position Term	Service Term
1. Jacob Miller, MS, ACNP, FNP, CNS, CFRN, CCRN, NREMT-P	Chair	OH	1/1/22 – 12/31/22	1/1/22 – 12/31/23
2. Nancy Denke, DNP, RN, ACNP, CEN, ACNP-BC, CCRN, FNP-BC, FAEN	Member	AZ	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. Steve Branham, RN, ACNP-BC, CCRN, ENP-C, FNP-BC	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Michael Gooch, DNP, APRN, CEN, CFRN, CTRN, ACNP-BC, ENP-BC, ENP-C, FNP-BC, NREMT-P, TCRN	Member	TN	3/7/22 – 12/31/22	3/7/22 – 12/31/22
5. Craig Nuttall, RN FNP-C	Member	UT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. William Fiebig, DNP, ARNP, CEN, AGACNP-BC, ENP-C, FNP-BC, FNP-C, NREMT-P	Member	SC	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Julie Rossie, MS, RN, CNS, CCNS, CCRN, TCRN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Tresa Zielinski, DNP, RN, APRN, CPNP-PC	Member	IL	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Sharon Vanairsdale, DNP, MS, RN, APRN, NP, CNS, CEN, ACNS-BC, NP-C, FAEN, FAAN	Alternate	GA	1/1/22 – 12/31/22

Board Liaison: Chris Dellinger**Staff Liaison:** LaToria Woods**2022 Charges:**

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

2022 Specific Criteria:

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

EMERGENCY NURSING CONFERENCE EDUCATION PLANNING COMMITTEE

Name	Position	State	Position Term	Service Term
1. Bradley Rund, MSN, BSN, AS, RN, EMT-P, CEN, CPEN, CFRN, NREMT-P	Co-Chair	IN	1/1/22 – 12/31/22	1/1/22 – 12/31/23
2. Heidi Gilbert, BSN, RN, CEN, SANE, TCRN	Co-Chair	OK	1/1/22 – 12/31/22	1/1/22 – 12/31/23
3. Christopher John Fernandez, BSN, RN	Member	ON	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Jamie Stephens-Davenport, MSN, RN, CEN, CPEN, TCRN	Member	KY	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Jason Carter, MSN, BSN, AND, RN, EMT-P, CEN, CPEN, NREMT-P, TCRN	Member	OK	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Kifah Awadallah, DNP, MSN, BS, RN	Member	OH	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Nycole Oliver, DNP, RN, APRN, CEN, ACNPC-AG, FNP-C, FAEN	Member	AR	1/1/21 – 12/31/22	1/1/21 – 12/31/22
8. Traci McGregor, MBA, BSN, RN, CEN, NE-BC	Member	ID	1/1/21 – 12/31/22	1/1/21 – 12/31/22
9. Teresa Dodge, RN, BSN, CEN	Member	NY	1/1/22 – 12/31/22	1/1/21 – 12/31/22

10. Rachael Smith, MSN, RN, CEN, CCRN, TCRN	Member	CT	1/1/22 – 12/31/22	1/1/21 – 12/31/22
11. Brett Pickens, DNP, MSN-ED, BSN, AND, RN, CEN, CPEN, CNE	Member	MS	1/1/22 – 12/31/23	1/1/21 – 12/31/23
12. David House, DNP, MSN, BSN, BS, RN, APRN, CRNP, FNP, CNS, CEN, CNE, ENP-C, FNP-BC	Member	AL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
13. Emily Green, MSN, RN	Member	IN	1/1/22 – 12/31/23	1/1/21 – 12/31/23
14. Anna Cecil, DNP, MSN, RN, EMT-B, CEN, SANE, TCRN	Member	KY	1/1/22 – 12/31/23	1/1/21 – 12/31/23
15. Katherine Hammond, DNP, MN, RN, FNP, CEN	Member	OR	1/1/22 – 12/31/23	1/1/21 – 12/31/23
16. Naomi Ishioka, MSN, BSN, RN, CEN, NHDP-BC	Member	MI	1/1/22 – 12/31/23	1/1/21 – 12/31/23
17. Michael Zonak, MSN, RN, CEN, CNL	Member	FL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
18. Teri Campbell, MSN, RN, CEN, CFRN, PHRN, FAEN	Member	IL	1/1/22 – 12/31/23	1/1/21 – 12/31/23
19. Helen Kenny, MSN, RN, CEN, CNML	Member	CO	1/1/22 – 12/31/23	1/1/21 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Marie Yabut, MSN, RN, CEN	Alternate	NV	1/1/22 – 12/31/22

Board Liaison: Jennifer Schmitz

Staff Liaison: Ashley Grady

2022 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

2022 Specific Criteria:

- Highly recommended that applicants have attended the Emergency Nursing 2021 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 2022 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

[Back to Top](#)

EMERGENCY NURSING EDUCATION ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Dana Kemery, EdD, MSN, RN, CEN, CPEN, CNE	Chair	NJ	1/1/22 – 12/31/22	1/1/21 – 12/31/23
2. Wesley Davis, DNP, APRN, CEN, AGACNP-BC, ENP-C, FNP-C	Member	WY	1/1/22 – 12/31/22	1/1/19 – 12/31/22
3. Meredith Holder, MSN-ED, RN, CEN, TCRN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Victor (Matt) Pearson, RN, CEN, CPEN, CCRN, TCRN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Stacie Hunsaker, DNP, RN, CEN, CPEN, CNE, CNML	Member	UT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Carole Rush, Med, BSN, RN, CEN, FAEN	Member	Canada	5/1/22 – 12/31/22	5/1/22 – 12/31/22
7. Lisa Eckenrode, DNP, MSN, MBA, RN, NRP, TCRN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Mark Goldstein, MSN, BSN, RN, EMT-P	Member	CO	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Vanessa Gorman

2022 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

2022 Specific Criteria:

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

[Back to Top](#)

EMERGENCY NURSING QUALITY MEASURES DEVELOPMENT WORK TEAM

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

Board Liaison: Steven Jewell

Staff Liaison: Catherine Olson, MSN, RN

Research Lead: Lisa Wolf, PhD, RN, CEN, FAEN

2022 Charges:

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

2022 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

[Back to Top](#)

EMERGENCY NURSING RESEARCH ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Tania Strout, PhD, MS, BSN, RN	Chair	ME	1/1/22 – 12/31/23	1/1/21 – 12/31/23

2. Paul Clark, PhD, MA, RN <i>Past Chair</i>	Member	IN	1/1/22 – 12/31/22	1/1/19 – 12/31/22
3. Christian Burchill, PhD, RN, CEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Michael Moon, PhD, MSN, RN, CNS-CC, CEN, FAEN	Member	VA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Michael Callihan, PhD, MSN, RN, EMT-P	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Stephanie Frisch, PhD, MSN, RN, EMT-B, CEN, CCRN, PHRN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Anna Valdez, PhD, MSN, RN, CEN, CFRN, CNE, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Elizabeth Mizerek, MSN, RN, CEN, CPEN, CNE, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Sue Anne Bell, PhD, RN, FNP-BC, NHDP-BC	Alternate	MI	1/1/22 – 12/31/22
2. Jennifer Schieferle Uhlenbrock, DNP, MBA, RN, TCRN	Alternate	TX	1/1/22 – 12/31/22

Board Liaison: Terry Foster

Staff Liaison: Lisa Wolf

2022 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.

2022 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

[Back to Top](#)

EMERGING PROFESSIONAL ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Alexis Moore, MSN-ED, RN	Chair	VA	1/1/22 – 12/31/22	1/1/21 – 12/31/22
2. Robert Ramos, BSN, RN, CEN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Alysia Adams, RN	Member	KY	3/1/21 – 12/31/22	3/1/21 – 12/31/22
4. Amie Porcelli, BSN, RN, CEN, TCRN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Kaitlin Buford, RN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Darcie Lenz, BSN, RN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Haylee Carlson, RN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Parker Webster, BSN, RN, CEN	Member	AZ	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Ron Kraus

Staff Liaison: Merrill Green

2022 Charges:

1. Help assess and engage the needs of emerging professional members

- Appendix D [Back to Top](#)
- Evaluate new benefits and resources necessary to support the needs of emerging professionals
 - Advise ENA on the best channels to communicate with this membership group
 - Advise on opportunities for expanding engagement of emerging professionals
 - Serve as the planning team for the emerging professionals event held during annual conference

2022 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

[Back to Top](#)

EMERGING PROFESSIONAL LIAISON

Name	Position	State	Position Term	Service Term
1. Amie Porcelli, BSN, RN, CEN, TCRN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22

Staff Liaison: Ashley Schuring

2022 Charges:

- Provide the emerging professional perspective and key insights through active participation in all Board meetings
- Serve as a non-voting liaison to the ENA Board of Directors for a one-year term
- Participate in person at all Board meetings during the year and attend the State and Chapter Leaders Orientation and Day on the Hill
- Participate in Board projects and workgroups as assigned
- Provide an update/seek commentary on issues facing emerging professionals during the ENA Update with the Board of Directors at the annual conference
- Simultaneously serve as a member of the Emerging Professional Advisory Council for one year and serve as Chair the following year
- 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
- 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)

2022 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

[Back to Top](#)

ENPC REVIEW COMMITTEE

Name	Position	State	Position Term	Service Term
1. Cam Brandt, MSN, RN, CEN, CPEN	Chair	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Patricia Kunz Howard, PhD, RN, CEN, CPEN, NE-BC, TCRN, FAEN, FAAN	Member	KY	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Ashellee Street, BSN RN	Member	ND	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Stefanie Miller, MSN, RN, CEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Justin Milici, MSN, RN, CEN, CPEN, CCRN, CPN, TCRN, FAEN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Angela Dean, RN, CEN, CPEN, TCRN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Claudia Phillips, MSN-ED, RN, CEN, CPEN	Member	NM	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Deb Jeffries, MSN, RN, CEN, CPEN, TCRN	Member	AZ	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Brenda Sierzant, RN	Alternate	GA	1/1/22 – 12/31/22
2. Rebecca Steinmann, MS, RN, APN, CEN, CPEN, CCNS, CCRN, FAEN	Alternate	IL	1/1/22 – 12/31/22

Board Liaison: Ryan Oglesby**Staff Liaison:** Katrina Ceci**2022 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

2022 Specific Criteria:

- Must have subject matter expertise in pediatrics
- Diversity in experience encouraged to include representation and perspective of general hospitals providing pediatric care and tertiary pediatric facilities
- Current ENPC course director desired, current course instructor required
- Ability to serve for a two-year term

[Back to Top](#)**GERIATRIC COMMITTEE**

Name	Position	State	Position Term	Service Term
1. Joan (Michelle) Moccia, DNP, MSN, RN, ANP-BC, CCRN	Chair	MI	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Suzanne Deyke, MSN, RN CEN	Member	NE	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Patricia Primmer, RN	Member	NJ	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Mariann Cosby, DNP, RN, CEN, LNCC, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Aaron Malsch, MS, RN, GCNS-BC	Member	WI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Rhyen Weaver, MSN-ED, RN, CEN, TCRN	Member	AZ	3/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Vanessa Gorman**Staff Liaison:** LaToria Woods**2022 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

2022 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

[Back to Top](#)**INTERNATIONAL ADVISORY COUNCIL**

Name	Position	Country	Position Term	Service Term
1. Walter Sergio Lugari, BSN, RN, ATCN	Chair	Germany	1/1/22 – 12/31/22	1/1/22 – 12/31/23
2. Dawn Peta, BSN, RN	Immediate -Past Char	Canada	1/1/22 – 12/31/22	1/1/19 – 12/31/22
3. Adam Johnston, BA, RN, CEN	Member	ND	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Vientiane Pajo, BSN, RN, CEN, TCRN	Member	FL	1/1/22 – 12/31/22	1/1/22 – 12/31/22
5. Alison Day, PhD, MSN, BS, RN, FAEN	Member	UK	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Nurul'Ain Ahayalimudin, RN, CEN	Member	Malaysia	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Trent Moser, RN	Member	Canada	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Gunilla Lundgren, RN	Alternate	Sweden	1/1/22 – 12/31/22

Board Liaison: Chris Dellinger**Staff Liaison:** Terrence Sykes

2022 Charges: Charges to be developed upon 2022 committee formation and presented to the Board for ratification at a future date.

2022 Specific Criteria:

- Strong understanding of ENA
- 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

[Back to Top](#)**LANTERN AWARD COMMITTEE GROUP 1**

Name	Position	State	Position Term	Service Term
1. Chris Rankin, DNP, MSN, BSN, RN, CEN	Chair	OH	1/1/22 – 12/31/23	1/1/21 – 12/31/24
2. Tyler Babcock, MSN, MBA, BSN, RN, CEN	Member	PA	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. David Weih, MHA, BSN, BS, BA, AND, RN, CEN	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Debra Rodriguez, MSN, BSN, RN, CPEN, SANE	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
5. Natalie Heywood, RN	Member	AZ	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Will Stewart, MSN, RN, EMT-P, CEN, NE-BC	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Diane Heine, DNP, MSN, BSN, ADN, RN, CEN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
8. Theresa Diloy, MSN, BSN, RN, CEN, CPEN	Member	VA	1/1/21 – 12/31/22	1/1/21 – 12/31/22

Board Liaison: Dustin Bass**Staff Liaison:** Ellen Siciliano**2022 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

2022 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) and participate in video conference meetings during June and/or July to create applicant feedback letters
- 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

[Back to Top](#)**LANTERN AWARD COMMITTEE GROUP 2**

Name	Position	State	Position Term	Service Term
1. Carol Fridal, MS, RN, EMT-B, CEN, CLNC	Chair	IA	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Mary Collins, RN	Member	OH	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Deborah Schwytzer, DNP, RN, CEN, RN-BC	Member	OH	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Hanna Gerke, RN, CEN	Member	NJ	1/1/21 – 12/31/22	1/1/21 – 12/31/22

5. Kanda Nygren, MSN, MBA, BA, RN, CEN, CPEN, CFRN, CCRN, CPN, TCRN	Member	SD	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Kimberly Treaster, MSN, RN, CEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Douglas Fields, MSN, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Seantai Burwell, RN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Dustin Bass

Staff Liaison: Ellen Siciliano

2022 Charges:

- Review and recommend revisions for Lantern Award program materials as requested
- Review and score eligible Lantern Award applications
- Provide substantive and supported comments/feedback for Lantern application responses

2022 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) and participate in video conference meetings during June and/or July to create applicant feedback letters
- 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

[Back to Top](#)

PEDIATRIC COMMITTEE

Name	Position	State	Position Term	Service Term
1. Elyssa Wood, PhD, MPH, BSN, RN, CPEN, CPN, TCRN, FAEN	Chair	VA	1/1/22 – 12/31/22	1/1/22 – 12/31/23
2. Gail Schoolden, DNP, RN, APRN, CNS, CPEN, ATCN	Member	MD	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. Caleb Jacobs, MSN, RN	Member	WA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Sara Daykin, DNP, RN, CPEN, TCRN	Member	NM	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Roberta Miller, RN, CPEN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Tasha Lowery, RN, APRN, CEN, CPEN, ENP-C, FNP-C	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Angela Dean, RN, CEN, CPEN, TCRN	Alternate	NC	1/1/22 – 12/31/22
2. Elizabeth Wright, RN	Alternate	OK	1/1/22 – 12/31/22

Board Liaison: Steven Jewell

Staff Liaison: Cydne Perhats

2022 Charges:

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

2022 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	Position Term	Service Term
1. Melissa Scott, PhD, MSN, BSN, ADN, RN	Member	NC	1/1/22 – 12/31/22	1/1/20 – 12/31/21
2. Mary Zaleski, DNP, RN, CEN, RN-BC, FAEN	Member	MD	1/1/22 – 12/31/22	1/1/20 – 12/31/21
3. Crystal Miles-Threatt, MA, BSN, RN, CEN, CCRN-K (Adult), TCRN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Genevieve Wessel, MSN, BS, RN, NP, CEN, AGACNP-BC, TCRN	Member	IL	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Janis Farnholtz Provinse, MS, BSN, RN, CNS, CEN, TCRN, FAEN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Marie Garrison, MSN, RN, EMT-I, CEN	Member	OH	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Nicole Price, MSN, ANP, CNS, CEN, CPEN, TCRN	Member	WA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
8. Sarah Rueda, RN	Member	MD	1/1/21 – 12/31/22	1/1/21 – 12/31/22
9. Sherine Villegas, RN	Member	NY	1/1/21 – 12/31/22	1/1/21 – 12/31/22
10. Caroline Meza, MSN, RN	Member	NJ	1/1/21 – 12/31/22	1/1/21 – 12/31/22
11. Charlene Draleau, MSN, RN, CPEN, CPN, RN-BC, TCRN	Member	RI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
12. Joan Somes, PhD, MSN, RN, CEN, CPEN, RN-BC, FAEN	Member	MN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
13. Sherine Villegas, BSN, RN, CEN, TCRN	Member	NY	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: N/A**Staff Liaison:** Kim Cheramie**2022 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

2022 Specific Criteria:

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

[Back to Top](#)**POSITION STATEMENT COMMITTEE**

Name	Position	State	Position Term	Service Term
1. Jean Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN	Chair	NH	1/1/22 – 12/31/22	1/1/21 – 12/31/23
2. Elizabeth Stone, MSN, RN, CPEN, FAEN	Member	NC	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. Brenda Braun, MSN, BSN, RN, CEN, CPEN, FAEN	Member	NJ	1/1/20 – 12/31/22	1/1/20 – 12/31/22
4. Alison Day, PhD, MSN, BS, RN, FAEN	Member	UK	1/1/20 – 12/31/22	1/1/20 – 12/31/22
5. Sharon Vanairsdale, DNP, MS, RN, APRN, NP, CNS, CEN, ACNS-BC, NP-C, FAEN, FAAN	Member	GA	1/1/20 – 12/31/22	1/1/20 – 12/31/22
6. Cheryl Riwtis, DNP, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Joanne Navarroli, MSN, BS, RN, CEN	Member	AZ	1/1/21 – 12/31/22	1/1/21 – 12/31/22
8. Dawn Peta, BN, RN	Member	Canada	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Lisa Leiding, DNP, RN, CCHP-RN	Member	NM	1/1/22 – 12/31/23	1/1/22 – 12/31/23

2022 Charges:

1. Recommend subject matter experts collaborate with ENA committees and work teams in developing new position statements
2. Collaborate with external organizations on Joint and Supported Position Statements at the direction of the ENA Board of Directors
3. Recommend topic areas for future position statement development

2022 Specific Criteria:

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

[Back to Top](#)

QUALITY AND SAFETY ADVISORY COUNCIL

Name	Position	State	Position Term	Service Term
1. Kayla Lott, MSN, RN, CRNP, CEN, FNP-C	Chair	AL	2/1/22 – 12/31/22	1/1/21 – 12/31/23
2. Robert Kentner, MSN, RN, EMT-P, CEN, CPHQ, NREMT-P, TCRN	Member	NE	1/1/22 – 12/31/22	1/1/20 – 12/31/22
3. Kristine Powell, MSN, RN, CEN, NEA-BC, FAEN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
4. Joshua Monsivais, BSN, RN, CEN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Mary Raley, BSN, RN, CEN, TCRN	Member	KY	2/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Heather Lechner, BSN, RN, CEN, TCRN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Cheryl Randolph

Staff Liaison: Cathy Olson

2022 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

2022 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
- Revise and/or develop practice resources related to quality, safety, and/or injury prevention as requested
- Ability to serve for a two-year term

[Back to Top](#)

RESOLUTIONS COMMITTEE

Name	Position	State	Position Term	Service Term
1. Christopher Parker, MSN, BSN, RN, CEN, CPEN, CFRN, CNL, NRP, TCRN	Chair	VA	1/1/22 – 12/31/22	1/1/20 – 12/31/23
2. Daniel Misa, MSN, RN, CEN, CPEN	Member	NJ	1/1/22 – 12/31/22	1/1/19 – 12/31/22
3. India Owens, MSN, RN, CEN, NE-BC, FAEN	Member	IN	1/1/22 – 12/31/24	1/1/22 – 12/31/24
4. Cody Staub, RN	Member	WA	1/1/20 – 12/31/22	1/1/20 – 12/31/22

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

Alternates:

Name	Position	State	Position Term
1. R Dale Morton, MSN, BSN, RN, EMT-B	Alternate	KY	1/1/22 – 12/31/22

Board Liaison: Terry Foster

Staff Liaison: Ashley Schuring

2022 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

2022 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

[Back to Top](#)
TNCC REVIEW COMMITTEE

Name	Position	State	Position Term	Service Term
1. Sheila Silva, DNP, RN	Chair	MA	1/1/21 – 12/31/22	1/1/21 – 12/31/23
2. Julie Miller, BSN, RN, CEN	Member	KS	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Melanie Crowley, MSN, RN, CEN, TCRN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Rebecca VanStanton, MSN, RN, CEN, CPEN, TCRN	Member	MI	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Jami Blackwell, BSN, BS, RN, CEN, TCRN	Member	MO	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Wendy Reynolds, RN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Brian Aeschliman, BSN, RN, EMT-P, CEN	Member	KS	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Jennifer Williams-Cook, BSN, RN, CEN, CPEN, CFRN, NRP, TCRN	Alternate	MS	1/1/22 – 12/31/22
2. Jennifer Lefeber, BSN, RN, TCRN	Alternate	IA	1/1/22 – 12/31/22

Board Liaison: Dustin Bass

Staff Liaison: Katrina Ceci

2022 Charges:

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

2022 Specific Criteria:

- Must have current emergency department experience, including care of the trauma patient
- Diversity in experience encouraged to include representation and perspective of tertiary pediatric facility, representation and perspective of critical access, community, and teaching facilities
- Current course director desired, current course instructor required
- Experience with development and evaluation of education for bedside emergency nurses preferred
- Ability to serve for a two-year term

[Back to Top](#)**TRAUMA COMMITTEE**

Name	Position	State	Position Term	Service Term
1. Eric Cohen, BSN, RN, CEN, TCRN	Chair	NY	1/1/22 – 12/31/22	1/1/21 – 12/31/23
2. Justin Winger, PhD, MA, BSN, BA, RN, PHN	Member	CA	1/1/22 – 12/31/22	1/1/19 – 12/31/22
3. Olivia Smoak, BSN, RN, CEN	Member	FL	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Vientiane Pajo, BSN, RN, CEN, TCRN	Member	FL	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Karen O'Connell, PhD, RN, CEN	Member	KY	1/1/22 – 12/31/23	1/1/22 – 12/31/23
6. Julie Tseh-Willcockson, RN	Member	CO	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Catana Philipps, RN, CEN, TCRN	Member	IN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Michael Snead, BSN, BS, RN	Member	IL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Steve Weinman, MS, BSN, RN, EMT-B, CEN, NHDP-BC, TCRN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Alternates:

Name	Position	State	Position Term
1. Victoria Black, BSN, RN	Alternate	ND	1/1/22 – 12/31/22
2. Nicole Pasquarello, BSN, RN	Alternate	PA	1/1/22 – 12/31/22

Board Liaison: Joop Breuer**Staff Liaison:** Monica Kolbuk**2022 Charges:**

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

2022 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
- TNCC Instructor status preferred, not required
- Ability to serve for a two-year term
- No onsite meeting required

TRAUMA SUB-COMMITTEE**CATN Revision Sub-Committee**

Name	Position	State	Position Term	Service Term
1. Justin Winger, PhD, MA, BSN, BA, RN, PHN	Member	CA	1/1/22 – 12/31/22	1/1/19 – 12/31/22
2. Justin Heinrich, MSN, RN	Member	PA	1/1/22 – 12/31/22	1/1/21 - 12/31/22
3. Casey Hill, MSN, RN, CEN, TCRN	Member	NH	1/1/22 – 12/31/22	1/1/21 - 12/31/22
4. Julie Tseh-Willcockson, RN	Member	CO	1/1/22 – 12/31/22	3/1/21 - 12/31/22
5. Sonny Ruff, DNP, MSN, BSN, ADN, RN, APRN, FNP, CEN, ENP-BC, FNP-C	Member	MS	1/1/22 – 12/31/22	1/1/21 - 12/31/22
6. Olivia Smoak, BSN, RN, CEN	Member	FL	1/1/22 – 12/31/22	1/1/21 – 12/31/22
7. Vientiane Pajo, BSN, RN, CEN, TCRN	Member	FL	1/1/22 – 12/31/22	1/1/21 – 12/31/22

Appendix D

[Back to Top](#)

8. Eric Cohen, BSN, RN, CEN, TCRN	Member	NY	1/1/22 – 12/31/22	1/1/21 – 12/31/22
9. Tonya Barnard, BSN, RN, CEN	Member	LA	1/1/22 – 12/31/22	4/19/21 – 12/31/22

[Back to Top](#)

APPENDIX A:

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

ENA FOUNDATION FUNDRAISING COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Amy Boren, MS, BSN, RN, CEN, CPEN, TCRN	Chair	CO	1/1/22 – 12/31/22	1/1/22 – 12/31/22
2. Regina Newby, BSN, RN, CEN	Member	OK	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Erin Dees, MSN-ED, MSN-L, RN, CEN	Member	MS	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Mickey Forness, BS, RN, CEN	Member	NY	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Karla Nygren, MSN, MBA, BA, RN, CEN, CPEN, CFRN, CCRN, CPN, TCRN	Member	SD	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Barbara Gibson, BSN, RN, CEN	Member	TN	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. David McDonald, MSN, RN, APN, CEN, CCNS, TCRN, FAEN	Member	NC	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Freda Lyon, DNP, MSN, BSN, RN, NE-BC, FAEN	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Jessica Lucio, BSN, RN, CEN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Julia Bossie, MSN, RN, CEN, CNL	Member	GA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
11. Lauren Sanguinetti, RN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
12. Melane Marsh, BSN, RN, CEN, SANE	Member	NV	1/1/22 – 12/31/23	1/1/22 – 12/31/23
13. Patricia Nierstedt, MS, RN, CEN, TCRN, FAEN	Member	NJ	1/1/22 – 12/31/23	1/1/22 – 12/31/23
14. Todd Haines, MSN, BSN, RN, EMT-I, CEN	Member	TN	1/1/22 – 12/31/23	1/1/22 – 12/31/23
15. Lisa Burk, RN, CEN	Member	OR	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaisons: CherylAnn MacDonald Sweet and Shawntay Harris

Staff Liaison: Lise Jinno and Meghan Higham

2022 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

2022 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

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

[Back to Top](#)

ENA FOUNDATION RESEARCH GRANT COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Christine Russe, MSN, RN, CEN, CPEN, TCRN, FAEN	Chair	TX	1/1/22 – 12/31/22	1/1/21 – 12/31/22
2. Gina Slobogin, DNP, RN, CEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
3. Sarah Abel, DNP, RN, CEN, FAEN	Member	IN	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Andi Foley, DNP, RN, APRN, EMT-B, CEN, ACCNS-AG, TCRN, FAEN	Member	ID	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Shawntay Harris, MSN, MHA, MBA, BSN, RN, CEN, CPEN, NE-BC, TCRN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Aaron Malsch, MS, RN, GCNS-BC	Member	WI	1/1/22 – 12/31/23	1/1/22 – 12/31/23
7. Courtney Edwards, DNP, MPH, RN, CEN, CCRN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
8. Elizabeth Crago, PhD, MSN, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
9. Kimberly Johnson, PhD, RN, CEN, FAEN	Member	OH	1/1/22 – 12/31/23	1/1/22 – 12/31/23
10. Stephen Stapleton, PhD, MSN, MS, BSN, BS, RN, CEN, FAEN	Member	MN	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Christine Russe

Staff Liaison: Lise Jinno and Meghan Higham

2022 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.

2022 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

Number of Positions Open for 2022: Increasing to 8 members, so will need 3

Additional Staff Liaison Notes: Recommend increasing to 8 members

ENA FOUNDATION SCHOLARSHIP COMMITTEE – ENA Foundation Committee

Name	Position	State	Position Term	Service Term
1. Sally Snow, BSN, RN, CPEN, FAEN	Chair	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
2. Deborah McCrea, EdD, MSN, RN, EMT-P, CEN, CFRN, FNP-BC	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22

3. Patrice Christensen, BSN, RN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
4. Louise Hummel, MSN, RN, CNS, CEN, TCRN, FAEN	Member	CA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
5. Joyce Foresman-Capuzzi, MSN, RN, CNS, EMT-P, CEN, CPEN, CTRN, CCNS, CCRN, PHRN, SANE, FAEN	Member	PA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
6. Vicki Patrick, MS, APRN, CEN, ACNP-BC, FAEN	Member	TX	1/1/21 – 12/31/22	1/1/21 – 12/31/22
7. Harriet Hawkins, RN, CPEN, CCRN, CPN, FAEN	Member	IL	1/1/21 – 12/31/22	1/1/21 – 12/31/22
8. Melanie Gibbons Hallman, DNP, RN, CRNP, CEN, ACNP-BC, ENP-C, FNP-BC, TCRN, FAEN	Member	AL	1/1/21 – 12/31/22	1/1/21 – 12/31/22
9. Audrey Snyder, PhD, RN, ACNP, FNP, CEN, ACNP-BC, CCRN, FNP-BC, FAEN, FAAN, FAANP	Member	NC	1/1/21 – 12/31/22	1/1/21 – 12/31/22
10. Amy Boren, MS, BSN, RN, CEN, CPEN, TCRN	Member	CO	1/1/21 – 12/31/22	1/1/21 – 12/31/22
11. Laura Wilson, MSN-ED, RN, CEN	Member	NY	1/1/21 – 12/31/22	1/1/21 – 12/31/22
12. Alexis Moore, MSN-ED, RN	Member	VA	1/1/21 – 12/31/22	1/1/21 – 12/31/22
13. Brianna Buzzuro, MSN, RN, CEN, TCRN	Member	DE	1/1/22 – 12/31/23	1/1/22 – 12/31/23
14. Christine Jandora, RN	Member	FL	1/1/22 – 12/31/23	1/1/22 – 12/31/23
15. Danita Mullins, MSN, RN, CEN	Member	AR	1/1/22 – 12/31/23	1/1/22 – 12/31/23
16. Kay-Ella Bleacher, CRNP, PHRN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
17. Kelly Collins, BSN, RN, CEN, CPEN, SANE	Member	ME	1/1/22 – 12/31/23	1/1/22 – 12/31/23
18. Kelsea Heiman, MSN, BSN, BS, RN, CEN, TCRN	Member	TX	1/1/22 – 12/31/23	1/1/22 – 12/31/23
19. Lynn Howard, MSN-ED, BSN, RN, CEN, RN-BC, TCRN	Member	VA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
20. Marc Summy, BA, RN	Member	PA	1/1/22 – 12/31/23	1/1/22 – 12/31/23
21. Margaret Letitia, BSN, RN, EMT-P, CEN	Member	CT	1/1/22 – 12/31/23	1/1/22 – 12/31/23
22. Mariann Cosby, DNP, RN, CEN, LNCC, FAEN	Member	CA	1/1/22 – 12/31/23	1/1/22 – 12/31/23

Board Liaison: Sally Snow

Staff Liaison: Lise Jinno and Meghan Higham

2022 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

2022 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

Number of Positions Open for 2022: 9

Additional Staff Liaison Notes: None

ENA FOUNDATION AWARD TASK FORCE – ENA Foundation Committee

2022 Charges

1. Review and vet applications for the Foundation Cornerstone Award
2. Provide recommendations for recipients of the Keystone Award
3. Provide guidance and strategic outlook on how to increase award applications and visibility
4. Ability to serve a one-year term

[Back to Top](#)

Name	Position	State	Position Term	Service Term
1. James Hoelz, MS, MBA, RN, CEN, FAEN	Chair	PA	1/1/22 – 12/31/22	1/1/22 – 12/31/22
2. Michele Forness, BS, RN, CEN	Member	NY	1/1/22 – 12/31/22	1/1/22 – 12/31/22
3. Chris Gisness, MSN, RN, FNP, CEN, ATCN, ENP-C, FNP-BC, FNP-C, TCRN, FAEN	Member	GA	1/1/22 – 12/31/22	1/1/22 – 12/31/22
4. Sally Snow, BSN, RN, CPEN, FAEN	Member	TX	1/1/22 – 12/31/22	1/1/22 – 12/31/22

ENA FOUNDATION COMMUNITY OUTREACH TASK FORCE – ENA Foundation Committee

2022 Charges

1. Provide guidance and strategic outlook on how the Foundation can support a newly created (2021) objective; Support the emergency nursing community through philanthropic endeavors.
2. Develop recommendations about ways that this objective can be realized
3. Explore a formalized grant opportunity that will support this objective
4. Determine if a Community Outreach standing committee should be established the future
5. Ability to serve a one-year term

Name	Position	State	Position Term	Service Term
1. Fred Neis, MS, RN, CEN, FAEN, FACHE	Chair	KS	1/1/22 – 12/31/22	1/1/22 – 12/31/22
2. Anne-Marie Summerhays, BSN, RN, CEN	Member	OR	1/1/22 – 12/31/22	1/1/22 – 12/31/22
3. Lauren Plaine, MPS, BSN, RN, CEN	Member	DC	1/1/22 – 12/31/22	1/1/22 – 12/31/22
4. Nancy Mannion, DNP, MS, RN, CEN, FAEN	Member		1/1/22 – 12/31/22	1/1/22 – 12/31/22
5. James Hoelz, MS, MBA, RN, CEN, FAEN	Member	PA	1/1/22 – 12/31/22	1/1/22 – 12/31/22
6. Kimberly Russo, MSN, BSN, RN, CEN	Member	NJ	1/1/22 – 12/31/22	1/1/22 – 12/31/22

ENA FOUNDATION CORPORATE ENGAGEMENT TASK FORCE – ENA Foundation Committee

Charges 2022

1. Task force will be comprised of Corporate Foundation Trustees.
2. Explore how the Foundation Board might more deeply engage its corporate members internally
3. Provide guidance and strategic outlook to help increase corporate engagement with Foundation initiatives

Name	Position	State	Position Term	Service Term
1. Mike Hastings, MSN, RN, CEN	Chair	WA	1/1/22 – 12/31/22	1/1/22 – 12/31/22
2. Amy Mills, RN	Member	NC	1/1/22 – 12/31/22	1/1/22 – 12/31/22
3. David Griffiths	Member		1/1/22 – 12/31/22	1/1/22 – 12/31/22
4. Randy Rzezniak	Member		1/1/22 – 12/31/22	1/1/22 – 12/31/22

ENA FOUNDATION RESEARCH VISIBILITY TASK FORCE – ENA Foundation Committee

2022 Charges

1. Explore opportunities for greater visibility for Foundation funded research opportunities and increased applications submitted
2. Provide insight and support in the planning and implementation of the new Research Fellowship, a joint collaboration between Foundation, the DEI Committee and the ENA Research Advisory Council.
3. Network within the state and with other similar organizations to promote Foundation research opportunities and to build awareness of research programming
4. Ability to serve a one-year term

Name	Position	State	Position Term	Service Term
1. Gordon Gillespie, PhD, DNP, RN, CEN, CPEN, CNE, PHCNS-BC, FAEN, FAAN	Chair	OH	1/1/22 – 12/31/22	1/1/22 – 12/31/22
2. Denise Campbell, DNP, RN, CEN, ACNS-BC	Member	MI	1/1/22 – 12/31/22	1/1/22 – 12/31/22
3. Anthony Angelow, PhD, APN, CRNP, CEN, ACNP-BC, ACNPC, AGACNP-BC, FAEN, FAANP	Member	NJ	1/1/22 – 12/31/22	1/1/22 – 12/31/22

4. Jennifer Schieferle Uhlenbrock, DNP, MBA, RN, TCRN	Member	TX	1/1/22 – 12/31/22	1/1/22 – 12/31/22
5. Nancy Mannion, DNP, MS, RN, CEN, FAEN	Member	PA	1/1/22 – 12/31/22	1/1/22 – 12/31/22
6. Roger Casey, MSN, RN, CEN, TCRN, FAEN	Member	WA	1/1/22 – 12/31/22	1/1/22 – 12/31/22

Academy of Emergency Nursing Board

NAME	Position	State	Position Term	Service Term
Nick Chmielewski , DNP, RN, CEN, CENP, NEA-BC, FAEN	Chairperson	OH	1/1/2022-12/31/2022	1/1/2018-12/31/2023
Andi Foley , DNP, APRN-CNS, EMT, CEN, FAEN	Chairperson-elect	ID	1/1/2022-12/31/2022	1/1/2021-12/31/2024
Deena Brecher , MSN, RN, CEN, CPEN, ACNS-BC, FAEN	Member-at-Large	DE	1/1/2022-12/31/2023	1/1/2022-12/31/2023
Patti Kunz Howard , PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN	Member-at-Large	KY	1/1/2022-12/31/2022	1/1/2022-12/31/2022
Garrett Chan , PhD, APRN, CNS, CEN, FAEN, FAAN	Immediate Past Chairperson	CA	1/1/2022-12/31/2022	1/1/2018-12/31/2022

Board Liaison: Terry Foster

Staff Liaison: Ashley Schuring

2022 Charges:

1. Solidify and codify the Shared Mental Model for Academy Fellows
2. Articulate and integrate the concept of “value” of AEN with stakeholder groups
3. Advance the Mentor Program
4. Institute a framework of continues Academy visionary leadership contributions to the Emergency Nursing specialty