CALL FOR NOMINATIONS
ATTENTION NHNA MEMBERS
(and ‘not yet’ members*)

Take an active role in shaping your Association!
Expand your leadership skills.
Run for a Board office or join one of our Commissions.
Election ballot being assembled—deadline Nov. 5, 2012
Complete and submit an INTENT to SERVE form found at
www.nhnurses.org

BOARD of DIRECTORS–positions on the ballot this year:

President Elect–performs duties as designated by the President and Board of Directors, and assumes the duties of the President as necessary. (One year plus commitment to serve as President & Past President for one yr each).

Board Secretary–records, maintains and disseminates accurate minutes of all Board and Executive Board meetings, and assures preservation of other Association documents. (Two year term).

“Recent Grad” Director at Large–participates in establishment and implementation of NHNA policies and position statements, and assumes responsibility for fiscal solvency of the Association. One of three ‘at large’ Director positions on the Board, this slot is designated for an RN within five years of licensure.

COMMISSION Opportunities: (two year terms)

CONTINUING EDUCATION: Review and grant ANCC approval for CE activities submitted by providers. Experience in nursing staff development and with ANCC procedures required.

GOVERNMENT AFFAIRS: Study health issues and recommend effective legislative action; evaluate other proposed legislation and recommend appropriate action to the NHNA Board. Assist with NHNA ‘Town Hall Forum’ and Health Policy Day activities.

NURSING PRACTICE: Develop programs & activities related to educational & delivery systems for practice; economics of practice & health care; rights and responsibilities of nurses; ANA Standards & Code for nurses. Develop ‘white papers’ and policy statements of the Association.

ORGANIZATIONAL & MEMBERSHIP AFFAIRS: develop and implement activities that promote and maintain organizational viability, quality programming, and growth and retention of membership.

NOTE: ELECTION WILL BE CONDUCTED ONLINE–MAKE SURE WE HAVE YOUR EMAIL ADDRESS! If you are not getting regular email notices, we probably don’t. Send that to office@nhnurses.org. Paper ballots will be available for members with no computer access.

*NHNA membership is required–another good reason to JOIN NOW. See page 19.

Please be sure to notify us with address changes/corrections. We have a very large list to keep updated. If the nurse listed no longer lives at this address–please notify us to discontinue delivery. Thank You!

Please call (603) 225-3783 or email to office@nhnurses.org with Nursing News in the subject line.
In each of the previous issues of Nursing News I have highlighted, and emphasized the importance, relevance and certainty of change. Now, full in the air and days getting shorter we’re moving closer toward the end of 2012. We begin to look back and take stock of what has occurred, what the impact of those changes are (and continue to be), and where we are headed as a result. At times it may feel like we are falling backward but, in actuality, we are moving forward. Nothing could be more exciting—daunting perhaps, but no less exciting.

This past June four association members, including myself, represented American nurses in what was the last and final American Nurses Association (ANA) House of Delegates (HOD) held in National Harbor, Maryland. The original purpose of the bi-annual HOD was to be the official governing, decision making, and voting body of the ANA. This long standing, traditional model had become cumbersome, inefficient and time consuming. It had served its purpose but was no longer relevant in keeping pace with what is necessary to effectuate more critical, sustainable changes within the organization and the profession of nursing. It was at this historic meeting that the ANA HOD deliberately, systematically and thoughtfully—after much preparation, discussion and deliberation—voted to retire the HOD. In its place will be a more streamlined, more transformative and more efficient Membership Assembly and Professional Issues Panels—ad hoc panels made up of volunteer experts in a subject specific field.

Other changes voted and passed on by the HOD included the elimination of the Congress on Nursing Practice and the Constituency Assembly, the reduction in size of the ANA board of directors, and major changes to some of the existing By-laws. At the conclusion of the HOD, and the re-election of Karen Daley as ANA’s president, there was both relief and enthusiasm; enthusiasm for what will lead our state, our nation and even our association. Each one of us must ask these questions. Each one of us, all 20,000+ nurses in NH, must ask these questions. And so it is I ask you, “Where do you see yourself in four years, ten years or further down the road?” Will the existing or new administration make it easier or more difficult for us to deliver safe, affordable, quality care to the patients we serve? Will we have the power to influence policy changes, strengthen our nursing education re-design, or practice nursing to the fullest extent of our training and licensure in New Hampshire? And, most importantly, who is going to make those decisions and will we be able to live with those decisions and remain strong as a profession?

Each one of us, all 20,000+ nurses in NH, must ask these questions. Each one of us must make a decision on who will lead our state, our nation and even our association. We have the choice. We can be a passive, cool on-looker, or we can actively participate and engage in the process. Whatever level you choose, make it count. As for me, I am a Registered Voter. I am a Registered Nurse.

Jane Leonard

Falling Backward or Moving Forward—Where are We Headed?

Improved ways of meeting the needs of NH nurses while at the same time maintaining a primary focus on continuously strengthening our membership—a challenge we hope to remedy with a more effective, efficient and focused governance strategy. Currently, work is being done within NHNA to implement strategically sound approaches in reviewing our existing By-Laws. This task may require revisions in language to reflect more current, contemporary processes. It may require amending certain By-laws that need expanding. It may mean eliminating By-Laws that no longer have effective relevance as to who we are today, or where we are going tomorrow. We look to reduce the size of our own board of directors and hope to implement more topic focused workgroups and councils that will be designed, implemented, and evaluated the projects and activities we hope to provide our members. We also aim to better utilize improved technology resources in supporting communication, education programs, and in how we conduct our operational business practices.

As a nation, we are poised to make some very significant decisions this November. It’s an election year. By the time this Nursing News is delivered to you, there will have been numerous Town Hall meetings, canvassing across states, political ads inundating the airwaves, and frequent, repetitious phone calls soliciting poll data and recruiting volunteers. Regardless of your stance on politics, or your party allegiance, (or aversion), it’s time again to elect state and national representatives. It’s time to vote. It’s time to consider (or reconsider) who you are as a nurse and why you’ve chosen this exceptional profession. It’s time to take a good hard look at where nursing and healthcare is in our state and our nation. As Marla Weston, CEO of ANA, emphatically stated at the June HOD, “When nurses talk Washington listens.” Ms. Weston further emphasized that, “ANA must continue to share a vision with all nurses in our nation. Where we will lead and will work toward common goals. We will move quicker and respond briskly with calculated risks to see a common goal. ANA and the state associations will speak with one united voice for all the nurses across the country.” Will your voice be included?

And so it is we ask you, “Where do you see yourself in four years, ten years or further down the road?” Will the existing or new administration make it easier or more difficult for us to deliver safe, affordable, quality care to the patients we serve? Will we have the power to influence policy changes, strengthen our nursing education re-design, or practice nursing to the fullest extent of our training and licensure in New Hampshire? And, most importantly, who is going to make those decisions and will we be able to live with those decisions and remain strong as a profession?

Each one of us, all 20,000+ nurses in NH, must ask these questions. Each one of us must make a decision on who will lead our state, our nation and even our association. We have the choice. We can be a passive, cool on-looker, or we can actively participate and engage in the process. Whatever level you choose, make it count. As for me, I am a Registered Voter. I am a Registered Nurse.

The Nurses’ Health Studies (NHS) are among the largest and longest-running investigations of factors that influence women’s health. Started in 1976 and expanded in 1989, the information provided by 238,000 dedicated nurse-participants has led to many new insights on health and disease. While the prevention of cancer is still a primary focus, the study has also produced landmark data on cardiovascular disease, diabetes and many other conditions. Most important, these studies have shown that diet, physical activity and other lifestyle factors can promote better health.

The NHS is recruiting 100,000 female nurses and student nurses who are 20–46 years old in the US and Canada for the next generation of NHS.

Be part of the world-famous Nurses’ Health Study and contribute to groundbreaking research on lifestyle, environment, nurses’ worklife, and health by giving one hour of your time online a year.

Go to: http://www.nhss3.org/ for additional information and the application process. Become a part of the next generation of NHS. Please join!

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Cultivate the transformative power of nursing

Adopted 10-20-2010.

MISSION STATEMENT

NHNA, as a constituent member of the American Nurses Association, exists to promote the practice, development and well being of NH nurses through education, empowerment and healthcare advocacy.

Adopted 10-20-2010.

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Legislative Activism: Walk the Talk!

Sue Fetzer, PhD, RN

The legislative process, to many individuals, is just plain boring, and sometimes frustrating. For many nurses politics and the political process is something to check off the to-do list every two or four years. By doing so we show our children, spouse and families we are good citizens. But as a professional, working in healthcare, politics and the Legislature plays a huge role in how you practice nursing day to day. It plays an important part in your pocketbook and your way of life.

Becoming active in the political arena is not as boring or a difficult as you may think. Nor does it require a huge commitment of time, a precious commodity for us all. Often we hear “I am not interested in politics” or “You do it, they are all crooks so why bother.” Or even more often, “I don’t know what to do, so why bother.”

As nurses, the issue is not whether you are interested in politics, but whether you care about how you are able to practice, whether there is sufficient funding to educate future nurses, whether a license should be required for patient care. And what about access to care? How many times do you care for people who are sick and in the hospital because they could not afford preventive services or medications that would keep them healthy? Many of these decisions regarding such crucial issues are made by your legislators who may or may not be educated on nursing and nursing-related issues.

Intimidation often makes us hesitate to take the first step. Remember that nurses are the most trusted profession and everyone listens to a nurse...... if intimidation get in your way. Remember that nurses are the largest group of healthcare professionals in the country, we just do not realize the voice from are those that oppose nurses, you may have just lost the right to practice. Nurses are the largest group of healthcare professionals in the country, we just do not realize the voice we have, or the power in that voice.

The second step is to visit your legislator face-to-face. Take a nursing colleague with you to the state house. If you have never been, ask for a tour and visit the house chambers, the senate chambers and the legislative office building where many of the committee meetings are held. All the elected representatives wear badges, introduce yourself and say, “I am a nurse and I am interested in health care issues especially.” Offer to be a resource and provide information on a current bill, remember house members have no aids or assistants. If the legislator is a freshman, they will be interested in knowing about the New Hampshire Nurses Association and is legislative agenda.

Legislators cannot make the right decisions if they do not have the knowledge of how certain legislation can impact your patients, your families and you as a a nursing professional. If a particular piece of legislation affects nursing practice and the only group of people the legislators hear from are those that oppose nurses, you may have just lost the right to practice. Nurses are the most trusted profession in the country, we just do not realize the voice we have, or the power in that voice.

Once you have overcome the intimidation, it is time to decide how much time you have to devote to the political process. Volunteers are crucial to a citizen campaigning for office. They rarely have money to employ staff. You can get involved by walking a district with a candidate door to door. Even one weekday or weekend day is appreciated. Some volunteers stuff envelopes, some man telephone banks with a provided script. Place a yard sign in your yard, and ask your friends and neighbors for their support. Offer to take a few hours one day to drive around and place signs in yards of people who have asked for them. Offer to host a “House Party” where the candidates can “meet and greet” your neighbors and friends. Of course donations are important to a campaign, no matter how small. Any donation you can afford goes toward buying something to help the campaign.

Commit to becoming involved this political season. Don’t let intimidation get in your way. Remember that nurses are the most trusted profession and everyone listens to a nurse…… if they just start talking.

Pursue those three big letters that come after your name.

BSN and MSN

As a RN, you can advance your education online and work towards advancing your career.

Online options include: RN to BSN Option, RN-BSN to MSN Option and Master of Science in Nursing (MSN) Degree Program. Chamberlain College of Nursing offers a proven model with advanced degree program options to take you to the next step. Keep moving forward.

Be a Chamberlain Nurse.

Florence Nightingale Pledge

This modified “Hippocratic Oath” was composed in 1893 by Mrs. Lystra E. Gretter and a Committee for the Farrand Training School for Nurses, Detroit, Michigan. It was called the Florence Nightingale Pledge as a token of esteem for the founder of modern nursing. This pledge, typically recited at nurse pinning ceremonies across the U.S., is reprinted here in honor of National Nurses Week.

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.
Who Has What It Takes To Be A Nurse?

What do you want to be when you grow up? This summer, 75 campers have had the opportunity to decide whether nursing is the career for them. The Southern NH Area Health Education Center (SNH AHEC) has coordinated 5 Nursing Quest Summer Camps this summer. “The AHEC’s goal is to increase student awareness of nursing as a career opportunity as well as to build the diversity of the health career pipeline” stated Paula Smith, AHEC Director. Five camps were offered this year four of which are geared to students either entering or leaving the 8th grade and one camp targeting 9th and 10th graders.

The AHEC partnered with nursing programs to host the campers. The first camp week, Manchester Community College hosted the camp three times this summer, offering the 8th grade camp from July 9-13 and July 16-20 and then the 9th grade camp from July 30-August 3. Nashua campers participated at the camp at Nashua Community College from July 23-27 with NH Technical Institute finishing up the summer from August 13-17. Programs are lead by nursing faculty at each institution and are supplemented with camp counselors who are nursing students at the schools.

Each five-day session was conducted from 8:30-3:30. Mornings were devoted to hand-on experiences in the nursing lab and the classroom where campers learned basic nursing skills including vital signs, wound care, CPR and patient care techniques. Afternoons, the campers were exposed to various health care institutions by participating in field trips in each community. Field trip partners add a rich dimension to the camps and included Elliot Hospital, Catholic Medical Center, Dartmouth Hitchcock Manchester, the VA Nursing Home, Concord Hospital, Coppola Physical Therapy, Pleasant View Nursing Home and Rockingham Ambulance. 9th grade campers got a special treat to be able to visit the Medical Examiner’s Office.

Students completed daily evaluations of camp activities and parents filled out parent surveys at the end of the week. Students expressed “The activity that I liked the most was the Nursing Olympics because we did about everything we learned the whole entire week and put it into a game.” “My favorite activity was the CPR because I used to be scared of someone dying by choking and I would have no clue what to do, but now I do.” I liked the stress balls because it will help me with my stress” One parent responded “The fact that they went to hospitals and met real people, both patients and employees was a great idea. The bus was a huge help to working parents.” “My daughter came home every night with great stories and a great excitement for the medical field!”

The camps were funded by a grant from the Endowment for Health in partnership with the Robert Wood Johnson Foundation as part of the Partners in Nursing’s Future Program which strives to increase the diversity of NH’s nursing workforce. Hopefully a number of the campers will decide that they do have what it takes to be a nurse. For further information, contact Paula Smith at 603-895-1514.
Many people think that tuberculosis (TB) is a disease of the past—a dramatic affliction (a.k.a. Consumption) once renowned to well-known poets, artists, and composers of the 18th and 19th centuries. Still others, according to the Centers for Disease Control and Prevention (CDC), think TB is an illness that no longer threatens us because the United States is currently experiencing a decline in cases. Yet, despite this downturn, TB continues to persist with an estimated 9 million to 14 million persons in the U.S. with latent tuberculosis infection (LTBI) (CDC). A latent TB infection is the presence of Mycobacterium Tuberculosis in the body without signs and symptoms, or radiographic evidence of the disease. Without treatment, approximately 5–10% of persons with LTBI will progress to TB disease at some point in their lifetime (CDC).

Targeted testing is an essential TB prevention and control strategy which involves identifying and treating persons with LTBI who are at highest risk for progressing to TB disease, and therefore would benefit from treatment (CDC). The Mantoux test is the recommended tuberculosis skin test (TST) in the U.S. It is a skin test that produces a delayed-type hypersensitivity reaction in persons with a M. tuberculosis infection. Administering, reading and interpreting the TST is a critical nursing responsibility. Nurses play a key role in TB elimination because of their access to high-risk targeted populations.

The TST is administered by injecting 0.1 ml of 5 tuberculin unit (TU) of PPD antigen solution intradermally into the volar surface of the forearm using a 27-gauge needle with a tuberculin syringe. Proper administration and interpretation of the TST requires attention to Key Points.

Key Points on PPD Storage and Handling
- • Purified protein derivative (PPD) solution must be kept refrigerated at 30–40°F. Avoid fluctuations in temperature. Do not use the refrigerator door.
- • Syringes must be filled immediately prior to administration.
- • Avoid exposing the PPD solution to light; store and handle the PPD in the dark as much as possible.
- • PPD solution should not be stored with other vials, such as Tdap, that could be mistaken for PPD.

Key Points for Pre-Administration Assessment
- • Obtain results of all previous TST
- • If the patient has documented evidence of a previous TST result or treatment for TB disease PPD is not used.
- • Ask the patient to describe what the test area looked like 48–72 hours (2–3 days) after administration. Avoid areas of skin with veins, rashes, or excess hair.

Key Points for Administration
- • Select a site which is free of obvious skin veins, rashes or excess hair (usually the volar surface of the forearm).
- • Cleanse the site with alcohol swab, allow area to dry.
- • Inject all antigen just below the surface of the skin with a 27 gauge needle using a tuberculin syringe. Proper administration and interpretation of the TST requires attention to Key Points.

Key Points on Key Points for Measurement
- • Measure the induration (hard bump) rather than erythema. Palpate area with fingertips, measuring the diameter of induration perpendicular to the long axis of the arm.
- • Use ballpoint pen to mark edges of induration.
- • Use a tuberculin skin testing ruler or ruler with millimeters to measure the distance between the two points. If an induration falls between two (2) divisions of the scale, take the lower reading.

Key Points on Key Points for Documentation
- • Document date TST was administered.
- • Record the brand name of the PPD solution, lot number, manufacturer, and expiration date.
- • If a reaction has occurred, record in millimeters of induration. Do not use the word “positive.”
- • If no reaction has occurred, document the size as 0 millimeters. Do not use the word “negative.”
- • A TST that was not measured and recorded in millimeters of induration must be repeated.
- • Record date and time of reading and name of person reading TST.
- • Only a trained healthcare professional measures and interprets the TST. Patients or family members should never measure TST results.

Key Points in Interpreting Results
- • Interpretation of the TST result is the same for persons who have had BCG vaccination.
- • Negative reactions can be read accurately for only 72 hours.
- • Positive TST reactions can be measured accurately for up to 7 days.
- • A negative TST has no induration.
- • A positive TST is indicated by induration (hard, dense, raised area) of skin around injection site of:
  - Greater than or equal to 15 mm of induration
  - Greater than or equal to 10 mm of induration in
    - HIV-infected persons
    - Recent contacts of a person with infectious TB disease
    - Persons with fibrotic changes on chest radiograph consistent with prior TB
    - Organ transplant recipients
    - Persons who are immunosuppressed for other reasons (e.g., taking equivalent of >15 mg/day of prednisone or >10 mg/day of cyclosporines or more or those taking TNF-a antagonists)
  - Greater than or equal to 5 mm of induration in
    - Current immigrants (within last 5 years) from high-prevalence countries
    - Injection drug users
    - Residents or employees of high-risk congregate settings (e.g., long-term care facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with AIDS, and homeless shelters)
    - Mycobacteriology laboratory personnel
    - Persons with clinical conditions previously mentioned
    - Children younger than 4 years of age
    - Infants, children, or adolescents exposed to adults at high risk for TB disease

Key Points concerning Two-step Testing
- • Two-step testing is a strategy to determine the difference between boosted reactions and reactions due to recent infection with TB.
  - If 1st test is positive, consider the patient infected
  - If 1st test is negative, give 2nd test between 1-3 weeks later
  - If 2nd test is positive, consider the patient infected
  - If 2nd test is negative, consider the patient uninfected
- • The two-step test is used for initial baseline skin testing of adults who will be restested periodically (e.g., nurses, LNAs).

References
Erin Houlihan, MSN, RN recently received her master's degree from the University of New Hampshire with a focus on infection prevention evidence based practice. She is currently practicing in the Infection Prevention Department at Exeter Hospital.
ANA Joins Forces with First Lady and Dr. Biden to Meet the Health Needs of Veterans and Military Families

Silver Spring, MD – First Lady Michelle Obama and Dr. Jill Biden have announced a commitment from nurses across the country to care for our nation’s veterans and military families as well as they have served us. The American Nurses Association (ANA), in coordination with the Department of Veterans Affairs (VA) and Defense, is co-leading a broad, coordinated effort of more than 500 nursing schools to ensure our nation’s 3.1 million nurses can better meet the unique health needs of service members, veterans, and their families. Nurses are at the center of providing lifesaving care in communities across the country—and their reach is particularly important because our veterans don’t always seek care through the VA system. Dr. Daley said, “This commitment is essential to ensuring our returning service men and women receive the care they deserve.”

ANA President Karen A. Daley, PhD, MPH, RN, FAAN, said, “The American Nurses Association is honored to participate in the White House’s Joining Forces Initiative. We are dedicated to addressing the specific health care needs of military service members, veterans, and their families. They sacrifice much for our country. In return, we owe them our professional expertise to help them with the traumas of deployment and the challenges of homeownership.”

“We seek to educate and prepare every nurse to recognize symptoms, provide care, and refer those with both visible and invisible wounds of war to get treatment,” Daley stated.

Post-traumatic stress disorder and traumatic brain injury symptoms have impacted approximately 1 in 6 of our troops returning from Afghanistan and Iraq—more than 300,000 veterans. Since 2000, more than 44,000 of those troops have suffered at least a moderate-grade traumatic brain injury. Health care professionals who have received extensive training in mental health issues often treat veterans seeking care within the VA system. But we owe it to our troops to ensure they receive the best care possible.

In addition, the organizations are encouraging nurses to take a personal pledge in support of Joining Forces. For more information and to access the pledge, go to http://www.anajoiningforces.org/

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.
During the HOD meeting, nurse delegates voted to:

“Finding solutions to unsafe nurse staffing conditions is a top priority for ANA,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “It is not acceptable to put patients at risk because of inadequate staffing. Research shows that higher levels of nurse staffing result in better patient outcomes, so our job is to make sufficient staffing a reality nationwide.”

In March, ANA updated its Principles for Nurse Staffing, strengthening the focus on the work environment and broadening it to include all nursing practice settings. The new board will be comprised of nurses whose specific areas of expertise are needed at a given time.

The workplace violence prevention measure notes that health care workplaces experience a disproportionate share of non-fatal violence. It requests the U.S. Occupational Safety and Health Administration (OSHA) to require employers to develop workplace violence prevention programs that would include employee involvement, risk assessment and surveillance; environmental, architectural, and security controls; and training and education. In ANA’s 2011 Health & Safety Survey, about one in 10 nurses said they had been physically assaulted in the past year, half had been threatened or verbally abused, and one-third ranked on-the-job assault as one of their three top safety concerns.

Bureau of Labor Statistics for 2009 showed that RNs reported more than 2,000 assaults and violent acts that required an average of four days away from work. The same year, the Emergency Nurses Association reported that more than 50 percent of emergency center nurses had experienced violence by patients on the job. Numerous states have enacted laws requiring employer-sponsored violence prevention programs; study of the issue and reporting of incidents; or strengthening legal penalties against perpetrators.

The delegates also approved a resolution to educate nurses about health risks associated with coal-fired power plants, coal excavation, oil and natural gas drilling, and hydraulic fracturing, and to enhance the role of nurses in advocating for healthier energy choices, including conservation and renewable energy sources. ANA will support activities that advance its goal of reducing and eliminating workplace violence against nurses.

ANA is the only full-service professional organization representing the interests of the nation’s 3.4 million RNs, through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. Please visit www.nursingworld.org for more information.

Changes aimed at streamlining governance and enhancing policy development

“Applying the wisdom and leadership of the House,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN, who was elected to her second term during the meeting. “The transformational changes approved by the House demonstrate the strong commitment of a broad coalition of nurses that more nurses need to be involved in setting membership structure from the 1982-adopted federated structure to more quickly address pressing issues and better meet the needs of nurses. These decisions represent significant change in the association’s governance structure.

During the HOD sessions held on June 15 and 16 in National Harbor, Md., about 450 voting delegates approved ANA’s constituent and state nurses associations (CSNAs) and Individual Member Division (IMD) approved several measures that reflect the association’s focus on updating its governance structure and processes. These measures are part of a larger and continuing effort to position ANA and its CSNAs to serve members and the profession at large. Changes will go into effect at various times.

National and state association leaders have been engaged in constructive conversations about how ANA’s policy development processes, clarify ANA’s purposes and functions, simplify governance, and revise ANA’s current membership model as well as how to better integrate state and national operations.

“I applaud the wisdom and leadership of the House,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN, who was elected to her second term during the meeting. “The transformational changes approved by the House demonstrate the strong commitment of a broad coalition of leaders who came together with unity of purpose and a focus on serving members and the profession,” she said.

“These changes are aimed at creating a preferred future for ANA and charting a new course that will make ANA a stronger advocate for registered nurses and create an organizational culture that is relevant and responsive to members,” said Daley.

During the HOD meeting, nurse delegates voted to:

• Move to a smaller Board of Directors: The Board of Directors will be composed of four Dow delegates, including four officers and five directors-at-large, one of whom will be a staff nurse and the other a recent nursing graduate. The new board will ensure that ANA can quickly address the emerging needs of ANA members, prospective members, and the nursing profession. This change will go into effect in 2014.

• Update ANA’s language to better reflect the purposes and functions of the national association: Delegates voted to approve new language in ANA governing bylaws that says the association will “advocate for workplace standards that foster safe patient care and support the profession.” This change, along with a modification to a reference about the “welfare” of nurses, updates language to better reflect ANA’s current broad programmatic work related to workplace standards and the advancement of nurses’ interests.

Nurse delegates also considered changing ANA’s membership structure from the 1982-adopted federated model, in which organizations, such as state nurses associations, are ANA’s “members” to a structure where individual nurses are the members. Delegates voted to refer this proposal back to the board for additional consideration and information gathering purposes. It is anticipated that the proposal would be brought to the Membership Assembly for consideration.
American Nurses Association

American Nurses Association
Partners with Capella University
to offer Leadership Webinars for Nurses as a Key Component of the
ANA Leadership Institute

The goal of ANA’s Leadership Institute is to enhance the leadership skills of nurses and encourage them to activate their leadership potential in health care, nursing organizations, and other sectors.

The series, which will provide continuing education (CE) credits, will give nurses the opportunity to step more fully into the role of leader as they:
• enhance personal leadership skills
• learn how to think strategically
• explore effective methods of leading and working with others
• understand leading with innovation

“It’s critical that nurses recognize—and embrace—their role as leaders,” said ANA Chief Executive Officer Marla J. Weston, PhD, RN. “Working at the first level of decision-making, nurses are uniquely positioned to evaluate the impact of policies, generate opportunities for quality improvement, provide innovative solutions, and mobilize others to meet new demands,” she said.

“Leadership training is imperative to help prepare nurses for the challenges they face now and in the future,” Weston added. “I say ‘now’ because leadership skills of nurses and encourage them to activate their leadership potential in health care, nursing organizations, and other sectors.

The series is available for all nurses and leaders of nurse organizations, with discounts for ANA members. Members of the American Nurses Association are also eligible for reduced tuition at Capella as part of the ANA’s education alliance with the online university. In addition, ANA members who enroll at Capella by November 2012 are eligible for a $3,000 tuition grant.

For information on ANA’s partnership with Capella University, visit www.capella.edu/ANA.

Frisbie Appoints New Nursing Administrator

Amy Guilfoil Dumont, RN, BSN, MSN, has been appointed to the senior management position Vice President, Patient Care Services, of Frisbie Memorial Hospital. In this role, Dumont will assume management and administrative responsibilities for the hospital’s Medical/Surgical Unit; the Buhre Coronary Care Unit; the Center for Cancer Care; the Gastrointestinal Center for Women and Children’s Health; the Emergency Department; Surgical Services; Infection Prevention and Care Management.

Guilfoil Dumont received a Bachelor of Science degree in Nursing from Saint Anselm College and a MSEN from Salem State College in Massachusetts. Prior to accepting the administrative position she was a staff nurse in Surgical Intensive Care at NE Deaconess Hospital for six years, a Critical Care Clinical Nurse Specialist at Lowell General Hospital for four years, and Director of Cardiovascular and Women’s Health Services at St. Joseph Hospital in Nashua, N.H. for eight years. Most recently, she was VP, Clinical Support Services and Innovation at Elliot Health System in Manchester, N.H.

The Trials And Tribulation Of A New Nurse

Liz Every Cook, RN

A brand new nurse has good intentions. Her purpose in life is clear. She’ll treat each patient with compassion and love and keep their fear. She knows what to do. She learned it in school, but the rules don’t always apply. Such as nobody told her how hard it would be to watch her patient die. Or try to explain to the loved ones, they’d do everything they could.

“I’m so sorry for your loss” doesn’t sound like enough, but what words really would? So she reaches for their hand, gives a hug, says a prayer…that God will grant them peace. Then she fills out the papers and goes back to work, so the body can be released.

The patient down the hall is calling her names and throwing things at the wall, As tears well up and she’s ready to quit, to run away into the hall, But she pulls herself together and goes back to work…

She knows the patient hurts, and doesn’t mean to be a jerk. It’s hard to be patient, gentle, and kind when someone is so angry. She needs time. For just a few more hours to see his needs. She then can go home, quite gladly! “Don’t take it personally,” the older nurses say. “If you can’t take their abuse, then you can’t be a nurse.”

“Let it roll off and let it go, or as a nurse you’ll never survive.”

She calls a Doctor in the middle of the night, waking him from a deep sleep, His reaction’s not kind… he gives her a piece of his mind…Woo…what a creep! Then she hears a patient call her name, so she hurries to see what’s the matter And arrives just in time to witness the fall… as he hits the floor with a clatter. “Oh, my God,” she says to herself. “Why is this happening to me?”

“I didn’t want to bother you,” the patient said… but I really needed to pee!”

“I’m OK, don’t you worry…I was just in a hurry and forgot I wasn’t at home.”

Another call to the Doc, and an incident report… and now he won’t answer his phone! Mr. Bee from his room on 2C streaks down the hall… naked as the day he was born.

Stuffed his clothes in a sack, threw it over his back, the poor man looks so forlorn. He’s sleepy and has made him so confused that he thinks he’s the Martians coming. So ready for war he heads for the door . . .

She calls off the war for tonight, she says… steering him back to his room.

He nods and underdresses, crawls into bed, “I’ll just rest ’til the sun rises.” But by morning he should be clear as a bell, but a note will be put on his chart To hold the sleeper from now on to protect his poor mind, bless his heart.

What a night it’s been. Everything’s gone wrong and she just wants to crawl into bed. But sleep won’t come; she’s wound tight as a drum… pulling the covers over her head. As she drifts off to sleep her dreams are filled with the sound of shrill screams. And old Mr. Bee, the man on 2C, is biting her on the arm. A feeding tube is on the floor, not at all where it’s supposed to be. She’ll have to replace it before her shift ends.

Two hands aren’t enough, she needs three. When she opens the door, she slips on the floor on something slimy and green. The odor’s unreal and she stiffs a gag as she gathers supplies to clean. The alarm by the bed says it’s almost noon… what has gone off so soon?

Tired to the bone, she just wants to stay home… and tonight there’s a full moon! “I’ll try one more night,” she tells herself “before I quit this job.”

“Nursing’s too hard, it’s not what I thought,” as her head begins to thro. I only wanted to help… to ease their pain. But people who work with pain must be insane! Then a patient looks up and smiles at her, thanking her for her great care. And she knows in her heart she made the right choice … there’s reason she is here.

The work is hard, the hours are long, week-ends and holidays she’ll work. But she gives of herself and seldom complains knowing nursing has its own perks. But while nursing aren’t glamorous like on movies and TV shows, She’s doing God’s work to heal the sick. She’s where she belongs…this she knows.

Nurse is Pivotal to Childbirth Education

The success of Frisbie Memorial’s Birthcare Education Program can be attributed to the steadfast efforts of Sarge Dillon, RN, BSN. Ms. Dillon is the Hospital’s Lactation Consultant, Birthcare class instructor, who is also certified in HypnoBirthing, where a laboring mom will use techniques which enhance the natural childbirth experience, eliminating or greatly reducing the need for pain medication, while creating a more relaxed state of mind.

Much is known of the health benefits of breastfeeding, including the fact that moms who breastfeed, even for a brief period of time, can boost a baby’s immune system, minimizing a child’s risk of developing recurring infections or colds down the road. But it’s the first-hand mom testimonials where you hear of the immediate benefits of breastfeeding. According to Hilary, who had a very premature baby, breastfed her four-month old daughter, Amel, “I had a great experience breastfeeding Sophie, but had a little more difficulty with Amelia. With Sarge’s help and ongoing support, I was able to successfully nurse Amelia.”

Adding, “I love nursing her. It’s important for us to do this; you can’t give up trying.”

According to Tanya, who used HypnoBirthing techniques to deliver her three sons, now age ten, five and three, “HypnoBirthing brought me, my husband and Blake (now ten years old) together. It created the foundation for which we chose to embrace a healthier lifestyle, including breastfeeding my other two sons and, as a family, learning more about a homeopathic approach to living.” What’s more, Tanya adds, “I believe breastfeeding has played a huge role in the children’s health; they have rarely been sick.”

According to new mom Jodi, “Though I was having some difficulty with breastfeeding, persistence was the key to continue to successfully breastfeed my daughter, Ava.” Jodi was grateful to have Sarge Dillon available at “any time” to provide assistance and support. As Jodi states, “Sarge is amazing!”

Frisbie Memorial Hospital offers free Breastfeeding Hands-On classes throughout the year for expectant parents. After giving birth, new moms have access to follow-up telephone consultation for support and are encouraged to attend weekly Newborn and Baby Gathering.

World Breastfeeding Week is celebrated from August 1-7 each year by 170 countries. This year’s theme, “Understanding the Past–Planning the Future,” focused on the past 20 years of breastfeeding promotion while looking towards the future to identify ways to support women so that they can continue to optimally feed and care for their infants.
The University of New Hampshire announced that they intend to begin a doctoral program in nursing beginning January 2013. According to Dr. Gene Harkless, Department Chair, the Doctor of Nursing Practice (DNP) degree will “prepare clinically focused advanced practice nurses who are capable of translating knowledge into the clinical setting. DNP prepared practitioners will address the multiple weaknesses in the current health care systems through roles as leaders, educators and agents of change.” The curriculum is an executive model with students meeting occasionally face to face, the use of January and summer intensive experiences and on-line coursework. The 10 courses and four doctoral seminars will require two and a half years of part time study.

Of the three million nurses in the United States, less than 1% has any type of doctoral degree. While there are over 1,200 licensed Master’s prepared advanced practice nurses (nurse practitioners, nurse midwives and nurse anesthetists) in New Hampshire there is no state data on the exact number of nurses who hold Doctoral degrees. It has been estimated that of the approximately 20,000 nurses in New Hampshire, the number of doctorally prepared nurses is less than 0.2%. According to Harkless “the lack of doctorally prepared faculty available to translate knowledge into practice is profound. Specifically, the lack of doctorally prepared advanced practice nurses available to mentor the next generation of advanced practice nurses is an undeniable concern.” Harkless explained that a panel of external consultants will be reviewing the curriculum in September and it is anticipated that the first group of students will be admitted for classes starting in January. “Our strong nurse practitioner program and clinical nurse leader program faculty provide us with a solid foundation to offer the first doctoral program in nursing in New Hampshire” remarked Harkless.

What’s next in your nursing career?

Create your next big opportunity with the new RN to BSN program!

If you’re a licensed RN, you have already built a foundation to achieve a Bachelor of Science degree in nursing through Granite State College’s RN to BSN program*. With flexible blended courses that combine traditional and online learning, and a location right on the campus of Nashua Community College, students are given the convenient support they need to turn their RN into a BSN.

*Please visit www.granite.edu/nursing for more information.
INSTRUCTOR: Karen Tollick RN, BSN, MSN-C
Clinical Development Educator, Southern NH Medical Center
Ms. Tollick has been in nursing for 34 years - in England and the U.S. - gaining a wealth of experience in ICU, PACU, Orthopedics and Emergency medicine. Karen has been educating nurses for 20 of those years in staff development and clinical faculty capacities - including teaching both critical care and MS prep courses at SNHMC. She has also taught for AWHONN, AACN and through St. Anselm’s College of Continuing Education.
Karen’s teaching style is creative, enlightening and entertaining.
You will leave recharged and ready to become certified!

AGENDA
Day 1
8:00 A.M TO 4:30 P.M.
Cardiovascular
Endocrine
Heme / Immune
Professional Caring &
Ethical Practice
Multisystem Issues
Synergy Model

AGENDA
Day 2
8:00 A.M TO 4:30 P.M.
Pulmonary
Neurological
Renal
Gastrointestinal
Behavioral / Psychosocial
Test Blueprint
Q & A
Evaluation

New Hampshire Nurses Association is an approved provider of continuing nursing education by ANA-MAINE, an accredited approver by the American Nurse’s Credentialing Center’s Commission on Accreditation.
14 Contact Hours. Note: CNE credit cannot be granted for those already certified in Critical Care Nursing or taking this purely as a refresher course.
October, November, December 2012

2012 Nursing Awards Banquet:

CELEBRATION & TRANSFORMATION
Thursday, October 18th  6:00 pm Holiday Inn - Concord
(Following the NHNA Annual Member Meeting at 5:00 p.m.)

LAST CALL - REGISTER NOW AT www.NHNurses.org

This event is meant to recognize not just individual award winners, but the nursing profession itself - as the backbone of our nation's healthcare system. Come celebrate with colleagues - and learn about what's on the horizon to transform nursing.

Awards to be conveyed:

DIRECT CARE NURSE of the YEAR    PROFESSION ADVANCEMENT
CHAMPION of NURSING    &    SPECIAL PRESIDENTS’ AWARDS

Special guest speakers: (Continuing Nursing Education credit available *)

Rose Gonzalez, PhD, MPS, RN - Director, Government Affairs, American Nurses Association will discuss the Affordable Care Act relative to its impact on the nursing profession. What will ACA mean to you as an RN or APRN? Join us to find out!

Andrea Brassard, DNsC, MPH, FNP - Senior Strategic Policy Advisor - Center to Champion Nursing in America at AARP - will explain how "Action Coalitions" nationwide (including NH) are working to implement the recommendations of the IOM report to transform healthcare through nursing.

NHNA Members   $45
Non members:   $55
Table of eight   $400
Student Nurse
Assoc. Members   $40

Introduction to:  
CREATING POSITIVE WORKPLACES
November 15, 2012
5:00 - 6:30 p.m.
1.5 CE hours *
With Beth Boynton RN, MS
Author of Confident Voices

Beth Boynton is an organizational development consultant, author and national speaker specializing in communication, conflict, leadership and teambuilding issues in healthcare. She has held Adjunct Faculty positions with Antioch University, New England College and McIntosh College and Contributing Faculty for University of Florida. Course topics include: leadership, organizational communication, human resource issues in healthcare, and workplace violence in nursing.

* The NH Nurses Association is an approved provider of continuing nursing education by ANA-MAINE, an accredited approver by the American Nurse's Credentialing Center's Commission on Accreditation.

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Are you a nurse who looks forward to going to work every day, or one who would like to? Nursing is an extraordinarily stressful profession that challenges us intellectually, physically, and emotionally. Every shift, sometimes every minute! Our organizational cultures and workplace relationships can make critical differences in patient safety, patient experience, and staff morale. In this interactive workshop, we will explore the characteristics of healthy vs. unhealthy workplace environments and begin to discover and use the power nurses have to create positive workplaces.

PRIMARY SITE: NH State Hospital - Concord
Also available at interactive video sites around NH: Laconia, Lebanon, Littleton and Keene.
Just $15 for NHNA members; $20 for non-members.
Register at www.NHNurses.org by Nov. 1 or call 225-3783
In a ceremony at Berlin High School, Christopher Guilhou, the consul general of France, bestowed his country's highest honor on the 92-year old veteran. Established in 1802 by Emperor Napoleon Bonaparte, Guilhou said the honor is exclusively awarded for cases of exemplary military and civilian service. “In spite of constant exposure to bombing and artillery shooting, horrendous weather conditions and supply shortages, she and her colleagues demonstrated extraordinary courage and bravery throughout their medical mission. They were truly devoted to their duties and to their patients,” he said. Guilhou said she witnessed first hand the challenges, hardships, and dangers of being on the front line where she put her life on the line to take care of the wounded.

Kelly, 92, stated “I am most aware of the fact that many of those who have been called upon to make that ultimate sacrifice in the summer of 1944 and it is with them in mind that I accept this award.”

Kelli Converse, RN, recently earned the Patriot Awards from the National Guard and Reserve for her support of employees juggling military-service obligations with their patient-care responsibilities. Converse practices at Dartmouth Hitchcock Medical Center with Cynthia Freudenthal, RN, a night nurse in the neuroscience special-care unit. “I go away about six days a week, weekend a month, and in the service, we screw up our schedules all the time,” Freudenthal said. “This past summer, it ended up being a month’s commitment. I had to fly out on July 6, and I didn’t get my orders until the 2nd of July. But Kelli was awesome about it, at the last moment. She made the adjustments, and everybody else in the unit was great. I’ve been with this crowd of people since I was a nursing student. ‘They’re like family.’ Freudenthal, a lieutenant in the reserves, was deployed for 13 months to Iraq as a petroleum-supply specialist with combat lifesaver qualifications—during some of the fiercest fighting of the war.

Patricia Abrams, RN, who practices in the Special Services unit of Cheshire Medical Center in Keene was the recent recipient of the Presidents’ Service Excellence Award recognizing employees nominated by their co-workers as those who exemplify extraordinary service to others characterized by compassion, courtesy, and a positive team attitude.

Kathy Nikiforakis, RN, BSN, MBA, ACM, who practices as a Case Management Coordinator at Cheshire Medical Center in Keene received the Leadership Award recognizing employees who exhibit outstanding leadership qualities as demonstrated by excellence in caring, character, commitment, competence and communication.

Stacy Paquette, LNA, received the Home Care Nursing Assistant of the Year award. Paquette, an LNA for over 25 years works at the Live Free Healthy Care in New Hampton. In her nomination Jen Harvey, RN, clinical director noted “Her knowledge and experience are invaluable. She provides compassionate, respectful, and quality care to many patients and families. Her caring approach helps make her clients feel at ease. She also mentors new employees and provides tips to make the day go smoother for clients.”

As reported in our spring issue, New Hampshire was selected by the Center to Champion Nursing in America as an official Action Coalition. The NHAC and other coalitions around the country are charged with acting as the driving force to implement the recommendations of the landmark Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health.

The leadership team for the NHAC includes both nursing and supportive non-nursing partners.

**Nursing Leads:**
• The NH Organization of Nurse Leaders (NHONL) represents Linda J von Reyn, PhD, RN Chief Nursing Officer–Dartmouth Hitchcock Medical Center and Christine R. Hamill, RN, MSN, NEA-BC, CNL, current president.
• NHNA representatives: Jane Leonard, RN, BSN, MBA, current president, and Sandra McBournie, RN, BS, MEd.

**Nursing Champions:**
• Shawn LaFrance, Executive Director–Foundation for Healthy Communities (FHC)
• Kelly Clark, Executive Director, AARP–New Hampshire

The NHNA awards dinner on October 18th, (see page 11) will include keynote speaker, Andrea Brussard, DSNc, MPH, FNP, Senior Strategic Policy Advisor for the Center to Champion Nursing in America at AARP— to discuss the work of Action Coalitions nationwide and here in the Granite State.

The NHAC has established the following goals:

**Short-term:**
• Formalize Coalition leadership and membership structure with multi-stakeholders.
• Develop communication and action plans for IOM recommendations.
• Continue education redesign for seamless progression models, and expand work of the current competency group.

**Longer-term:**
• Advance nursing education and expand the percentage of BSN, MSN and doctoral prepared nurses in N.H.
• Strategize infrastructure for workforce data collection, implementing a minimum data set.
• Improve inter-professional practice through an integrated education, practice and research model.
• Enhance the role of APRN’s in New Hampshire.

In June, the steering committee, comprised of multi-level stakeholders best on act to expand the efforts. As a result, the following workgroups were formed:
• Academic Progression
• Data Collection and Analysis
• Inter-professional Education
• APRN Consensus Model
• Communication / Media

A few early accomplishments in brief:

• EDUCATION REDESIGN
• Prior to the official formation of the NHAC, an integral part of the Robert Wood Johnson Foundation PIN Cycle 4 grant included an education redesign committee that encompasses representatives from both ADN and BSN schools and nursing practice leaders from across the state. Several NH nursing programs partnered with clinical practice settings to develop new curriculum models for seamless progression from ADN to BSN. This Academic Progression workgroup will continue to address the expansion of education progression models and strategies to increase the supply of baccalaureate and doctoral prepared nurses in the state.

**INTERPROFESSIONAL EDUCATION**
• Another PIN grant established a tri-state collaborative on Inter-professional Education, including NH, Massachusetts and Rhode Island. The NH project team includes Dartmouth Medical School, Colby-Sawyer College School of Nursing, Dartmouth Hitchcock Medical Center and the NH Area Health Education Center. They are working to build on current inter professional education and practice activities including a RN shadowing elective for medical students, simulation scenarios, and a community health center learning experiences. The first of three conferences to share innovative ideas and best practices is scheduled for November 10th at Colby-Sawyer College.

**COMMUNICATIONS / MEDIA**
• NHAC co-lead Linda von Reyn joined a panel discussion on NH Public Radio discussing the evolving health care needs of Americans and what that means for nursing education. She talked about the Campaign for Action and the IOM’s call for an increase in the proportion of nurses with baccalaureate and higher degrees to 80 percent by 2020.
• NHONL, NHNA and the New England Alliance for Health have all conducted informational events on the IOM report. (For a copy of the abbreviated report, visit www.NHNurses.org).
• An NHAC web page has been developed for the Campaign site: www.campaignforaction.org

**DIVERSITY IN NURSING**
• The 2010 PIN grant 4 also established a related effort: the NH Nursing Diversity Pipeline Project, coordinated by the NH Endowment for Health with IOM in partnership with the NHAC and other stakeholders. The project has been promoting nursing as a potential career among minority youth and supporting the career advancement of practicing minority nurses through the pipeline to advanced degrees and faculty positions. See related articles in this issue on the NH Diversity Scholars Program and summer camps for potential nursing students.

The steering committee is excited to move these efforts forward. For more information on the NHAC and how you might become involved, see the web page above or email NHActionCoalition@gmail.com
If you responded like I did to the Hepatitis scenario that hit the New Hampshire seacoast this summer you likely had two reactions, one personal, the other professional. First, thank God I didn’t have surgery there in the past 2 years. And second, thank God it wasn’t a nurse. While my heart goes out to all of the patients, those who are Hep C positive as well as those who are not, I have also thought a lot about the circumstances. As an educator, I wondered how this complex, evolving story could be used to prepare better nurses in the future.

David Kwiatkowski is accused of stealing drugs and contaminated syringes with the same strain of Hepatitis C he carries. He previously worked at 18 hospitals in seven other states—Arizona, Georgia, Kansas, Maryland, Michigan, New York and Pennsylvania. It appears to have started in Pittsburg, after a few weeks into a temporary job in 2008 a co-worker accused him of lifting a syringe containing fentanyl from an operating room and sticking it down his pants. More syringes were found in his pockets and locker. A drug test showed he had fentanyl and other opiates in his system. When he swiped the fentanyl syringes, he left another one in its place. He was fired but no one called the police. In the next four years he was to work in at least 10 hospitals. A few hospitals reported him as fired as far as Arizona, where he was found in passed out in a hospital bathroom, and tested positive for cocaine and fentanyl.

Clearly, David is ill; his parents reported that he suffered from Crohn’s disease in addition to problems with alcoholism, anger and depression. He was arrested in a Massachusetts hospital where he had been brought in for an overdose, and apparently had left a suicide note. Hopefully, David will get the help he needs for his physical and mental illness; while the patients he infected are waiting.

But David was also the ultimate con artist. Staff that worked with him found him always willing to come in on a day off. He would come in early, and even when unassigned. And he was an “extremely good cardiac technician” according to the medical director of the catheterization lab. In my opinion, nursing was an accessory to his crimes.

An accessory to a crime includes anyone that helps the criminal in some way, such as providing the “means or opportunity”, or fails to report the crime to the authorities. While I believe it was not intentional, the report of the “no employee suspected him” according to the recent report “no employee suspected him of diverting medication from the hospital.” Why was he not suspected? Why wasn’t he reported? He was too nice? Too accommodating? Too charming? Nurses are experts at assessing patients’ behaviors and symptoms. It is our obligation to also assess the team members with whom we work.

Legislation will undoubtedly be proposed in the 2013 State of New Hampshire Legislature to “prevent” scenarios like David’s. Drug testing has been suggested for all health care workers. Certainly not a bad idea, but drug testing, like background testing, is only diagnostic on the day it is done. What is needed is a licensure act for ANY individual with the potential to provide direct patient care and contact. Even if a nurse had suspected David, her employer was not legally mandated to report a suspicion to any authority. Reporting by an employer brings the risk of loss; time, resources and potential poor publicity. Unlike nurses, who if terminated for suspected violation of the Nurse Practice Act, MUST be reported to the State Board of Nursing; David was immune. David is just one of a handful of health care providers that are not licensed and unreportable to any regulatory agency. Surgical techs, orthopedic techs and medical assistants are just a few. In my opinion, all of the providers that provide care must be licensed and directly reportable to a registered nurse.

Finally, all nurses need to revisit the Code of Ethics for Nurses (accessible at the ANA website: www.Nursingworld.org—enter Code of Ethics in the search boxes). There are nine provisions in the Code. Nurses working with David over the past four years violated at least four of the provisions. Nurses may be just as accountable as David. I hope we can all learn from these omissions of ethical responsibility. Workarounds must be identified and the causative problem solved. Impaired colleagues must be identified and reported. Nurses must support allied health care provider licensing legislation. David’s lesson to all of us must not go unheard.

If you are a Registered Nurse or Licensed Nursing Assistant, we need your input. Please contact Rhonda at: Living Innovations 60 West Road, Portsmouth, NH 03801 603-436-1586 Fax: 603-427-9133 rfish@livinginnovations.com

For more information, please contact Rhonda at: Living Innovations 60 West Road, Portsmouth, NH 03801 603-436-1586 Fax: 603-427-9133 rfish@livinginnovations.com

New Hampshire Nursing News • Page 13

NHNA Is Pleased To Take Part In The:

17th Annual Fall Conference
The Best Care Possible
Thursday, November 15, 2012
3–4 pm
Southeastern Regional Education Service Center (SERESC)
Bedford, NH

Announce Ira Byock, MD, DHMC, will be one of our Plenary Speakers, with reference to his latest book, The Best Care Possible, A PHYSICIAN’S QUEST TO TRANSFORM CARE THROUGH THE END OF LIFE. “Dr. Byock explains that to ensure the best possible care for those we love—and eventually ourselves—we must not remake our healthcare system, we must also move past our cultural aversion to talking about dying and acknowledge the fact of mortality once and for all. In so doing, we can live emotionally authentic, healthier, and more joyful lives.”

Brochures with a list of additional speakers and topics will be available in August and can be found on the www.nhna.org website.

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Confident Voices

Beth Boynton and Bonnie Kerrick
CreateSpace, On Demand Publishing LLC
Paperback, 197 pages

Confident Voices is written for every nurse. You don’t have to be a nurse long to experience toxic work situations or disrespectful work relationships. Perhaps you can relate to two of my personal examples: My first encounter of toxic work was as a first-year graduate, it was 6:30pm on a Saturday evening in the ICU and I stood in the middle to two of my personal examples: My first encounter of toxic work was as a first-year graduate, it was 6:30pm on a Saturday evening in the ICU and I stood in the middle of a nurse that was definitively in his best favor (and to the detriment of all others). I tried to do something about it this time, but…

Should I speak of these things in such a public setting? In writing this article I debated about how open to be with my personal experiences of workplace toxicity, and then I asked myself why I would feel that way. Is there personal shame in being the victim (survivor) of such experiences? Does it make me a less-than-perfect nurse? Am I alone in these experiences? Surely not.

These issues are so endemic in our profession that I don’t even need to give the above examples or ask you to answer the question posed above. We have all been there; situations of aggression or of toxicity that are enough to stop you in your tracks and say “Really? And this is what I became a nurse for?”

Confident Voices is a landmark book in the honest clarity that it brings to the issues of workplace toxicity and violence. Because of the clear layout and the logical structure it is a book that has value to every nurse, novice and veteran alike. This is an empowering book for every nurse; a book that not only will make us stronger individuals, but also strengthen our profession by raising the collegial bar. New nurse or nurse leader, the sad truth is that despite mandates from The Joint Commission to structure it is a book that has value to every nurse, novice and veteran alike. This is an empowering book for every nurse; a book that not only will make us stronger individuals, but also strengthen our profession by raising the collegial bar. New nurse or nurse leader, the sad truth is that despite mandates from The Joint Commission workplace violence still exists, and we have to deal with it. Confident Voices provides a clear and structured path to make meaningful change.

Confident Voices is written for every nurse, as it is every nurse that can create the change needed.

The book is divided into three major sections. Understanding workplace dynamics, the first section, comes not only from theoretical discussion, but also from the case studies and examples which highlight the subject matter in a manner that makes each point easy to understand and valuable in context of the major topic of discussion. The second part on building communication skills and workplace support is a logical sequence of tools to recognize where change is needed and methods to make these changes—speaking up, listening respectfully and creating safe environments. Finally the third part is a set of nurses’ stories laid out with different scenarios and discussion in the context of the major points covered in the book.

In reading the quote “I will not allow myself to be less than I am to meet anyone’s expectations” I wanted to step out of the twilight-zone and shout “Hallelujah! Let us stand up and be counted, with dignity and respect.” A hearty response indeed—perhaps my most recent run in with that passive-aggression is still a little fresh in my mind. What I do know is that I am not alone in having experienced these things. I also know that allowing these issues to remain unspoken is allowing them to lurk in the hidden corners of every nursing station. This book maps the path forward.

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Confident Voices is written for every nurse, as it is every nurse that can create the change needed.
OR Nurse  
Camille Jocelyne Connor, 72, died January 23, 2012. A Manchester native she received her nursing diploma from the NH State Hospital School of Nursing. She spent her career practicing in the operating room at Exeter Hospital and served as head nurse.

Lactation Consultant  
Jolene L. (Freeman) Short-Porter, passed away peacefully on May 9, 2012. A California native, she received her BSN from Salem State College in 1989. She practiced as a lactation consultant at Exeter hospital for many years until her retirement in July, 2011.

Office Nurse  
Kathleen Nancy “Kay” Lampesis, 80, passed away on May 23, 2012, after a lengthy, heroic battle with MS. A Dover native she received her RN degree from Wentworth Hospital School of Nursing. After raising a family, she managed her husband’s medical office.

Short Career  
Robert G. Mailhot, 45, of Manchester died suddenly June 1, 2012. He was raised and educated in Manchester, and earned his practical nursing degree at St. Joseph School of Nursing. He received an associate’s degree through Excelsior College and was pursuing his BSN.

Minnesota Native  
Inez Norby Kalliainen, 85, of Rindge died on July 2, 2012. Born in Minnesota she was a 1948 graduate of the Lutheran Deaconess School of Nursing in Minneapolis where she earned her RN degree. She moved to Rindge and worked at the Cheshire Medical Center in Keene as well as the Monadnock Community Hospital in Peterborough.

Veteran  
Michael Anthony Bielarski, 42, died unexpectedly July 6, 2012. Born in New Jersey he graduated from River Valley Community College in Claremont with his Associate’s in nursing after serving in the US Air Force from 1989 to 1994. At the time of his death he was practicing nursing at the Veterans Hospital in White River Jct., VT and part time at Brookside Nursing Home, White River.

Berlin Native  
Priscilla Evelyn Bowles Falaraedeau, 85, passed away July 8, 2012, at the Androscoggin Valley Hospital in Berlin, N.H. A Berlin native she and her sister were graduates of St. Louis Hospital School of Nursing in Berlin, Class of 1948. She was a graduate of the last class to be designated WWII Cadet Nurses of the Army Nurse Corps. As a registered nurse, from 1948 to 1974, she worked as a full and part time staff nurse at the St. Louis Hospital and a private duty nurse in Berlin and the surrounding communities. From 1974- 1979, she was the night supervisor at St. Vincent de Paul Nursing Home in Berlin. Throughout her professional career, she continued to complete college courses to obtain a BS degree in nursing. Priscilla was a very active member of the St. Louis Hospital Nurses’ Alumnae Association serving in positions of president and secretary. She also served as secretary and treasurer for the North Country Registered Nurses’ Association. She volunteered at the cancer clinic in Berlin and was an American Red Cross Bloodmobile nurse for many years in Berlin.

Cadet Corp Nurse  
Phyllis D. Gauthier, 88, passed away on August 16, 2012. A New Hampshire native she practiced as a registered nurse for many years at Franklin Memorial Hospital. She worked as a nurse in the Maternity Ward. She also worked during World War II for the U.S. Cadet Nurse Corp.

Notre Dame Grad  
June L. Roberts, passed away July 14, 2012, after a courageous battle with cancer. A New Hampshire native she graduated from Notre Dame Hospital School of Nursing in Manchester. She practiced nursing at Froebie Memorial Hospital, after which she worked for Dr. Barcomb for many years, then working as a private duty nurse. She finished her career working for Dr. Alexander C. Smith for 35 years.

Maternity Nurse  
Avis Doore Latimer, 93, died July 23, 2012. A Maine native she graduated with her RN diploma in 1943. Her entire practice was focused on maternity nursing and she practiced for many years at the Portsmouth Hospital. She always said that working in maternity was a joy and she couldn’t imagine doing anything else. Her love of babies was well known and obvious by the joy on her face.

A “Nightingale”  
Pauline Jeanne d’Arc Leclerc, 80, died July 27, 2012 from complications of congestive heart failure. She graduated in 1952 from the Notre Dame de Lourdes Hospital School of Nursing that was at the current Catholic Medical Center. She had the honor of being the president of her graduating class. After practicing at several Massachusetts hospitals she took a position with Blue Cross Blue Shield as a Utilization Review Nurse. After retiring, she belonged to a lunch group made up mostly of nurses and nursing school classmates that usually meet in Manchester informally called the ‘Nightingales.’

Exeter Nurse  
Janet R. Savio, 77, died Aug. 4, 2012. A native of Manchester, she was a graduate of the Moore General Hospital School of Nursing, and attended St. Anselm College. Janet practiced as a registered nurse for many years at Vencor Corporation and Exeter Hospital.

ICU Nurse  
Marjory Ann (Birmingham) Gibeaute, 55, passed away on August 6, 2012, after a long period of declining health. Born in Manchester and a resident of Goffstown as a teenager, she volunteered as a candy striper at Elliot Hospital, where she developed her keen interest in nursing. She attended college in Concord and Manchester and received her bachelor’s degree in nursing from the University of New Hampshire. She started her nursing career at Elliot Hospital, where she worked in the intensive care unit. Later, at Elliot, she and two other nurses pioneered the “AIDS Nurse” program. She was most recently employed by Infusion Solutions of Bedford. Marjory also volunteered her time as a school nurse with several area high schools.

40 Years at Lakes Region  
Rosemary Williams, 76, died August 14, 2012. A New Hampshire native she was a graduate of the Concord Community School of Nursing and practiced at the Lakes Region General Hospital for forty years.

Licensed for 58 Years  
Jean E. (Gatherum) Donovan, 90, passed away August 14, 2012 after a long illness. A Concord native she she graduated from St. Anselm College in 1938 as the age of 16. Jean entered the NH State Hospital School of Nursing and graduated in 1943, and having achieved a perfect score on her nursing boards. She started her career at NH State Hospital as a psychiatric nurse and later became nursing supervisor in the Medical-Surgical Unit. Jean was practiced her passion for nursing at several hospitals, working as a psychiatric nurse at Gardner State Hospital (Mass.) and as a psychiatric nurse at Community Memorial Hospital in Toms River, N.J. Jean returned back to New Hampshire to continue her career as a Registered Nurse in the Medicaid Certification Unit of the NH Division of Welfare. She completed her long career in nursing as a nurse consultant, retiring at the age of 79. Jean was proud that she had maintained her nursing license until she was nearly 80 years old. She founded the Future Nurses of America Club at the former St. John’s High School.

Veteran’s Nurse  
Patricia R. Boudreau, 61, died suddenly August 16, 2012. Born in California she relocated to the Lakes Region in 1969. She practiced as an LPN at the New Hampshire Veterans Home in Tilton. She loved and had great admiration for the veteran residents there.

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Associate Professor: Educational Master’s degree in Nursing from a regionally accredited college or university with a major in the nursing field. Experience: Five (5) years of teaching experience or five (5) years of experience related to the field of mental health, pediatrics, and/or medical surgical nursing in a healthcare facility.

Adjunct Instructor:  
Master’s degree in Nursing from a regionally accredited college or university with a major in the nursing field. Experience: Two (2) years of teaching experience or two (2) years of experience related to the field of mental health, pediatrics, and/or medical surgical nursing in a healthcare facility.

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Mentoring: Creating Tomorrow’s Nurse Leaders Today

Kimberly Vann, INA Associate Director of Communications and Education

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Mentoring and the IOM
The importance of mentoring is mentioned throughout The Future of Nursing, a 2010 report issued by the Institute of Medicine (IOM), in partnership with the Robert Wood Johnson Foundation (RWJF). The report makes recommendations for an action-oriented blueprint for the future of nursing and provides four key messages:

- Key Message #1—Nurses should practice to the full extent of their education and training.
- Key Message #2—Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Key Message #3—Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- Key Message #4—Effective workforce planning and policy making require better data collection and information infrastructure.

Mentoring supports the third key message by encouraging leadership development and collaboration. According to the report, “To ensure that nurses are ready to assume leadership roles... leadership development and mentoring programs need to be made available to nurses at all levels, and a culture that promotes and values leadership needs to be fostered. Equally important, all nurses, from students, to bedside and community nurses, to chief nursing officers, members of nursing organizations, and researchers—must take responsibility for their personal and professional growth by developing leadership competencies. They must exercise these competencies in a collaborative environment in all settings, including hospitals, communities, schools, boards, and political and business arenas, both within nursing and across the health professions. And in doing so, they must not only mentor others along the way, but develop partnerships and gain allies both within and beyond the health care environment.”

Effective mentor-mentee relationships and the benefits
Grossman identifies several desired characteristics of a mentor which include: being politically astute in the workplace; able to balance personal and professional responsibilities; respected in the workplace by peers and senior administrators; and highly knowledgeable in the field and interested in new challenges. Among the attributes of an ideal mentee are: the willingness to receive constructive feedback and work under the direction of another person; goal-driven and has goals that are compatible with the mentor’s goals; determined to succeed; passionate about the profession; and able to make decisions independently when appropriate.

An effective mentoring relationship is beneficial for the mentor, mentee, and the “sponsoring” organization. Benefits include quicker learning curves for the mentee and mentor; reduced turnover at a time when new recruits may be difficult to locate; increased loyalty; and increased employee productivity (Bell, 1998; Bennett, 2000; Sinetar, 1998). Additionally, successful mentoring programs support the growth and development of newly graduated nurses as they transition to professional careers and offer leadership opportunities.

Sharing the power
Leadership is cultivated through effective mentoring with nurse leaders as well as leaders in other health-related professions, policy and business. The Future of Nursing states that “all nurses have a responsibility to mentor those who come after them, whether by helping a new nurse become oriented or by taking on more formal responsibilities as a teacher of nursing students or as a preceptor. Nursing organizations (membership associations) also have a responsibility to provide mentoring and leadership guidance, as well as opportunities to share expertise and best practices for those who join.” The report urges more experienced nurses to teach less experienced ones how to be exceptional healthcare professionals at the bedside, in corporate boardrooms and everywhere in between.

Lee (2000) posits that a new perception of power transfer has emerged: that power can be shared to help others. In order to empower nurses on a unit, a nurse manager has to provide mentoring relationships and give nurses opportunities to share expertise and generate new ideas and accomplish goals. Lee says, “Empowered nurses become role models for others and enrich themselves through coaching and sharing power.” It is vital to the healthcare delivery system that nurses be empowered to become leaders, and mentoring can reinforce this effort.

A popular belief about mentoring originated almost 3,000 years ago in Homer’s Odyssey, where the goddess Athena assumed the role of a nobleman named Mentor to teach Telemachus, Odysseus’ son, and guide him through life’s challenges (Dracup and Bryan-Brown, 2004). Today, 3,000 years later, nurse mentors are needed to guide nurse graduates as they begin their professional life and help groom them for leadership.

Mentoring continued on page 17

Continuing Education Offering

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The goal of this continuing education offering is to provide information about mentoring and how it can help create nursing leaders. The objectives of this article are:

1. Define mentoring from a nursing perspective.
2. Explain some attributes of an ideal mentor and a mentee.
3. Illustrate how mentoring supports one of the key messages in the IOM Future of Nursing report.
4. Identify benefits of a successful mentoring relationship.

In nursing, mentor is a term used synonymously with preceptor, coach, assessor, teacher/supervisor and adviser. Mentoring nurses, whether new graduates or experienced nurses, has been recommended as one solution for a myriad of issues facing the profession, ranging from the national nursing shortage crisis to high turnover rates to creating more nurse leaders. The objectives of this article are:

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Continuing Education Offering

Mentoring continued from page 16

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References:


Test Questions

1. The term mentor is not associated with which of the following:
   a. preceptor
   b. coach
   c. assessor
   d. director
   a. True
   b. False

2. The classic mentoring process is defined as:
   a. A relationship among a group of nursing students.
   b. A relationship between two people—the mentor and the mentee.
   c. A relationship between a nursing instructor and her students.
   d. Higher graduation rates
   a. True
   b. False

3. Mentoring supports which key message recommended in the Future of Nursing report?
   a. Key Message #4
   b. Key Message #2
   c. Key Message #3
   d. Key Message #1
   a. True
   b. False

4. Leadership is not cultivated through effective mentoring with leaders in nursing, other health-related professions, policy and business.
   a. True
   b. False

5. Which of the following is a benefit of mentoring:
   a. Reduced turnover and increased loyalty
   b. Increased turnover and reduced loyalty
   c. Less employee productivity and increased turnover
   d. Higher graduation rates
   a. True
   b. False

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Evaluation—CE 0612-64

Learner achievement of objectives:
1. Define mentoring from a nursing perspective. 5 4 3 2 1
2. Explain some attributes of an ideal mentor and a mentee. 5 4 3 2 1
3. Illustrate how mentoring supports one of the key messages in the IOM Future of Nursing report. 5 4 3 2 1
4. Identify benefits of a successful mentoring relationship. 5 4 3 2 1

How many minutes did it take you to read and complete this program? __________________________

Suggestions for improvement? Future topics? _________________________________________________

Strongly Agree (5) Strongly Disagree (1)

Strongly Agree (5) Strongly Disagree (1)

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References:


This independent study has been developed to enable the nurse to meet their obligation to the public in the context of the Affordable Care Act. The author and planning committee members have declared no conflict of interest. There is no commercial support for this independent study.

This continuing education independent study is sponsored by the Ohio Nurses Democratic Caucus and was developed by caucus member Janice Lanier. The Ohio Nurses Democratic Caucus is a political action committee affiliated with the Ohio Democratic Party and additional information can be found on the website www.ohiodemnurses.org. Treasurer, Stacy Broucker, 943 Beverly Rd., Cleveland, Heights, OH 44121.

This article reviewed independently were noted that there was no political bias present. It was found to be politically neutral.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

1.27 contact hours will be awarded for successful completion of this independent study.

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OBJECTIVE: Describe what nurses need to know about the Patient Protection and Affordable Care Act.

“The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.” Provision Seven; Code of Ethics for Nurses. American Nurses Association.

Introduction

Documents setting out professional obligations and expectations for the nursing profession recognize that one of the profession’s essential features is its role in influencing public policy to promote social justice. (Nursing’s Social Policy Statement. American Nurses Association. 2010). The Code of Ethics for Nurses (that serves as both a general guide for all nurses and a social contract with the public) contains a provision that speaks implicitly to the responsibilities owed to the public in the policy making arena. Provision Seven recognizes nurses have a “responsive and collaborative role in health care policy for the overall advancement of the profession” (Drought: P 91).

The professional obligations envisioned by these documents took on new significance when the Obama Administration proposed far-reaching reforms to America’s health care delivery system. Efforts to enact what eventually became known as the Patient Protection and Affordable Care Act of 2010 (ACA) were rife with controversy and special interest group involvements and scams. In the midst of these tawdry debates, the public weighed the pros and cons of this plan, which was good for some while others believe it is the first step toward the dismantling of the most envied health care system in the world. Political considerations have long affected efforts to address the very real concerns consumers, providers, and payers have recognized with the current system of care delivery. Most agree that without some level of reform the fiscal solvency of business and government alike is threatened.

The ACA is not the first time law makers sought to change the way the United States delivers/ pays for health care. President Franklin Roosevelt sought some measure of national health insurance in legislation that created the Social Security program. President Harry Truman proposed a national health care program through an insurance fund into which everyone would pay. More recently, President Bill Clinton through the efforts of Hillary Clinton attempted a major reform of the health care system that fell victim to the massive negative lobbying efforts of the private insurance industry.

The revitalized push for change in 2008 was motivated by a series of factors that brought heretofore opposing interest groups to the policy table. Simply put, the US health care delivery system was providing a product no one could afford to buy. Employers and business groups were alarmed at the rising costs of health care insurance, and insurance companies accepted the need for change and agreed to be part of the discussions. Despite having a general consensus that change was necessary, the design of that change was far from agreed upon.

Some advocated an incremental approach to health care reform. They prefer to encourage competition relying more on market forces rather than government to bring about reform and control costs. These entities believe employers should not be required to provide insurance and Medicaid should not be expanded. Finally, they believe it should be easier for insurance companies to sell their products across state lines. At the other ends of the spectrum are those who believe a single payer system–Medicare for all–is the only way to ensure health care needs are adequately met. The intensity surrounding this major policy shift is reflected in the number of special interest groups that committed resources to the political debates. More than 1,750 competing interest groups, and other organizations, spent over $2 billion in support of reform over about 4,525 lobbyists to influence health care reform in 2009. There were about eight lobbyists for each member of Congress.” (Edwards 155)

Ultimately, President Barack Obama signed the Affordable Care Act into law on March 23, 2010. The Congressional vote preceding the President’s action followed party lines with no Republican voting in favor of this major piece of legislation. (House vote: 220 for–207 against; Senate vote: 56 for–40 against). Although the law is in effect, it will take years ahead. It is set to roll out slowly over the next couple of years.

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The purpose of the DNP is to prepare clinically focused advanced practice nurses who are capable of translating knowledge into the clinical setting. DNP prepared practitioners address the multiple strengths and weaknesses in the current health care systems through roles as leaders, educators and agents of change. The transfer of knowledge by DNP graduates positively impacts the development of individual, families, communities, society and the discipline of nursing.

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See the rest of this independent study at:

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NHTI, Concord’s Community College, is seeking a Coordinator for The Center for Nursing Professional Development (CNPD) Program.

The CNPD Coordinator is responsible for the development, delivery and evaluation of an approved continuing education program through the NH Nurses’ Association (NHNA), Commission on Continuing Education. The coordinator ensures professional development programs support the development and maintenance of continued competence, enhancement of professional practice and achievement of career goals while supporting the healthcare industry and community. The CNPD Coordinator is a part-time, contractual position.

Candidates for this position must possess current RN credentials and a BSN degree, and must be knowledgeable of the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation Criteria and the American Nurses Association’s (ANA) Scope and Standards of Practice for Nursing Professional Development. For more information contact: Kathleen Moore, Director, Business Training Center, (603) 271-0715 or kmoore@ccsnh.edu.

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Positions Available

RN (Scrub, Circulator)—Surgical Services

We have multiple per diem openings in our Surgical Services Department for a RN, Scrub or Circulator.

Must have a current RN license and be eligible for, or licensed in, the state of New Hampshire. Must have education pertaining to operating room techniques and at least two years experience in the OR.

CST/CFA

We have a full-time opening for a CST (Certified Scrub Technician) or a CFA (Certified First Assistant) in our Surgical Services Department.

Must be a graduate of an approved Surgical Technologist program. Must be certified by one of the following: the National Board of Surgical Technology and Surgical Assisting (NBSTSA), the National Surgical Assistants Association (NSAA), the American Board of Surgical Assisting (ABSA), or the National Assistant Surgery Council (NASC). Must have National Provider Identifier (NPI) and Taxonomy code at time of hire.

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INFECTION DISEASE RN

The Infection Disease Nurse provides specialty care and treatment as directed by the Provider and under the supervision of the Practice Manager. Duties will include assessment and care planning for Inpatient, Emergency Room and Ambulatory Care Center patients as well as the Case Management of patients without resources and/or for the HHS HIV Population. This role is part-time, Monday, Friday. Infection Disease office hours are 8am to 5pm. Requirements include a NH RN license and BLS certification. Certification in Infection Control is highly desirable. Preferred candidates will have Care Coordination experience, IV Therapy / PVC line placement experience and a Public Health background.

CARE MANAGER

The Care Manager is responsible for identifying patients with discharge planning care needs and working collaboratively with a multidisciplinary team to effectively assess, plan, implement, monitor and evaluate care and services for patients. The schedule will primarily be 3pm to 11 pm on the evening shift. Candidates must have flexibility to work the day shift if needed. Weekend coverage will be required. Additionally, the Care Manager must have a current NH RN license and recent acute care experience (3+ years). Certified Care Manager certification is highly preferred. We are specifically looking for candidates with a Medical/Surgical background and prior experience in care management and/or utilization review.

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Concord Hospital is an equal opportunity/affirmative action employer.