Leadership & Membership

Not all nurses have official titles. If you’re a nurse – you’re already at least an unofficial leader.

Nurses lead when advising and advocating for patients – when teaching or mentoring students or colleagues – when modeling and encouraging healthy behaviors – when collaborating and influencing on health policy issues – when recommending positive changes in nursing practice – when instilling hope – when inspiring / empowering others… and in general, by making things happen.

Membership in your professional association offers the opportunity of “collective leadership” to make even more things happen – often on a larger scale - to promote and advance the profession of nursing.

Quoting from the ANA website, NursingWorld.org: “Leaders do more than delegate, dictate, and direct. Leaders help others achieve their highest potential. At ANA, we empower nurses to be professional, competent leaders in healthcare. Through a variety of educational and advocacy activities, our work increases the leadership capacity of nurses to advance health and lead change.”

In the coming years there will be a growing need for nurses ready to lead – both to replace a vast number of retiring ‘boomer’ age nurses – and to take on even greater, more challenging roles than their predecessors. In speaking to the National Association of School Nurses, then President of ANA Karen Daley shared that CNO’s made up only 1% of hospital board membership – a statistic in dire need of rectifying. Daley further stated: “It’s not even enough anymore to ‘be at the table’ – when instilling hope – when inspiring / empowering others to be at the table’ … we need to make an impact. We have to know what we’re doing at that table, and be able to work with the ‘big fellas.’ At ANA we are working to cultivate those leaders…who are knowledgeable, practiced and prepared to fill those roles.”

Are you ready? Just some of the ways our members can enrich their leadership potential:

• Run for an elected office or join a volunteer committee and learn from active engagement. See the ‘Get Involved’ section of the NHNA site – and center section of this issue.

• Take part in ANA Leadership Institute immersion and self paced programs – at a member discount! See www.ana-leadershipinstitute.org.

• Attend an ANA Advocacy Institute – held annually in Washington, DC – to learn political advocacy skills and how to interact with legislators at state and national levels.

• Take part in ANA’s Navigate Nursing webinars (either free or at reduced rates for members) which include many leadership topics.

• Network at ANA / NHNA events – talk with and learn from colleagues. Utilize ANA’s Nurse Space site for nationwide social networking.

• Seek out a mentor at the ‘Advice Corner’ section of the NHNA website: nhnurses.org.

• Be informed. Get the latest information on the nursing profession; healthcare legislation and more through regular electronic updates, member only website access, print publications – and other member resources including discounts at NursesBooks.org.

ANA on the national level and NHNA at the state level – work to protect your practice by speaking on behalf of all registered nurses in political and other arenas where decisions are being made about the delivery of healthcare. That work is supported by a combination of membership dues and volunteer time / effort. We need each other.

If you’re already an ANA-NHNA member – thank you - and please consider becoming actively involved. If not – we invite and encourage you to join both now for just $13 per month. Help prepare for your future – and protect your profession – for the price of one latte a week. What could be a better investment? (And you wanted to cut down on caffeine anyway, right?)

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.
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Manuscript Format and Submission: Articles should be submitted as double spaced WORD documents (.doc format vs. .docx, please) in 12 pt. font without embedded photos. Photos should be attached separately in JPG format and include captions. Submissions should include the article’s title plus author’s name, credentials, organization / employer represented, and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments to office@nhnurses.org with NN Submission in the subject line.

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Meet the Food You Eat!

In a world filled with fast food, marketing claims and big supermarkets, we have distanced ourselves from the origins of our food. Food should not be anonymous.

Cooking and preparing whole food, gives you the opportunity to meet the things you eat. Gary Thorpe points out in his book, Sweeping Changes, “If it is going to become part of you, it seems worthy, at least of, acknowledgement, respect and thanks.”

Try getting to know your food. When you go out to eat, ask where your food comes from and be grateful for the many hands it takes to bring it to the table including the farmer, the chef, the server...even the dishwasher. [And support local growers where possible.] When cooking yourself, be thoughtful and thankful when you stir your oatmeal, chop a carrot or when you provide nourishment for yourself or someone else.

Is There Joy in Soy?

Soy beans are often touted as a health food, but most of what is eaten in the U.S. is soy oil which is heavily processed. It’s hard to find a processed food without a soy filler. Here are a few facts about how they make soy bean oil:

First, Hexane, a neurotoxin, is used (among other chemicals) to separate the oil from the bean. The hexane is removed afterwards by vaporization. (Although residues remain.) Next, it is treated with sodium hydroxide and is removed afterwards by vaporization. (Although residues remain.) Then it is bleached using a clay filter treated with hydrochloric acid which removes all the pigments (including beta carotene). Finally it is deodorized in a vacuum at 500 degrees to remove every trace of odor, (since it is now rancid), flavor and vitamin E.

Action: Avoid processed foods and read labels if you do! Look for naturally fermented forms of soy including temeph and miso which are less processed and easier to digest.

Reference: Pandora’s Lunchbox, How Processed Food Tempts and Trains the American Child.

Chew to Renew

We often eat mindlessly while we watch TV or work on the computer. But, the real pleasure of eating lies in taking your time. Take time when you chew and focus on what is going on in your mouth. Try counting the number of chews and aim for 30 chews just to see how long it takes to break your food down completely. Take deep breaths and let the simple act of chewing relax you. Enjoy your meals. Don’t rush. Become present and make eating a mindful part of your day instead of just an automatic act.

These tips are provided by Dig In: Real Food Solutions. We aim to transform your relationship with food. www.diginrealfood.com.
Time at an ANA Membership Assembly moves at a pace that can be both dizzying and energizing in the same moment. With apologies for the static nature of the printed word, I hope to convey a sense of the activity level during those exciting moments over those few days in June.

Before the official opening of the Membership Assembly, the official “awarding” ceremony took place. Having most recently been honored to award our NH Student Nurse of the Year, I felt obliged to see how the “professionals” did it. Turns out - not too differently. Those honored, however, were individuals whose careers were on a much extended timeline. Whether in a wheelchair or walking carefully, these nurses had spent a lifetime in a career and were being honored for it. I noted, however, that they all started out as did Cagleith – with a passion and a will to accomplish, rather than “succeed” in making a difference in the health of one or a group of individuals. The sense of accomplishment and I was again inspired by our NH nurses of the future.

Now, I’d like to flash forward to the Membership Assembly. First, picture a very large room filled with hundreds of nurses. Now, add a professional string and percussion musical group performing Pachelbel’s Canon in D, arguably the two best-known pieces of classical music. Pachelbel’s eight bars for violin, viola and bass are repeated 28 times to create a hauntingly lovely musical poem that has been inspiring audiences and other composers since 1680. You’ve heard the Canon at countless weddings and awards ceremonies and school concerts. But, there’s something about hearing the Canon today, this year, after a droning and racing hearts. So, let’s add our widespread apprehension to the picture. 

In what seemed like seconds, we were back in our seats, trying to count to four and remembering numbers one through three and … making a melodically sound, albeit shortened, concert version of Pachelbel’s Canon in D. This piece of music has certainly been played more proficiently, but never with more passion and wonder. In a period of time that seemed as if it could have been measured with a stopwatch, we each transformed from positions of individual self-conscious embarrassment to a shared place of respect for and involvement with the goals of the ANA community of nurses. Clearly, the activity was designed to shift our focus. While we were representatives from our individual states, territories and associations, we were also integral and active members of the greater ANA.

During the following introductory remarks, we learned that sound fiscal decisions are not without some sense of loss as we heard that the NDNQI database was sold to Press Ganey. This nursing resource needs substantial technical updating and could not be reasonably maintained to Press Ganey. This nursing resource needs substantial technical updating and could not be reasonably maintained with the energies that ANA could direct to a task that was not part of its fundamental mission. However, ANA retains some executive oversight of its use and can rescind the relationship with Press Ganey if it finds that the data is not being used in a manner that is consistent with the goals of ANA.

This year’s Membership Assembly was the second of its kind (replacing the former House of Delegates) and a first for your President. The streamlined format was structured to accommodate both active discussion among members and a weighted voting model. By limiting representation to two members from each state and territory association and one member from each affiliate, the dynamic of the each table’s group discussion was balanced. The “great states” of Texas and Rhode Island had an equal opportunity to speak out on issues – a situation that is different from past experiences. I told. All members also had an opportunity to meet with candidates for office, engaging with them in full and open discussion about their platforms. Members discussed the relative merits of each candidate with each other, trying to build coalitions in support of one or another candidate. It was only in the actual voting booth that the states with greater membership had a greater “voice”. The weighted voting model awarded votes based on numbers of members. So, New Hampshire’s two delegates had four votes to cast, while the two Texas delegates had three votes each to cast. The model was an exercise in learning how to build relationships – time well-spent, no matter for what purpose.

Your NH delegation was very impressed with the slate of candidates, particularly noting Jennifer Meneksh of Arizona as an up and coming leader who we will be watching for next time. When we spoke with Pam Cipriano, our new President, we were impressed that her experience as the most recent past Editor of The American Nurse was augmented by her work as a consultant to hospitals that are “facing challenges”. She is ready to lead ANA through the next two years.

Notable, too, was the absence of mudslinging during the campaigning process. Even in politics, nurses set the standard for ethical behavior.

It’s only October, but June seems a lifetime ago. I learned so much in a very little time. For me, the take-home message from the Membership Assembly is … it’s all about the members … who are all leaders. I get to be a President for a year, but recognize that my colleague nurses are the Presidents of the future and I need to cultivate their development. Resonating from this message, this year’s Annual Meeting on October 22nd, will be a President for a year, but recognize that my colleague nurses are the Presidents of the future and I need to cultivate their development. Resonating from this message, this year’s Annual Meeting on October 22nd, will be an abbreviated series of conversations designed to give your Board greater understanding of your needs and your priorities for NHNA. Then we will adjourn to a lovely meal, awards, and an inspirational message on nursing leadership from our guest speaker Susan Reeves, Ed.D, RN. (See centerfold for ‘last call’ banquet registration.)

In conclusion, we will consolidate the “great thoughts” of our membership to help in defining our NHNA for the year to come. But, don’t blink, because it will be over before you know it!
The Geisel School of Medicine at Dartmouth has received a grant from Susan G. Komen VT/NH affiliate to pay for mammograms. The funding period is April 1, 2014 to March 31, 2015. These funds will focus on removing financial barriers to screening such as paying for clinical breast exams, screening/follow-up mammograms, co-payments or diagnostics.

Mammogram Funding Application

For questions call 603-653-3944

Name: ___________________________ Age: ______________

Street: ___________________________ City: ____________ State: ____________

Zip ________ Phone #: ____________

E-mail: ___________________________

Cost: ____________________________

Reasons you require financial assistance:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Have you previously applied or received funding from this program? Yes ___ No ___

Who referred you to us? Name: ___________________________ Phone: ____________

E-mail: ___________________________

Organization: _____________________

Will you be willing to share your story with us about how this financial assistance has helped you so we may share it with our funders? Yes ___ No ___ If Yes, you will be contacted.

Will you be willing to take a short online survey? Yes ___ No ___ If Yes, you will be contacted. At the end of the survey you will have the option to enter a raffle for a $50 gift card.

How will funds be used?

___ BRE: Mammogram; ___ Breast Ultrasound; ___ Co-pay; ___ Diagnostic Biopsy

By signing below, you acknowledge that, though all attempts will be made to pay invoices in full, you may be responsible for a portion of the invoice and that services covered are limited to breast procedures. We appreciate your understanding.

Enclose a copy of the bill for service(s) received. Payment will be made to the facility.

Signature: ________________________ Date: ____________

Mail To: 

BCCP OB/GYN Admin 

1 Medical Center Dr. 

Lebanon NH 03756

ID #: ____________________

Sponsored by Susan G. Komen VT/NH Affiliate
New Hampshire has lost one of its four Magnet designated hospitals as Dartmouth-Hitchcock Medical Center notified the American Nurses Credentialing Committee (ANCC) in July that it was withdrawing its application to renew. DHMC was the first institution in New Hampshire to be Magnet recognized in 2003 followed by St. Joseph’s Hospital in Nashua (2005) and Southern New Hampshire Medical Center (2006). In 2013 Exeter Hospital achieved Magnet status. DHMC was successful in renewing the credential in 2009.

The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. According the ANCC consumers rely on Magnet designation as the ultimate credential for high quality nursing.

Magnet designation is awarded for 5 years with DHMC applying for renewal in 2013. After providing the requested additional documentation to the ANCC, the most recent patient and employee satisfaction data did not sufficiently exceed national benchmarks. The data, reported by the National Database of Quality Indicators (NDNQI), compares similar facilities on a range of outcomes. Deanna Orfanidis RN, a member of the leadership team, said that patient satisfaction scores met or exceeded the benchmark in seven of the eight required three-month periods, but fell short in one period, she said. The measure of employee engagement “met (the benchmark) but did not outperform our peer organizations,” she said. “For the community of nurses,” Orfanidis said, “this is a disappointment.”

The highly sought after Magnet logo, visible by only 401 hospitals in the world and prominent on the DHMC website and documents has been removed after a decade. DHMC interim leaders noted in an announcement to the 1,400 nurses that they continue to aspire and were charting a course for future Magnet designation. Gay Landstrom, the new DHMC chief nursing officer, started her official duties in late July.

Dartmouth-Hitchcock Medical Center Withdraws Application to Renew Magnet Status

Join ANA and NHNA Because Nursing Is More Than What You Do... It’s Who You Are! Join Today!
The New Hampshire Nursing News includes obituaries of nurses who have graduated from New Hampshire nursing schools or who have actively practiced in New Hampshire during their career. Brief submissions are welcome.

**NHTI Grads**

**Kelly Kathleen (Conlon) Finemore.** 50, of Northfield, passed away April 30, 2014. She received her Associates Degree in Nursing from New Hampshire Technical Institute in Concord in 1985 and practiced at the New Hampshire Veteran’s Home, Lakes Region General Hospital, and Heritage Home Health.

**Helen Hart (Cousens) Guillemette.** Sacred Heart Grad 74, of Berwick, Maine where she helped set up the nurse’s station. Connie was then hired as the first nurse for Prime Tanning at Edgewood Manor in Portsmouth, NH. She then practiced at Frisbie Memorial Hospital for 18 years, where she was a Director of Nursing Services at New London Hospital. In 1992 she took on the role of Emergency Nursing at Elliot Hospital in Nashua, and had also practiced emergency nursing at Elliot Hospital at the age of 85. She enjoyed mentoring nursing students, always giving words of encouragement as they completed their education.

**Patricia A. Eastman.** 64, passed away May 7, 2014. An Exeter native she was a graduate of the New Hampshire Technical Institute. She practiced at the Clipper Home of Wolfeboro, Mountain View Nursing Home, Ossipee, and as a school nurse at the Ossipee Central School.

**School Nurse**

**Patricia A. Cheney.** 61, of Franklin passed away May 9, 2014. After relocating to New Hampshire in 1988 she served as the school nurse at Franklin High School for two years.

**Industrial Nurse**

**Constance Blake (Hoyt) Jones.** 94, died May 20, 2014. After graduating from nursing school, she returned to New Hampshire and practiced industrial nursing at Simplex Wire and Cable, Co. in Newton. She then practiced at Frisbie Memorial Hospital for 18 years, where she was a nursing supervisor. After retiring from Frisbie she was a nursing supervisor at Edgewood Manor in Portsmouth, NH. Connie was then hired as the first nurse for Prime Tanning in Berwick, Maine where she helped set up the nurse’s office and established the emergency protocol for the Tannery.

**Sacred Heart Grad**

**Helen Hart (Consens) Guillemette.** 74, passed away May 25, 2014. A graduate of the Sacred Heart Hospital School of Nursing she took great pride in her long nursing career in Berwick, Maine where she helped set up the nurse’s office and established the emergency protocol for the Tannery.

**Long Term Care**

**Mary F. (Worsczay) Upshall.** 61, passed away May 27, 2014 in New Mexico. After receiving her nursing diploma in Pennsylvania she practiced at Concord Hospital, Merrimack County Nursing Home, the Pleasant View Retirement Center and Genesis Healthcare. She also served for a number of years as the volunteer school nurse at St. John Regional School.

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**Prominent Nurse**

**Elizabeth S. (Hess) Smith.** 100, died June 4, 2014. After relocating from Colorado, she practiced nursing at the Elliot Hospital.

**Elliot Grad**

**Alberta (Peterson) Schreiber.** 86, of Fremont, passed away June 7, 2014. She was a graduate of the Elliot Hospital School of Nursing.

**New London DON**

**Margaret (Whitman) McIntosh Spinney.** 89, passed away June 13, 2014. A Maine native she served as the Director of Nursing Services at New London Hospital for 22 years.

**Veteran**

**Lillian T. (Bournival) Stevens.** 96, died June 17, 2014. She was a graduate of the Notre Dame Hospital School of Nursing and practiced as a registered nurse for many years in both New Hampshire and Massachusetts. Stevens was a U.S. Army veteran of World War II and a retired lieutenant colonel in the Army Reserve.

**NH Grad**

**Naida Louise (Ring) Welch.** 82, of Franklin, died June 20, 2014. A 1953 diploma graduate of the NH Hospital School of Nursing she spent the majority of her nursing career practicing there on the medical surgical unit.

**NHTI-UNH Grad**

**Yvonne Rachel (Bergeron) Calimeri.** 59, passed away June 27, 2014. A 1976 graduate of the NH Technical Institute she went on to obtain a Bachelors in nursing from UNH. She practiced at Catholic Medical Center and the Elliot Hospital for 30 years.

**OB LPN**

**Elizabeth S. (Hess) Smith.** 100, died June 4, 2014. After relocating from Colorado, she practiced nursing at the Elliot Hospital.

**Nurse Mentor**

**Sylvia Ann (Tobey) Cundy.** 90, passed away July 6, 2014. After receiving her nursing diploma she practiced as an RN at Frisbie Memorial Hospital and ended her long nursing career as a volunteer at Lakes Regional General Hospital at the age of 85. She enjoyed mentoring nursing students, always giving words of encouragement as they completed their education.

**ICU Nurse**

**Shirley Ann Field.** 64, of Nashua passed away July 14, 2014. She practiced an ICU nurse and charge nurse at various hospitals in Concord, Nashua and New York City, including Southern New Hampshire Medical Center.

**OB LPN**

**M. Eva White.** 94, passed away July 18, 2014. A native of Lincoln, New Hampshire she practiced as a licensed practical nurse at the Elliot Hospital maternity ward in Plymouth.

**Laconia Grad**

**Katherine (June “Etard”) (Emerson) Blais.** 83, passed away July 18, 2014. She was a 1953 graduate of the Laconia Hospital School of Nursing.

**Cadet Corp**

**Dorothy L. Berry.** 91, died July 27, 2014, at the New Hampshire Veterans Home in Tilton. A graduate of the Nashua Memorial Hospital School of Nursing during World War II, she served in the U.S. Army Nurse Corp. After her discharge she was an OR nurse.

**ER Nurse**

**Jon W. Burhoe.** 52, of Merrimack died unexpectedly on July 31, 2014. Most recently he practiced as an emergency room nurse at St. Joseph’s Hospital in Nashua, and had also practiced emergency nursing at Elliot Hospital and Southern New Hampshire Medical Center.

**Director**

**Creta Brown.** Mary F. (Taylor) Brown, 92, passed away unexpectedly on August 8, 2014. A Laconia native she was a graduate of the Laconia Hospital School of Nursing, and joined the Army Nurse Corps in May 1945. She was assigned as a 2nd Lieutenant to a hospital ship that traveled to Panama during World War II, then transferred to Fitzsimons General Hospital in Denver. She retired as the director of nursing at Glencliff Home for the Elderly.

**Sacred Heart Grad**

**Pauline K. (Sing) Delahanty.** 92, passed away July 27, 2014. A 1953 graduate of the Sacred Heart Hospital School of Nursing, and joined the Army Nurse Corps in May 1945. She was assigned as a 2nd Lieutenant to a hospital ship that traveled to Panama during World War II, then transferred to Fitzsimons General Hospital in Denver. She retired as the director of nursing at Glencliff Home for the Elderly.
Lessons from the Emerald City

Susan Fetzer, Phd. RN
Editor, NH Nursing News

Seventy-five years ago (1939) theaters premiered the Wizard of Oz, a musical based on a children’s novel written in 1900 by L. Frank Baum. Perhaps you remember some of the famous lines: “I’ll get you my pretty” – “Lions and tigers and bears, oh my!” – “She’s not only merely dead.” – “It’s not what we do in our jobs, but how we do it.” With over 3 million copies sold in over 22 languages, Baum’s story reaches everyone whatever their age or perspective. In relating OZ to the current state of nursing, I cannot help but compare Dorothy’s journey to that of an acute care hospital seeking Magnet recognition. Along the way there are many hurdles and obstacles to overcome. The Tin man needs a heart, like nurses, caring comes from the heart. He embodies the things that we are passionate about. Nurses on the Magnet journey are passionate about their practice, their environment and the care they provide. The Scarecrow needs a brain; nurses need to continue their education. He becomes smarter as he travels through OZ with the group, but he still needs that diploma. The Cowardly Lion needs courage as nurses need their voice to improve systems. And of course Dorothy just wants to go home, a place that is comfortable and safe and satisfying; the environment an institution needs their voice to improve systems. And of course nurses with heart, brains and courage; their outcomes will be better patient care.

As they spend hours on the yellow brick road seeking their way, the Wicked Witch seeks to derail their journey. The nay-sayers in nursing who renounce Magnet and will tell you that their nurses are just fine the way they are, riding their brooms. Yet the Wizard of Oz, the guy who can solve all problems, turns out to be just a guy who got lost on his balloon malfunctioned. He has no real magic, no super-powers. He is just a dude who can talk his way around the room, selling snake oil. When the group realize that you are not in Kansas anymore, to survive the lions, tigers and bears requires heart, brains and courage. I congratulate nurses who have reached the Emerald City of Magnet recognition and continue to walk the yellow brick road; I applaud those nurses who have found the yellow brick road and have started on their journey; I encourage all nurses to continually strive for excellence.

It is never nice to have a house land on you. But once you realize that you are not in Kansas anymore, to survive the tornado will be forever changed in the near future by the Affordable Care Act. The tornado will rip apart hospitals that will not be able to survive. In 2014 there were 26 New Hampshire acute care hospitals, I would predict that by 2020 there will be less than 20; this tornado will hit hard and be devastating. Those that survive will be Magnet recognized and others that have started the journey down the yellow brick road. Those that survive will have strong nurses with heart, brains and courage; their outcomes will be better patient care.

If you haven’t looked over your shoulder lately at the health care horizon, you may not have noticed the tornado forming. Health care delivery, as we knew it and know it now, will be forever changed in the near future by the Affordable Care Act. The tornado will rip apart hospitals that will not be able to survive. In 2014 there were 26 New Hampshire acute care hospitals, I would predict that by 2020 there will be less than 20; this tornado will hit hard and be devastating. Those that survive will be Magnet recognized and others that have started the journey down the yellow brick road. Those that survive will have strong nurses with heart, brains and courage; their outcomes will be better patient care.
behind him, who was in 2nd place. The nursing spirit is the beauty of the campus. The winner displayed many donated raffle prizes – we tape them to the registration table. They receive dark blue T-shirts imprinted with the event logo and sponsors. Booths are leading the way in creating healthier lifestyles”. Attendees join. At the next booth, Karen Kailie RN, MPCI, in private practice, explains that healing is an integration into everyday life, “living in a certain way.” She goes on to explain mind-body-spirit-medicine; an energy and prevention model, as opposed to a disease-focused approach. “You find what’s right for you and build on it,” she tells me. She tells us it’s important for nurses to “take care” in a different kind of way, and that will lead to taking care of the healthcare system. Next, I visit the table of Terry Gupta, MSW, and her husband Jay Gupta, R Ph. They explain they are Yoga Therapists, and are excited to be a part of this event. They say they are “putting the health back into healthcare”. Their nonprofit organization, YogaCaps Inc., shares yoga in hospitals and nonprofits for special populations, such as those with Parkinson’s disease. Terry and Jay have noted patient improvements in sleep and blood pressure.

My next stop is at the table of Dartmouth-Hitchcock Medical Center (DHMC), a Gold sponsor of our event. A display on prevention strategies and staff from Recruiters Services are present. We thank DHMC, a hospital with a long history of nursing excellence, for their support of our event!

I note a family with small children attending the event. The children have received coloring books on immunizations from the New Hampshire Department of Health and Human Services, which much information is available. Sitting in the shade of a large tree they happily color their educational materials.

1400 – I meet up with our NHNA President for a group picture. Clean up is underway by the group. Cars and vans are packed up, good-byes are said; many leave feeling healthier and more knowledgeable on healthy strategies for themselves and their communities.

August 1, 2014

Following the event, I asked our NHNA President, Barbara (BJ) Bockenhauer MSN APRN PMHCNS-BC, for her thoughts on the 5K and Field Day. She shared the following:

“When I thought of our recent event, an NH NA practice that is checkered with a lot of brainstorming and commitment for the summer: Take one beautiful day, add nurse colleagues, sprinkle with massage and meditation and Zumba and face painting and treats and nature-filled walking paths and running coaches and a dash of relay races. What “cooks up?” Healthy Nurses and Healthy Communities! Those who participated enjoyed a rich variety of healthy and activities, thanks to the Nursing Practice Commission. Their hard work turned a playing field into a field for healthy and delicious dreams. As your President, I was both proud and amazed – we truly, a group of remarkable (and healthier) nurses???”

Thank you to our event sponsors
NHNA wishes to thank our sponsors St. Anselm College, Dartmouth-Hitchcock Medical Center, Catholic Medical Center, YogaCaps, Inc. and Arthur L. Davis Publishing Agency, Inc. and the many vendors and health practitioners who came out to support nurses in leading the way to healthier lifestyles.

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS IS LOOKING FOR: REGISTERED NURSE III, II AND I

RN III: $54,600.00 - $64,812.80
RN II: $46,342.40 – $54,600.00
RN I: $38,077.60 – $46,342.40

Minimum Qualifications: Education: Graduation from a registered nursing program with either affiliate or postgraduate courses and clinical experience as a registered nurse in the position assigned. Experience for RN III: Two years’ experience as a registered nurse in a setting similar or equivalent to the position assigned. RN II: One year’s experience as a registered nurse in a setting similar or equivalent to the position assigned. RN I: Experience is limited to that required for registration.

To apply, complete the application, resume, and supplement, or call (603) 271-5650 and is available on the Internet at www.admin.state.nh.us. Applicants must be available to work any shift and be willing to travel.

Visit our website for an updated list of programs or call for a brochure
Nurse Vaccine Recommendation Is a Critical Factor in Protecting Patient Health

Patients trust nurses to give them the best counsel on how to protect their health. You know that immunization is an important preventive measure – but it’s unlikely that getting vaccinated is on the radar for your adult patients. Your strong recommendation is critical in ensuring that they get the vaccines they need to help them stay healthy.

Adults are not getting the vaccines they need. The latest data from the Centers for Disease Control and Prevention (CDC) show that at the national level vaccination rates for adults are extremely low (National Health Interview Survey, 2012). This means that each year tens of thousands of adults suffer needlessly, are hospitalized, and even die from preventable diseases. Studies done by the Centers for Disease Control and Prevention show that if the patient is due for a vaccine, “we are doing a very good job in New Hampshire with vaccination overall,” said Karen Domoghae, RN, Adult Immunization Coordinator, NH Department of Health and Human Services, Immunization Section, “but with adults there is room for improvement. Since adults aren’t necessarily thinking about vaccines, all health care professionals should use every patient encounter as an opportunity to assess whether any vaccines are needed.”

Your patients are likely to get the vaccines you recommend to them. Clinicians are the most valued and trusted source of health information for adults. Your patients rely on you to let them know which vaccines are necessary and right for them.

“Your strong recommendation is critical in ensuring that patients rely on you to let them know which vaccines are necessary and right for them. For some patients may need additional time to consider information about vaccines or want more details than can be provided during a single office visit. There are a number of things nurses can do to help these patients stay on track with recommended vaccinations.

- Emphasize the ease and benefits of getting vaccinated during the current visit.
- Provide educational materials or trusted websites for them to review.
- Send reminders about needed vaccines.
- Document the conversation and continue the discussion at the next visit.

“Let’s work together on improving adults’ knowledge about their vaccination needs and through your practice improve vaccination rates for a healthier New Hampshire.”

To download free patient education materials or find resources on addressing patient questions and concerns about adult vaccines, visit: www.cdc.gov/vaccines/hcp/resources on addressing patient questions and concerns about adult vaccines, visit: www.cdc.gov/vaccines/hcp

Homecare Nurses
We CARE: is our Values Statement

- Effective in being as well
- Dependable in delivering every time
- Compassionate in not showing impatience
- Faster turnaround of patients, no wait time
- Professional in your work / appearance
- Education and education online training
- Flexible Schedules
- Mon - Fri
- Turn- A- Sen - Sun - Thurs

Homecare Nurses

Are you a caring, compassionate person dedicated to providing the highest quality of care? If so, Elliot Health System in Manchester, NH is the place for you. We value our employees and offer a collaborative team approach to patient centered care.

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- Medical Surgical
- Geriatric Psychiatry

Clinical Nurse Managers:
- Surgical Services
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Clinical Nurse Educator:
- Surgical Services

Registered Nurses:
- Experienced Adult and Pediatric Intensive Care
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- Experienced OR Nurses
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www.NHNurses.org

2014 Integrated HIV, TB, STD and Viral Hepatitis Prevention Conference

Global & Local Plagues: What the Experts Want You to Know Now

Monday, Nov 3, 2014
Grapinne Center
70 Constitution Avenue
Concord, NH 03301
8:00 am - 3:30 pm

A one-day conference for healthcare providers currently working in or interested in learning more about infectious diseases. The overall goal of the conference is to update clinicians on current data, treatment, testing, and treatments for HIV, STDs, TB and viral hepatitis.

This educational activity carries 4.50 contact hours.

For More Information or to Register Online: https://cehr.dartmouth-hitchcock.org/Activity/2798185/Detail.aspx
Registration closes October 13th.

October, November, December 2014

The work schedule is Friday and Saturday 11:00am – 4:00am.

The individual in this key position will provide physical care and carry out therapeutic and medical regimens for clients in our chemical depending program. This position requires a RN license and experience working with individuals with complex medical needs. Prior psychiat-ric/medical detox experience is preferred.

Submit a resume and complete an on-line application please go to Careers at Easter Seals on our website: www.eastersealnh.org
LAST CALL to REGISTER!

NH NURSES’ ASSOCIATION 2014 Awards Banquet:

Wednesday, October 22
Holiday Inn - Concord, NH

(Following the NHNA Annual Member Meeting at 5:00 p.m.)

REGISTER TODAY at www.NHNurses.org *

Dinner Presentation:
Leadership With the Little ‘L’ - Every Nurses’ Job
Susan Reeves, Ed.D, RN
Gladys A. Burrows Distinguished Professor of Nursing Chair,
Department of Nursing & Public Health, Colby-Sawyer College
Vice President, Dartmouth-Hitchcock Medical Center

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The website will indicate ticket pricing and availability. For questions, call our office at 603-225-3783.
Mistakes happen in the medical profession. Assessments may be missed... the wrong medication administered... a lapse in judgment brought on by overwork. It’s at times like these, when aggrieved family members take aim at you, that you need a team at your back.

Simply, adequate professional liability insurance is a must for every nurse, in every area, whether employed at a large medical center or small practice. Having your own professional liability policy means you can be sure you are covered for eventualities that too often can result in devastating judgments:

After receiving emergency treatment, a 36-year-old woman died of undiagnosed sepsis. The family sued the treating physician and nurse, claiming the nurse—who had worked a busy, 14-hour shift—failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs $1.2 million. The nurse was responsible for $480,000.

The medical facility likely had liability coverage. But coverage limitations were less than the damage amount. However, a professional liability policy could have covered the nurse for damages, as well as:

- Court costs and settlements in addition to the limits of liability
- Attorney fees
- Reasonable costs incurred in the defense or investigation
- Lost wages
- Licensing board issues

Is a quarter a day too much to safeguard your career? A professional liability policy means you can be sure you are covered for every nurse, in every area, whether employed at a large medical center or small practice.


Lean In, a self-improvement novel is written by Sheryl Sandberg, a notable American businesswoman. Sandberg is currently the Chief Operating Officer at Facebook. In addition to serving on the board of Facebook, she serves on the boards of The Walt Disney Company, Women for International Travel, V-Day, ONE, and chairs the board of Lean In. Before being the COO of Facebook, Sandberg was vice president of Global Online Sales and Operations at Google and the Chief of Staff at the United States Treasury Department. With a BA in economics from Harvard University and an MBA from the Harvard Business School, Sandberg is constantly working to change society’s perception of women in the work force.

Lean In focuses on encouraging women to become leaders in their respective fields. Through sharing her personal stories and using research to shine a light on gender differences, Sandberg offers practical advice to help women reach their career goals. As nurses entering the workforce, we were eager to better our understanding of how to become a leader in the nursing profession. We were particularly interested in learning about how our gender may influence our progression into leadership roles in the future. This book challenges us to realize women’s leadership potential and inspires us to work together to create a more equal world by discussing topics such as honesty, success, likeability, and mentors in the workplace.

However, one weakness of the book is Sandberg’s overgeneralization of women and their lack of ambition to achieve leadership positions. While stating, “We each have to chart our own unique course and define which goals fit our lives, values, and dreams,” the theme that arise in her book are somewhat contradictory to this statement. Sandberg overemphasizes the importance of operating under the belief that one can be a ‘leader’ and fails to recognize the other qualities that a leader can exhibit. For example, Sandberg fails to address leaders who attain power through a different manner, which comes from being trusted and respected. While Lean In does have weaknesses, the strength of the book shine. These strengths include Sandberg’s ability to provide personal experience to encourage the reader that becoming a leader is within their reach. Sandberg also becomes very relatable by sharing her personal stories and using research to shine a light on gender differences. As a reader, you begin to feel connected with her personal message. In addition, she is a public advocate for the progression of leadership among women in the workforce, which makes the reader feel as though Sandberg’s supporting them as well.

The material in Lean In can also be specifically applied to nursing. Throughout the book, Sandberg discusses the barriers that women face in attaining respect and power in the workplace, especially in a world in which women dominate most professions. Nursing, however, is a profession that is mostly dominated by women. Therefore, nurses can apply Sandberg’s advice more easily than women in male dominated professions. Sandberg believes that in today’s society, women who attempt to attain leadership positions are viewed negatively. She states “professional ambition is expected of men but is... sometimes even negative for women” and that aggressive women “violate unwritten rules about acceptable social conduct.” (Sandberg, 2013).

As nurses, and especially as females, it is imperative that we work to support each other’s ambition to lead in the workplace. Sandberg also mentions “some of the most important contributions to our world are made by caring for one person at a time.” (Sandberg, 2013). When attaining power and leadership, it is important that we consider this statement. As nurses, it is crucial we remember that caring for our patients is of most importance. The foundations of nursing are based on patient’s needs and well-being, which nurses must tend to.

This book supports leadership growth in the profession by encouraging women to support colleagues in their professional careers, which therefore creates a supportive network of leaders. This growth must be initiated through increased awareness of the positive aspects of leadership. A change of thinking like this would decrease the negative stigma that is associated with women who have the will to lead. As future leaders in the nursing profession, it is so important that we become dedicated to lifelong learning, which can be aided by reading books on leadership, including Lean In.

Jade Chandronnait, RN, BSN & Erin Scroggins, RN, BSN, were senior nursing students at the University of New Hampshire when this review was authored.
MEDICALLY FRAGILE CHILDREN IN FOSTER CARE

Why Not You?

This year, approximately 600 - 800 New Hampshire children will find themselves in need of foster homes. Most will have been removed from their own homes due to parental abuse or neglect. They’ll range from birth to age 18, have a wide range of circumstances, and will hail from every corner of the state. Unfortunately, there are not enough licensed foster homes to accommodate all of the children in need in New Hampshire.

The children who are in need of foster care have had difficult lives because of parental neglect, abandonment, exposure to drugs and alcohol, and physical, emotional or sexual abuse. Some children enter foster care when no relatives are able to care for them, either after a parent dies, or when the family is not equipped to handle their complicated special needs. Some of the youth are children who in the process of adopting a beautiful young girl with cerebral palsy, she and her family will have to face the fear of ‘not being skilled enough’ to care for special needs children and procedures.

In many cases, foster families don’t always have to have special medical backgrounds to care for a medically fragile child. Fortunately, there are some families that have been courageous enough to be specially trained to care for such foster children. One of those courageous foster parent’s is Kate White, a married mother of three who in the process of adopting a beautiful young girl with a magnitude of medical needs that requires total care, receives a call to foster a 3 month old child brought to the hospital with broken ribs, a fractured skull and traumatic brain injury (TBI). Kate agrees to foster the little boy which comes with many complex and unique medical and rehabilitation challenges in which she and her family will need to be trained on.

The Division of Children, Youth and Families along with Child and Family Services is reaching out to the medical community to assist with the unique challenges of finding individuals and families open and skilled to care for medically fragile infants, children and adolescents with an array of complex medical needs. Some of the complex medical needs are the result of abuse and neglect to infants born with Fetal Alcohol Syndrome and/or birth related defects and disabilities. There is a shortage of homes across NH to care for medically fragile children for various reasons such as the need for a stay at home parent, to homes that don’t have the capacity to be modified to support the child’s needs, to the fear of ‘not being skilled enough’ to care for special medical needs and procedures.

Foster Care Specialist
Michelle Galligan, MS
Foster Care Specialist
Child and Family Services of NH
www.cfshn.org

Welcome New & Reinstated Members

| Julie Becker         | Manchester, NH       | Melinda Gilliland | Loudon, NH       |
| Marnie Berdeen      | Goffstown, NH        | Lyndsay Goss      | Exeter, NH       |
| Elizabeth Blondeau  | Nashua, NH           | Melinda Griffith  | Derry, NH        |
| Casey Bly           | Nashua, NH           | Tricia Guay       | Nashua, NH       |
| Sabrina Bolaniates  | Merrimack, NH        | Joan Earle Hahn   | Keene, NH        |
| Molly Brun          | Hudson, NH           | Kathryn Hatcher   | Manchester, NH   |
| Deenie Bugge        | Woodsville, NH       | Susan Honeywell   | Londonderry, NH  |
| Christina Bull      | Bedford, NH          | Kristina Huntoon  | Sunapee, NH      |
| Patricia Cady       | Londonderry, NH      | Camille Kennedy   | Belmont, NH      |
| Deana Calhoon       | Laconia, NH          | Paula Knowles     | Concord, NH      |
| Tina Cartwright     | New Boston, NH       | Sharon Laferriere | Hudson, NH       |
| Christie Champion   | Westford, MA         | Robin Landry-Paquette | Pelham, NH |
| Kathleen Chase      | Mason, NH            | Allison Lanza     | Milford, NH      |
| Marlyn Clark        | Nashua, NH           | Jacquelyn Lasalle | Manchester, NH   |
| Mary Couttemarsh    | Canaan, NH           | Celeste Legere    | Hooksett, NH     |
| Michelle Croteau    | Manchester, NH       | Julie Leonard     | Chester, NH      |
| Linda Curcio        | Raymond, NH          | Renee Lessard     | Pembroke, NH     |
| Lisa Davenport      | Stoddard, NH         | Ashley Luther     | Nashua, NH       |
| Nicole Delcourt     | Manchester, NH       | Shannon Maguire Lessard | Nashua, NH |
| Maryam Meaghan Devlin | Berlin, NH        | Mary Marchetto    | Nottingham, NH   |
| Angela DiOrio       | Auburn, NH           | Jennifer Martin   | Whitefield, NH   |
| Christa Dolbec      | Hinsdale, NH         | Ester Matiliano   | Goffstown, NH    |
| Tabitha Dowd        | Derry, NH            | Tina McGuirk      | Londonderry, NH  |
| Anne Marie Durant   | Concord, NH          | Susan McNames     | Nashua, NH       |
| Tara Ellis          | Manchester, NH       | Keri Millott      | Whitefield, NH   |
| Jessica Fellman     | Bedford, NH          | Jean Millott      | Exeter, NH       |
| Carol Ferzoco       | Nottingham, NH       | Karen Metivier    | Somersworth, NH  |
| Jennifer Fitzgerald | Nashua, NH           | Mary E. Moran     | Gilford, NH      |
| Mercedes Fleming Roy | Merrimack, NH        | Constance Morrison | Plymouth, NH    |
| Megan Flint         | Franconestown, NH    | Caitlin Mullanely | Dover, NH        |
| Lindsey Forleo      | Merrimack, NH        | Lori Myers        | Keene, NH        |
| Melissa Nazarenko   | Nashua, NH           | Sharon Nelson     | Derry, NH        |
| Kathleen Nikiforakis | Swanzey, NH         | Ijeoma Okorie     | Nashua, NH       |
| Julie Patten        | Antrim, NH           | Sally Patton      | Hanover, NH      |
| Melissa Pelttiiery  | Milford, NH          | Mary Remillard    | Manchester, NH   |
| Jasmine Rajaniedi   | Dublin, NH           | Sarah Rioux       | Bedford, NH      |
| Jackie Robidoux     | Merrimack, NH        | Joy Rogers        | Milford, NH      |
| Kay Romero          | Northfield, NH       | Beth Rothstein    | Merrimack, NH    |
| Constance Morrison  | Plymouth, NH         | Claudia Snow      | Hampton, NH      |
| Sharon Spofford     | Somersworth, NH      | Mary Beth Spainhower | Allenstown, NH |
| Corie St. Germain   | Allenstown, NH       | Kelly Stevens     | Raymond, NH      |
| Kristen Taylor      | Hudson, NH           | Kathleen Thompson | Manchester, NH   |
| Karen Tollick       | Litchfield, NH       | Michelle Vicente  | Salem, NH        |
| Sarah Vlachos       | Lebanon, NH          | Brittnie Welch    | Bow, NH          |
| Karen Wetherbee     | Sandown, NH          | Joanne Welling    | Dover, NH        |
| Spofford Wilkinson  | Concord, NH          | Bianca Westfield  | Concord, NH      |
| Katyanne Zink       | Epping, NH           | Karen Wetherbee   | Sandown, NH      |

DCFY and CFS are dedicated to ensuring that NH most vulnerable children receive the best care possible in caring, loving home environments equipped to provide a high level of medical care and oversight. We appeal to you to consider learning more about the unique joys of fostering and how your expertise can assist to ensure the special needs of these children are met in loving homes and reduce the transition period in hospitals and rehabilitation centers for medically fragile children.

The Division for Children, Youth and Families, CFS along with several social service providers throughout the state, provides a clear and comprehensive roadmap, along with training, resources and round-the-clock support for foster families. Foster families do receive a stipend to help with the care of the child along with other available resources.

For further information on becoming a foster parent, or the many ways you can help please visit www.dhhs.state.nh.us/dcyf/adoption or call 603 271-4711 to discuss with a Foster Care Specialist. You CAN make a difference in a child’s life so, WHY NOT YOU!?
People without insurance have many more options today to get covered than in the past. Both the Marketplace and the NH Health Protection Program have made it easier and more affordable for anyone at any income level to get insured.

New Hampshire has a federally-facilitated Marketplace. Anyone can purchase health insurance through the Marketplace regardless of income, but individuals and families within certain income limits may find they qualify for significant discounts. In order to be eligible to receive these discounts, individuals or families must fall between 138 percent and 400 percent of the federal poverty level – which amounts to $16,105 to $46,680 for an individual, and $32,913 to $95,400 for a family of four, based on 2014 guidelines.

As of today, there is only one company, Anthem, offering insurance on the Marketplace – but Anthem is offering multiple plans in Bronze, Silver or Gold categories with varied costs and coverage. Four more companies are entering the Marketplace for 2015: Assurant Health, Harvard Pilgrim Health Care of New England, Minuteman Health and Maine Community Health.

As a result, all interested persons – whether they’re already enrolled now or still need to enroll in November – will have many more choices, including plans with a wider array of hospitals, health care centers and primary care practices.

Of note: It’s not always clear what plan offers the best deal if people window shop on the Marketplace and don’t enter their income information. Silver plans, in particular, offer a wider array of discounts to those who qualify – something that’s not always immediately apparent. It’s important to enter income before deciding what’s most affordable.

Also note that the next open enrollment period starts on Nov. 15, 2014 for coverage that will start on Jan. 1 of 2015. But people who lose coverage due to a job change, or who have a baby or get married (among other things) can qualify for a special enrollment period before then.

### NH Health Protection Program

For lower-income New Hampshire residents – whose incomes are up to 138% of the federal poverty level (see the 2014 eligibility ranges in this chart), and who don’t qualify for the state’s pre-existing Medicaid program – coverage is now available through the new Health Protection Program.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>If Your Household Income Is This Amount or Less Each MONTH</th>
<th>OR</th>
<th>If Your Household Income Is This Amount or Less Each YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,342</td>
<td></td>
<td>$16,105</td>
</tr>
<tr>
<td>2</td>
<td>$1,809</td>
<td></td>
<td>$21,707</td>
</tr>
<tr>
<td>3</td>
<td>$2,276</td>
<td></td>
<td>$27,310</td>
</tr>
<tr>
<td>4</td>
<td>$2,743</td>
<td></td>
<td>$32,913</td>
</tr>
</tbody>
</table>

Workers who have access to health coverage through their employers will be considered for a special Health Protection initiative that would cover their share of the insurance premiums, deductibles and copays. Those without access to employer-based coverage will be able to enter what’s known as the Bridge Program, which will provide enrollees with coverage through Medicaid managed care.

The state began taking applications in July and will launch Health Protection Program coverage in mid-August of this summer. Both mental health and substance abuse treatment services will be incorporated into the traditional medical benefits that Health Protection Program enrollees receive.

Initially, the Bridge Program is being operated through the state’s Medicaid managed care initiative (using 100 percent federal funds to pay for benefits), but the law calls for a transition to begin Oct. 15, 2015. New Hampshire is seeking federal approval to shift Bridge Program enrollees into Marketplace plans at that time for coverage that would start in January of 2016, using the federal funds to help pay for their Marketplace plans.

The new options for insurance under the ACA may change and grow over time – the NH Health Protection Program will evolve, as will the offerings on the Marketplace. But the bottom line is that patients have choices they never had before. This coverage ensures they can get the preventive care they need and helps avoid the risk of severe financial hardship caused by a health emergency.

As a trusted provider, you can encourage your patients to consider their options and to do what it takes to get covered. New Hampshire has in-person enrollment assistants statewide to help people with the process – and assistance is available in many languages.

Here are a few of the online resources you might consider sharing with your patients:

- www.coveringnewhampshire.org (they also have posters and fliers you can request and may want to make available in your office)
- www.healthcare.gov

Please help us spread the news: Think you can’t afford health insurance? Think again!
Imagine telling a postoperative patient how to take his pain medication and sending him home only to later find out he ended up in the ED because he overdosed on the medication, taking six pills instead of two. His family wants you to see him and the hospital for not giving him the right instructions. You recall that after giving him his discharge instructions he shook his head indicating “no” when you asked, “Do you have any questions?” What happened?

The answer is that like many healthcare providers, you probably underestimated the patient’s health literacy. According to a 2003 report from the Department of Health and Human Services (the most recent available data), only 12 percent of adults in the United States have “proficient” health literacy—meaning they can understand and use health information effectively, and more than a third have only a limited level. That translates into millions of people in the United States who don’t understand the vital health information healthcare providers give them. To change that paradigm, nurses need to recognize the issue of health literacy and use tools such as “teach-back” and patient-friendly education materials to help ensure comprehension.

The value of health literacy

Ensure that patients understand instructions so they can manage their own care and improve outcomes. February 2012’s Health Affairs cites studies of strategies that improve patient adherence. For instance, medication counseling using a plain language, pictogram-based intervention resulted in fewer dosage errors and greater adherence, compared to standard care, which is considered routine verbal counseling about the medication.

Three 2010 initiatives recognize the vital role of health literacy—The Affordable Care Act, the National Action Plan to Improve Health Literacy from the Department of Health and Human Services, and the Plain Writing Act. Effective July 1, 2012, The Joint Commission’s new standards on patient-centered communication also includes guidelines on health literacy to assist practitioners in making their communication effective, minimizing risk. These initiatives have prompted facilities to develop policies related to health literacy, which nurses need to use to guide their practice. In addition, health literacy is part of a competency for Standard 1 (Assessment) from the American Nurses Association: “Identifies barriers (e.g., psychosocial, literacy, financial, cultural) to effective communication and makes appropriate adaptations.”

The current healthcare environment is a place where healthcare professionals will be held accountable for meeting their clients’ health literacy needs. Legislation, facility policies, and standards of practice could be cited in litigation involving mishaps related to a patient’s taking incorrect action because he or she didn’t understand the provided information.

A “universal” resource

You can’t tell a patient’s health literacy by looking at him or her. However, in this busy world of healthcare, there is little time to conduct a formal assessment. That’s why the North Carolina Program on Health Literacy says that just as we use universal precautions to prevent spread of bloodborne disease for all patients, we need to use health literacy universal precautions for all patients.

The program developed the Health Literacy Universal Precautions Toolkit, available as a free download at www.nchealthliteracy.org/toolkit. The toolkit, commissioned by the Agency for Healthcare Research and Quality, includes steps that healthcare providers can easily implement in their practice, including selecting provided tools, applying them, and assessing how effective they were in the interaction with the patient. Tools include how to use teach-back (see The power of teach-back, a reminder of key communication strategies, and a handout of systems patients can use to keep track of their medications.

The power of teach-back

If asked, “Do you understand?” after receiving health information, most patients will say yes rather than admit their lack of knowledge. “Teach-back” is a powerful method that ensures a patient truly comprehends what you have said. In this method, ask him or her to “teach” you the information. For example, you might say to a post-op patient being discharged from the ambulatory care center, “I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”

Teach-back can help you ensure that the patient understands the information you provided so he or she is more likely to adhere to instructions, thus reducing the likelihood of complications and a possible lawsuit.


Boosting understanding

You can use several simple strategies to address health literacy when working with patients. For example:

- Ask a patient how he or she prefers to receive information (by reading, hearing, or seeing).
- Avoid medical jargon and speak in simple, easy-to-understand terminology.
- Speak slowly, so patients can more easily absorb the information.
- Encourage patients to participate as you teach. For example, you might have the patient hold the syringe as you are talking about it.
- Repeat key points.
- Use pictures, if possible, to help explain concepts.
- Don’t try to cover too much in one session.
- Document the communication methods used in the patient’s medical record.

Another tip for promoting communication is Ask Me 3™ which encourages patients to understand the answers to three questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Encourage your patients to keep asking healthcare providers for information until they can answer those questions.

A team approach

Any method you use, from speaking slowly to encouraging questions, will help patients be more informed. More informed patients are less likely to sue because they are able to follow instructions and give themselves the best opportunity for successful self-management. By developing trust and promoting open communication, nurses can address health literacy and build a relationship with their patients that achieves the best possible outcomes.

Resources


This risk management information was provided by Nurses Service Organization (NSO), the nation’s largest provider of nurses’ professional liability insurance coverage for over 600,000 nurses since 1976. The individual professional liability insurance policy is administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500. www.nso.com.

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Jennifer Flynn, BA Manager, Healthcare Risk Management Nurses Service Organization (NSO)

October, November, December 2014
Healthy Work Environment Toward Civility
ANA, nurses promote strategies to prevent disruptive behaviors

by Susan Trossman, RN

While the first two codes are universally known to nurses, the less familiar, “code pink” can refer to a technique nurses employ to address unprofessional behavior in hospitals and other settings. It works like this: RNs go to the location where their nurse colleague is being verbally abused and stand in support of their peer – and against the bullying that is taking place.

It is one tactic, developed by OR nurses, that can help stem the tide of incivility, bullying and other forms of lateral violence. And more strategies are definitely needed within the work environment – be it an OR, an academic institution or a mid-career unit, say nurse experts.

Incivility is not just happening in health care. In a January-February 2013 *Harvard Business Review* article, researchers found that 82% of respondents, including lawyers, architects, coaches and physicians, reported experiencing uncivil behavior at work.

Yet incivility seems even more vexing a problem in health care, where “care” is supposed to reign. To help address bullying, the American Nurses Association (ANA) has created resources, including a publication, tip cards, fact sheets and webinars, that offer strategies for both individual nurses and organizations to use. ANA also has posed questions on workplace violence and bullying as part of its Risk Appraisal, an online survey available to all nurses. And nurse experts around the nation are promoting ways to ensure a better and safer environment for all.

Joy Longo, PhD, RNC-NIC, an associate professor of nursing at Florida Atlantic University, focuses her research on bullying and has written extensively on ways to promote a healthy work environment, including a Jan. 31, 2010 article in the *Online Journal of Issues in Nursing.* She also addressed this issue for an ANA Navigate Nursing webinar in 2011.

“It’s a factor in the work environment that can affect patient safety,” said Longo, a Florida Nurses Association member. “If even one [untoward] encounter a day causes a medication error, that is one too many.”

Starting at the beginning
Cynthia Clark, PhD, RN, FAAN, AENEF, a professor of nursing at Boise State University, an Idaho Nurses Association member and the author of *Creating and Sustaining Civility in Nursing Education,* has been studying incivility – a range of uncivil behaviors – and ways to foster civility and healthy academic and practice work environments for more than a decade.

“When I first started studying the topic of civility and incivility, very few people wanted to discuss it much or admit that it was an issue in health care or in schools,” Clark said. “Now it’s a hot topic.”

Clark sees incivility as a continuum, with disruptive behaviors, such as eye-rolling and other nonverbal behaviors and sarcastic comments, on one end of the spectrum, and threatening behaviors, such as intimidation and physical violence, on the opposite end.

Her exploration of this topic began when she witnessed certain behaviors among some nursing students that were similar to those she saw while practicing clinically at treatment centers for young youth.

“They [some students] were not outwardly hostile, but they displayed rude, disruptive behaviors and acted with a sense of entitlement,” Clark said. When she asked other faculty whether they encountered similar behaviors, they acknowledged that they had. Clark and colleague Pamela Springer, PhD, RN, surveyed faculty and nursing students about the uncivil or impolite behavior they experienced. Faculty reported behaviors such as students talking over others, using their cellphones in class and making disparaging comments about faculty between classes.

Through ongoing research, Clark has found that students and faculty are concerned about incivility, and would like to see those who are misbehaving recognized and addressed. How it can occur between anyone: student to student, student to faculty, faculty to student, academic peer to peer, faculty to administrator, and vice versa.

Inappropriate behavior can be fueled by many stressors. Clark found that student stressors include: demanding workload, juggling work and school and family responsibilities, academic incivility, competing for grades and worrying about harming patients.

In the webinar, Seltzer, and her colleagues Lori Ingram, MSN, RN, CNOR, and Angi Walsh, MA, BSN, RN, CNOR, spoke about how they have witnessed incivility in their workplaces and offered strategies – such as calling a “code pink” – to address unwanted and escalating behaviors, including from patients and families.

“We asked nurses attending the webinar if they had been bullied, and more than 90 percent said they had,” Seltzer said. No age or experience level seemed to be immune. New nurses reported bullying from their ill-matched preceptors during orientation. Older nurses described younger nurses rolling their eyes or making comments about them if they had difficulty learning new technology.

And unfortunately, some nurses still accept various forms of violence as being part of their job, said Seltzer, an AORN and ANA member. “They need to recognize overt and covert lateral violence, like gossiping and sabotaging assignments, as unacceptable,” she continued. “And they need to be empowered to speak up when they encounter these behaviors without fearing retribution.”

To make that happen, it takes a “top-down” approach in which leaders provide staff and non-staff with comprehensive training, including ways to strengthen their communication skills, Seltzer said. Leaders further must develop written policies with key stakeholders’ input.
Registered Nurse Safe Staffing Bill Introduced in Senate
Bill Highlights Importance of Nurse Staffing Levels

SILVER SPRING, MD – The American Nurses Association (ANA) today applauds the introduction of federal legislation in the U.S. Senate that empowers registered nurses (RNs) to drive staffing decisions in hospitals, protect patients and improve the quality of care. The Registered Nurse Safe Staffing Act of 2014 (S. 2353), crafted with input from ANA, is sponsored by Sen. Jeff Merkley (D-OR). ANA supports a companion staffing bill introduced in the House in May 2013, the Registered Nurse Safe Staffing Act of 2013 (H.R. 1821).

“It is encouraging that members of both chambers of Congress understand the connection between nurse staffing and patient safety. There is no room for debate: when there are appropriate nurse staffing levels, lives are saved and patient outcomes improve.” said ANA President Karen A. Daley, PhD, RN, FAAN. “With federal legislation we can vastly advance the quality of patient care and improve working conditions for nurses.”

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors, and even death. And when unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

“As the husband of a nurse, I know firsthand the many challenges nurses face and how critical their care is to patients,” said Sen. Merkley. “Safe staffing that enhances patient care, reduces medical errors and bolsters nurse retention all at the same time would be a tremendous improvement to health care delivery.”

The bill would require hospitals to establish committees that would create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, severity of the patients’ conditions, experience and skill level of the RNs, availability of support staff, and technological resources. “As a nurse, and someone who’s been involved in both patient care and policy discussions about staffing for decades, I’m so pleased to see Sen. Merkley standing up for patients in hospitals across the country,” said Susan King, MS, RN, CEN, FAAN, executive director of the Oregon Nurses Association, a constituent member of ANA. “We know that nurse staffing levels impact patient outcomes and nurse retention, and as the people providing care to patients—nurses bring an intimate understanding of patient needs to the discussion about how to most appropriately staff a facility. This is critical legislation for every patient in a hospital and for the nurses who care for them.”

The safe staffing bill also would require hospitals that participate in Medicare to publicly report nurse staffing plans for each unit. It would place limits on the practice of “floating” nurses by ensuring that RNs are not forced to work on units if they lack the education and experience in that specialty. It also would hold hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

Additionally, ANA has advocated for optimal nurse staffing through the development and updating of ANA’s Principles for Nurse Staffing, and development of a national nursing quality database program that correlates staffing to patient outcomes.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA’s recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA’s safe staffing legislative efforts, please visit http://www.RNAction.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 image 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.
Patient safety has always been a priority for nurses in any area of care, but one of the increasingly disturbing concerns of current nursing practice is the concept of “failure to rescue.” Failure to rescue is one of those areas where all of the parts must harmonize together to create an occurrence; the pieces are certainly not purposely put into place, but the outcome of that convergence is devastating for all involved. Nonetheless, the term exists and we as a nursing profession must find a way to eliminate the term and the event. By totally eradicating failure to rescue, we can go into the nursing textbooks as something that no longer happens. The purpose of this paper is to review the current literature and evidence based information that has been studied and written about such a damaging nursing concept.

The term failure to rescue is now being used in the literature so frequently that an abbreviation of FTR has been developed. This discovery was made when reviewing literature for a Master’s thesis on critical thinking in new graduate nurses. One cannot research critical thinking without finding information on rapid response systems and failure to rescue, which is intertwined in the literature about critical thinking. After making such an association, one can imagine a new graduate nurse was conducted to acquire an evidence base in order to find a source of truth in the definition of failure to rescue and put speculation to rest.

Many studies correlate failure to rescue with complications post-op (Aiken, Clarke, Cheng, Sloane, Silber, & Clarke, 2003; Ghafari, Birnkrant, & Dimick, 2011; Ghafari, Sonnenday, Birnkrant, & Dimick, 2012; Gonzalez, Dimick, Birnkrant, & Ghafari, 2013; Silber, Williams, Krakauer, & Schwarz, 1992). The occurrence of failure to rescue can happen in any situation. For example, a failure to rescue due to respiratory depression or failure can happen in a patient who is admitted with renal colic from a kidney stone and receives a large amount of opioid pain medication intravenously, subcutaneously, intramuscularly, orally, or even transdermal and is not monitored using oximetry or capnography after that opioid is given. Morphine is a common opioid used for pain in that situation. It bears mentioning here that even though complications are one of the most common causes of death, it is not always the patient who is administered for pain, it is also the only one opioids that can be administered subcutaneously (SQ) when no other route is available. This is especially important regarding the complications from opioids. It must be used cautiously when administered SQ because of its low lipid solubility causing a slow onset of effect. The nurse must not rely on the patient’s previous knowledge to do surveillance on their patients and the pain medication, thus theophylline or morphine and therefore more is given before the previous doses have been metabolized (O’Conner, 2013). The Joint Commission (JC) of failure to rescue Alert should include the use of opioids in hospitals in August of 2012. Of the one main points of this alert is the inappropriate monitoring of patients on opioids, which can lead to a failure to rescue event (Joint Commission, 2012).

Definition
Silber, Williams, Krakauer, and Schwarz (1992) first originated the term failure to rescue in 1992 and it has since been used as a measure of hospital quality of care. The Agency of Healthcare Research and Quality (AHRQ) in 2003 defined failure to rescue as “the inability of healthcare providers most likely to prevent and identify complications in a patient and activate the appropriate and necessary responses in a timely manner” (Aiken et al., 2011). Nursing surveillance is another cause worth noting. The top three factors that are tied to the number of nursing staff and the experience and education of the nurse that are taken into consideration. A seven percent increase in the likelihood of failure to rescue was associated with an assignment of one additional patient per nurse (Aiken, Clarke, Cheng, Sloane, & Silber, 2003; Hravnak et al., 2011). A 10% increase in the proportion of nurses with higher education decreased the risk of failure to rescue by 5% after considering hospital and patient characteristics (Clarke & Aiken, 2003). The patient can not be managed from one nurse to another because of an unforeseen development. Nurse hand off and report are another quick and simple but not enough help that contributes to the failure to rescue data (Talmsa et al., 2013).

Another causal factor of failure to rescue is the activation of rapid response teams and the hours that are initiated in the hospital. It has been suggested that there is more rapid response team prompts during the day than at night. This can be attributed to the previous-mentioned shift change or support staff, the amount of people supporting the nurse, and the nurse hand over. Patients may be equally unstable at night by the instability is missed because there is less patient surveillance by the staff. With that entire statement said, staff fatigue might also be a contributing factor for fewer rapid response events at night (Hravnak et al., 2001).

Nursing surveillance is another cause worth noting. The top three factors that are tied to the number of nursing staff and the experience and education of the nurse that are taken into consideration. A seven percent increase in the likelihood of failure to rescue was associated with an assignment of one additional patient per nurse (Aiken, Clarke, Cheng, Sloane, & Silber, 2003; Hravnak et al., 2011). The surveillance system is composed of nurses who are in the best positions to detect early complications and problems and initiate knowledge to do surveillance on their patients and the patients of other nurses. Nurses walk out of nursing school novices and it is the job of the nurse to transform them into competent nurses and proficient nurses (Benner, 1984).

Reference
References

Jacy L. Henk, BSN, RN

Failure to Rescue: An Evidence Based Glimpse

October, November, December 2014


Footnote

1 Hydromorphone and fentanyl are not indicated for administration subcutaneously and meperidine is becoming less of a choice in pain management (O’Conner, 2013).
As the only Continuing Care Retirement Community in the greater Manchester, New Hampshire area, Birch Hill Terrace offers an exciting, modern approach to senior living. Birch Hill promotes successful and healthy aging: modern amenities, big city conveniences, a scenic site on the west side of Manchester and a full continuum of services. Birch Hill is the perfect option for people seeking an independent lifestyle. A homegrown community—not part of a chain—Birch Hill’s not-for-profit status ensures accountability and a mission-based approach.

Memory Care Manager RN – The Pines

Birch Hill Terrace is seeking a dynamic leader for its newest venture, The Pines at Birch Hill Terrace, a memory care community. The Memory Care Manager will be part of the start-up team responsible for developing, coordinating, and implementing all aspects of care and services of this new program for residents with cognitive impairment. This position is responsible for providing a homelike social and physical environment; to assess resident’s strengths, to identify resident’s needs and provide services that promote each resident’s highest level of physical, social, emotional and spiritual well-being.

The Memory Care Manager will be responsible for: planning, developing, organizing, implementing and directing person-centered care programs and events as well as training and supervision of The Pines direct care team.

Candidates will need: Minimum of an Associate’s Degree in Nursing (RN); two years’ experience in direct management providing special care for persons with dementia within an assisted living environment; a strong background in assessing residents’ behavioral symptoms and developing non-pharmacologic approaches to meeting their needs; able to relate professionally and positively to facility staff, to work cooperatively with associates of all levels, and to represent Birch Hill Terrace / Pines Memory Care in the local community.

Registered Nurse (RN) Supervisor – Home Health (32 hrs./wk.)

The RN Supervisor – Home Health will administer nursing care to residents in their place of residence within the Birch Hill Terrace Community and will oversee regulatory compliance under the supervision of the Director of Social Services and Home Health.

Requirements are: Associates Degree in Nursing and licensed as a RN in the State of NH; three to five years general nursing experience with one to two years in a supervisory capacity. Two years in home healthcare is preferred.

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