



## 2025 General Assembly Handbook

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# GENERAL ASSEMBLY

## 2025 General Assembly Business Agenda

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### ***MONDAY, SEPTEMBER 15***

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

### ***TUESDAY, SEPTEMBER 16***

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

7:30-7:55 am ..... General Assembly

Opening Ceremonies

Call to Order

Credentials Report

Adoption of General Assembly Standing Rules of Procedure

Adoption of Business Agenda

7:55-8:40 am ..... ENA Leadership Remarks

8:40-9:20 am ..... Open Reference Hearings

9:20-9:30 am ..... Memorial Presentation

9:30-10 am ..... **BREAK**

10-11:30 am ..... Open Reference Hearings

11:30 am ..... Adjournment

7:30-9 pm ..... General Assembly Welcome Reception

### ***WEDNESDAY, SEPTEMBER 17***

7-7:45 a.m. .... Amendment Assistance

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

9-9:15 a.m. .... General Assembly

Call to Order

Credentials Report

Adoption of Business and Consent Agendas

9:15-10:30 a.m. .... Consideration of Proposed Resolutions (Debate and Vote)

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

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

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

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

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

## 2025 General Assembly Officials

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<b>General Assembly Chair/President</b>	Ryan Oglesby, PhD, MHA, RN, CEN, CFRN, NEA-BC <i>Florida</i>
<b>Credentials Chairperson/Immediate Past President</b>	Chris Dellinger, MBA, BSN, RN, FAEN <i>West Virginia</i>
<b>President-Elect</b>	Dustin Bass, DNP, MHA, RN, CEN, NEA-BC <i>North Carolina</i>
<b>Secretary/Treasurer</b>	Chris Parker, MSN, RN, CNL, CEN, CFRN, CPEN, TCRN, NPD-BC, NRP <i>Virginia</i>
<b>Directors</b>	Tyler Babcock, MSN, MBA, RN, CEN, NEA-BC, TCRN <i>Pennsylvania</i>
	Heidi Gilbert, MSN, RN, CEN, SANE-A, TCRN <i>Oklahoma</i>
	Vanessa Gorman, MSN, RN, CCRN, FAEN, FCENA <i>Australia</i>
	Shawntay Harris, DNP, MBA, MHA, RN, NEA-BC, NE-BC, TCRN, CPEN, CEN, CFRN, CTRN, FAEN <i>Texas</i>
	Lauren Plaine, MPS, BSN, RN, CEN <i>Virginia</i>
	Rachael Smith, MSN, RN, CEN, CCRN, CPEN, CNE, NPD-BC, TCRN <i>Connecticut</i>
<b>Emerging Professional</b>	Alex Kasmere, MSN, RN, EMT-P, CPEN, TCRN <i>Virginia</i>
<b>Interim Executive Director</b>	Bridget Walsh, MBA <i>Illinois</i>
<b>Parliamentarian</b>	Michael Taliercio
<b>Legal Counsel</b>	Kimberly Pendo

## **Standing Rules of Procedure of the ENA General Assembly**

### **GENERAL**

1. The General Assembly Standing Rules of Procedure may be suspended by a majority vote or amended or rescinded by a two-thirds vote.
2. Delegates and alternate delegates shall wear name badges designating their delegate status.

### **RESOLUTIONS**

3. Resolutions may be authored and submitted by the ENA Board of Directors, ENA committees, the *Journal of Emergency Nursing* Editorial Board, a state council or chapter, or by a voting ENA member.
4. The General Assembly may consider resolutions received after the published deadline by a two-thirds vote, provided all other criteria have been met. Notice of such resolutions shall be sent to state captains. Late resolutions that do not meet the published requirements circulated by the Resolutions Committee shall not be considered.

### **COMPOSITION**

5. State council delegates shall be apportioned based on the ratio of members in the state or territory to the total ENA membership as of May 15 in accordance with the ENA Bylaws. International delegates shall be allocated in accordance with the ENA Bylaws. ENA headquarters will send necessary information for designating delegates, alternate delegates and state captains to state councils.
6. Each state council must formally register delegates and alternate delegates with the ENA headquarters no later than August 28, 2025. Following this deadline, any delegate vacancies can only be filled by registered alternate delegates.
7. The delegate captain shall be selected as soon as possible but no later than 75 days prior to the General Assembly (i.e., on or before July 3, 2025)
8. The ENA Immediate Past President shall oversee the credential process.
9. A keypad will be assigned to each delegate. Delegates are responsible for checking out their own keypad from the keypad vendor. Delegates may not give their keypad to another delegate to cast their vote.

10. A member registered as an alternate delegate may be transferred to delegate status, provided that no state delegation exceeds the maximum number of delegates allotted. The state captain shall sign authorizations to change delegates' status. A delegate who turns over his or her duties to an alternate delegate must report to the keypad desk with the alternate to exchange keypads. If the delegate wishes to resume his or her duties, the keypads must be exchanged in the same way.
11. Delegates and alternates shall attend all General Assembly meetings and complete the post General Assembly evaluation in order to receive a certificate of service.

### **REFERENCE HEARINGS**

12. The author (or their designee) of a resolution or bylaw amendment proposal will present, via video, their resolution/proposal at the Reference Hearing for up to two (2) minutes. The video must be confined to the merits of the bylaw amendment or resolution proposal. Such time will not be counted in the total time for discussion.
13. The total discussion time for each bylaw amendment or resolution will be 15 minutes. When called upon, each member will be given two (2) minutes to speak for or against each proposal.
14. The Resolutions Committee shall determine the order of consideration of action items (except subsidiary amendments) that have been submitted for the second day of General Assembly. Delegates may change this order by a two-thirds vote.
15. The Resolutions Committee shall have the authority to recommend that bylaw amendments or resolution proposals be adopted by unanimous consent by the General Assembly via the Consent Agenda. Any items that are recommended for adoption by unanimous consent will not be discussed unless there is an objection by a delegate to the resolution or bylaw amendment being adopted by unanimous consent.
16. Amendments to bylaws or resolution proposals must be submitted in accordance with the deadline set by the chair of the General Assembly. Amendments not submitted by the deadline shall require a non-debatable two-thirds vote to consider and a two-thirds vote to adopt.
17. Amendments to proposals shall be made available to the delegates as soon as possible after the amendments have been processed by the Resolutions Committee following the reference hearings.

### **DEBATE**

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

20. A delegate may request that an individual without speaking rights be allowed to speak. A majority vote shall be required to grant the request.
21. The author or designee of each motion shall be given the right to speak first for up to two minutes, and; such time shall not be counted in the total time for debate.
22. Within the allotted debate time, a delegate may speak for up to two minutes when recognized to speak.
23. Debate will alternate for and against as much as possible, and each delegate shall be allowed only one turn to speak in each queue. If an amendment or other debatable motion is made that takes priority over the pending question, the existing queue will be saved and a new queue will be opened. Once that priority motion is completed, the previous queue will be reopened and debate will resume on the pending question.
24. The total debate time allotted for each bylaws amendment proposal and resolution, including any and all discussion on subsidiary, privileged, and incidental motions, shall be 15 minutes. If a bylaws amendment proposal or resolution is divided, then each of the divided portions of the bylaws amendment proposal or resolution shall receive 15 minutes total debate time. If there are speakers in the queue when the total debate time expires, then the chair shall take a vote on whether to extend debate for an additional five minutes.

#### **ADMINISTRATIVE**

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

# Resolution GA25-01

## Enhancing ENA Board Collaboration with the Academy of Emergency Nursing and the ENA Foundation

Whereas, efficient, effective, and timely communication builds trust, encourages collaboration and fosters a shared vision within organizations;

Whereas, transparency is a crucial characteristic of organizational communication;

Whereas, the Emergency Nurses Association (ENA) Board of Directors utilizes a communication system where board members are assigned as liaisons to committees and workgroups;

Whereas, the Academy of Emergency Nursing (AEN), founded in 2004, is not like any other committee or task force within ENA because it has a mission and vision statement, governing guidelines and policies, and an Board elected by the members of AEN, which includes a chairperson, chairperson elect, two members-at-large and an immediate past chairperson (ENA, 2022);

Whereas, the mission of the ENA Foundation, created in 1991, is to support the global emergency nursing community and the patients they serve through education, research, and philanthropic endeavors. The ENA Foundation's Board of Trustees is comprised of up to sixteen members, including the ENA chief executive officer, a chairperson, chairperson-elect, immediate past chairperson, the ENA president, the ENA immediate past president, three corporate trustees, and six elected members-at-large who each serve a three-year term (ENA, 2024);

Whereas, under the current structure, the ENA president appoints a liaison from the ENA Board to the Academy of Emergency Nursing (AEN) Board and the ENA Foundation (ENAF) Board; this structure has not served the association well and has not facilitated effective communication and collaboration between these bodies (Shah et al., 2025);

Whereas, the current structure allows ENA Board liaisons to interpret, from their own perspectives, when reporting ENA Board meeting decisions and relevant information to the Academy and ENA Foundation. The elected leaders of AEN and ENAF should be speaking for their respective boards. Without direct access to timely ENA Board level discussion and decision-making with input from AEN and ENAF leaders, the organizational structure remains siloed, and both the Academy and the Foundation are at a disadvantage when it comes to helping ENA fully achieve its mission;

Whereas, previous attempts at creating structures and processes to align the ENA Board of Directors, the ENA Foundation, the Academy of Emergency Nursing, and ENA staff to work and lead the respective groups towards common goals and initiatives have not resulted in sustained and coordinated efforts (Cote, 2023); and

Whereas, the ENA Board prohibited a proposal to amend the Bylaws to come before the ENA General Assembly in 2023 and 2025 that would add the AEN board chairperson and ENAF board chairperson as ex-officio members of the Board.

*Resolved*, that the ENA Board of directors should assess the current collaboration structure with the goal of creating a governance structure that promotes a greater culture of inclusivity, collaboration, and synergy among two key groups within ENA (the Academy of Emergency Nursing and the Emergency Nursing Association Foundation);

*Resolved*, that the ENA Board of directors should evaluate expanding the current composition of the board of directors to include the AEN and ENAF chairpersons;



# Resolution GA25-01

*Resolved*, that the ENA Board of directors should evaluate strategies to address the authors' concerns regarding communication and collaboration among and between the ENA Board, the AEN Board, and the ENA Foundation; and

*Resolved*, that the ENA Board of directors should provide a written report regarding the evaluation to the 2026 ENA General Assembly.

## **Resolution Background Information:**

This resolution is offered by a group of individual past-chairpersons of the Academy of Emergency Nursing Board and past-chairpersons of the ENA Foundation Board of Trustees.

The current communication system is not working. The expectation that the ENA board liaisons on the Academy of Emergency Nursing (AEN) Board and the ENA Foundation (ENAF) Board serve as conduits of information between the ENA board and the two organizations is not being realized. That approach is inefficient and ineffective. While the authors appreciate and value the role of the board liaison and staff, the authors recognize those individuals interpret from their own perspectives when reporting ENA Board meeting decisions and relevant information to bring back to the AEN Board and the ENAF Board. The elected leaders of AEN and ENAF should be speaking for their respective Boards. Without direct access to timely ENA Board level discussion and decision-making with input from AEN and ENAF leaders, the organizational structure remains siloed, and both the Academy and the Foundation are at a disadvantage when attempting to help ENA fully achieve its mission. ENA needs to be nimble to pivot to meet changing professional, environmental and organizational challenges and only through collaboration and immediate communication by having the elected chairs of the Academy and the Foundation at the table can the best solutions be devised and desired outcomes be achieved.

Multiple strategies have been tried to reduce the silo effect and synergize collaboration between the ENA Board, staff, Academy, and Foundation. For example, in 2021, the ENA president, ENA CEO, Chair of AEN, and Chair of ENAF met almost monthly to discuss the priority issues within each respective group as well as the major nursing policy initiatives confronting nursing. These priority issues included the release of the National Academy of Medicine's Future of Nursing 2020–2030 report; climate change and health; and diversity, equity, and inclusion. This meeting structure provided the opportunity for increased communication and collaboration, but the ENA CEO opted not to continue these meetings after 2021, despite requests from both AEN and ENAF.

In another example, the strategic plans for ENA and ENAF were not aligned, either from a timeline or a strategic focus perspective. Because the ENAF's strategic plan was out of sync with ENA's, the Foundation did not know what direction the ENA Board was going to take. So, to better serve ENA members, emergency nurses, and students, having the ENAF Chair on the ENA Board would have facilitated a better alignment in strategic planning and direction.

An example of collaborative success is the External DEI Stakeholder Team meeting, which included representatives from AEN, ENAF and ENA. This example of information sharing that coordinated conversations, initiatives, and interventions across ENA, AEN, and ENAF highlights the kind of direct communication needed to break down silos and enable timely discussion and decision-making that is inclusive of all ENA's elected leadership.

The authors submitted a proposal to amend the bylaws in 2023 by adding the AEN Chairperson and ENAF Chairperson as ex-officio members of the Board. The authors were informed on 23 July 2023 that

The Board determined that this proposal is not consistent with ENA's purposes, mission, values, and objectives



# Resolution GA25-01

because the ENA Board of Directors does not represent any one constituent, constituencies, committees, or subsidiaries – the board represents the entire organization. Therefore, the proposal will not be moving forward to General Assembly (ENA Governance, personal communication, July 21, 2023).

The authors revised the proposal in 2025 for the roles to reflect non-voting positions. Once again, the authors were denied the opportunity to bring forward a proposal to amend the Bylaws. Consequently, the authors now bring forward a resolution to the General Assembly so this matter can be debated by the General Assembly.

This resolution will evaluate opportunities to enhance diverse representation among the ENA Board while also ensuring the Academy of Emergency Nursing and the Emergency Nurses Association Foundation collaborate in a synergistic way while reducing inefficiencies currently found in the siloed system. It will evaluate the original proposal as well as other strategies that could be employed to better advance ENA and its mission. The authors, all past chairpersons of the Academy and Foundation, have experienced issues with communication and collaboration timeliness. The effect of untimely and insufficient communication and collaboration has led to outcomes that could have been avoided if the AEN and ENAF chairpersons were at the table when decisions were made.

The role of the AEN Board Chairperson and the ENAF Chairperson would be to first and foremost represent the best interests of the ENA organization in all of their actions. In addition, they would facilitate communication between the respective body they lead and the ENA board, in a similar way to how board members serve as board liaisons to various committees to facilitate collaboration and communication. The AEN and ENAF chairpersons could facilitate both collaboration and communication but could also serve as non-affiliated board members during deliberations just like all other board members.

The authors estimated in their 2023 and 2025 proposals the total costs of adding the AEN and ENAF Board chairpersons. Based on 2023 travel and meeting participation, the authors estimated an annual cost of \$16,000 per year, which represented less than 0.1% of ENA's 2023 annual operating budget; more recent figures are not available to the authors. These cost estimates are based on the following:

- Academy of Emergency Nursing Chairperson: The AEN Chairperson already attends the following events associated with ENA Board meetings: January Leadership Orientation and Annual Conference. As such, anticipated additional travel costs include the December Board meeting preceding their year as chairperson, the March, May, and July Board meetings, and the December Board meeting in their year as chairperson. Assuming \$2,000 per event, the cost will total \$10,000 per year.
- ENA Foundation Chairperson: The ENA Foundation Chairperson already attends the following events associated with ENA Board meetings: January Leadership Orientation, Annual Conference, December Board meeting. As such, anticipated additional travel costs include March, May, and July Board meetings. Assuming a \$2,000 cost per event, the cost will total \$6,000 per year.
- Information technology resources for two additional people, such as Board email accounts and other access, are negligible expenses that would be included within an existing enterprise information technology license.

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

If adopted, this proposal would assist ENA's leadership in leading the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration. It would further provide mechanisms to enhance collaboration as future strategic initiatives are identified and implemented.

## **Financial Considerations/Operations Impact:**

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

# Resolution GA25-01

## Professional References:

- Cote, C. (2023, February 7). *Communicating direction to your organization: 5 dimensions to consider*. HBS Online. <https://online.hbs.edu/blog/post/organizational-communication>
- Emergency Nurses Association. (2022). *Academy of Emergency Nursing guidelines*. <https://www.ena.org/sites/default/files/2025-01/academyguidelines.pdf>
- Emergency Nurses Association. (2024). *Emergency Nurses Association Foundation bylaws*. [https://www.ena.org/sites/default/files/2025-04/ENA%20Foundation%20Bylaws\\_FINAL.pdf](https://www.ena.org/sites/default/files/2025-04/ENA%20Foundation%20Bylaws_FINAL.pdf)
- Shah, P., Kull, T., Kirche, E., & Finkenshtadt, D. J. (2025, March 17). 3 types of silos that stifle collaboration-and how to dismantle them. *Harvard Business Review*. <https://hbr.org/2025/03/3-types-of-silos-that-stifle-collaboration-and-how-to-dismantle-them>

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# Resolution GA25-01

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# Resolution GA25-01

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# Resolution GA25-02

## Designation of a Nurse Pediatric Emergency Care Coordinator in Every Emergency Department

Whereas, approximately 30 million children visit emergency departments (EDs) each year, representing about 20% of children in the United States (U.S.), and 97% of pediatric ED visits occur in nonchildren's hospitals, representing approximately 85% of all pediatric ED visits (Remick et al., 2018);

Whereas, the Emergency Nurses Association (ENA) has been a principal partner in the National Pediatric Readiness Project (NPRP) for decades, championing pediatric readiness in the nation's emergency departments and co-authoring the joint policy statement, *Pediatric Readiness in the Emergency Department* (Snow & Stone, 2019; Remick et al., 2018, 2024);

Whereas, the Emergency Nursing Pediatric Course (ENPC) has promoted pediatric readiness and the role of the nurse pediatric emergency care coordinator (PECC) in every revision since the fourth edition, and beginning with the 2026 Lantern Award application cycle, applicants will be required to submit an exemplar highlighting pediatric readiness initiatives in their ED;

Whereas, the ED nurse leader advocates for pediatric readiness and accelerates improvements through administrative support for the role of the nurse PECC and champions all the requirements that make an ED pediatric ready (Snow & Stone, 2019);

Whereas, ENA has a position statement *The Emergency Nurse's Role in Supporting Pediatric Readiness in the Emergency Department* (Snow & Stone, 2019) that supports the importance of a designated nurse PECC with dedicated protected time and a job description to drive pediatric readiness in the ED (Foster et al., 2023; Remick et al., 2018);

Whereas, the evidence supports that high pediatric readiness scores are positively related to survivability and, notably, a large proportion of U.S. children do not have timely access to EDs with high pediatric readiness (Ames et al., 2019; Newgard et al., 2021; Newgard et al., 2022; Newgard et al., 2023; Ray et al., 2018);

Whereas, having a Weighted Pediatric Readiness Score (WPRS) greater than or equal to 88 in the ED is associated with mortality rate, saving up to 2,143 lives annually in the United States (National Pediatric Readiness Project, n.d.-c; Newgard et al., 2024); and

Whereas, having a designated nurse PECC is a key driver for pediatric readiness, and designating a nurse and physician PECC increases a hospital's WPRS by 19 points (Remick et al., 2023). Designating a PECC increases the likelihood that all aspects of ED pediatric readiness improve. Despite these findings, the 2021 NPRP assessment found that low, medium, and even medium-high volume EDs reported an extremely low percentage of PECCs (Remick et al., 2023).

*Resolved*, that ENA should strengthen its position statement to focus on the designation of a nurse PECC in every ED;

*Resolved*, that ENA should advocate for protected time for the PECC based on pediatric volume, and designate or emphasize the position should be based in the ED; and

*Resolved*, that ENA should promote the publication of nurse-led research that demonstrates the efficacy of pediatric readiness in improving pediatric patient outcomes.

# Resolution GA25-02

## Resolution Background Information:

In the 2006 Institute of Medicine (IOM) report, *Emergency Care for Children: Growing Pains*, the unique medical needs of children compared to adults were the primary concern, highlighting the special challenges for trauma and emergency care providers. The report recognized that not all children have access to the same quality of care and emphasized that where a child lives has an important effect on whether the child can survive a serious illness or injury. The IOM report cited ENA's recognition of the need for standardized emergency nursing education with the development of the Emergency Nursing Pediatric Course in the 1990s. The report concluded, "If there is one word to describe pediatric emergency care in 2006, it is uneven" (Institute of Medicine, 2007, p. 41). As of 2025, the situation has not improved significantly; in fact, the proportion of emergency departments (EDs) with a designated nurse pediatric emergency care coordinator dropped from 59% in 2013 to 37%, according to the 2021 NPRP assessment (Gausche-Hill et al., 2015; Remick et al., 2023).

Children have unique healthcare needs. With limited resources inherent in the ED, the ED tends to focus on the patients it sees most often: adults. In the last (2021) NPRP assessment of national pediatric readiness, the median WPRS was 69.5 on a scale of 0 to 100. EDs continue to lack pediatric-specific skills, protocols, equipment, and resources to provide children with quality emergency care (Remick et al., 2023).

*Why does it matter?* In the U.S. alone, universal pediatric readiness could save 2,143 children's lives each year (National Pediatric Readiness Project, n.d.-c; Newgard et al., 2024).

There are more than 30 million ED visits by children each year, representing approximately 20% of children in the U.S. More than 97% of EDs caring for children are non-children's hospitals, accounting for approximately 85% of all pediatric ED visits (Iyer et al., 2024; Remick et al., 2018). To address the highly variable emergency care of children, the NPRP was created as a national quality improvement initiative to improve the quality and consistency of care for children in U.S. EDs (Newgard et al., 2021). To support performance improvement in the ED, the NPRP has identified key focus areas to guide and organize its improvement efforts, which include administration and coordination of care; competencies; quality improvement; support services; pediatric and medication safety; policies, procedures, and protocols; and medications, equipment, and supplies. Previous studies have shown that ED pediatric readiness varies widely among U.S. hospitals and trauma centers, with children's hospitals having the highest overall WPRS (Pai & Klinker, 2022; Samuels-Kalow et al., 2024a, 2024b).

The NPRP developed tools to empower EDs to improve their capability to provide high-quality care for children, also known as being "Pediatric Ready." The project, led by the federally funded Emergency Medical Services for Children (EMSC) Program in partnership with the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), ENA, and the American College of Surgeons, Committee on Trauma (ACS COT), offers free and open-access assessment opportunities as well as resources to address gaps in pediatric readiness (NPRP, n.d.-a, n.d.-b; Remick et al., 2018).

The work of the NPRP is based on the most recent joint policy statement on pediatric emergency care. The current statement, *Pediatric Readiness in the Emergency Department*, was written in 2018, and jointly published by the AAP, ACEP, and ENA (Remick et al., 2018). This policy statement was reaffirmed by the AAP in 2024 (Remick et al., 2024).

What is a nurse pediatric emergency care coordinator (PECC)?

A PECC leads their ED in following national recommendations for pediatric emergency care. Having a PECC in place is associated with improvement in all domains of pediatric readiness (Remick et al., 2023). PECC responsibilities include familiarizing colleagues with pediatric-specific policies, procedures, and protocols; promoting pediatric quality improvement efforts, pediatric emergency education, and pediatric competencies;



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and managing pediatric equipment and supplies. At a minimum, the job roles and responsibilities of the PECC should be integrated into an existing role description in the ED.

Using 2013 NPRP assessment data, the NPRP developed a U.S. initiative to improve ED readiness to care for acutely ill and injured children, using the premise that EDs with higher readiness would save lives. In 2021, a cohort study led by Newgard et al. concluded that injured children treated in high-readiness EDs had lower mortality than similar children in low-readiness EDs. Another study concluded that children with both injuries (60%) and medical conditions (76%) treated in EDs with high pediatric readiness had lower mortality during hospitalization (Newgard et al., 2023). High pediatric readiness, with a minimum WPRS score of 88, is associated with improved patient-centered outcomes and short- and long-term survival (Foster & Hoffmann, 2023; Newgard et al., 2024;). Lieng et al. (2021) found that ED pediatric readiness is also associated with lower odds of avoidable transfers. Despite overwhelming national and international data establishing that a PECC is one of the strongest drivers of improved pediatric outcomes for the past decade, support for the nurse PECC role remains low. Implementation of the role has been described as “haphazard” (Aregbesola et al., 2022; Remick et al., 2018; Remick et al., 2023; Samuel-Kalow et al., 2024).

Resources provided through the NPRP are essential to improving child health, particularly given the infrequency of critical pediatric procedures and the decreasing availability of pediatric inpatient care (Newgard et al., 2022; Remick et al., 2023). Additionally, it has been suggested that the presence of a PECC, which leads to higher pediatric readiness and improved pediatric outcomes, constitutes a “moral imperative,” emphasizing that a child's outcome should not depend on the hospital where they receive care (Auerbach & Sanseau, 2024).

Pediatric readiness is an international effort recognized in many countries. The EMSC-led NPRP serves as a global model for enhancing pediatric emergency care, including in low- middle- and high-income countries (Balmaks et al., 2020; Jarrett et al., 2025; Jensen et al., 2022). Pediatric readiness initiatives are actively underway in regions such as Canada, Europe, and Africa, supported by organizations like the National Emergency Nursing Association of Canada, the Royal College of Paediatrics and Child Health, Provincial Children’s and Maternal Health Centers, the International Federation of Emergency Medicine, the African Federation of Emergency Medicine, and the World Health Organization (Aregbesola et al., 2022; Gutierrez et al., 2020; Nielsen, 2023). EDs worldwide should support the role of the nurse PECC or their equivalent in coordinating pediatric emergency care. As the global leader in promoting excellence and innovation in emergency nursing, ENA is uniquely positioned to raise the visibility and influence of nurse-led research on pediatric readiness. By leveraging its platform to showcase member research through social media and emails, offering educational opportunities via webinars, podcasts, and conferences, and encouraging collaboration through state-led initiatives and a “Community of Practice” forum, ENA advances its mission to lead through research, education, resources, advocacy, and collaboration, and its vision of a world where every emergency nurse is fully supported to provide the highest quality care.

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

Mission statement: The ENA's mission is to lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration.

Vision statement: Life-long learning, delivery of resources that meet the highest quality standards of excellence for patients and nurses.

Pediatric readiness, led by nurses, meets all of the following strategic initiatives: professional excellence, advocacy, community, and membership operational excellence.



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## Financial Considerations/Operations Impact:

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

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**NOTE:** ENA expects to revise and publish its position statement after the release of the 2025 joint policy statement, *Pediatric Readiness in the Emergency Department*, expected in July 2025

**Additional Resources:**

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# Resolution GA25-03

## Enhance Education and Resources for Nurses to Care for Patients Facing Obstetric Emergencies in the Emergency Setting

Whereas, more than 700 women worldwide died each day in 2023 as a result of preventable causes related to their pregnancy and/or childbirth (World Health Organization [WHO], 2025);

Whereas, communities around the world are challenged by the decline in obstetric care resulting in increased morbidity and mortality (Finn & Clarke, 2022; Stonebrunner et al., 2024; Rush & Unger, 2023);

Whereas, obstetrical patients in these communities are increasingly going without care or are forced to commute long distances for care and/or delivery (Finn & Clarke, 2022; Stonebrunner et al., 2024; Rush & Unger, 2023);

Whereas, emergency departments are facing challenges because obstetric emergencies are high risk/low volume situations (Wolf et al., 2021); and

Whereas, emergent deliveries are one of the situations most ED nurses and providers feel most ill-equipped to handle (Wolf et al., 2021).

*Resolved*, that the Emergency Nurses Association (ENA) should continue to provide education opportunities on ENA University to enhance the knowledge needed by emergency nurses to manage patients experiencing obstetrical emergencies;

*Resolved*, that ENA should investigate the creation of a verification course on the care of obstetrical patients;

*Resolved*, that ENA should update the joint position statement with the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) on *Emergency Care for Patients During Pregnancy and the Postpartum Period* (2020) to include information/resources on the courses Obstetric Life Support (OBLS), Advanced Life Support in Obstetrics (ALSO), and Basic Life Support in Obstetrics (BLSO); and

*Resolved*, that ENA should explore expanding partnerships with key stakeholders (American College of Emergency Physicians, American College of Obstetricians and Gynecologists, AWOHN, others) to disseminate existing specialized curriculum/educational programs.

### Resolution Background Information:

Emergency nurses are key to the delivery of healthcare in emergency departments across the globe. Patients present with various injuries and illnesses that require a general knowledge base to provide safe, quality care. In most cases, it is enough. However, there are populations with increased vulnerability in which advanced knowledge, training, and skills are imperative for providing optimal outcomes. Examples would be those who are traumatically injured and the pediatric and geriatric populations. ENA has a long history of developing specialized courses to address these vulnerable populations with the development of the Trauma Nurse Core Course, Emergency Nurse Pediatric Course, and Geriatric Emergency Nurse Education courses, which arm nurses worldwide with a standardized approach to caring for these patients who present to the emergency department. Conversely, there are limited educational offerings or specialized training courses available through ENA to enhance the care of patients with obstetrical crisis who present to emergency departments.

Communities around the world are faced with increased maternal morbidity and mortality as a result of the decline in suitable maternal healthcare (Finn & Clarke, 2022; Stonebrunner et al., 2024; Rush & Unger, 2023).

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The WHO (2025) reported that in 2023 approximately 260,000 women died during or following pregnancy and childbirth. Despite the fact that roughly 92% of maternal deaths occurred in low and lower-middle-income countries, the WHO concludes that most of these deaths could have been prevented with appropriate intervention (WHO, 2025).

Numerous articles discuss the numbers, outcomes, access, barriers, and areas for improvement with regard to maternal health. In *Nowhere to Go: Maternity Deserts across the U.S., 2024 Report* the March of Dimes states “Where you live matters when it comes to options available for maternity care” (Stonebrunner et al., 2024, p.1). The report further states that 1 in every 25 obstetric units in the United States shuttered their doors in the last two years, creating barriers to access. Europe and Canada are reporting similar challenges with access to obstetric care, especially in rural regions (Finn & Clarke, 2022; Rush & Unger, 2023). Further complicating proper maternal care is that emergency nurses do not feel they are adequately trained to triage, identify, and subsequently treat high-risk, low volume obstetrical emergencies (Wolf et al., 2021). McMurty-Baird et al., (2020) state that nurses treating this specialized patient population require specialized education and training, but the statement falls short of providing links to relevant instruction modules, including the obstetrical emergencies online course, Obstetrics for Emergency Nurses (Wolf, 2023), available through ENA University.

Addressing the various barriers to appropriate, timely maternal healthcare is a complicated process. Many organizations are creating educational offerings. Unfortunately, there is not a universal course or repository directing nurses to resources. ENA has a unique opportunity to affect the care of obstetrical patients who present to emergency departments across the globe. This can be done by developing relationships with key stakeholders to enhance knowledge, training opportunities, and skills necessary to provide safe, quality care. Such education can also enhance the emergency nurse’s confidence in caring for this vulnerable population. In addition to the ENA obstetrical emergencies online course, there are other programs in existence that address this gap such as Obstetric Life Support (OBLS), Advanced Life Support in Obstetrics (ALSO), and Basic Life Support in Obstetrics (BLSO). However, they are not widely available or promoted as a resource for the emergency nurse. States like Arizona, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont have started to collaborate with healthcare workers in both prehospital and hospital-based settings to care for this population through grant funded offerings of the OBLS course (Arizona Emergency Medical Systems [AEMS], 2024; New England Rural Health Association [NERHA], n.d.). Unfortunately, these educational opportunities do not seem to be available in Canada, Europe, or other countries. Through collaboration and advocacy, along with the experience of developing resources for skill enhancement, ENA is exceptionally positioned to make a difference in the care provided to patients experiencing obstetric emergencies. Emergency nurses worldwide would embrace the opportunity for this type of educational training.

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

The core of ENA’s Mission, Vision, and Strategic Initiatives is to provide support, education, and advocacy for emergency nurses around the world where “every emergency nurse is fully supported to provide the highest quality of care.” That would include this patient population experiencing obstetrical emergencies. Thus, ENA’s collaboration with health care partners worldwide would provide a solution to the challenge of delivering emergency care during obstetrical emergencies for the emergency nurse. The ENA has been a leader in providing emergency nurses with the knowledge and skills necessary to ensure quality care in the trauma and pediatric population through its development of standardized courses such as the Trauma Nurse Core Course and Emergency Nursing Pediatric Course. These courses are utilized worldwide to ensure emergency nurses are effectively and confidently prepared to care for these vulnerable populations to improve patient outcomes.



# Resolution GA25-03

## Financial Considerations/Operations Impact:

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

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# Resolution GA25-03

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# Resolution GA25-04

## Uniting the Approach to ENA's Position on Firearms

Whereas, the GA 01-02 resolution, "ENA's Role in Gun Safety," (1) was approved via General Assembly;

Whereas, the GA: 10-13 Resolution "ENAs Position on Firearm Legislation" (2) was approved via General Assembly;

Whereas, the GA 14-02 resolution, "ENA's Role in Firearm Safety," (3) was significantly amended prior to approval via General Assembly;

Whereas, the GA 17-08 resolution, "ENAs Position on Firearm Safety and Legislation," (4) was amended and approved via General Assembly;

Whereas, the GA 18-10 resolution, "ENA's Position on Civilian Ownership of Semi-Automatic Refills and High Capacity Ammunition Magazines," (5) failed at the General Assembly; and

Whereas, the ENA General Assembly process only allows 15 minutes for reference hearings and 15 minutes for debate and vote, (6).

*Resolved*, that ENA Board should consider removing positions 2,4,7,9 from the current ENA's position statement on firearm safety and Injury prevention;

*Resolved*, that the ENA Board of Directors should establish a task force or work team, composed of members representing diverse perspective of the firearms issue, to help advise the Board around this issue;

*Resolved*, this task force or work team should be charged with developing a resolution for the 2026 General Assembly to debate and vote on ENA's official position prior to Board approval; and

*Resolved*, that future ENA positions on firearms should be decided via task force or work team comprised of members from diverse perspective of the firearms discussion prior to Board approval and or brought via resolution before the General Assembly for debate and vote.

### Resolution Background Information:

Since the General Assembly in 2002, there have been at least five (5) resolutions concerning firearms that have been presented to this delegation. The following background information reiterates what this General Assembly has approved, amended and declined over the previous 23 years. Despite these votes, our organization has continued to approve positions that are inconsistent with the General Assembly decisions.

Through conversations with multiple ENA members, the current ENA position is incongruent with many member's beliefs and values.

#### GA-01-02 Resolution "ENAs Role in Gun Safety"

WHEREAS, The Emergency Nurses Association VALUES the prevention of illness and injury and promotion of wellness as essential components of emergency nursing practice and emergency care. Therefore, a focus on education and safety – rather than a position "for or against" guns – is appropriate to its mission; and

WHEREAS, Emergency department nurses recognize the fact that over 34,000 people, including 3,972 (1998), and another 6,000 people are injured every year, due to the misuse of firearms. According to economist Ted Mills of the Public Services Research Institute in Landover Maryland, the monetary cost to society of firearm related deaths and injury is greater than \$120 billion dollars annually; and

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WHEREAS, ENA acknowledges that firearms hold a vivid role in the history of the nation's founding and military, including an amendment to the United States Constitution. The ENA is provided with images of frontiersmen, minutemen as well as Vietnam, John Kennedy, John Lennon, Martin Luther King and Columbine. ENA does not deny the presence of guns in history, but the rise of irresponsible gun ownership also brings forth an increase in the number of homicides, unintentional deaths and injury involving firearms; and

WHEREAS, ENA recognizes that possession and ownership of guns for sporting purposes, investment potential, and self-protection are a matter of personal choice that has legal and moral responsibilities and consequences; and

WHEREAS, The Emergency Nurses Association will be forging a renewed cycle of preventing death and injury; therefore, be it

*RESOLVED*, That the Emergency Nurses Association and ENCARE, the Injury Prevention Institute, become increasingly proactive in addressing this growing problem through expanded educational efforts and collaboration with other groups, including gun manufacturers promotion of new technology and design standards that provide safer guns; and

*RESOLVED*, That ENA coordinate efforts through ENCARE to reduce death and injury resulting from firearms through education and awareness on responsible gun ownership and safety at public events, school programs, and through the media; and

*RESOLVED*, That ENA take the lead in developing working relationships for the purpose of securing funding, equipment and resources necessary for advancement of gun safety education; and be it further

*RESOLVED*, That the Association further educate its own members, monitor regulatory initiatives, and serve as a resource.

Resolution result: Approved

GA: 10-13 Resolution "ENAs Position on Firearm legislation"

This resolution was initiated after an ENA approved public policy statement supporting the licensing of all firearms. This position was incongruent with the vote of the GA in 2002.

Due to the timing and response from ENA at that time, this Resolution was submitted late which is why it is not found in the 2013 GA Handbook. However, it was approved with a 2/3 majority to make it onto the Resolution List and was then passed.

Whereas, Resolution 01-02, titled "ENA's Role in Gun Safety" was adopted and as such is in effect until amended or rescinded by the General Assembly; and

Whereas, the 2009-2010 ENA Public Policy agenda states that ENA will support "legislation and enforcement of firearm injury prevention measures, including the licensing and registration of handguns"; and

Whereas, References to licensing and registration of handguns are incongruent with ENA's support of evidence-based practice, as there is no credible evidence to show that registration and licensing of handguns reduces death and injury; now, therefore, be it

*Resolved*, That any references to licensing and registration of handguns be removed from the ENA public policy statements and agenda.

This Resolution was passed by the 2013 ENA General Assembly.

GA 14-02 "ENAs Role in Firearm Safety"

~~Resolved, That ENA advocates for the creation of a national background check prior to all firearm purchases and a five-day waiting period; and~~

~~Resolved, That ENA shall support evidence-based education on firearm safety, including the manufacturing of firearm safety devices, and the safe storage of firearms.~~

Resolved, That ENA encourage further research relating to educational interventions for firearm safety.

~~PROVISO: If the above resolution is adopted, Lines 15-19 of General Assembly Resolution 10-13 are hereby rescinded.~~

This Resolution was amended prior to approval by the General Assembly

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GA 17-08 Resolution “ENA’s Position on Firearm Safety and Legislation”

This resolution was debated and amended. Both the pre and post General Assembly resolved clauses have been provided.

Whereas, The Code of Ethics for Nurses calls on Nurses to act to change those aspects of social structures that detract from health and well-being;

Whereas, Emergency Nurses witness firsthand the devastating consequences of firearms injuries for victims and their families, and bear a responsibility to participate in efforts to mitigate these preventable tragedies;

Whereas, the mission of ENA includes prevention of injury and promotion of wellness and safety as essential components of Emergency Nursing practice and emergency care;

Whereas, Each day on average, 88 Americans are killed by firearms and 202 are injured in firearms-related incidents;

Whereas, The U.S. firearm morbidity and mortality rate is 5 times higher than in 23 other high-income countries analyzed collectively;

Whereas, Firearm-related trauma is the third ranked cause of accidental death by traumatic injury in the U.S., with traumatic injury as the fourth leading cause of death overall;

Whereas, Suicide attempts by firearm are up to 95% fatal and firearms are used in almost 50% of all suicide attempts, resulting in more than 22,000 deaths annually;<sup>8</sup>

Whereas, the financial consequences of firearms-related death and injury have a disproportionate financial burden on society, costing \$174 billion annually;

Whereas, General Assembly Resolution 14-02 stated: “That ENA encourages further research relating to educational interventions for firearm safety.”

Whereas, due to the overwhelming risks and harm to the population associated with firearms, and the regularity, complexity, and geographic variability of the problem, the issue has become a public health crisis that requires a comprehensive, multifaceted approach;

*Initially Submitted Resolved Clauses*

*Resolved*, That ENA encourages the identification, dissemination and development of educational resources that promote the safe storage and use of firearms, and advocates for training in safe handling practices for all firearm owners,

*Resolved*, That ENA encourages the development of new screening tools for use in the emergency department, and the dissemination and utilization of existing screening tools for use in primary care areas to assist in the identification of individuals at high risk for death or injury from firearms,

*Resolved*, That ENA urges the lifting of the restrictions and limitations on research into firearms morbidity and mortality by the Centers for Diseases Control and Prevention and the Department of Health and Human Services, and that adequate funding will be allocated for this research,

*Resolved*, That ENA advocates for extension of the National Violent Death Reporting System, an anonymous database maintained by the Centers for Disease Control and Prevention, to include all US states and territories to ensure that data collection methodology regarding firearms-related death is robust and complete,

*Resolved*, That ENA encourages research and development into technology to make firearms safer and to deter firearm theft, as well as the distribution of existing safety devices to firearm owners, and

*Resolved*, That ENA supports the requirement of universal background checks on all firearm purchases, including sales at gun shows and private sales between individuals.

*The following Amended Resolved Clauses. were passed.*

*Resolved*, That ENA encourage the identification, development, and dissemination of educational resources that promote the safe storage of firearms, and advocate for training in safe handling practices and competent usage for all firearm owners;

*Resolved*, That ENA encourage the utilization of screening tools to assist in the identification of



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individuals at high risk for death or injury from firearms;

*Resolved*, That ENA urge the lifting of the restrictions and limitations on research into firearm related morbidity and mortality by the Centers for Disease Control and Prevention and the Department of Health and Human Services, and that funding be allocated for this research;

*Resolved*, That ENA advocate for extension of the National Violent Death Reporting System, a database maintained by the Centers for Disease Control and Prevention, to include all U.S. states and territories; and

*Resolved*, That ENA support technology to make firearms safer, as well as promote the distribution of existing safety devices to firearm owners.

Please note that the initial resolved clause supporting universal background checks was removed via amendment.

## GA 18-07: ENA's Position on Civilian Ownership of Semi-Automatic Rifles and High-Capacity Ammunition Magazines

Whereas, The Code of Ethics for Nurses calls on Nurses to act to change those aspects of social structure that detract from health and well-being;<sup>3</sup>

Whereas, The mission of ENA includes prevention of injury and promotion of wellness and safety as essential components of emergency nursing practice and emergency care; and

Whereas, The United States ranks first among 178 countries in terms of the number of privately owned guns<sup>7</sup>; and

Whereas, In the United States, following the 2004 expiration of a 10-year ban on the use of such weapons, private citizens can purchase powerful and semiautomatic assault weapons and large capacity magazines<sup>2</sup>; and

Whereas, market forces, including the voluntary discontinuation of sales by manufacturers and companies that sell firearms can be influenced by consumers and influential groups or organizations<sup>5</sup>.

*Resolved*, That ENA actively engage in public education in favor of a ban on the sale and possession of semi-automatic rifles and high- capacity ammunition magazines by private citizens in the United States; and

*Resolved*, That ENA actively work with other professional organizations to make public the position that the sale and ownership of semi-automatic rifles and high- capacity ammunition magazines to private citizens be banned in the United States; and

*Resolved*, That ENA pursue legislative advocacy intended to influence appropriate US federal governing agencies to reinstitute a ban on the sale and possession of semi-automatic rifles and high-capacity ammunition magazines; and

*Resolved*, That ENA support universal background checks prior to the purchase of semi-automatic rifles, closure of all existing loopholes to background checks, and registration of all purchases, transfers and ownership of semi-automatic rifles.

This Resolution was defeated during the 2018 General Assembly

With the whereas and resolved clauses listed above across the previous 23 years, the national ENA has continued to go against the decisions of the General Assemble and continued to approve position statements inconsistent with what our delegation has decided.

The current ENA position statement *Firearm Safety and Injury Prevention* (7) states that it is the position of the Emergency Nurses Association that: (Items 2,4,7,9 are highlighted as they pertain to the resolved clause),

1. Universal definitions for firearms and their parts (i.e., "assault weapons," "assault rifles," "semiautomatic weapons," and "high-capacity magazines") be created to support more consistent research and data collection for all stakeholders.
2. The sale, transfer, use, loan, transportation, distribution, importation, and manufacture of assault weapons as defined by the United States Bureau of Alcohol Tobacco, Firearms and Explosives be prohibited, except for the military and law enforcement.
3. Continued and consistent federal funding for data collection and research related to firearm injuries and

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injury prevention is necessary to understand the problem and to guide law and policy regarding effective firearm injury prevention strategies at levels comparable to other threats to public health and safety.

4. Federal-level extreme risk owner laws (also known as red flag laws) be implemented that prohibit firearm purchases by high-risk individuals such as those with suicidal thoughts or thoughts of harming others. When implemented, they should include requirements for the person to immediately surrender any firearms in their possession regardless of whether they previously passed a background check.
5. Universal background checks be required for all firearm transactions including online sales, gun shows, and sales from unlicensed and licensed dealers.
6. Federal prohibitions be placed on 3D printing of firearms and firearm components (also known as ghost guns) or guns produced using alternative technologies that bypass product regulation.
7. All states adopt and enforce “negligence” child (under the age of 18) access prevention laws that hold owners criminally liable if a child can or does access a firearm regardless of whether reckless intent is present and regardless of whether anyone is harmed.
8. Evidence-based, age-appropriate screening tools be implemented in emergency departments to assist in the identification of individuals at high risk for death or injury from firearms.
9. The federal age for purchase of all firearms be increased to 21.
10. Healthcare facilities provide emergency nurses with education about firearm safety and injury prevention to empower emergency nurses to educate patients and the public about firearm safety and injury prevention measures including safe storage of firearms.
11. Emergency nurses support evidence-based programs that target the prevention of firearm injuries such as school- or other community-based programs.

Although the position statement gave references and rationales for making these items recommendations, there was no evidence provided that they work. There was also a deficiency in the discussions and rationale as to why some people are opposed to these interventions.

ENA’s topic brief, *An Overview of Firearm Safety and Injury Prevention* (2025) (8) makes a few statements appropriate to this discussion:

1. Firearm injuries are preventable, and a comprehensive, evidenced-based approach is necessary to identify effective solutions for achieving a measurable reduction in firearm violence. However, the positions that ENA has chosen to take have not shown that they have a measurable effect on outcomes. In these instances, ENA has taken a position based on hypothesized results off of limited recommendations.
2. Storing firearms unloaded in a locked area and storing ammunition in a separate locked area have been shown to significantly reduce accidents. This statement in the topic brief may support limiting access to firearms for children. However, there is no evidence that holding parents criminally liable should be supported.
3. From the topic brief: “Research from 2020 discovered one reason firearm safety screenings are infrequently performed is that healthcare providers often feel undertrained and uncertain about laws surrounding what they can freely discuss” (pp. 5–6). This reiterates the point that the average ED nurse is not an expert in firearms. We should be educating our ED nurses on current laws versus advocating for the creation of new laws with limited data on success.

Our own topic brief concluded that nurses play a vital role in addressing firearm-related injuries by advocating for change, educating patients and families, and supporting injury prevention programs. We think it is a broad misinterpretation of this statement to advocate for change in the manner that ENA has chosen to support.

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



# Resolution GA25-04

The ENA mission is to lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy and collaboration, while ENA's vision is a world where every emergency nurse is fully supported to provide the highest quality care.

This resolution intends to remove some of the controversial and debatable positions that ENA has already published. Despite the previous resolutions previous General Assemblies have already passed, ENA continues to post positions that only seem to support one portion of this very debatable and broad issue. In this area, not all emergency nurses feel fully supported.

In addition, "ENA believes ...

- In the inclusion and contributions of nursing, in collaboration with health care partners worldwide, to explore innovative solutions to the challenges of emergency care delivery.
- 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.
- In a team-based delivery of resources that 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.
- ENA's Code of Ethics establishes and encourages adherence to principles of honesty and integrity.
- ENA places the highest value on its members for their contributions to the care of patients and their families, the emergency nursing specialty, and the organization."

It is without question that members in our own organization have varying beliefs on firearms, firearms ownership, and thoughts on the best direction and approaches that the ENA should take in relation to firearm injuries. In creating a work-team or task force composed of members from both sides of this debate, ENA has the opportunity to implement the beliefs that it has expressed.

The currently posted position statement approved by the ENA Board of Directors is inconsistent with ENA's topic brief on firearms, and it takes a position that is in direct conflict with the positions of many of our own members.

Within ENA's mission and belief statements, the organization has embedded support for diversity, equity, and inclusion.

"The Emergency Nurses Association is firmly committed to embracing the diversity of its members, staff, organization, the emergency nursing specialty and, ultimately, the patient communities it serves."

"The Emergency Nurses Association will create a culture and climate of mutual respect, inclusion, and equity that empowers its members, volunteers, and staff to create healthy environments within the association and within the emergency nursing community."

Many aspects of the discussion on firearms are firmly embedded in the culture and beliefs of our members.

Whether you take a left-, neutral-, or right-leaning view on this issue, the intention of this resolution is to bring our members together so that ENA can choose what positions to take as a whole organization. Our current position does not support or include the beliefs of many of our members.

## **Financial Considerations/Operations Impact:**

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

## **Professional References:**

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# Resolution GA25-05

## Improving Readiness of New Emergency Department Nurses

Whereas, nurses leaving the emergency department (ED) is an international problem. In Canada, nursing job vacancies hit an all-time high reaching the highest of any sector in 2020 (Varner 2021). Since COVID-19, the Australian ED nursing turnover rate has increased as high as 50% (McIntyre et al., 2024.) ED nurses globally manage triage, assessment, and acute and critical patients, serving as the backbone of the health care system in places like Africa and Indonesia, for example (Brysiewicz et al., 2021; Trisyani et al., 2023);

Whereas, emergency nursing turnover rates are a significant problem, with emergency staff fully turning over every four and a half years (NSI Nursing Solutions, 2025). In 2024, the nursing turnover rate in the United States was 18.4 % overall, with the emergency nursing turnover rate at 22.4%. The average cost of turnover for a staff nurse is \$56,300 (NSI Nursing Solutions, 2025);

Whereas, global markets are facing a transformation in the way the nursing workforce is marketed and the way employees are recruited and retained (Duchschler & Painter, 2021);

Whereas, nurses hired into high acuity areas, such as the ED, require advanced skills, enabling recognition of and responsiveness to life-threatening illnesses (Duchschler & Painter, 2021). There is a need for competent emergency nurses to support safe, quality health services. Competencies are a complex integration of knowledge, professional judgement, skill, abilities, attitudes, and values and should be linked to the scope of practice of each country (Trisyani et al., 2023);

Whereas, it is critical to develop an action plan for optimizing the transition to practice for new graduate nurses in the ED. The contemporary workplace must focus on level of responsibility, competency, and skills, while considering resilience. An agile workforce that can manage chaos, complexity, and uncertainty is necessary. While adequate educational preparation is key to ensuring a successful transition to practice, the next step is hiring the correct individual for the role of ED nurse (Lee, 2024);

Whereas, optimizing the transition to practice for new graduate nurses in the emergency department (ED) requires a structured, evidence-based action plan (Rush et al., 2019). The contemporary ED environment demands not only clinical competency, critical thinking, and technical skills, but also the ability to thrive amidst complexity, uncertainty, and high-stakes decision-making (Al-Azri, 2020);

Whereas, adequate educational preparation is foundational, it is no longer sufficient on its own. To ensure long-term success and retention, it is essential that organizations implement an emergency nurse residency program that supports the development of professional identity, builds confidence, competency, and enhanced retention and provides targeted, progressive exposure to the realities of emergency care (Mohamed, & Al-Hmamat, 2024); and

Whereas, the Emergency Nurses Association's (ENA's) Emergency Nurse Residency Program (ENRP) delivers a nationally standardized curriculum, tailored onboarding experiences, and robust preceptor support ensuring that new graduates transition into practice not only safely, but confidently and competently. Hiring the right individual is only the beginning; the pathway to a resilient, agile, and effective ED nurse begins with a residency program (ENA, n.d.-a).

*Resolved*, ENA should develop an emergency nurse readiness exam that can be used to assess nurses with experience outside of the ED, to identify cognitive and skill-based criteria that are inherent for success in an emergency setting;

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*Resolved*, ENA should explore options to expand the existing emergency nurse residency program (ENRP) to be more available to emergency departments; and

*Resolved*, ENA should investigate the development of a toolkit consisting of an orientation plan based upon the readiness exam results, that will address practice gaps during the preceptorship to ensure competent clinical judgement in a high stress environment.

## **Resolution Background Information:**

The exodus of nurses affects care in all areas of the emergency department, especially triage and care of the critically sick patient (Phillips et al., 2022). EDs have been stretched beyond their limits since COVID19 with overcrowding and critically ill patients. The work environment in the ED is unique and can result in nurses leaving the unit. Shift work, heavy workload, and volume can also lead to nurses leaving the unit. High stress and emotionally challenging situations can also cause burnout (Phillips et al., 2022). Ouyang et al. (2022) studied the effect of crowding on patient admission and found that as the number of in-patient boarders increased the number of discharged patients increased. When patients with revisits in seven days were evaluated, there was an increase, leading to the conclusion that boarders in the ED may lead to inappropriate discharges.

Self-discipline and the ability to control one's emotions and think things through before acting are critical skills for the ED nurse (Phillips et al., 2022). Nurses with optimistic attitudes or positive thought processes and are goal-oriented about work have higher resilience. (Phillips et al., 2022). Resilience has been shown to mitigate the effects of stress and can enable individuals to function above the norm (McDermid et al., 2020).

As the emergency nursing workforce evolves, supporting new graduate nurses in their transition to practice is essential. While the American Association of Colleges of Nursing (AACN) outlines essential competencies for practice—including knowledge, skills, values, and attitudes (Akintade et al., 2023), ENA has built targeted, evidence-based programs to bridge the gap between education and clinical readiness in the ED for the new graduate nurse or the nurse transitioning to the emergency setting.

ENRP provides a structured, customizable program with multimodal onboarding that prepares nurses for the pace and complexity of emergency care (ENA, n.d.-a). Hospitals participating in this program have noted a dramatic increase in retention rates, an improved work culture, improved patient satisfaction scores, and increased confidence and critical thinking in new graduate and transition nurses (ENA, n.d.-a). ENRP is built upon a standardized approach to patient assessment, teaching critical thinking, clinical judgment, and skill acquisition through ENA-developed didactic education, simulation, mentorship, and a scaffolding approach to onboarding.

In a recent study, new graduate nurses reported significantly improved clinical competence after completing structured orientation in the ED (Lindström & Falk, 2023). This underscores the value of investing in robust onboarding programs rather than relying on hiring tools alone to determine readiness.

The American Association of Critical-Care Nurses has developed a knowledge assessment tool to better assist hospitals as new nurses are onboarded in critical care units (AACN, n.d.). The pre-assessment tool is utilized to assist nurse leaders and educators in determining the appropriateness of knowledge and skill for the critical care unit of nurses hired into the intensive care unit. The assessment tool can be used to tailor the orientation to address knowledge gaps and enable the preceptor to target learning scenarios to ensure successful onboarding (AACN, 2023). A similar tool for the ED would be beneficial to nurse leaders attempting to enhance the success of transfers.

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The ENA onboarding position statement (Peta, 2023) notes that the ED is a stressful, fast-paced, time constrained environment and that integration of evidence-based rapid assessment with critical thinking skills is imperative (Lee et al., 2021). The complexity of knowledge and skill can be obtained by ensuring a multimodal method of onboarding, yet there is limited discussion about how to choose the best candidate for the ED setting.

There is no readiness assessment tool available to assist nursing leaders to choose the best candidate for ED nursing positions.

## **Relationship to ENA bylaws, Mission, Vision and Strategic Initiatives:**

The ENA's mission is to be the leader in advancing excellence and innovation in emergency nursing through the use of research, education, resources, advocacy and collaboration (ENA-b). Developing an emergency nurse readiness exam would help nurse leaders identify ideal candidates to work in the ED and would support the ENA mission.

## **Financial Considerations/Operations Impact:**

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

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# Resolution GA25-06

## Support for Postural Orthostatic Tachycardia Syndrome

Whereas, emergency nurses serve on the frontlines of healthcare delivery, often positioning them as the initial point of contact for patients experiencing a condition for the first time;

Whereas, postural orthostatic tachycardia syndrome (POTS) is an autonomic nervous system disorder affecting an estimated three to six million individuals in the United States, defined by marked tachycardia with orthostasis but causing significant functional impairment due to its complex pathophysiology and symptom burden (Arnold et al., 2018; Stiles, 2024);

Whereas, the symptom burden of POTS is comparable to the symptom burden of congestive heart failure (CHF) (Kavi & Nicholson, 2021, p. 320);

Whereas, 64% of patients with POTS visit an emergency department prior to receiving a diagnosis, with an average of 3 to 8 visits, demonstrating a critical need for increased awareness of and clinical knowledge on the frontlines (Bourne et al., 2021, p. S48; Shaw et al., 2019, pp. 441–442);

Whereas, POTS patients experience significant diagnostic delays—3-year (patients born male) to 5-year (patients born female)—further underscoring the urgency for improved recognition (Bourne et al., 2021, p. S47; Shaw et al., 2019, pp. 441–442);

Whereas, most clinicians and clinical nurses have little to no training in the assessment and treatment of POTS, leading to the “suboptimal” care of POTS patients (Raj et al., 2021, p. 2); and

Whereas, in 2019 the National Institutes of Health met with POTS experts to identify critical gaps leading to the prioritization of expanding clinical education across healthcare disciplines. (Raj et al., 2021, pp. 2, 5).

Resolved, that the Emergency Nurses Association (ENA) should investigate the need to add POTS content into education; and

Resolved, that if there is a need for POTS content in education, it should consider the need for the development and integration of POTS content.

## Resolution Background Information:

Postural orthostatic tachycardia syndrome (POTS) commonly presents in the emergency department, with patients reporting symptoms including dizziness, near-syncope or syncope, tachycardia, fatigue, shortness of breath, and gastrointestinal disturbances. In an article in the special issue “Postural Orthostatic Tachycardia” of *Autonomic Neuroscience: Basic & Clinical*, Arnold et al. identified POTS as one of the most common presentations of near-syncope and syncope due to dysautonomia seen in EDs and cardiology, neurology and primary care clinics (2018, p. 3). POTS is a chronic and disabling syndrome primarily seen in women of child-bearing age that is diagnosed based on the elevation of heart rate with orthostasis, even though its physiology and symptoms are multi-system.

POTS has been found in medical literature dating back to the Crimean War of the 1850’s, labeled as *irritable heart*, *soldier’s heart*, and *effort syndrome* (Klaas & Kavi, 2021). Schondorf and Low’s 1993 publication, “Idiopathic Postural Orthostatic Tachycardia Syndrome: An Attenuated Form of Acute Pandysautonomia?” formally introduced the term *postural orthostatic tachycardia syndrome*. Since then, research has expanded; however, the absence of a dedicated ICD-10 code until October 2022 has likely contributed to underdiagnosis and inaccurate prevalence reporting. (Stiles & Boris, 2022)



# Resolution GA25-06

POTS and multiple sclerosis (MS) have overlapping symptoms, leading to POTS being confused with the neurological disorder, though there are important distinctions. MS affects just under one million individuals in the United States (National Multiple Sclerosis Society, n.d.), while POTS is estimated to affect between three and six million (Stiles, 2024). MS has benefited from a sustained National Institutes of Health (NIH) research budget that has consistently exceeded \$100 million annually over the past 17 years, leading to increased clinician awareness. In contrast, POTS research has only received NIH funding in the range of \$1–4 million annually since 2015 (Research Portfolio Online Reporting Tools, n.d.). This disparity in funding most likely contributes to limited clinical familiarity with POTS.

In December 2018, *Autonomic Neuroscience: Basic & Clinical* published the aforementioned special issue focused on POTS, which was made freely accessible and available for download to the public. In 2019, the NIH hosted a symposium of “leading POTS experts” resulting in the creation of prioritized action items, including education for healthcare professionals (Raj et al., 2021, pp. 2, 5). In 2021, the first clinical manual focused on POTS was published by Springer: *Postural Tachycardia Syndrome: A Concise and Practical Guide to Management and Associated Conditions*.

There is currently no known ENA material that includes education on postural orthostatic tachycardia syndrome.

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

“Emergency care evolves through lifelong learning and a culture of inquiry. . .” (ENA, n.d.) ENA exemplifies nursing excellence through its steadfast commitment to education—an essential mechanism for addressing systemic healthcare disparities and eliminating knowledge gaps, particularly those affecting individuals with POTS. We are uniquely positioned to identify and manage POTS yet remain underprepared due to limited condition-specific education. This resolution reaffirms and advances ENA’s foundational dedication to clinical preparedness, ensuring that emergency nurses are equipped to provide competent, equitable, and informed care to all patients.

## **Financial Considerations/Operations Impact:**

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

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# Resolution GA25-07

## Pediatric Core Curriculum Revision

Whereas, the care of pediatric patients is a subspecialty within emergency nursing;

Whereas, U.S. ED visit rates for infants under 1 year of age was 68 visits per every 100 infants and 29 visits for every 100 children aged 1 to 17 years (Cairns et al., 2024), and a French study reported 24% of children under the age of 18 to have one or more ED visits annually (Pergeline et al., 2024);

Whereas, “It’s so important that EDs are prepared for pediatric patients when they come through our doors. Investing in their care – from having pediatric-specific equipment to proper staff training – can help save the lives of one of our more vulnerable populations,” (Emergency Nurses Association [ENA], 2024);

Whereas, “the Emergency Nurses Association is the leading organization that represents emergency nursing professionals, focusing on improving patient care and supporting the specialty” (ENA, n.d.-a);

Whereas, a key value of ENA is that “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, n.d.-c);

Whereas, the American Nurses Association (ANA) states that evidence-based practice is important in nursing because using current health care findings supports innovative patient care and bridges the theory-to-practice gap (American Nurses Enterprise, 2023);

Whereas, “all EDs have a professional and ethical responsibility to be prepared to deliver life- and limb-saving care and stabilization to pediatric patients just as they do for adult patients” (Snow & Stone, 2019);

Whereas, the current edition of *Core Curriculum for Pediatric Emergency Nursing* was published in 2009 with a reprint in 2011 but is no longer in print;

Whereas, the Board of Certification for Emergency Nurses (BCEN) reports CPEN exam numbers have increased from 817 in 2021 to 1058 in 2024 (A. Grand, personal communication, April 7, 2025), but do not list the Core Curriculum for Pediatric Emergency Nursing in their resources due to age of publication and instead list a publication from the American Association of Critical Care Nurses (BCEN, 2025); and

Whereas, in an informal March 2025 query via ENA Connect Huddle regarding interest in an updated publication, 100% of respondents were in favor, citing it as a practice resource and a certification study aid, when current.

*Resolved*, that ENA should use internal pediatric subject matter experts to conduct a needs assessment to determine core knowledge related to Pediatric emergency nursing care; and

*Resolved*, that if recommended by the needs assessment, ENA should collaborate with publishers to update the Core Curriculum for Pediatric Emergency Nursing.

## Resolution Background Information:

“Approximately 30 million ill and injured children annually visit emergency departments (EDs) in the United States” (Iyer et al., 2024). In 2012, the Emergency Medical Services for Children (EMSC) launched the National Pediatric Readiness Project (NPRP) in partnership with the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA), to ensure

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that all emergency departments have the resources to care for ill and injured children. It is essential that emergency nurses be continually educated on pediatric emergency care best practices to ensure optimal outcomes. In 2009, the *Core Curriculum for Pediatric Emergency Nursing* second edition was published. Since then, advances in pediatric emergency care continue to emerge, namely through the NPRP. In addition to courses such as the Emergency Nursing Pediatric Course (ENPC), professional practice books such as *Core Curriculum for Pediatric Emergency Nursing* are essential resources for new and experienced emergency nurses who care for pediatric patients in the emergency setting, as well as for emergency department educators to use as a framework for the development of emergency nursing orientations, internships, and residencies. The current edition is outdated and largely unavailable, which results in fewer resources available for pediatric emergency nursing care.

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

Relationship to ENA Bylaws: This resolution supports ENA's purpose to advance emergency nursing through education via availability of an essential emergency nursing practice publication.

Relationship to ENA Mission: This resolution advances excellence in global emergency nursing through provision of current resources supporting quality pediatric emergency nursing care, which is fundamental to emergency nursing practice.

Relationship to ENA Vision and Values: This resolution supports the vision of ENA to ensure emergency nurses provide the highest quality care (ENA, n.d.-b) by making sure up-to-date evidence-based resources are available for the emergency care of patients under the age of 18 as well as supporting the value of lifelong learning mentioned previously in a Whereas statement.

Relationship to ENA Strategic Initiatives: This resolution seeks to advance excellence in emergency nursing through revision of an existing resource aimed at setting the current standard of pediatric emergency care and to empower emergency nurses through enhanced confidence in resources available from ENA for the important emergency nursing subspecialty of pediatric care.

## **Financial Considerations/Operations Impact:**

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

## **Professional References:**

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## **ENA General Assembly Reference Guide**

### **DELEGATION**

1. Each council shall determine its own method for delegate selection by using a point system, election or lottery.
2. Each 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 council or local component since the previous General Assembly.
  - Service in an elected or appointed position at the local 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, ENA headquarters 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 delegate administrators 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.

# ROBERT'S RULES CONDENSED

A summary of useful motions in Robert's Rules of Order 12<sup>th</sup> Edition.

## Motions to process business and to manage the general conduct of the meeting.

Motion and Purpose	Example of what you would say	Second Needed?	Debatable?	Amendable?	Required Vote	Interrupt another?
Adjourn (End the meeting)	"I move to adjourn the meeting."	Yes	No	No	Majority	No
Recess (Take a short break)	"I move to recess for twenty minutes."	Yes	No	Yes	Majority	No
Raise a Question of Privilege (Request relating to the assembly)	"I rise to a question of privilege affecting the assembly."	No	No	No	Decision of Chair	Yes (if urgent)
Lay on the Table (Set aside for something urgent)	"I move that Resolution #1 be laid on the table."	Yes	No	No	Majority	No
Previous Question (End debate and vote immediately)	"I move the previous question."	Yes	No	No	2/3	No
Limit or Extend Debate (Adjust debate time)	"I move that we extend debate time for 10 minutes."	Yes	No	Yes	2/3	No
Postpone to a Certain Time (Defer action to a later time)	"I move to postpone this until 1 pm."	Yes	Yes	Yes	Majority	No
Motion to Refer (Send the motion to committee)	"I move to refer this to the resolutions committee."	Yes	Yes	Yes	Majority	No
Amend an Amendment (Change wording of a pending amendment)	"I move to amend the amendment by..."	Yes	Yes	No	Majority	No
Amend (Change the wording of a motion)	"I move to amend by ...."	Yes	Yes	Yes	Majority	No
Postpone Indefinitely (Suppresses action on a motion)	"I move to postpone Resolution #1 indefinitely."	Yes	Yes	No	Majority	No
Main motion (Introduce business)	"I move that we adopt Resolution #1."	Yes	Yes	Yes	Majority	No

## Incidental motions that relate to processing business.

Motion and Purpose	Example of what you would say	Second Needed?	Debatable?	Amendable?	Required Vote	Interrupt another?
Point of Order (Remedy a violation of the rules)	"I rise to a point of order."	No	No	No	Decision of Chair	Yes (if urgent)
Appeal (Challenge the ruling of the Chair)	"I appeal from the ruling of the Chair."	Yes	Yes*	No	Majority	Yes
Division of the Assembly (Retake vote as a standing vote)	"I call for a division." Or simply "Division!"	No	No	No	None	Yes
Parliamentary Inquiry (Ask a question about procedure or rules)	"I rise to a parliamentary inquiry regarding..."	No	No	No	None	Yes (if urgent)
Request for Information (Ask a question about pending business)	"I have a question regarding Resolution #1."	No	No	No	None	Yes (if urgent)

\*an appeal is debatable unless it relates to indecorum, a violation of the speaking rules, a violation of the priority of business, or is made concerning an undebatable question.



## 2025 – 2030 Strategic Plan

### Vision Statement:

***A world where every emergency nurse is fully supported to provide the highest quality patient care.***

### Mission Statement:

***To lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration.***

### Strategic Goals:

- 1. PROFESSIONAL EXCELLENCE:** Advance excellence in emergency nursing by developing and delivering innovative education, training, and resources, setting standards of care, and leading the future of emergency nursing.
- 2. ADVOCACY:** Amplify the voice and influence of emergency nurses and ENA by proactively advocating for issues that impact the profession and improve patient care.
- 3. COMMUNITY:** Foster a dynamic and diverse global emergency nursing community by creating an environment that is inclusive, innovative, and collaborative.
- 4. MEMBERSHIP:** Expand ENA's membership globally by reaching everyone working in emergency nursing, everywhere, and in every care setting.
- 5. OPERATIONAL EXCELLENCE:** Advance operational excellence by developing people and optimizing resources to maximize ENA's growth and impact.



## **2025 – 2030 Strategic Plan**

### **Strategic Goals with Objectives**

- 1. Advance excellence in emergency nursing by developing and delivering innovative education, training, and resources, setting standards of care, and leading the future for emergency nursing.**
  - A. Conduct and integrate evidence-based research to guide the practice and the development of standards and education.
  - B. Understand the needs of and customize resources for the career continuum of the emergency nurse.
  - C. Utilize innovative learning design and delivery methods and collaborate with global content/thought leaders to continually adapt to the needs of learners and maximize the application of learning.
  - D. Strengthen the emergency nursing profession through targeted nursing workforce pipeline development initiatives.
  - E. Develop education, resources and programs that improve the work environment and patient care
- 2. Amplify the voice and influence of emergency nurses and ENA by proactively advocating for issues that impact the profession and improve patient care.**
  - A. Improve standards of care and health equity by developing and communicating bold positions on issues that impact emergency nurses and our patients.
  - B. Lead collaboration and advocacy with key stakeholders on strategic opportunities to advance the emergency nursing profession.
  - C. Empower emergency nurses in all stages of their career through education, support, and resources to advocate for themselves and the profession.
- 3. Foster a dynamic and diverse global emergency nursing community by creating an environment that is inclusive, innovative, and collaborative.**
  - A. Provide a sense of belonging for emergency nurses worldwide.
  - B. Enhance ENA's global impact through partnerships and an expanded global footprint.
  - C. Pursue and lead collaboration opportunities and strategic partnerships that advance the emergency care team.
  - D. Promote the integration of sustainable emergency healthcare practices globally.
- 4. Expand ENA's membership globally by reaching everyone working in emergency nursing, everywhere, and in every care setting.**
  - A. Develop and implement an innovative membership model, that delivers enhanced membership value, and increased recruitment and retention of a diverse membership community through an inclusive approach and frictionless user experience.
  - B. Serve as the professional home for all emergency nurses throughout their career by advancing partnerships and collaborations that integrate ENA's offerings into every emergency care setting.





## **2025 – 2030 Strategic Plan**

### **5. Advance operational excellence by developing people and optimizing resources to maximize ENA's growth and impact.**

- A. Build a sustainable growth model to increase revenue through expanding and diversifying products and services, and maximizing support from philanthropic sources/partners.
- B. Develop and sustain a diverse, talented, and highly engaged volunteer and staff community/workforce.
- C. Utilize technology, systems, and process improvements to advance organizational performance.
- D. Foster an environment of continual improvement.

# **EMERGENCY NURSES ASSOCIATION AND AFFILIATES**

## **CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION**

***As of and for the Years Ended December 31, 2024 and 2023***

***And Report of Independent Auditor***

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

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## **Report of Independent Auditor**

To the Finance Committee  
Emergency Nurses Association  
Elgin, Illinois

### **Opinion**

We have audited the accompanying consolidated financial statements of Emergency Nurses Association and Affiliates (the "Association") (nonprofit organizations), which comprise the consolidated statements of financial position as of December 31, 2024 and 2023, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2024 and 2023, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

### **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 Consolidated Financial Statements* section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Consolidated Financial Statements**

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

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

### **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 the Association'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association'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 consolidated financial statements as a whole. The supplementary information presented on pages 27 through 43 is presented for purposes of additional analysis and is not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated 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 consolidated financial statements as a whole.

*Cherry Bekaert LLP*

Elgin, Illinois  
July 15, 2025

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**

*DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 1,319,061	\$ 1,317,918
Accounts receivable, net	1,835,405	1,999,084
Grants receivable	35,650	9,360
Other receivables	15,747	-
Mortgage receivable	1,639,960	55,888
Inventory	52,785	49,400
Prepaid expenses	849,137	1,006,702
Total Current Assets	<u>5,747,745</u>	<u>4,438,352</u>
Property and Equipment, Net	<u>13,404,396</u>	<u>13,214,715</u>
Other Assets:		
Prepaid expenses, net of current portion	114,160	106,660
Mortgage receivable, net of current portion	-	1,639,963
Interest rate swap asset	202,730	179,362
Split-dollar life insurance asset	956,732	935,679
Right-of-use assets under operating lease agreements	187,957	277,401
Investments	13,851,860	16,426,901
Total Other Assets	<u>15,313,439</u>	<u>19,565,966</u>
<b>Total Assets</b>	<u><u>\$ 34,465,580</u></u>	<u><u>\$ 37,219,033</u></u>

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



**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION (CONTINUED)**

*DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>LIABILITIES AND NET ASSETS AND ENGAGE DEFICIT</b>		
Current Liabilities:		
Accounts payable	\$ 2,476,432	\$ 977,803
Wages and benefits payable	997,450	795,978
Accrued expenses	696,657	655,901
Credits on customer accounts	199,379	143,017
Assessments payable	928,478	844,945
Line of credit	1,099,209	1,099,209
Current portion of deferred revenue	2,769,738	2,663,853
Current portion of obligations under operating leases	85,404	86,994
Current portion of bond payable	338,678	338,405
Total Current Liabilities	<u>9,591,425</u>	<u>7,606,105</u>
Long-Term Liabilities:		
Deferred revenue, net of current portion	1,631,644	1,439,128
Obligations under operating leases, net of current portion	103,809	189,213
Bond payable, net of current portion	7,519,858	7,858,536
Total Long-Term Liabilities	<u>9,255,311</u>	<u>9,486,877</u>
Total Liabilities	<u>18,846,736</u>	<u>17,092,982</u>
Net Assets and Engage Deficit:		
Without Donor Restrictions:		
Undesignated	13,180,991	16,917,630
Board-designated	2,587,760	2,399,998
Total Without Donor Restrictions	<u>15,768,751</u>	<u>19,317,628</u>
With Donor Restrictions	2,456,682	2,125,768
Engage deficit	<u>(2,606,589)</u>	<u>(1,317,345)</u>
Total Net Assets and Engage Deficit	<u>15,618,844</u>	<u>20,126,051</u>
<b>Total Liabilities and Net Assets and Engage Deficit</b>	<u><u>\$ 34,465,580</u></u>	<u><u>\$ 37,219,033</u></u>

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF ACTIVITIES**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	2024			2023		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Support and Revenue:						
Consulting services	\$ 217,800	\$ -	\$ 217,800	\$ 157,500	\$ -	\$ 157,500
Courses	19,953,054	-	19,953,054	20,013,778	-	20,013,778
Membership dues	3,661,757	-	3,661,757	4,135,792	-	4,135,792
Conferences	3,033,032	-	3,033,032	2,723,847	-	2,723,847
Publications	580,518	-	580,518	678,838	-	678,838
Marketplace	388,125	-	388,125	434,730	-	434,730
Sponsorships	469,506	-	469,506	534,000	-	534,000
Royalties	181,957	-	181,957	194,443	-	194,443
Other	527,105	-	527,105	364,687	-	364,687
Grants	64,751	-	64,751	60,536	-	60,536
Special event revenue	31,950	-	31,950	74,235	-	74,235
Mailing lists	46,942	-	46,942	47,981	-	47,981
Investment return, net	1,188,032	186,128	1,374,160	1,249,954	150,262	1,400,216
Interest income	21,053	-	21,053	20,589	-	20,589
(Loss) gain on interest rate swap agreement	23,368	-	23,368	(78,280)	-	(78,280)
Contributions	168,916	468,974	637,890	256,284	309,540	565,824
Donated services	105,000	-	105,000	150,000	-	150,000
Net assets released from restrictions	324,188	(324,188)	-	375,237	(375,237)	-
Total Support and Revenue	30,987,054	330,914	31,317,968	31,394,151	84,565	31,478,716
Expenses:						
Programs, grants, and scholarships	24,185,701	-	24,185,701	21,727,766	-	21,727,766
Supporting Services:						
Management and general	11,571,803	-	11,571,803	11,183,139	-	11,183,139
Fundraising and development	67,671	-	67,671	80,703	-	80,703
Total Supporting Services	11,639,474	-	11,639,474	11,263,842	-	11,263,842
Total Expenses	35,825,175	-	35,825,175	32,991,608	-	32,991,608
Change in net assets and Engage deficit	(4,838,121)	330,914	(4,507,207)	(1,597,457)	84,565	(1,512,892)
Net assets, beginning of year	18,000,283	2,125,768	20,126,051	19,597,740	2,041,203	21,638,943
Net assets and Engage deficit, end of year	\$ 13,162,162	\$ 2,456,682	\$ 15,618,844	\$ 18,000,283	\$ 2,125,768	\$ 20,126,051

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

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 8,267,998	\$ 4,594,993	\$ -	\$ 12,862,991
Employee benefits	1,288,041	746,391	-	2,034,432
Payroll taxes	613,402	319,948	-	933,350
Total Payroll Expenses	10,169,441	5,661,332	-	15,830,773
Operating Expenses:				
Advertising and promotion	256,226	-	-	256,226
Bank charges and credit card processing	-	575,204	3,680	578,884
Computer	245,128	1,540,950	6,495	1,792,573
Conferences	3,833,275	592,747	1,820	4,427,842
Cost of goods sold	1,330,569	-	-	1,330,569
Depreciation and amortization	375,641	390,826	4,664	771,131
Fulfillment and warehousing services	332,831	-	-	332,831
Grants and scholarships	552,866	2,750	-	555,616
Insurance	70,468	66,933	-	137,401
Interest expense	-	386,931	-	386,931
Miscellaneous	103,270	98,496	-	201,766
Postage, freight, and shipping	366,247	3,200	-	369,447
Printing	231,971	23,778	7,878	263,627
Professional services	1,729,528	850,294	4,000	2,583,822
Provision for UBIT	75,481	-	-	75,481
Public relations	21,204	-	-	21,204
Recruitment fees	-	130,172	-	130,172
Stipends	146,839	139,594	-	286,433
Supplies and equipment	65,390	51,411	5,807	122,608
Temporary workers	94,218	178,888	-	273,106
Training	160,900	157,714	-	318,614
Travel	929,521	433,591	10,539	1,373,651
Total Operating Expenses	10,921,573	5,623,479	44,883	16,589,935
Occupancy Expenses:				
Building maintenance	92,876	50,124	4,423	147,423
Depreciation	143,080	77,218	6,813	227,111
Insurance	9,199	4,964	438	14,601
Real estate taxes	168,085	90,712	8,004	266,801
Rent	48,923	28,732	-	77,655
Telephone	2,364	1,276	113	3,753
Utilities	62,938	33,966	2,997	99,901
Total Occupancy Expenses	527,465	286,992	22,788	837,245
Assessment Expenses:				
State/chapter membership dues	494,932	-	-	494,932
ENPC/TNCC	2,072,290	-	-	2,072,290
Total Assessment Expenses	2,567,222	-	-	2,567,222
Total Expenses	\$ 24,185,701	\$ 11,571,803	\$ 67,671	\$ 35,825,175

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

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2023

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 7,366,840	\$ 4,249,626	\$ -	\$ 11,616,466
Employee benefits	1,105,817	591,856	-	1,697,673
Payroll taxes	556,185	297,256	-	853,441
Total Payroll Expenses	9,028,842	5,138,738	-	14,167,580
Operating Expenses:				
Advertising and promotion	223,977	-	-	223,977
Bank charges and credit card processing	-	518,858	3,910	522,768
Discount on sales	62,529	-	-	62,529
Bad debt expense	261	-	-	261
Computer	240,511	1,456,494	6,990	1,703,995
Conferences	2,603,417	540,951	6,593	3,150,961
Dues and subscriptions	-	-	410	410
Cost of goods sold	1,641,547	-	-	1,641,547
Depreciation and amortization	361,977	228,999	7,211	598,187
Fulfillment and warehousing services	390,436	-	-	390,436
Grants and scholarships	465,532	2,750	-	468,282
Insurance	81,917	59,673	-	141,590
Interest expense	-	401,084	-	401,084
Miscellaneous	146,474	113,081	264	259,819
Postage, freight, and shipping	357,345	1,889	75	359,309
Printing	237,707	10,567	233	248,507
Professional services	1,616,573	1,373,809	10,001	3,000,383
Provision for UBIT	84,431	-	-	84,431
Public relations	39,108	451	-	39,559
Recruitment fees	210	105,490	-	105,700
Stipends	161,926	138,250	-	300,176
Supplies and equipment	73,031	46,760	6,093	125,884
Temporary workers	155,333	99,851	-	255,184
Training	76,648	269,636	-	346,284
Travel	804,067	397,232	10,567	1,211,866
Total Operating Expenses	9,824,957	5,765,825	52,347	15,643,129
Occupancy Expenses:				
Building maintenance	87,724	50,332	5,752	143,808
Depreciation	138,538	79,489	9,084	227,111
Insurance	8,823	5,063	579	14,465
Real estate taxes	142,507	81,767	9,345	233,619
Rent	47,643	30,460	-	78,103
Telephone	2,635	1,512	173	4,320
Utilities	52,203	29,953	3,423	85,579
Total Occupancy Expenses	480,073	278,576	28,356	787,005
Assessment Expenses:				
State/chapter membership dues	474,373	-	-	474,373
ENPC/TNCC	1,919,521	-	-	1,919,521
Total Assessment Expenses	2,393,894	-	-	2,393,894
Total Expenses	\$ 21,727,766	\$ 11,183,139	\$ 80,703	\$ 32,991,608

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

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## CONSOLIDATED STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Cash flows from operating activities:</b>		
Change in net assets and Engage deficit	\$ (4,507,207)	\$ (1,512,892)
Adjustments to reconcile change in net assets and Engage deficit to net cashflows from operating activities:		
Depreciation and amortization of property and equipment	998,242	825,298
Amortization of debt issuance costs	6,427	6,700
Loss (gain) on interest rate swap agreement	(23,368)	78,280
Provision for doubtful accounts	-	(2,620)
Realized and unrealized gain on investments	(784,491)	(791,571)
Contributions restricted for investment in endowments	(263,284)	(95,824)
Amortization of right-of-use assets under operating leases	89,444	88,290
Interest earned on split-dollar life insurance agreement	(21,053)	(20,589)
Changes in operating assets and liabilities:		
Accounts receivable, net	163,679	(151,147)
Grants receivable	(26,290)	18,313
Other receivables	(15,747)	1,298,083
Inventory	(3,385)	1,317
Prepaid expenses	150,065	(116,725)
Accounts payable	1,498,629	302,596
Wages and benefits payable	201,472	(16,333)
Accrued expenses	40,756	147,624
Credits on customer accounts	56,362	49,678
Assessments payable	83,533	25,714
Deferred revenue	298,401	(710,620)
Obligations under operating leases	(86,994)	(83,846)
Net cash flows from operating activities	(2,144,809)	(660,274)
<b>Cash flows from investing activities:</b>		
Purchases of property and equipment	(1,187,923)	(1,308,270)
Payments received on mortgage receivable	55,891	60,845
Purchase of investments	(9,192,567)	(7,506,211)
Proceeds from sale and maturities of investments	12,552,099	9,171,209
Net cash flows from investing activities	2,227,500	417,573

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

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>Cash flows from financing activities:</b>		
Collections of contributions restricted for investment in endowments	\$ 263,284	\$ 95,824
Payments on bonds payable	<u>(344,832)</u>	<u>(344,832)</u>
Net cash flows from financing activities	<u>(81,548)</u>	<u>(249,008)</u>
Net change in cash and cash equivalents	1,143	(491,709)
Cash and cash equivalents, beginning of year	<u>1,317,918</u>	<u>1,809,627</u>
Cash and cash equivalents, end of year	<u><u>\$ 1,319,061</u></u>	<u><u>\$ 1,317,918</u></u>
<b>Noncash investing transactions:</b>		
Interest accrued on split-dollar life insurance asset	<u><u>\$ 21,053</u></u>	<u><u>\$ 20,589</u></u>
<b>Other cash flow information:</b>		
Interest paid	<u><u>\$ 386,931</u></u>	<u><u>\$ 394,384</u></u>
Income taxes paid	<u><u>\$ 33,822</u></u>	<u><u>\$ 27,350</u></u>

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



# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 1—Nature of operations

Emergency Nurses Association and Affiliates (“Association”) consists of Emergency Nurses Association (“ENA”); ENA Foundation (“ENAF”); and ENA Ventures, LLC, which amended their name to ENA Workwell Solutions, LLC (d/b/a Engage – Powered by ENA) (“Engage”).

ENA is a not-for-profit, professional association whose mission is to advance excellence in emergency nursing. ENA, whose national headquarters is located in Schaumburg, Illinois, was founded in 1970. Paid membership is approximately 35,500.

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

Engage was established in 2023 to provide innovative and effective solutions that support emergency nurses in providing the best possible care in a healthy and sustainable work environment. This is achieved through providing comprehensive resources, training, and support to ensure the emergency department is a safe, healthy, and a collaborative workplace for emergency nurses to thrive.

### 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 (“U.S. GAAP”) as applicable to not-for-profit organizations.

*Principles of Consolidation* – The accompanying consolidated financial statements include the accounts of ENA, ENAF, and Engage. The sole voting member of ENAF and Engage is ENA. Since ENA has control of the ENAF Board of Directors (“ENAF Board”) and Engage Board of Directors, U.S. GAAP requires that the financial position and activities of these organizations be consolidated. All 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.

*Concentrations of Credit Risk* – The Association places its cash and cash equivalents on deposit with financial institutions in the United States, which are insured by the Federal Deposit Insurance Corporation for up to \$250,000 for each institution. The Association’s cash balances at times exceeded federally insured limits. At December 31, 2024 and 2023, the Association’s cash accounts exceeded federally insured limits by \$691,869 and \$622,628, respectively. The Association has not experienced any losses and does not believe it is exposed to any significant credit risk on cash and cash equivalents.

The Association maintains its investment in broker accounts which, at times, may exceed federally insured limits. As of December 31, 2024 and 2023, the Association’s uninsured investment balance was \$13,406,863 and \$16,121,476, respectively. The Association believes it is not exposed to any significant credit risk on investments.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 2—Significant accounting policies (continued)

*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. The allowance for credit losses is based on the Association’s assessment of the collectability of customer accounts receivable. In accordance with Accounting Standards Codification (“ASC”) Topic 326, *Financial Instruments – Credit Losses*, the Association makes ongoing estimates relating to the collectability of accounts receivable and records an allowance for estimated credit losses expected from the inability of its customers to make required payments. The Association establishes expected credit losses by evaluating historical levels of credit losses, current economic conditions that may affect a customer’s ability to pay, and creditworthiness of significant customers. These inputs are used to determine a range of expected credit losses and an allowance is recorded within the range. Accounts receivable are written off when there is no reasonable expectation of recovery. As of December 31, 2024 and 2023, the allowance for credit losses was \$139,557.

*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 method. As of December 31, 2024 and 2023, no allowance for obsolete or excess inventory was recorded.

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

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

*Investments* – Investments are recorded at cost, if purchased, and at fair value, if donated. Thereafter, long-term and short-term investments in marketable securities with readily determinable fair values are presented in the consolidated 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. Interest and dividends and both realized and unrealized gains and losses are reported as investment return in the consolidated statement of activities. 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.

*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 AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### 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 consolidated statement of activities 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 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 released from restrictions.

### *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 consulting services, courses, membership dues, conferences, publications, marketplace, sponsorships, royalties, special events, mailing lists, consulting services income, 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:

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 2—Significant accounting policies (continued)

	2024	2023
Performance obligations satisfied at a point in time	\$ 24,693,464	\$ 24,442,822
Performance obligations satisfied over time	\$ 4,398,282	\$ 4,917,009

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

For performance obligations related to membership dues, control transfers to the customer over time. The Association offers membership categories of one year, three years, five years, and lifetime. Revenue is recorded in equal installments as control is passed to the customer over the term of the membership. The Association has determined the average career span of an emergency professional is 13 years and recognizes lifetime memberships over a 13-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.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 2—Significant accounting policies (continued)

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, 2024 and 2023 are included in deferred revenue on the consolidated statements of financial position.

For performance obligations related to consulting services income, control transfers to the customer at a point in time. Consulting services income occurs when training and support is provided.

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

	December 31, 2024	December 31, 2023	January 1, 2023
Accounts receivable, gross	\$ 1,974,962	\$ 2,138,641	\$ 1,982,254
Deferred revenue	\$ 4,401,382	\$ 4,102,981	\$ 4,813,601
Credits on customer accounts	\$ 199,379	\$ 143,017	\$ 93,339

*Contributions* – 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 or release, are not recognized until the conditions on which they depend have been substantially met. As of December 31, 2024 and 2023, 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. Pledges receivable expected to be collected in more than one year are valued at the present value of future cash flows using a credit risk adjusted discount rate. All contributions are expected to be collected in one year or less. There were no contributions not collected for the years ended December 31, 2024 and 2023.

*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 UBIT for the years ended December 31, 2024 and 2023 amounted to \$75,481 and \$84,431, respectively. Provision for UBIT expense is included in programs, grants, and scholarship expense on the consolidated statements of functional expenses.

Engage is a single member LLC electing to be treated as a corporation. Deferred income taxes are recognized for temporary differences between the basis of assets and liabilities for consolidated financial statement and income tax purposes. Engage’s provision for income taxes differs from applying the statutory U.S. corporate income tax rates to income before income taxes. There were no deferred or income tax expenses for the years ended December 31, 2024 and 2023.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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### Note 2—Significant accounting policies (continued)

Management has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated 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 2021.

*Advertising* – Advertising costs are expensed as incurred. Advertising expense was \$256,226 and \$223,977 for the years ended December 31, 2024 and 2023, respectively.

*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.

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

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

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

*Subsequent Events* – Subsequent to December 31, 2024, Engage was dissolved in March 2025. There have been no other subsequent events through July 15, 2025, the date the financial statements were available to be issued.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### 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:

	2024	2023
Financial assets at year-end:		
Cash and cash equivalents	\$ 1,319,061	\$ 1,317,918
Accounts receivable, net	1,835,405	1,999,084
Grants receivable	35,650	9,360
Other receivables	15,747	-
Mortgage receivable, current portion	1,639,960	55,888
Investments	13,851,860	16,426,901
Total financial assets	18,697,683	19,809,151
Less amounts not available for general expenditures within one year due to:		
Donor-restricted for a specific purpose	712,526	644,898
Perpetual restrictions	1,744,156	1,480,870
Board-designated endowment	1,954,820	1,787,096
Board-designated for a specific purpose	131,030	110,992
Board-designated reserve fund	501,910	501,910
Total amounts not available for general expenditures within one year	5,044,442	4,525,766
Financial assets available to meet cash needs for general expenditures within one year	\$ 13,653,241	\$ 15,283,385

The Association's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes. As of December 31, 2024 and 2023, donor-restricted endowment funds were not available for general expenditure.

The Association's board-designated endowment of \$1,954,820 and \$1,787,096 at December 31, 2024 and 2023, respectively, is subject to an annual spending rate of 5% as described in Note 13. Although the Association does not intend to spend from this board-designated endowment (other than amounts appropriated for general expenditure as part of the ENAF Board's annual budget approval and appropriation), these amounts could be made available if necessary.

During 2020, the ENAF Board designated funds for utilizing reserves to support COVID-19 relief and in December 2022, the ENAF Board re-designated the purpose of the COVID Relief Fund to an Emergency Relief Fund. At December 31, 2024 and 2023, there was a balance of \$131,030 and \$110,992, respectively, with this designation.

Additionally, the ENA Board has designated funds within the parameters of the ENA spending policy for utilizing reserves on identified projects. At December 31, 2024 and 2023 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.



# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 3—Liquidity and availability (continued)

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 (see Note 8).

### Note 4—Property and equipment

Property and equipment at December 31, 2024 and 2023 consisted of the following:

	2024	2023
Land	\$ 1,492,112	\$ 1,492,112
Buildings	2,948,699	2,948,699
Building improvements	5,969,138	5,969,138
Equipment	178,598	178,598
Program development	2,161,206	1,684,727
Furniture and fixtures	1,283,098	1,283,098
Computer software	3,594,588	2,883,144
Total property and equipment	17,627,439	16,439,516
Less accumulated depreciation	(4,223,043)	(3,224,801)
Property and equipment, net	\$ 13,404,396	\$ 13,214,715

Depreciation expense of property and equipment was \$749,587 and \$584,464 for the years ended December 31, 2024 and 2023, respectively. In addition, the Association amortized development costs (included in programs, grants, and scholarship expenses) for the years ended December 31, 2024 and 2023 in the amounts of \$248,655 and \$240,834, respectively.

### Note 5—Mortgage receivable

On August 21, 2020, the Association entered into a real estate sale agreement with a third party. The Association agreed to provide financing for a portion of the purchase price of the property sold, which amounted to \$1,900,000. The mortgage receivable is stated at unpaid principal balance, less an allowance for credit losses. 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 of August 31, 2025. Interest on the loan is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. Interest income recorded for the years ended December 31, 2024 and 2023 was \$89,830 and \$76,927 respectively, and is included as other support and revenue on the consolidated statements of activities. The Association's practice is to charge off any loan or a portion of a loan when the loan is determined by management to be uncollectible due to the third party's failure to meet repayment terms, or for other reasons.

The Association establishes expected credit losses by evaluating historical levels of credit losses, current economic conditions that may affect a customer's ability to pay, and creditworthiness of significant customers. These inputs are used to determine a range of expected credit losses and an allowance is recorded within the range. Mortgage receivable is written off when there is no reasonable expectation of recovery. As of December 31, 2024 and 2023, the Association deemed an allowance for credit losses was immaterial and therefore unnecessary.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 6—Split-dollar life insurance agreement

On April 1, 2022, the Association entered into a collateral assignment split-dollar agreement and limited recourse term promissory note with a key employee of the Association to encourage the employee to continue employment and to provide insurance protection, as well as additional retirement income, for the benefit of the employee. The Association and employee jointly own a life insurance policy (the "Policy"). The limited recourse term promissory note accrues interest at a rate of 2.25% per annum compounded annually and the Policy is assigned as collateral, which secures the Association's right to recover the funding amount plus interest. Effective December 31, 2024, the employee terminated employment with the Association and was 37.5% vested as of that date. The employee has the right to draw excess cash value earnings from the Policy, up to 37.5% of the annual borrowing cap commencing December 31, 2029.

Beginning in 2022 and ending in 2029, the Association will make six annual premium payments, with the option to make two additional payments, to the insurance company in the amount of \$112,488 per year. Interest income is recognized as earned and accrued for in split-dollar life insurance on the consolidated statements of financial position. The balance of the split-dollar life insurance as of December 31, 2024 comprised of the following:

Balance beginning of year	\$ 935,679	\$ 915,090
Accrued interest	21,053	20,589
Total split-dollar life insurance end of year	<u>\$ 956,732</u>	<u>\$ 935,679</u>

### Note 7—Fair value measurements

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

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

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

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

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

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

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

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 7—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 are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

*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 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:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Bond funds	\$ 3,183,633	\$ -	\$ -	\$ 3,183,633
Equity funds	4,851,452	-	-	4,851,452
Exchange traded funds	6,379,215	-	-	6,379,215
Total investments	14,414,300	-	-	14,414,300
Interest rate swap	-	202,730	-	202,730
Total assets in the fair value hierarchy	\$ 14,414,300	\$ 202,730	\$ -	\$ 14,617,030

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**Note 7—Fair value measurements (continued)**

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Money market funds	\$ 343,048	\$ -	\$ -	\$ 343,048
Bond funds	5,572,541	-	-	5,572,541
Equity funds	4,000,527	-	-	4,000,527
Exchange traded funds	7,185,714	-	-	7,185,714
Total investments	17,101,830	-	-	17,101,830
Interest rate swap	-	179,362	-	179,362
Total assets in the fair value hierarchy	\$ 17,101,830	\$ 179,362	\$ -	\$ 17,281,192

As of December 31, 2024, \$562,440 of the \$14,414,300 of investments are earmarked for the collateral assignment split-dollar agreement and are included in split-dollar life insurance asset on the consolidated statement of financial position. As of December 31, 2023, \$674,929 of the \$17,101,830 of investments are earmarked for the collateral assignment split-dollar agreement and are included in split-dollar life insurance asset on the consolidated statement of financial position.

For the years ended December 31, 2024 and 2023, there were no significant transfers into or out of Level 3.

**Note 8—Line of credit**

The Association has a \$2,500,000 unsecured line of credit. This line expires on December 21, 2025 and bears interest at prime (7.5% at December 31, 2024) minus .75%. The line of credit matures in December 2025. The outstanding balance on the line of credit was \$1,099,209 at December 31, 2024 and 2023.

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 1.00 at December 31, 2024 and 1.25 at December 31, 2023 (ENA only). As of December 31, 2024 and 2023, this covenant was met.

**Note 9—Bond payable**

On December 21, 2017, a Series 2017 Industrial Revenue Bond (the "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, Illinois. The maturity date of the Bond is December 21, 2047.

The Association has a note with a bank that bears interest at variable rates throughout the life of the bond. As of December 31, 2024, the interest rate on the Bond is 4.96%. The Bond requires monthly payments of \$28,736 and has a maturity date of December 2027 with a balloon payment of all unpaid principal and interest. The balance outstanding at December 31, 2024 and 2023 was \$7,931,008 and \$8,275,840, respectively.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 9—Bond payable (continued)

The Bond agreement requires the Association to furnish audited financial statements 270 days after each year end. Restrictive covenants imposed under the Bond agreement also require the Association to maintain an unrestricted cash and investment to total fund debt of not less than 1.00 at December 31, 2024 and 1.25 at December 31, 2023 (ENA only). As of December 31, 2024 and 2023, this covenant was met.

There were debt issuance costs of \$123,194 related to the bond issuance. Amortization expense for the years ended December 31, 2024 and 2023 was \$6,427 and \$6,700, 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, 2024 and 2023 was an asset of \$202,730 and \$179,362, 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, 2024 and 2023 consisted of the following:

	2024			2023		
	Debt Issue			Debt Issue		
	Principal	Costs	Net	Principal	Costs	Net
Bond	\$ 7,931,008	\$ 72,472	\$ 7,858,536	\$ 8,275,840	\$ 78,899	\$ 8,196,941
Less current portion	(344,832)	(6,154)	(338,678)	(344,832)	(6,427)	(338,405)
Long-term debt	<u>\$ 3,158,632</u>	<u>\$ 66,318</u>	<u>\$ 7,519,858</u>	<u>\$ 7,931,008</u>	<u>\$ 72,472</u>	<u>\$ 7,858,536</u>

Principal payments due on Bond payable are as follows:

2025	\$ 344,842
2026	344,842
2027	<u>7,241,324</u>
	<u>\$ 7,931,008</u>

### Note 10—Leases

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

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

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 10—Leases (continued)

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

The Association elects to apply the short-term lease measurement and recognition exemption to leases that meet the criteria. As of December 31, 2024 and 2023, the Association had not entered into any lease agreements that qualify for the short-term lease measurement and recognition exemption.

Lease expense for the years ended December 31 was as follows:

	2024	2023
Operating leases:		
Fixed rent expense	\$ 92,567	\$ 92,567

Aggregate future minimum lease payments and the present value of net future minimum payments at December 31, 2024 is as follows:

2025	\$ 87,345
2026	82,703
2027	21,959
	192,007
Less interest	(2,794)
	\$ 189,213

As of December 31, 2024 and 2023, the weighted-average remaining lease term for all operating leases is 2.21 and 3.16 years, respectively. Because the Association generally does not have access to the rate implicit in the lease, the Association utilizes the risk-free rate as the discount rate. The weighted-average discount rate associated with operating leases as of December 31, 2024 and 2023 is 1.36%.

### Note 11—Retirement plan

ENA has a 401(k) defined contribution retirement savings plan (the "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. ENA's contribution is funded on a current basis. There were no profit sharing contributions for 2024 or 2023. Total contributions to the Plan for the years ended December 31, 2024 and 2023 totaled \$501,152 and \$382,119, respectively.

# EMERGENCY NURSES ASSOCIATION AND AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 12—Commitments and contingencies

The Association has entered into a number of contracts with various vendors for space, hotel accommodations, and ancillary services for future meetings. Prepaid hotel deposits may be applied towards hotel cancellation fees. Minimum estimated cancellation fees for future meetings as of December 31, 2024 are as follows:

2025	\$ 1,563,764
2026	1,198,731
2027	305,554
2028	428,532
2029	436,288
	<u>\$ 3,932,869</u>

### Note 13—Endowment

The Association's endowment includes three board-designated endowments established for the ENAF and 23 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 AFFILIATES

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### Note 13—Endowment (continued)

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

*Funds with Deficiencies* – From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). There were no such deficiencies at December 31, 2024 or 2023.

Endowment net asset composition by type of fund as of December 31, 2024:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	\$ 1,954,820	\$ -	\$ 1,954,820
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,744,156	1,744,156
Accumulated investment gains	-	399,414	399,414
Total endowment net assets	<u>\$ 1,954,820</u>	<u>\$ 2,143,570</u>	<u>\$ 4,098,390</u>

Changes in endowment net assets for the year ended December 31, 2024:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, December 31, 2023	\$ 1,787,096	\$ 1,787,071	\$ 3,574,167
Investment return, net	188,004	185,215	373,219
Appropriation of endowment assets for expenditures	(70,280)	(92,000)	(162,280)
Contributions	50,000	263,284	313,284
Endowment net assets, December 31, 2024	<u>\$ 1,954,820</u>	<u>\$ 2,143,570</u>	<u>\$ 4,098,390</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

*DECEMBER 31, 2024 AND 2023*

**Note 13—Endowment (continued)**

Endowment net asset composition by type of fund as of December 31, 2023:

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Board-designated endowment funds	\$ 1,787,096	\$ -	\$ 1,787,096
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,480,870	1,480,870
Accumulated investment gains	-	306,201	306,201
Total endowment net assets	<u>\$ 1,787,096</u>	<u>\$ 1,787,071</u>	<u>\$ 3,574,167</u>

Changes in endowment net assets for the year ended December 31, 2023:

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Endowment net assets, December 31, 2022	\$ 1,649,769	\$ 1,682,484	\$ 3,332,253
Investment return, net	141,327	150,263	291,590
Appropriation of endowment assets for expenditures	(4,000)	(141,500)	(145,500)
Contributions	-	95,824	95,824
Endowment net assets, December 31, 2023	<u>\$ 1,787,096</u>	<u>\$ 1,787,071</u>	<u>\$ 3,574,167</u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

*DECEMBER 31, 2024 AND 2023*

**Note 14—Net assets with donor restrictions**

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

	<b>2024</b>	<b>2023</b>
Karen O'Neil Endowed Scholarship Fund	\$ 126,761	\$ 116,783
New York State September 11 Endowment Fund	159,160	149,214
Judith C. Kelleher Memorial Endowment Fund	146,316	142,905
Anita Dorr Memorial Endowment Fund	8,457	6,523
Jeanette Ash Endowed Scholarship Fund	90,520	76,516
Richard Wynkoop Scholarship Fund	77,040	66,983
Elizabeth B. Moore Memorial Fund for Scholarships	132,610	131,041
Texas Endowed Scholarship Fund	236,563	217,882
Mildred Fincke Memorial Endowed Scholarship Fund	44,538	39,102
Joan Eberhardt Endowed Scholarship Fund	67,357	58,549
Peggy McCall Fund	31,099	28,872
Jeff Solheim International Endowment	46,307	34,352
Gracen Brooke Oglesby Pediatric Fund	31,439	25,999
Castner and Spencer Family Research Fund	31,818	28,196
Patricia Kunz Howard Endowed Scholarship Fund	68,758	49,696
Virginia ENA State Council Endowed Scholarship Fund	41,659	31,602
HoosiER ENA Scholarship Fund	29,585	24,881
Illinois ENA Thelma Kuska Endowment Fund	51,823	41,224
Minnesota Pathways Scholarship Fund	145,957	52,325
Barbara Ann Stout Fund	29,446	26,710
General Endowment Fund	432,468	437,716
Michigan Endowment Fund	98,798	-
New Jersey Endowment Fund	45,090	-
Total endowments	<u>2,173,570</u>	<u>1,787,071</u>
Purpose restrictions:		
Scholarships	276,290	317,993
Grants	6,772	19,902
Emergency Relief Fund (COVID-Relief)	50	801
Total purpose restrictions	<u>283,112</u>	<u>338,697</u>
Total net assets with donor restrictions	<u><u>\$ 2,456,682</u></u>	<u><u>\$ 2,125,768</u></u>

**EMERGENCY NURSES ASSOCIATION AND AFFILIATES**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**

*DECEMBER 31, 2024 AND 2023*

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**Note 14—Net assets with donor restrictions (continued)**

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, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Scholarships	\$ 316,786	\$ 374,638
Emergency Relief Fund (COVID-Relief)	7,402	599
Total net assets released from restrictions	<u>\$ 324,188</u>	<u>\$ 375,237</u>

## **SUPPLEMENTARY INFORMATION**

**EMERGENCY NURSES ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**

*DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 583,986	\$ 425,228
Accounts receivable, net	1,802,643	1,975,249
Grants receivable	35,650	9,360
Due from affiliate	1,001,759	216,188
Other receivables	15,747	-
Mortgage receivable	1,639,960	55,888
Inventory	52,785	49,400
Prepaid expenses	848,504	1,000,201
Total Current Assets	<u>5,981,034</u>	<u>3,731,514</u>
Property and Equipment, Net	<u>13,404,396</u>	<u>13,214,715</u>
Other Assets:		
Prepaid expenses, net of current portion	114,160	106,660
Mortgage receivable, net of current portion	-	1,639,963
Interest rate swap asset	202,730	179,362
Split-dollar life insurance asset	956,732	935,679
Right-of-use assets under operating lease agreements	187,957	277,401
Investment in Engage	1,710,000	1,200,000
Investments	8,965,036	12,089,272
Total Other Assets	<u>12,136,615</u>	<u>16,428,337</u>
<b>Total Assets</b>	<u><u>\$ 31,522,045</u></u>	<u><u>\$ 33,374,566</u></u>

See Report of Independent Auditor.

**EMERGENCY NURSES ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION (CONTINUED)**

*DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable	\$ 2,402,314	\$ 911,314
Wages and benefits payable	997,450	795,978
Accrued expenses	696,657	655,901
Credits on customer accounts	199,379	143,017
Assessments payable	928,478	844,945
Line of credit	1,099,209	1,099,209
Current portion of deferred revenue	2,766,338	2,654,853
Current portion of obligations under operating leases	85,404	86,994
Current portion of bond payable	338,678	338,405
Total Current Liabilities	<u>9,513,907</u>	<u>7,530,616</u>
Long-Term Liabilities:		
Deferred revenue, net of current portion	1,631,644	1,439,128
Obligations under operating leases, net of current portion	103,809	189,213
Bond payable, net of current portion	7,519,858	7,858,536
Total Long-Term Liabilities	<u>9,255,311</u>	<u>9,486,877</u>
Total Liabilities	<u>18,769,218</u>	<u>17,017,493</u>
Net Assets:		
Without Donor Restrictions:		
Undesignated	12,250,917	15,855,163
Board-designated	501,910	501,910
Total Without Donor Restrictions	<u>12,752,827</u>	<u>16,357,073</u>
Total Net Assets	<u>12,752,827</u>	<u>16,357,073</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 31,522,045</u></u>	<u><u>\$ 33,374,566</u></u>

See Report of Independent Auditor.



**EMERGENCY NURSES ASSOCIATION**  
**STATEMENTS OF ACTIVITIES**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
Without Donor Restrictions:		
Support and Revenue:		
Courses	\$ 19,953,054	\$ 20,013,778
Membership dues	3,661,757	4,135,792
Conferences	3,033,032	2,723,847
Publications	580,518	678,838
Marketplace	388,125	434,730
Sponsorships	469,506	534,000
Royalties	181,957	194,443
Other	527,105	364,676
Grants	64,751	60,536
Mailing lists	46,942	47,981
Investment return, net	935,147	1,072,636
Interest income	21,053	20,589
(Loss) gain on interest rate swap agreement	23,368	(78,280)
Donated services	105,000	150,000
Total Support and Revenue	<u>29,991,315</u>	<u>30,353,566</u>
Expenses:		
Programs, Grants, and Scholarships	<u>22,329,458</u>	<u>20,348,410</u>
Supporting Services:		
Management and general	10,816,550	10,040,222
Fundraising and development	449,553	499,694
Total Supporting Services	<u>11,266,103</u>	<u>10,539,916</u>
Total Expenses	<u>33,595,561</u>	<u>30,888,326</u>
Change in net assets	(3,604,246)	(534,760)
Net assets, beginning of year	<u>16,357,073</u>	<u>16,891,833</u>
Net assets, end of year	<u><u>\$ 12,752,827</u></u>	<u><u>\$ 16,357,073</u></u>

See Report of Independent Auditor.

# EMERGENCY NURSES ASSOCIATION

## STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 7,672,453	\$ 4,146,135	\$ -	\$ 11,818,588
Employee benefits	\$1,275,621	\$718,631	-	1,994,252
Payroll taxes	607,472	306,693	-	914,165
Total Payroll Expenses	9,555,546	5,171,459	-	14,727,005
Operating Expenses:				
Advertising and promotion	255,326	-	-	255,326
Bank charges and credit card processing	-	571,121	-	571,121
Computer	245,128	1,512,371	-	1,757,499
Conferences	3,832,889	568,789	-	4,401,678
Cost of goods sold	1,330,569	-	-	1,330,569
Depreciation and amortization	375,641	390,826	4,664	771,131
Fulfillment and warehousing services	332,831	-	-	332,831
Grants and scholarships	-	2,750	422,101	424,851
Insurance	70,468	66,453	-	136,921
Interest expense	-	386,931	-	386,931
Miscellaneous	103,270	95,650	-	198,920
Postage, freight, and shipping	366,247	2,064	-	368,311
Printing	231,971	16,441	-	248,412
Professional services	1,115,199	741,342	-	1,856,541
Provision for UBIT	75,481	-	-	75,481
Public relations	21,204	-	-	21,204
Recruitment fees	-	129,871	-	129,871
Stipends	146,839	139,594	-	286,433
Supplies and equipment	64,679	39,472	-	104,151
Temporary workers	94,218	178,888	-	273,106
Training	160,900	156,241	-	317,141
Travel	856,365	359,295	-	1,215,660
Total Operating Expenses	9,679,225	5,358,099	426,765	15,464,089
Occupancy Expenses:				
Building maintenance	92,876	50,124	4,423	147,423
Depreciation	143,080	77,218	6,813	227,111
Insurance	9,199	4,964	438	14,601
Real estate taxes	168,085	90,712	8,004	266,801
Rent	48,923	28,732	-	77,655
Telephone	2,364	1,276	113	3,753
Utilities	62,938	33,966	2,997	99,901
Total Occupancy Expenses	527,465	286,992	22,788	837,245
Assessment Expenses:				
State/chapter membership dues	494,932	-	-	494,932
ENPC/TNCC	2,072,290	-	-	2,072,290
Total Assessment Expenses	2,567,222	-	-	2,567,222
Total Expenses	\$ 22,329,458	\$ 10,816,550	\$ 449,553	\$ 33,595,561

See Report of Independent Auditor.

# EMERGENCY NURSES ASSOCIATION

## STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2023

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 6,822,334	\$ 3,864,081	\$ -	\$ 10,686,415
Employee benefits	\$1,101,023	\$578,405	-	1,679,428
Payroll taxes	550,291	280,717	-	831,008
Total Payroll Expenses	8,473,648	4,723,203	-	13,196,851
Operating Expenses:				
Advertising and promotion	223,977	-	-	223,977
Bank charges and credit card processing	-	516,767	-	516,767
Discount on sales	62,529	-	-	62,529
Bad debt expense	261	-	-	261
Computer	236,211	1,434,276	-	1,670,487
Conferences	2,602,727	522,565	-	3,125,292
Cost of goods sold	1,641,547	-	-	1,641,547
Depreciation and amortization	361,977	227,821	7,211	597,009
Fulfillment and warehousing services	390,436	-	-	390,436
Grants and scholarships	-	2,750	464,127	466,877
Insurance	81,917	59,193	-	141,110
Interest expense	-	401,084	-	401,084
Miscellaneous	146,474	105,991	-	252,465
Postage, freight, and shipping	357,317	820	-	358,137
Printing	237,707	7,907	-	245,614
Professional services	1,334,796	831,292	-	2,166,088
Provision for UBIT	84,431	-	-	84,431
Public relations	39,108	451	-	39,559
Recruitment fees	210	105,480	-	105,690
Stipends	159,426	138,250	-	297,676
Supplies and equipment	73,025	39,267	-	112,292
Temporary workers	155,333	99,851	-	255,184
Training	76,648	227,481	-	304,129
Travel	734,738	317,197	-	1,051,935
Total Operating Expenses	9,000,795	5,038,443	471,338	14,510,576
Occupancy Expenses:				
Building maintenance	87,724	50,332	5,752	143,808
Depreciation	138,538	79,489	9,084	227,111
Insurance	8,823	5,063	579	14,465
Real estate taxes	142,507	81,767	9,345	233,619
Rent	47,643	30,460	-	78,103
Telephone	2,635	1,512	173	4,320
Utilities	52,203	29,953	3,423	85,579
Total Occupancy Expenses	480,073	278,576	28,356	787,005
Assessment Expenses:				
State/chapter membership dues	474,373	-	-	474,373
ENPC/TNCC	1,919,521	-	-	1,919,521
Total Assessment Expenses	2,393,894	-	-	2,393,894
Total Expenses	\$ 20,348,410	\$ 10,040,222	\$ 499,694	\$ 30,888,326

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# EMERGENCY NURSES ASSOCIATION

## STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<b>2024</b>	<b>2023</b>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ (3,604,246)	\$ (534,760)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation and amortization of property and equipment	998,242	824,120
Amortization of debt issuance costs	6,427	6,700
Loss (gain) on interest rate swap agreement	(23,368)	78,280
Provision for credit allowance	-	(2,620)
Realized and unrealized gain on investments	(526,127)	(604,968)
Amortization of right-of-use assets under operating leases	89,444	88,290
Interest earned on split-dollar life insurance agreement	(21,053)	(20,589)
Changes in operating assets and liabilities:		
Accounts receivable, net	172,606	(134,878)
Grants receivable	(26,290)	18,313
Due from affiliate	(785,571)	(210,495)
Other receivables	(15,747)	1,298,083
Inventory	(3,385)	1,317
Prepaid expenses	144,197	(114,524)
Accounts payable	1,491,000	241,190
Wages and benefits payable	201,472	(16,333)
Accrued expenses	40,756	147,624
Credits on customer accounts	56,362	49,678
Assessments payable	83,533	25,714
Deferred revenue	304,001	(719,620)
Obligations under operating leases	(86,994)	(83,846)
Net cash flows from operating activities	<u>(1,504,741)</u>	<u>336,676</u>
<b>Cash flows from investing activities:</b>		
Purchases of property and equipment	(1,187,923)	(1,308,270)
Payments received on mortgage receivable	55,891	60,845
Investment in Engage	(510,000)	(1,200,000)
Purchase of investments	(5,937,943)	(6,177,772)
Proceeds from sale and maturities of investments	9,588,306	8,025,526
Net cash flows from investing activities	<u>2,008,331</u>	<u>(599,671)</u>

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**EMERGENCY NURSES ASSOCIATION**  
**STATEMENTS OF CASH FLOWS (CONTINUED)**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>Cash flows from financing activities:</b>		
Payments on bonds payable	\$ (344,832)	\$ (344,832)
Net change in cash and cash equivalents	158,758	(607,827)
Cash and cash equivalents, beginning of year	425,228	1,033,055
Cash and cash equivalents, end of year	<u>\$ 583,986</u>	<u>\$ 425,228</u>
<b>Noncash investing transactions:</b>		
Interest accrued on split-dollar life insurance asset	<u>\$ 21,053</u>	<u>\$ 20,589</u>
<b>Other cash flow information:</b>		
Interest paid	<u>\$ 386,931</u>	<u>\$ 394,384</u>
Income taxes paid	<u>\$ 33,822</u>	<u>\$ 27,350</u>

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**ENA FOUNDATION**  
**STATEMENTS OF FINANCIAL POSITION**

*DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 688,070	\$ 761,212
Accounts receivable, net	6,062	5,835
Prepaid expenses	-	6,000
Total Current Assets	<u>694,132</u>	<u>773,047</u>
Other Assets:		
Investments	<u>4,886,824</u>	<u>4,337,629</u>
<b>Total Assets</b>	<u><u>\$ 5,580,956</u></u>	<u><u>\$ 5,110,676</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable	\$ 69,734	\$ 9,929
Due to affiliate	<u>38,616</u>	<u>14,424</u>
Total Current Liabilities	<u>108,350</u>	<u>24,353</u>
Net Assets:		
Without Donor Restrictions:		
Undesignated	930,074	1,062,467
Board-designated	<u>2,085,850</u>	<u>1,898,088</u>
Total Without Donor Restrictions	<u>3,015,924</u>	<u>2,960,555</u>
With Donor Restrictions	<u>2,456,682</u>	<u>2,125,768</u>
Total Net Assets	<u>5,472,606</u>	<u>5,086,323</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 5,580,956</u></u>	<u><u>\$ 5,110,676</u></u>

See Report of Independent Auditor.

**ENA FOUNDATION**  
**STATEMENTS OF ACTIVITIES**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<b>2024</b>			<b>2023</b>		
	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Support and Revenue:						
Contributions	\$ 168,916	\$ 468,974	\$ 637,890	\$ 256,284	\$ 309,540	\$ 565,824
Special event revenue	31,950	-	31,950	74,235	-	74,235
Contributed services from affiliate	422,101	-	422,101	464,127	-	464,127
Investment return, net	252,885	186,128	439,013	177,318	150,262	327,580
Other	-	-	-	11	-	11
Net assets released from restrictions	324,188	(324,188)	-	375,237	(375,237)	-
Total Support and Revenue	1,200,040	330,914	1,530,954	1,347,212	84,565	1,431,777
Expenses:						
Programs, Grants, and Scholarships	715,966	-	715,966	645,037	-	645,037
Supporting Services:						
Management and general	271,073	-	271,073	262,510	-	262,510
Fundraising and development	157,632	-	157,632	185,017	-	185,017
Total Supporting Services	428,705	-	428,705	447,527	-	447,527
Total Expenses	1,144,671	-	1,144,671	1,092,564	-	1,092,564
Change in net assets	55,369	330,914	386,283	254,648	84,565	339,213
Net assets, beginning of year	2,960,555	2,125,768	5,086,323	2,705,907	2,041,203	4,747,110
Net assets, end of year	\$ 3,015,924	\$ 2,456,682	\$ 5,472,606	\$ 2,960,555	\$ 2,125,768	\$ 5,086,323

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**ENA FOUNDATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**

*YEAR ENDED DECEMBER 31, 2024*

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Operating Expenses:				
Bank charges and credit card processing fees	\$ -	\$ -	\$ 3,680	\$ 3,680
Computer	-	10,488	6,495	16,983
Conferences	386	13,878	1,820	16,084
Grants and scholarships	552,866	-	-	552,866
Insurance	-	480	-	480
Miscellaneous	-	1,463	-	1,463
Postage, freight, and shipping	-	377	-	377
Printing	-	1,446	7,878	9,324
Professional services	120,304	198,110	121,413	439,827
Recruitment fees	-	225	-	225
Supplies and equipment	711	1,767	5,807	8,285
Travel	41,699	42,839	10,539	95,077
Total Operating Expenses	<u>\$ 715,966</u>	<u>\$ 271,073</u>	<u>\$ 157,632</u>	<u>\$ 1,144,671</u>

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**ENA FOUNDATION**  
**STATEMENT OF FUNCTIONAL EXPENSES**

*YEAR ENDED DECEMBER 31, 2023*

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Operating Expenses:				
Bank charges and credit card processing fees	\$ -	\$ -	\$ 3,910	\$ 3,910
Computer	4,300	2,742	6,990	14,032
Conferences	690	7,850	6,593	15,133
Dues/Subscriptions	-	-	410	410
Depreciation and amortization	-	1,178	-	1,178
Grants and scholarships	465,532	-	-	465,532
Insurance	-	480	-	480
Miscellaneous	-	445	264	709
Postage, freight, and shipping	28	735	75	838
Printing	-	1,500	233	1,733
Professional services	136,073	199,036	149,882	484,991
Recruitment fees	-	10	-	10
Stipends	2,500	-	-	2,500
Supplies and equipment	6	1,921	6,093	8,020
Travel	35,908	46,613	10,567	93,088
Total Operating Expenses	<u>\$ 645,037</u>	<u>\$ 262,510</u>	<u>\$ 185,017</u>	<u>\$ 1,092,564</u>

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**ENA FOUNDATION**  
**STATEMENTS OF CASH FLOWS**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<b>2024</b>	<b>2023</b>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 386,283	\$ 339,213
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation of property and equipment	-	1,178
Net realized and unrealized gain on investments	(258,364)	(186,603)
Contributions restricted for investment in endowment	(263,284)	(95,824)
Changes in operating assets and liabilities:		
Accounts receivable, net	(227)	1,731
Prepaid expenses	6,000	(1,700)
Accounts payable	59,805	4,846
Due to affiliate	24,192	8,731
Net cash flows from operating activities	<u>(45,595)</u>	<u>71,572</u>
<b>Cash flows from investing activities:</b>		
Purchases of investments	(3,254,624)	(1,328,439)
Proceeds from sale and maturities of investments	<u>2,963,793</u>	<u>1,145,683</u>
Net cash flows from investing activities	<u>(290,831)</u>	<u>(182,756)</u>
<b>Cash flows from financing activities:</b>		
Contributions restricted for long-term purposes - endowment	<u>263,284</u>	<u>95,824</u>
Net change in cash and cash equivalents	(73,142)	(15,360)
Cash and cash equivalents, beginning of year	<u>761,212</u>	<u>776,572</u>
Cash and cash equivalents, end of year	<u><u>\$ 688,070</u></u>	<u><u>\$ 761,212</u></u>

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**ENGAGE**  
STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2024 AND 2023

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 47,005	\$ 131,478
Accounts receivable, net	26,700	18,000
Prepaid expenses	633	501
Total Current Assets	<u>74,338</u>	<u>149,979</u>
<b>Total Assets</b>	<u><u>\$ 74,338</u></u>	<u><u>\$ 149,979</u></u>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable	\$ 4,384	\$ 56,560
Due to affiliate	963,143	201,764
Deferred revenue	<u>3,400</u>	<u>9,000</u>
Total Current Liabilities	<u>970,927</u>	<u>267,324</u>
Net Assets:		
Accumulated deficit	(2,606,589)	(1,317,345)
Capital contributions	<u>1,710,000</u>	<u>1,200,000</u>
Engage deficit	<u>(896,589)</u>	<u>(117,345)</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 74,338</u></u>	<u><u>\$ 149,979</u></u>

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**ENGAGE**  
**STATEMENTS OF ACTIVITIES**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

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	<b>2024</b>	<b>2023</b>
Without Donor Restrictions:		
Consulting service	\$ 217,800	\$ 157,500
Operating expenses	<u>1,507,044</u>	<u>1,474,845</u>
Operating loss	<u>(1,289,244)</u>	<u>(1,317,345)</u>
 Net Loss	 (1,289,244)	 (1,317,345)
 Engage deficit, beginning of year	 (117,345)	 -
Capital contributions	<u>510,000</u>	<u>1,200,000</u>
Engage deficit, end of year	<u>\$ (896,589)</u>	<u>\$ (117,345)</u>

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# ENGAGE

## STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 173,444	\$ 448,858	\$ -	\$ 622,302
Employee benefits	12,420	27,760	-	40,180
Payroll taxes	5,930	13,255	-	19,185
Total Payroll Expenses	191,794	489,873	-	681,667
Non-Payroll Expenses:				
Advertising and promotion	900	-	-	900
Bank charges and credit card processing	-	4,083	-	4,083
Computer	-	18,091	-	18,091
Conferences	-	10,080	-	10,080
Miscellaneous	-	1,383	-	1,383
Postage, freight, and shipping	-	759	-	759
Printing	-	5,891	-	5,891
Professional services	614,329	95,226	-	709,555
Recruitment fees	-	76	-	76
Supplies and equipment	-	10,172	-	10,172
Training	-	1,473	-	1,473
Travel	31,457	31,457	-	62,914
Total Non-Payroll Expenses	646,686	178,691	-	825,377
Total Operating Expenses	\$ 838,480	\$ 668,564	\$ -	\$ 1,507,044

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**ENGAGE**  
**STATEMENT OF FUNCTIONAL EXPENSES**

*YEAR ENDED DECEMBER 31, 2023*

	Programs, Grants, and Scholarships	Supporting Services		Total
		Management and General	Fundraising and Development	
Payroll Expenses:				
Salaries and wages	\$ 80,379	\$ 385,545	\$ -	\$ 465,924
Employee benefits	4,794	13,451	-	18,245
Payroll taxes	5,894	16,539	-	22,433
Total Payroll Expenses	91,067	415,535	-	506,602
Non-Payroll Expenses:				
Bank charges and credit card processing	-	2,091	-	2,091
Computer	-	19,476	-	19,476
Conferences	-	10,536	-	10,536
Miscellaneous	-	6,645	-	6,645
Postage, freight, and shipping	-	334	-	334
Printing	-	1,160	-	1,160
Professional services	281,543	531,888	-	813,431
Supplies and equipment	-	5,572	-	5,572
Training	-	42,155	-	42,155
Travel	33,421	33,422	-	66,843
Total Non-Payroll Expenses	314,964	653,279	-	968,243
Total Operating Expenses	\$ 406,031	\$ 1,068,814	\$ -	\$ 1,474,845

See Report of Independent Auditor.

**ENGAGE**  
**STATEMENTS OF CASH FLOWS**

*YEARS ENDED DECEMBER 31, 2024 AND 2023*

	<u>2024</u>	<u>2023</u>
<b>Cash flows from operating activities:</b>		
Net loss	\$ (1,289,244)	\$ (1,317,345)
Adjustments to reconcile net loss to net cash flows from operating activities:		
Changes in operating assets and liabilities		
Accounts receivable	(8,700)	(18,000)
Prepaid expenses	(132)	(501)
Accounts payable	(52,176)	56,560
Due to affiliate	761,379	201,764
Deferred revenue	(5,600)	9,000
Net cash flows from operating activities	<u>(594,473)</u>	<u>(1,068,522)</u>
<b>Cash flows from investing activities:</b>		
Contributions from affiliate	<u>510,000</u>	<u>1,200,000</u>
Net change in cash and cash equivalents	(84,473)	131,478
Cash and cash equivalents, beginning of year	<u>131,478</u>	<u>-</u>
Cash and cash equivalents, end of year	<u><u>\$ 47,005</u></u>	<u><u>\$ 131,478</u></u>

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