

# NEW JERSEY NURSE

& The Institute for Nursing Newsletter

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July 2012

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## Rodgers & Penn Win Election



**Norma Rodgers**



**JoAnne Penn**

**Norma L. Rodgers** has been elected as President Elect and **JoAnne M. Penn** has been elected Treasurer.

Rodgers is a Senior Site Manager assigned to Merck Clinical Trials Team for Research Pharmaceutical Services, Inc. in Fort Washington, PA and sits as NJSNA's Region 3 President.

Norma stated if elected she "Will ensure the organization's continued efforts to impact health policy, education and implementation of relevant health information related to health care reform; strengthen NJSNA's presence in clinical nursing practice and research through individual and

corporate partnerships plus ensure financial sustainability as we position the organization to meet future challenges."

Penn is currently a pediatric nurse with Messina Pediatrics in Belleville, NJ, and is currently on the NJSNA Board of Directors and is an ANA Delegate, past NJSNA President, and has served on several NJSNA committees including INPAC and Bylaws.

Congratulations to you both!

### ELECTION RESULTS

President Elect  
Norma Rodgers  
Treasurer  
JoAnne Penn  
Director  
Margaret Huryk  
Mary A. Carroll  
Director Staff Nurse  
Kenneth Ashianor  
Nominating Committee  
Victoria Eftychiou  
Patricia Fonder  
Brenda Petersen  
Congress on Policy/Practice  
Vidette Todaro-Franceschi  
Karla Tramutola

## New Jersey State Nurses Association

### 2012 Annual Meeting and State of Nursing in New Jersey

by **Jamie Smith MSN, RN, CCRN, NJSNA,**  
**Director of Practice and Education**

On April 12, 2012, the New Jersey State Nurses Association held its Annual Meeting. Under the leadership of **President Mary Ann T. Donohue** RN, PhD, the Annual Meeting was called to order at the Cranbury Inn, Cranbury, NJ, and the 2011-2012 NJSNA Board of Directors was introduced, as follows:  
Judith Schmidt – President Elect; Dr. Ben Evans –

Vice President; Eileen Fay – Treasurer; June Brandes Chu – Secretary; Mary Carroll – Director; Tara Heagele – Director; Rosemarie Rosales – Director; Grace Reilly – Director Staff Nurse; Jo Anne Penn – Director – Staff Nurse; Jackie Galante – President—Region 1; Linda Wolfson – President—Region 2; Norma Rodgers – President—Region 3; Eileen Davis – Director – Staff Nurse; Dr. Sandy Quinn – President—

**NJSNA 2012 Annual Meeting continued on page 4**

NJSNA Members, Family and Friends  
You are invited to help celebrate  
the installation of all 2012 elected officers  
of the New Jersey State Nurses Association and it's Regions

**NJSNA Installation Brunch**  
**Saturday, August 4, 2012**  
**11:30 a.m.—1:30 p.m.**

**NJSNA Headquarters**  
**1479 Pennington Road | Trenton, NJ**

We hope you will be able to join us. Please R.S.V.P. to Sandy Kerr at 609-883-5335 extension 11 or by email [sandy@njsna.org](mailto:sandy@njsna.org) on or before July 19, 2012.

# PRESIDENT'S REMARKS

by **Mary Ann Donohue, RN, PhD**  
**President, New Jersey State Nurses Association**

By the time this issue is read by our members and non-members, change will have occurred in the structure of the American Nurses Association and how New Jersey State Nurses Association relates to it. The full house met on June 14-16, 2012 in Washington, D.C., an event that occurs every other year, to decide to what degree the voting members of the House of Delegates of the American Nurses Association endorsed sweeping bylaw changes that were proposed to the group. Innumerable hours were spent poring over documents, preparing for conference calls, attending Board of Director meetings, and participating in lengthy discussion of bylaws in all its stages, from genesis to development to successful passage or eventual elimination of certain segments. You can be assured that your NJSNA delegation served you, regardless of your individual level of commitment to your professional organization, with exactly the same dedication and generous giving of their time.



**Dr. Mary Ann T. Donohue**

To you I ask, as I was indeed asked, "Why should this matter?" The short answer—because all professional organizations are asking themselves this very question, is that it is extremely critical that in our own *Race to Relevance* (Coerver & Byers, 2011), to thoughtfully and creatively shape ANA and NJSNA to better meet the needs of all registered professional nurses, and those of future generations of students entering the profession. To achieve this, there was certainly a mindfulness to link ourselves to the rich tradition embedded within our nursing history. Participating in the large ballroom of the Gaylord Hotel with representatives from our 50 states and US territories, as well as leadership from the major nursing specialty associations, I was struck by the most basic assumption of any change process: Are all the changes being proposed absolutely necessary in the first place? Is there general agreement among the delegates, the group charged with the responsibility of voting for, or voting against, the change?

Before we even left for our nation's capitol, there was a definite lack of consensus about the 60-plus pages of bylaws and discussion. As with most of us when we are managing welcome or unwelcome change, the NJSNA delegation struggled mightily to interpret what the change would mean to us here at NJSNA and, not in a small way, debate how the proposed changes might subsequently be reflected in our own individual relationships with both the ANA and NJSNA itself. Finally, we took our roles as delegate very seriously. We were acutely aware that our members, and in a peculiar way, our non-members, would undoubtedly be profoundly affected by the decisions we made.

Throughout the entire proceedings, I was struck by basic categories that account for the divide in thinking in organizations and associations in the United States: Members and non-members. Non-members are individuals who either passively or actively select not to participate at the most basic dues-paying level, yet still stand to benefit professionally from the actions of those who become full members at an early stage, pay their own way to fund programs that, in the end, benefit all of us. Members are people who might certainly have made other personal, family, life and even professional choices that are, perhaps, no less commendable, yet to our benefit—and yours—instead make the choice to perform the work of their—and your professional organization. All efforts, the collective intelligence and the investment of time, are thus focused upon a single purpose; that is, what would make the most significant impact to the nursing profession at this particular moment? Not every decision reaches epic proportions, of course. However, every generation of organization leadership experiences its challenges as well as the once-in-a-lifetime chances to speak up, to step up, in other words, help to craft change that very possibly may influence what happens next in every environment where nurses happen to practice.

It seems particularly confounding today, because of the positive attention directed toward nursing lately, that there are nurses today who still may not know of the tremendous opportunity created by the landmark IOM Report, *The Future of Nursing: Leading Change, Advancing Health* (2011) and yet, cannot feel energized and take on even a small degree of actions in order to help us advance the profession and the way we all practice nursing. In the years leading to NJSNA's incorporation in 1903, were nurses emboldened by the promise of the future? Absolutely. Were there others, perhaps discouraged because women did not yet have the right to vote in this country, stay away from the noise and the confusion and the lack of clear direction, succumb to humanity's urge to shrug one's shoulders, remain in the zone of the familiar and thus, fail to join their colleagues and make history? Yes, again, yes, absolutely.

On which side would we have been, had we been there, I wonder? Where would you have stood? Where do we all stand now?

As we continue to define the outcomes of the historic June 2012 ANA House Delegates in terms of our own New Jersey nurses, the recommendations of the *Race for Relevance* ("R4R" for short), authors Harrison Coerver and Mary Byer came to mind:

## 1. Overhauling the governance model and committee operations

This means bringing the decision making to a small, yet robust group of individuals who are closest to the members. Dividing up governance according to geography, for example, when it might make more sense to have groups of specialties, or new graduates, or retired nurses as one way to address this recommendation.

## 2. Empowering the CEO and enhancing staff competence

The "headquarters" people have to be able to move quickly in the areas of technology and research. While the parent organization, in our case, the ANA maintains certain services and performs them on our behalf, what types of competencies do we need to refine?

## 3. Rigorously defining the member market

Who are we? What are we about? When we represent only a fraction of the state's potential members, have the registered nurses in New Jersey made other decisions about where to put their membership dollars?

## 4. Rationalizing programs and services

Organizations cannot be everything to everyone. Putting our talents in key areas that are heavily marketed, are unique to our organization and make others understand that what we do is the best of the best, is what we need to do in order to remain relevant.

## 5. Building a robust technology framework

Technology is so important, yet we continuously hand write and lament the use of tweeting and social media, and our inability to keep up. While we are busy doing that, we have successfully proven that it is already too late to be successful in a particular endeavor. Others passed us by.

*President's Remarks continued on page 5*



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Advance the practice of professional nursing by fostering quality outcomes in education, practice and research



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All NJSNA members are encouraged to submit material for publication that is of interest to nurses. The *New Jersey Nurse* also welcomes unsolicited manuscripts. Article submission is preferred in MS Word format and can be up to 1000 words. When sending pictures, please remember to label pictures clearly since the editors have no way of knowing who persons in the photos might be.

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# CEO MESSAGE

## Creating the Professional Nurses Association for the Future

Patricia Barnett, JD, RN, CEO

As I write this column the NJSNA Delegates are preparing to attend the American Nurses Association (ANA) House of Delegates where we will debate the structure and role of the ANA and the state nurses associations. The agenda includes a proposed bylaws change that ANA would no longer be a labor organization. This proposal reflects some of the changes we are seeing in the state nurses associations:



Patricia Barnett

- Crain's New York Business reported after the May NYSNA convention that "The 37,000-member New York State Nurses Association voted Thursday to become more like a traditional labor union than a professional association."
- NJSNA at its Annual Meeting in April voted to no longer be a labor organization, recognizing that it hadn't organized any nurses in over a decade.

The debate about collective bargaining is not new; it is an issue that has divided nurses since 1948 when the ANA House of Delegates adopted a Committee on Employment Conditions to review Economic and General Welfare (E&GW) programs in the states. I was fortunate to have been hired in 1979 to work in the collective bargaining program by Anne Zimmerman who was the Executive Director of the Illinois Nurses Association (INA) from 1954-1981, and President of the American Nurses Association, 1976-1978. She has always been a role model for me who saw the "big picture" and was a champion of nurses and the profession in the broadest context.

As the INA *Anne Zimmerman Fellowship* states, "She was one of a select handful of courageous women and men who, over the last 60 years, transformed nursing from an underpaid and underappreciated job to a respected profession. In 1997, Mrs. Zimmerman's immense contribution to her profession was recognized

by the American Academy of Nursing when it named her one of its "Living Legends." After her service with the American Nurses Association, Anne went on to become a founding member of the Interfaith Committee for Worker Justice."

Prior to heading the INA, as Associate Director of the California Nurses Association (CNA), Zimmerman helped to manage the first state E&GW program. The California Nurses Association's collective bargaining efforts started in 1941. At that time, members of the International Long Shore and Warehouse Union made more money and had better working conditions than nurses. Through collective bargaining CNA was able to increase wages 15% and worked to secure a 40 hour work week. That led ANA to explore a national program in 1946.

Do not assume that Zimmerman believed that being strong in collective bargaining made an association the professional voice of nurses, nor did she support the idea that collective bargaining was somehow less than professional. Like many nurse leaders before her and since, she saw collective bargaining as a tool to strengthen the profession, attract the best individuals to nursing, and give nurses a voice in the work place. She also believed in nurses taking leadership roles, and was the first female president of the Conference of Medical Society Executives of Greater Chicago. Zimmerman believed nurses needed to advance their education, so she worked to increase funding for baccalaureate and master's nursing programs across Illinois. After she retired from INA, she went on to become the first professor named to the Niehoff Endowed Chair at the Marcella Niehoff School of Nursing at Loyola University in Chicago.

Executive Director Zimmerman wasn't easy to work for—she demanded that we always represent the best of the profession to anyone we dealt with, that we should be prepared by knowing all of the issues, and would treat everyone with respect, and not back down if the issue was important to nursing and the profession. She "got it;" she embodied the ANA Code of Ethics—*The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.*

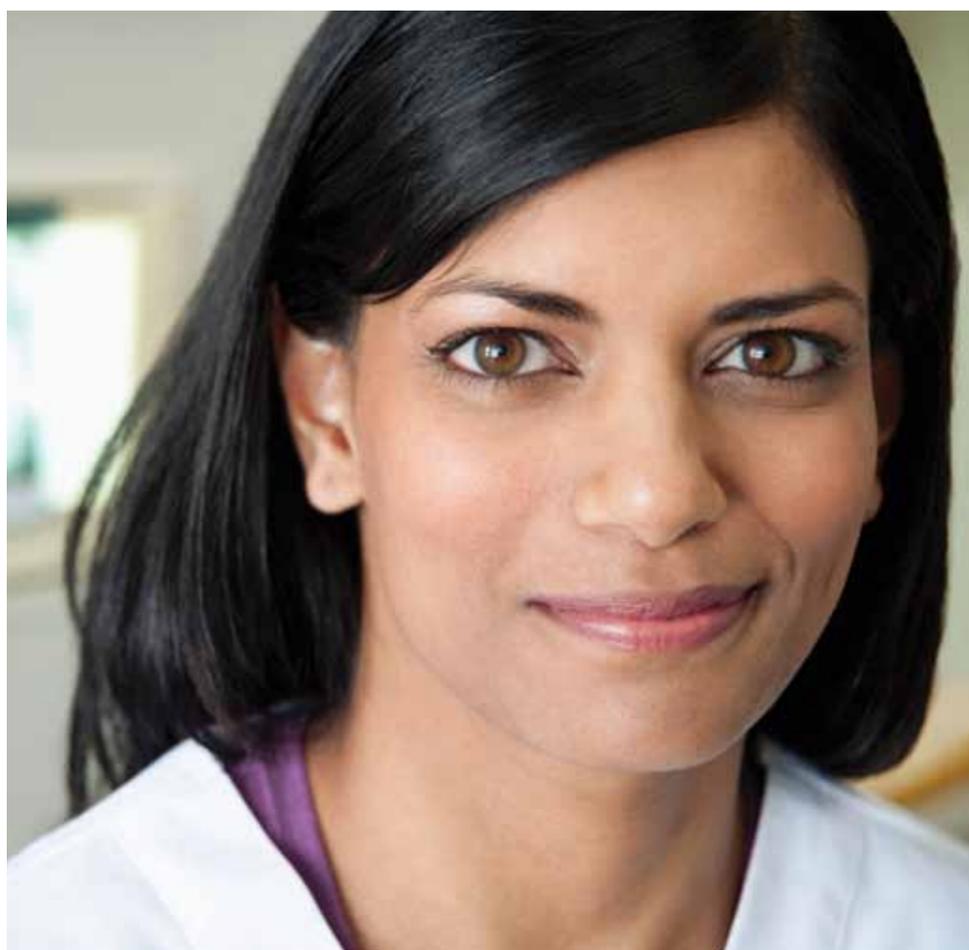
As we debate how to move forward, I hope we leave the old arguments where they belong, in the past. An organization can be both a collective bargaining agent and a professional association. A professional association can work to improve the working conditions of nurses through legislation and advocacy without being a union.

I have to admit some sadness that NJSNA is no longer a labor organization, but I also recognize that NJSNA's role has changed:

- First, we partner with unions who do represent nurses and are strong supporters of the profession. We recognize that they do a much better job than we do in managing the ongoing union activities and we bring our role as the professional association to the partnership.
- Second, some nurses have achieved the recognition and control over their practice that didn't exist decades ago. New Jersey has many Magnet hospitals, some have collective bargaining agreements, and some do not. One of the key requirements of Magnet is shared governance. True shared governance is a powerful tool that gives staff nurses a real voice in their professional practice. NJSNA can work to support a strong shared governance model and help individual nurses with issues that can't be addressed under shared governance.

We have come a long way from the time when Florence Nightingale wrote "No man, not even a doctor, ever gives any other definition of what a nurse should be than this—'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse." Today nursing is recognized as the key to transforming health care, lowering costs and improving outcomes. As stated in the IOM report on the *Future of Nursing*, "By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in the health care system. Nurses thus are poised to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, and to enable the full economic value of their contributions across practice settings to be realized." These changes weren't easy; they required risk taking, discipline, and sacrifice. To move the nursing profession forward, we will have to make the same or similar sacrifices.

I think Anne Zimmerman would be proud of where we are today as a profession, but I can imagine her looking over her glasses at me and asking what am I doing to take it forward to the next step? That is the challenge, our profession never rests. So the question for you and for me is what are we doing to articulate nursing values for today and tomorrow, how do we maintain the integrity of the profession and its practice, and what are we doing at the local, state and national level to shape health care policy? I welcome your thoughts and suggestions: [pat@njsna.org](mailto:pat@njsna.org).



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NJSNA 2012 Annual Meeting continued from page 1

Region 4; Kate Gillespie - President—Region 5; Dr. Eileen Toughill - President—Region 6.

Excused: Mary Wachter; Susan Weaver, Sally Leeds, Brenda Marshall.

### President and CEO Report to the Membership

President **Mary Ann T. Donohue**, PhD, RN, APN, NEA-BC and CEO **Patricia Barnett**, RN, JD, jointly presented a report to the membership including a summary of the healthcare environment of 2011-2012, current projects of NJSNA and future plans.

On the legislative and regulatory front, New Jersey nurses saw positive strides in the form of the Provider Authorized Life Sustaining Treatment (POLST), authorization which DOES include APNs, the establishment of Accountable Care Organizations' Demonstration Project that included APNs in the language; after lobbying by NJSNA and NJ Mental Health Association, the Department of Children and Families Services amended their rules to allow psychiatric APNs to prescribe psychotropic drugs to children. These successes tap into the IOM Report on the *Future of Nursing* recommendations of allowing nurses to practice to the fullest extent of their education and training.

Dr. Donohue and Ms. Barnett discussed the current plans to form partnerships with other nursing organizations and associations to create a legacy of collaboration. Additional plans to focus on fundraising efforts would enable NJSNA and the Institute for Nursing, the foundation of NJSNA, to continue many of their projects and would create a fund for the Association's building upkeep and the creation of a career development center. Dr. Donohue and Ms. Barnett concluded their presentation with a quote from Clara Barton, "I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done," relating to the membership that now is the time and the opportunity to change in a strategic, thoughtful way.

We welcomed honored guests to address the theme "The State of Nursing in New Jersey." The Annual Meeting celebrated an outstanding turnout of committed nurses who arrived eager to be updated on plans for the Association in the coming year, to hear the honored guest speakers and reconnect and network with friends and colleagues.

### Honored Guests:

The **Honorable Commissioner of Health and Senior Services, Mary E. O'Dowd**, MPH, addressed the attendees. The Commissioner demonstrated her knowledge and support of the landmark Institute of Medicine Report on *The Future of Nursing: Leading Change, Advancing Health*. The



**Mary E. O'Dowd**

Commissioner stressed the integral role nurses will serve as the healthcare reforms are implemented, as well as population changes and aging. Commissioner O'Dowd remarked on her professional experiences working with nurses, and the significant impact these nurses have had on shaping her professionally, beginning with Dr. Barbara Wright, PhD, RN, FAAN, for whom the Commissioner served as an Intern during Wright's tenure as an Assemblywoman in the New Jersey General Assembly. Commissioner O'Dowd commented on the wonderful work of the countless nurses in the Department, specifically highlighting **Alison Gibson** RN, the acting Assistant Commissioner of the Division of Health Facilities Evaluation and Licensing and longtime Department staffer and NJ Board of Nursing member **Noreen D'Angelo** MSN, RN, who were both present.

Commissioner O'Dowd highlighted the State's efforts to determine where the healthcare workforce is today and plan for the future through initiatives, such as NJ Department of Labor's Health Care Workforce Council and collaborations with Horizons Innovation Center. The Commissioner also shared information about the proposed Fiscal Year 2013 State budget, and the major transition for the Department which is the transfer of senior services to the Department of Human Services. This transition would lead to increased coordination of services, funding and policy decisions in the future.

Commissioner O'Dowd took the time to describe a few of the many programs of the Department, and emphasized the nurses' role in the success of these ventures. In *Shaping NJ* the Department and its partners provide grants to communities to increase access to healthy foods and opportunities to exercise, for example creating local community gardens. New Jersey is joining other states to promote breastfeeding by providing grants through the *Baby Friendly Hospitals Initiative* for maternity units to become certified as "Baby Friendly." As of April 12, one hospital has been certified and two others are awaiting decisions. She reported that a \$9.4 million grant was recently received for home visitation services for at risk families. New Jersey received the largest grant and these additional funds will allow the Department to increase those served, from 3,000 families to 5,000. The Department will be awarding \$8.1 million in HIV/AIDS grants to be used for comprehensive care and services, increased testing and implementing patient navigators; another

\$21 million will be available in grant funding for agencies that provide HIV/AIDS care, treatment and healthcare.

In December, 2011, Governor Christie signed the Provider Orders for Life-Sustaining Treatment (POLST) into law. NJSNA was a strong supporter of this legislation recognizing the need for increased education for patients and healthcare professionals, discussion and advanced patient decision making. As the Commissioner reported, New Jersey has been the most costly state in regards to end of life care. The passage of POLST and creation of a POLST form is a significant effort on the part of the State and the healthcare community to address this issue. **Aline Holmes** MSN, RN of the NJHA Institute for Quality and Patient Safety, has been charged with leading the effort to develop the form and assist in the distribution to the community.

In addition to the numerous programs, the Department is leading efforts to maximize efforts and programs by improving operations, increasing transparency, utilizing information technologies and enhancing partnerships in the community. NJSNA would like to congratulate Commissioner O'Dowd on her successful first year.

The **Honorable Assemblywoman Nancy Muñoz, RN, MSN, APN**, attended the program and shared remarks with the membership. Assemblywoman Muñoz shared her background, as a nurse and legislator.

Assemblywoman Muñoz has been a great champion of nursing issues and nursing legislation fighting for advanced practice nurses and all nurses to be recognized as key providers of health care in our state. The Assemblywoman also encouraged the nurses present to become involved in policy making whether it is running for office or supporting candidates. Assemblywoman Muñoz was endorsed by NJSNA's Interested Nurses Political Action Committee (INPAC) in 2011.

### New Jersey Board of Nursing Update Continuing Education Program

By popular demand, the Institute for Nursing's Provider Unit presented **George Hebert**, MA, RN, Executive Director of the NJ Board of Nursing and Dr. **Pat Murphy**, PhD, APN, FAAN, President of the NJ Board of Nursing as speakers.

They discussed the structure of the NJ Board of Nursing (NJ BON), which is a unit of the Executive Branch of government, Department of Law and Public Safety, and the Division of Consumer Affairs. Recent changes to the office including the addition of another nurse and a Deputy Director were reported. The NJ BON has made significant efforts to improve service by utilizing information technologies including increased website services, paperless meetings, webinar training, and a call center to help manage the volume of requests received by the NJ BON.

Hebert recently attended a meeting of the National Council State Boards of Nursing, and enlightened attendees on national initiatives including the Nurse Licensure Compact which allow nurses more mobility to travel, but with increased cooperation between the other state's boards of nursing. The NJ BON has been examining the APRN consensus model which would support the first recommendation of the Institute of Medicine Report on *The Future of Nursing: Leading Change, Advancing Health* that Advanced Practice Nurses should practice to the fullest extent of their education and training. The IOM Report recommends that all states conform to standard scope of practice models, implementing models such as the APRN Consensus Model.

Dr. Murphy and Mr. Hebert led an interactive discussion about "Alternative to Discipline" regulation and mandatory reporting requirements. Using case studies, the presenters demonstrated the value of alternative to discipline programs such as RAMP (Recovery and Monitoring Program, administered by NJSNA's IFN) in supporting and advocating for nurses, while improving the public's safety by allowing for early identification and treatment of nurses with impaired practice. The program concluded with a hearty question and answer session.

NJSNA and IFN would like to thank everyone who was involved with the 2012 Annual Meeting and State of Nursing in New Jersey presentations for a productive event and invite you to join us October 24-26, 2012 at Bally's Casino and Resort for the 2012 Professional Summit education program; and Don and Diva Awards Gala. Please visit [www.njsna.org](http://www.njsna.org) for more information.

## DID YOU KNOW???

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At the national level, American Nurses Association lobbies, advocates and educates federal legislators/regulators about the nursing profession, supports continuing education and provides a unified nationwide network for the "Voice of Nurses."

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# NJSNA Annual Membership Meeting

## October 24, 2012

### Bally's Resort & Spa

<h3>Official Call for Suggested NJSNA Bylaws Revision</h3>	<h3>Call for Resolutions</h3>
<p>Please consider this the official call for any suggested NJSNA bylaws revisions for consideration at the 2012 Annual Meeting (cont.) to take place on October 24, 2012. A full set of current NJSNA Bylaws can be obtained via the NJSNA web site at <a href="http://www.njsna.org">www.njsna.org</a>. All proposed revisions must be submitted to NJSNA by <b>August 1, 2012</b>. Please forward to:</p> <p style="text-align: center;">NJSNA Bylaws Committee 1479 Pennington Road Trenton, New Jersey 08618</p>	<p>Any NJSNA member may research, write and submit resolutions for consideration by the 2012 Annual Meeting (cont.). Resolutions should be submitted in form for printing to the Reference Committee through NJSNA at 1479 Pennington Road, Trenton, NJ 08618. Resolutions are due by <b>August 1, 2012</b>.</p> <p>Guidelines for writing and submitting resolutions can be requested by contacting Sandy Kerr at 609-883-5335 ext. 11 or via email: <a href="mailto:sandy@njsna.org">sandy@njsna.org</a>.</p>
<h3>Call for 2013 Nominations</h3>	
<p>Vice President Secretary Board of Directors MAL Board of Directors Staff Nurse Committee on Nominations Congress on Policy/Practice</p>	

## Congress on Policy and Practice (COPP)

*by Florence Jennes, MSN, RN, BC, COPP, Region 2 Representative and, Susan H. Weaver, MSN, RN, NEA-BC, CRNI—COPP, Chair*

#### Elder Abuse

What is the position of the New Jersey State Nurses Association (NJSNA) on practice issues? The Congress on Policy and Practice (COPP) utilizes the expertise of the COPP membership to guide practice issues through the development of position statements which can be used by nurses, policy makers and the community at large. Periodically COPP is tasked with reviewing existing position statements for current relevance and content; either the statements are revised with new material incorporated into it or they may be archived or retired. The current and archived NJSNA position statements are available for NJSNA members on the NJSNA website ([www.njsna.org](http://www.njsna.org) under the yellow tab titled "Policy"). After a thorough review of the position statement on Elder Abuse originally drafted in 1999, it was decided that the statement would be archived. The COPP agreed that while any form of elder abuse is tragic, it is universally unacceptable and therefore a position statement is not needed. The COPP will be compiling series of resources and references for nurses regarding elder abuse to be placed on the NJSNA website under "Patient Resources."

**Case Scenario:** Stella, an 82-year old woman, was brought to the Emergency Department by her daughter. In triage, the daughter explained that because she travels extensively, she hired a nursing aide to provide 24-hour care for her mother. Upon return from a recent trip, the daughter found that her mother was not using her left arm and she had bruises on her face, chest and legs. When asked, the aide attributed these minor injuries to a fall. As the nurse assigned during the assessment, you notice Stella's bruises are at different stages of healing and the x-ray results show a spiral fracture of her arm. Would you consider this a case of physical abuse?

Elder abuse occurs regardless of socioeconomic status, race, or religion and can occur in the home, community, long term care facility, or hospital. As the level of dependency increases in the elderly, so does the risk of elder abuse. Nurses have an ethical and legal responsibility to report any suspected abuse. Elder abuse can be physical, emotional/psychological, sexual, financial, or neglect (Muehlbauer & Crane, 2006). Physical abuse has clues, especially if the adult is described as being accident-prone or if treatment



is delayed. Psychological abuse is challenging to prove and may be demonstrated by unwillingness of the family to cooperate, or being over domineering or indifferent. Financial abuse is usually covert and one aspect could be with holding money back or not buying household articles (Lynch, 1997).

Assessment of the elderly patient should begin with inspection of all bruises, to determine their age and causation. During the assessment, have the family member/caregiver step outside the room. When interviewing and assessing the patient alone, observe the client's behavior and start with demographic data to hopefully place the client at ease. If by the end of the interview you suspect abuse, the client needs protection. Inform the family of your plan and report it to Adult Protective Services. All agencies involved with the elderly should be educated in the signs of abuse and the reporting protocol.

The Congress on Policy and Practice wants to hear from all NJSNA members. Please send your comments about this article and/or any practice concerns to COPP via Jamie Smith, RN, MSN, NJSNA Director of Practice and Education to: [Jamie@njsna.org](mailto:Jamie@njsna.org).

#### References:

Lynch, Humphries S. (1997). Elder Abuse What to Look for: How to intervene. *American Journal of Nursing*, 97, 26-32.

Muehlbauer, M., & Crane, P. (2006). Elder abuse and neglect. *Journal of Psychosocial Nursing*, 44(11), 43-48.

National Center on Elder Abuse [www.ncea.aoa.gov](http://www.ncea.aoa.gov)

Wagner, L., Greenberg, S., & Capezuti, E. (2002). Elder Abuse and Neglect. In V.T. Cotter, & N.E. Strumpf (Eds.). *Advanced practice nursing with older adults: Clinical guidelines* (pp. 319-332). New York: McGraw Hill.

*President's Remarks continued from page 2*

Whether change happens by design or more spontaneously, there will be a much different ANA and NJSNA that emerges. The current state of nursing and of health care is vastly different than the founders of our early organizations may ever have imagined. Yet the imperative for all of us to contribute has never been greater!

This is my last column as President of NJSNA. Looking back over the past four years, first as Institute for Nursing president and now as I close out my term, many thanks are in order. First to all the headquarters staff, Sandy Kerr in particular, and to Deb Harwell; "Living Legends" honoree and advisor par excellence, Dr. Barbara Wright and of course Dr. Lucille Joel and all the past presidents; and everyone who does so much to advance the nursing profession every single day. I also thank my own family, Tara and Tommy Donohue and loved ones Matt, Kelly and Ashley Ryan. I thank my Meridian Health family, including the hospital presidents and our very own "Living Legend," SVP/CNO Dr. Richard Hader, the ever-capable (and so much fun to work with) nurse managers and finally, our outstanding Magnet staff nurses, APNs and my fellow executive team members with whom I am so privileged to serve every day at Jersey Shore University Medical Center. I am so lucky to be a Meridian nurse!

Over my term as President, it has been my pure pleasure to work with the NJSNA Board of Directors to produce key accomplishments: Dashboards that reflect accountability, lobbying efforts that result in key successes to nursing practice, and thereby our patients; and focused efforts to improve our relationships with our partner nursing organizations and specialty associations throughout New Jersey. Perhaps the most significant accomplishment is that NJSNA is no longer a labor organization—something that has unfortunately stood in the way of full endorsement and open acceptance of NJSNA by hospitals and nurse administrators. That is now in the past! As a nurse executive myself, I consider the work of NJSNA unique and invaluable; no other nursing organization purports to serve the needs of *all registered nurses regardless of specialty or area of practice*. Through this column, I have had the privilege of reaching out to members I have never met or know only slightly—and continue the conversation with those I work with and see nearly every day. Keep the work going. Don't be silent. To paraphrase a saying that was popular in the 1970s, "Well behaved people rarely make history." Make some noise!

#### Reference

Coerver, H. & Byers, M. (2011). *Race for relevance: 5 radical changes for associations*. Washington, DC: ASAE Center for Association Leadership.

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# RWJUH – New Brunswick Wins Quality Award

Joyce E. Johnson, PhD, RN, NEA-BC, FAAN

Situated in the heart of New Jersey is the renowned Robert Wood Johnson University Hospital [RWJUH] and a Division of Nursing that is one of the most respected in the healthcare industry. The nurses in this Level I, acute, tertiary care, 600-bed hospital enjoy a stellar reputation for clinical quality, compassion and leadership. Here's why. During the past two years, RWJUH nurses have embarked on a quest to share the programs and initiatives that have helped them achieve national recognition for improving patient care and outcomes.

Achieving their recent **4th Magnet Designation** set RWJUH nurses apart as did winning the Association of Critical Care Nurses' national **Gold Beacon Award**, the **1st National Nursing Patient Safety Award** in the Evidence-Based Practice category, **First Magnet Nurse of the Year Award** for *Empirical Outcomes*, and the prestigious **Magnet Prize Honors Award** from the American Nurses Credentialing Center.

However, the most recent award won by RWJUH nurses, the **2011 NDNQI Award for Outstanding Nursing Quality**, reflects the nurses' consistent effort to improve clinical outcomes through advancing clinical practice. This award for outstanding nursing quality recognizes the importance of a strong nursing infrastructure, in both the clinical and administrative arenas, that consistently produces "best results" for patients. Data-driven nursing performance measures define "best results" as quality data are submitted to the American Nurses Association's [ANA] National Database of Nursing Quality Indicators [NDNQI], the most comprehensive database of nursing performance measures. These performance measures indicate the quality of nursing services related to outcomes such as patient falls and pressure ulcers. The database establishes the association between patient outcomes and characteristics of nurse staffing such as nursing care hours, certification, education levels and turnover. The database also enables comparisons, identification of benchmarks for excellence, and the measurement of consistent improvement, outstanding teamwork, effective leadership, and evidenced-based practice. [ANA News Release, January 26, 2012].

About one-third of all US hospitals report results to the NDNQI. Among the 1,800 hospitals and participating academic medical centers, RWJUH won the Academic Medical Center award for outstanding

nursing quality. This achievement is a result of years of strategic planning, intense clinical focus, hospital-wide partnerships and an unyielding commitment to achieving the very best outcomes for patients. The ANA award applauded RWJUH nurses for their success in reducing patient falls by 33% and hospital-acquired pressure ulcers by 60% over three years. The successful RWJUH falls prevention program is described in the nursing leadership's most recent publication, "Breaking the Fall," in the December 2011 issue of the *Journal of Nursing Administration* [Vol. 41, No. 12, pages 538-545]. The article's description of the hospital-wide falls prevention program advances the nursing profession by sharing best practices in fall prevention. This nurse-directed program, known as *Helping Hands*, supports the hospital-wide culture of safety and engages all to protect patients from harm caused by fall events.

Components of the program support the culture of safety at Robert Wood Johnson University Hospital and underscore the central premise of the fall prevention: nursing engagement is essential to success. At RWJUH, engagement begins with assessment, specifically completion of the fall risk assessment using the Johns Hopkins Fall Risk Assessment Tool. This tool calculates a total risk score integrating known risk factors such as age, fall history, medication use and cognitive status. The rendered score ultimately places the patient into one of three categories—minimal fall risk, moderate or high risk. Those at moderate and high risk are identified by yellow fall risk alert wrist bands and yellow fall risk flags on the doorframe. Patients identified at high risk also receive non-skid bright yellow socks. Posters array every patient room to engage family members and all hospital personnel entering the patient's room. Units keep track of the date of their last patient fall by posting it in a visible area on the patient unit.

Interventions remain the key to the program's success and are defined by protocol. Keeping the patient's room free of clutter, assuring bedside items are within the patient's reach, providing adequate lighting and encouraging patients and their families to call for assistance when walking to and from the bathroom are interventions that have driven the program's success. As well, a nursing care plan with specific intervention to increase the safety of each patient at the specified risk level individualizes clinical care. Empowering nurses to refer patients

to occupational and physical therapy for evaluation is enabled through the development of a protocol reflecting initial health assessment findings. The occupational and physical therapy teams are committed to responding to these requests within 48 hours of referral. Additionally, patients at high risk are placed closer to the nurses station and provided with fall prevention bed alarms, low beds and close supervision particularly during toileting. Hourly rounding encourages patients to toilet before urgency requires rapid bathroom access and resistance to calling for help when walking.

A major educational program developed specifically for family engagement regarding fall prevention recognizes the importance of family members and significant others in maintaining a safe environment for the patient. *Fall Prevention* booklets provide families with substantial education regarding the hospital's fall prevention program and encourage their involvement and support. A non-mandatory "falls safety agreement" contract is discussed and presented for signature to patients and their families signifying the importance of the program and their understanding of risk particularly in a hospital setting.

Data collection enables all hospital units to report two fall rates: total falls per 1,000 patient days and falls with injury per 1,000 patient days. Reported quarterly to the NDNQI, quality monitoring over time demonstrated an overall 33% reduction in patient falls!

The announcement of the prestigious NDNQI award occurred at the 2012 ANA Nursing Quality Conference in Las Vegas, attended by over 1,100 nursing and health care quality leaders. After the conference, the RWJUH nurses must have a renewed commitment to continuing their superior clinical programs and sustaining the improvements in patient outcomes specifically associated with the nursing quality and the environment in which RWJUH nurses work.

Congratulations to the amazing RWJUH nurses who, once again, have earned their noteworthy acknowledgement as "The Most Respected Name in Nursing."

Joyce E. Johnson, PhD, RN, NEA-BC, FAAN, former Senior Vice President and Chief Nursing Officer at Robert Wood Johnson University Hospital, submitted this article at the request of NJ Biz.



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## Christopher Named VNSNY President and CEO

The Visiting Nurse Service of New York (VNSNY) named its new President and Chief Executive Officer, Mary Ann Christopher, MSN, RN, FAAN; she assumed leadership of the nation's largest not-for-profit home health care organization on January 1, 2012. The Visiting Nurse Service of New York provides a wide range of services for New Yorkers of all ages and health care needs throughout the five boroughs of New York and in Westchester and Nassau counties.



Mary Ann  
Christopher

For the past 29 years, Christopher held progressive leadership positions at Visiting Nurse Association of Central Jersey, most recently, as President and CEO of the Visiting Nurse Association Health Group, in Red Bank, NJ. The agency serves over 127,000 people annually throughout the State. As President and CEO at VNA CJ, Christopher directed the operation of a broad continuum of programs including home health care, hospice care, a federally qualified health center, and community-based prevention and outreach services. During tenure as President and CEO, the organization expanded geographically from a two-county regional provider to a statewide organization.

Christopher is a founding co-lead of the NJ Action Coalition, working to transform the nursing

profession to improve health care as outlined in the Institute of Medicine's *Future of Nursing Report*. A fellow of the American Academy of Nursing, who completed the Wharton Nurse Executive Program, and the Public Health Leadership Institute of the Centers for Disease Control, she serves on many boards and commissions, including the Visiting Nurse Associations of America, where she chairs the Public Policy Council. Also, she is a member of the Dean's Advisory Committee, Seton Hall University, College of Nursing; the University of Medicine and Dentistry of New Jersey, Board of Trustees and University Hospital Board; New Jersey Hospital Association Health and Research Educational Trust (HRET); and the National Association of Home Care and Hospice Board. She serves as Secretary of the Board of the Greater Newark Health Care Coalition, as Chairman of the Monmouth County Human Services Advisory Committee and is a representative to the State Human Services Advisory Committee. In 2008, Christopher was appointed Chair of the Robert Wood Johnson Foundation National Advisory Committee for the New Jersey Nursing Initiative. She has participated on public policy commissions dealing with issues of homelessness, public health, child welfare, the nursing shortage, and managed care.

Christopher has written and lectured internationally on issues concerning home and community health care. She earned a Bachelor of Science Degree in Nursing from Fairfield University and a Master of Science Degree in Nursing from Seton Hall University.

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# NJSNA MEMBERS IN THE NEWS

**Benjamin M. Evans, DNP, RN, APN, PMHCNS-BC** has been named a 2012 NY/NJ Nurse.com Nursing Excellence regional *FINALIST* in the *Patient & Staff Management* category, one of six (6) categories of Advancing & Leading the Profession; Clinical Care Inpatient; Education & Mentoring; Home, Community & Ambulatory Care; Patient & Staff Management; and Volunteerism & Service.



As a regional *FINALIST* Dr. Evans is among 30 (5 in each category) from the NY/NJ region who will be

honored at the NY/NJ Nurse.com Nursing Excellence Gala on Wednesday evening, June 6th at the GLENPOINTE MARRIOTT in Teaneck, NJ. At the event, one nurse from each category will be named a NY/NJ regional *WINNER*, and those six (6) will then move on to the national program representing this region. The six national *WINNERS* will be announced in the fall.

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**Sandra L. Quinn, DNP, RN, CNE**, president Region 4, and a director in the Nursing Service Department at Capital Health in Trenton, recently completed her doctor of nursing practice degree at Duquesne University.  
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**Tara Heagele, MSN Ed., RN, PCCN**, graduated from Monmouth University on May 16, 2012 with her Master's of Science in Nursing Education. She also received the MSN Leadership Award 2012 from Monmouth University. She has been a role model for students in the School of Nursing and Health Studies and was recognized in an award ceremony on April 22 at Monmouth University.



## Memorial to NJSNA's Friend Ruth Hutchison

by **Muriel M. Shore, RN, PhD**  
*Felician College, Dean*

To My Dear Friend Ruthie:

I know Ruth would be very pleased that all of us have gathered here with her family to bid her farewell on her 78th Birthday. Each of you has been touched by Ruth's life in some special way.



My husband Bob and I have been dear friends of Ruth, her late husband Pat, and their son Rick for 49 years. As nurses, Ruth and I first met in 1963 at Mountainside Hospital, School of Nursing where as nursing faculty we shared an office. As fate would have it, Ruth and Pat moved to Fairfield in 1964 and shortly thereafter we moved there as well. We lived within a few blocks of each other. Some years later in the 1970's the Hutchison's bought a 2nd home at the Jersey Shore and so did we. Unbeknownst to each other, our homes were only 3 miles apart. Those coincidences were responsible for giving me the dearest friend in the world that anyone could ask for.

Today we celebrate Ruth's life. And what a life it was. Ruth was not an ordinary person—there was nothing ordinary about her.

She fulfilled her dream of becoming a nurse and did not stop until she earned her doctorate in public health from Columbia University. Ruth received certification as a School Nurse by the State Department of Education, and was certified by the American Nurses Credentialing Center. She was passionate in her belief that the role of the Certified School Nurse was critical to the education and well being of students. She became a force with the NJ School Nurses Association and fought many legislative battles when cutbacks were proposed by schools to eliminate the Certified School Nurse position, and replace it with Registered Nurses and Aides. Ruth was successful in leading the charge, and today school children and their parents have the quality health services they deserve from Certified School Nurses.

Ruth, along with Dr. Lillian Palumbo, developed a School Nurse Certification program at Seton Hall University, College of Nursing, and some years later, they further expanded this program to be offered at the Master's level. School nurses throughout the state know Dr. Ruth, as we affectionately called her, as their school nurse careers were launched at Seton Hall with Ruth and Dr. Palumbo. Ruth loved being on the faculty of the College of Nursing and was proud to work with many of their distinguished Deans of Nursing such as Catherine Denning, Sister Agnes Reinkenmeyer, Dr. Lillian Palumbo and Dr. Phyllis Hansell. She often told me how much they had influenced her career.

Ruth was a born leader. She held many leadership positions within the American Nurses Association. She was appointed to several ANA Committees revising Standards of Practice and for years, was elected as a New Jersey State Nurses Association Delegate to the ANA Convention. Ruth and Pat traveled throughout the country attending these conventions. Nationally, everyone knew Ruth. You could not go anywhere with Ruth without her being stopped by nurse colleagues throughout the country to talk with her. And she was always glad to see them and chat. She loved that.

Ruth was honored by the American Nurses Association as a recipient of the prestigious Pearl McIver Public Health Nursing Award for her outstanding contributions to the field of public health. This national award was very competitive and Ruth was deeply honored to be a recipient.

Ruth was very active with the New Jersey State Nurses Association for more than 50 years. She was elected to several terms on their Board of Directors and served as Treasurer. At meetings, you could always count on Ruth to listen to all sides of a discussion and then add her voice at the end, which was always something very profound and to the point. She could always get to the bottom line of everything and made issues much clearer for all of us.

Ruth was very committed to patient care and continually pushed many of us to aspire to greater heights and to advance our education at the master's and doctoral level. She was a mentor and friend to each of us. No one of us can stake claim that we were her best friend. Each of you was her best friend.

She always had advice for us regarding our careers and she was always right. She took great pride in each of our accomplishments and was quick to boast about special nurse colleagues that she mentored, especially Ruben Fernandez and George Hebert. She loved her colleague, Dr. Lucille Joel who went on to become the President of the American Nurses Association. We were all so lucky to have her looking out for us.

What I will most remember is Ruth's love for her family. Although nursing was a big part of her life, the bigger part of her life was her treasured family. Ruth enjoyed many years of marriage to her wonderful husband, Pat. She loved her son Rick, and was so proud when he graduated from Seton Hall University. She often told me how grateful she was for the loving care her family provided her, with her many limitations and years in a wheelchair.

Ruth Hutchison was a big part of our lives. She was a kind, caring woman of the highest integrity and character.

She loved her God and accepted the limitations of her health. Ruth often told me that while she experienced physical limitations, she was always grateful that it did not affect her mind. And her mind was brilliant.

Ruth had a very good life. She did God's work here on the planet; whether that was raising her family, working with students, providing nursing care for patients or mentoring every nurse she came in contact with. God was always at the center of her life.

In illness, Ruth displayed courage beyond belief. Ruth will be greatly missed by all of us but one thing I know for certain. When Ruth entered the eternal kingdom on May 15, she was greeted warmly by God. She reunited with Pat, and her mother and father. Then she asked them to please wait for her a minute so she could go looking for all her nurse friends, and then she would be back. I am sure they have already formed a Heaven State Nurses Association, and Ruth has already been elected its first President.

As Ruth's son, Rick, I hope it gives you some comfort to see the outpouring of love and support from your mother's friends and neighbors. You have been incredible; especially these past several weeks, helping your mother make the transition in her life. No one could ask for a better son.

Ruth, to coin some words from the beautiful song **"Unforgettable."**

No never before has someone been more unforgettable in every way,

And forever more, that's how you'll stay.

That why it's incredible that someone so unforgettable is you.

The world has lost a great nurse. But Ruth has mentored many who will carry on. Ruth, thank you for your magnanimous friendship and your goodness — we will miss you deeply dear friend. Happy Birthday in Heaven! Your dear friend, Muriel

## Nurse Leaders in the Boardroom

### Chamberlain Named to Widener University Board of Trustees

Widener University Board of Trustees recently elected Barbara Chamberlain, PhD, APRN, New Jersey State Nurses Association past president, as a member of its Board. Widener is a private, metropolitan university that connects curricula to social issues through civic engagement. The university is comprised of eight schools and colleges that offer liberal arts and sciences, professional and pre-professional curricula leading to associate, baccalaureate, masters, and doctoral degrees. Campuses, located in Chester, Exton, and Harrisburg, PA, and Wilmington, DE, serve some 6,600 students.



**Barbara Chamberlain**

At the New Jersey Hospital Association Institute for Quality and Patient Safety project funded by the Robert Wood Johnson Foundation, Chamberlain recently

served as program manager for Transforming Care at the Bedside (TCAB). In this position, she assisted New Jersey staff nurses at the bedside to make changes that improve patient outcomes, as well as patient and nurse satisfaction.

Chamberlain has served as the director of research and development, and the corporate director of clinical education at Kennedy Health System, a multi health system for acute care. She has held positions as a staff nurse, clinical nurse specialist, and as an academic and clinical faculty member at the diploma, associate, bachelors and masters degree levels of nursing education. She also served as an officer in the United States Air Force.

Having earned her doctorate in nursing from Widener University, Chamberlain is a member of the School of Nursing Advisory Board and the Widener Leadership Council. She is also an active participant in the Widener University Nurses Alumni Association. Widener University President James T. Harris III expressed his pride in welcoming such an accomplished leader to the board of trustees who will complement the board and help the university take advantage of new opportunities in an ever-changing higher education landscape.

# SPAPN

by Rachel Karbowski, MS, APN  
 Director of Education and Training  
 Society of Psychiatric Advanced Practice Nurses

The Society of Psychiatric Advanced Practice Nurses held their general meeting on June 3, 2012, and offered a continuing education session entitled "Practice Issues for Psychiatric APNs," presented by Carrie M. Carretta, PhD, APN, AHN-BC, FPMHNP, Lynn Pebole Shell, RN, MSN, APN-C, and Cindy Feder, APN. This presentation was in an interactive lecture format, with lively discussion between the panel participants. Many relevant practice issues for psychiatric APNs were addressed, including important areas to explore when considering accepting a position (contracts, collaboration, reimbursement, responsibilities), challenges in different practice settings as a psychiatric advanced practice nurse. The panel's specialty areas of private practice, residential care settings, geriatric psychiatry, and academia, and the importance of and ways to balance your career as a psychiatric advanced practice nurse were discussed; as well as balancing one's personal life to prevent burnout, recharge, and enjoy our challenging, yet rewarding and exciting field.

Carrie M. Carretta, PhD, APN, AHN-BC, FPMHNP is a tenured research faculty and assistant professor at the University of Medicine and Dentistry, New Jersey, School of Nursing, is a sub investigator of clinical research trials at Global Medical Institutes in Princeton, NJ, and recently merged her private practice, where she treats psychiatric clients throughout the lifespan, Coastal Behavioral Health and Wellness, with Princeton Psychiatric Centers. Her dissertation is entitled, "Rape Trauma: A Study of Preferred Rape Disclosure Methods and Factors Influencing Psychological Outcomes in Rape Victims."

Lynn Pebole Shell, RN, MSN, APN-C works as a Psychiatric Advanced Practice Nurse specializing in the geriatric population at the Continuing Care Residential Facility of Seabrook Village in Tinton Falls, NJ, as an advanced practice nurse at Corner House Counseling Center, in Princeton, NJ, and as consultant for Princeton Senior Resource Center.

Cindy Feder, MSN, APN is a Family Psychiatric/Mental Health Nurse Practitioner in practice with an Autism specialist at The Center for Neurological and Neurodevelopmental Health. Ms. Feder is also in part-time practice with a Behavioral Health Specialist. For the past 2 1/2 years, she has served as a co-facilitator for NJSNA's Peer Assistance program, and mentoring other nurses.

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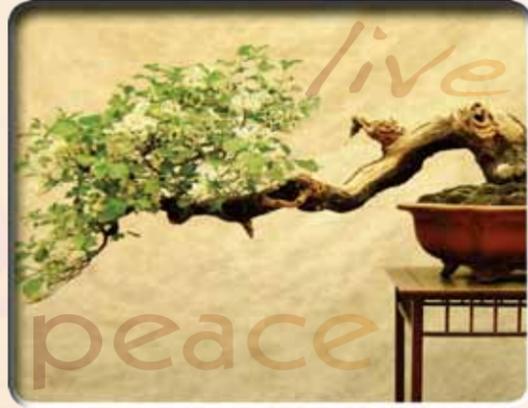


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# Meet Assemblywoman Muñoz: A Nurse in the State House

**Interviewed by: Suzanne Drake, PhD, APN,  
Director of Public Relations, Society of  
Psychiatric Advanced Practice Nurses, NJSNA**

**New Jersey Assemblywoman Nancy F. Muñoz RN, MSN, CNS** was sworn into office on May 21, 2009 filling the unexpired term of her late husband Assemblyman Eric Muñoz, M.D. On November 3, 2009 she was elected to her first 2-year term representing the 21st Legislative District. She was re-elected by a large majority to her second term on November 2011 and is currently Republican Policy Co-Chair. She lives in Summit with her 5 children.



**Nancy Munoz**

An ebullient little black dog welcomed me at the door of the gracious, circa 1900 home quickly followed by the tall winsome assemblywoman with striking red hair. "Justice! Get down! Sorry, she likes people...Let me just put away the vacuum so you don't trip on it." Within seconds, between the little wagging greeter, wafting aroma of baking chocolate and the Assemblywoman's admission of fondness for the sport of housecleaning, I felt at home. She ushered me into the high ceilinged dining room dotted with family memorabilia, and after some chitchat about her yummy brownies, we got down to business.

**SMD:** I understand that you are a graduate of Skidmore, received your MSN at Hunter College, CUNY, and you worked at Yale New Haven, Mass. General and Sloan Kettering Hospitals. What did you love the most about Nursing?

**Asw. Muñoz:** Of course I very much loved taking care of the patients, but I also loved being part of a team working toward the same goal. In my experience as a critical care nurse, especially in university settings, we didn't make all the decisions alone...we couldn't intubate the patient...we had to work together in an integrative way to promote the health of the patient. I loved being a part of that larger plan to get the patient well.

**SMD:** I was shocked and saddened to learn of your husband's sudden death three years ago. With five children getting ready to launch that must be very difficult. How did you come to the decision to assume your husband's seat in the legislature?

**Asw. Muñoz:** We had actually talked about it, believe it or not. Because he was a trauma surgeon, Eric knew that life changed for people. That everyday someone's life changed dramatically, permanently in many cases without expecting it. He used to say "people get in the car to go to ShopRite and never come home."

One day about 2 years before he died, we were talking about my career direction. Out of the blue he said, "In case something happens to me, you can take my seat in the Assembly." From that point on without being conscious of it, I see now that we were both preparing me for this role.

And then it happened. He went to bed on March 30th, woke up, something was wrong and 18 hours later he was dead. I never expected that to happen...ever! The next day I was in a state of shock because he had died, but in the back of my mind I knew. I believe he had been mentoring me. I think he knew I would be a good replacement for him. I filed a week later, was sworn in on May 21st and I have since won every election on my own.

I am very fortunate. We had a great marriage. I always knew that Eric loved me. We complemented each other. He was a lot more adventuresome than I, and I kept him grounded. At the same time he brought me out of my shyness, and I grew more self-confident. People trusted him, and now they trust me. I know that he would want me to be doing the work that I am doing now.

**SMD:** How are your children doing?

**Asw. Muñoz:** They are doing well, thankfully. They didn't like to see me grieve. They needed a strong Mom. But I think my grief scared them, so I was happy to walk Justice, our dog, and have that time alone to grieve. I had a friend whose father died when we were teens and her mother went to bed for

three months. I could never do that to them. I had to go on. Last week my kids and I were stuck in a traffic jam and I said, "this is what we're going to do..." and we did, we took these back roads and when we got there, my son said to me, "Mom, you're the bomb! You kept the car moving. We don't tell you often enough how much we appreciate you."

**SMD:** They are so right. That is such a metaphor for what you have done for their lives since their father died! You have kept their lives moving!

**Asw. Muñoz:** That's right! I didn't think of that at the time.

**SMD:** How do they feel about your role now as legislator?

**Asw. Muñoz:** They are very supportive. When a family member serves, the whole family serves. I see how comfortable they are around people...and the public. And I know Eric would support the work I am doing for nursing. He loved nurses.

**SMD:** What is it about being a nurse that has uniquely prepared you for the legislature?

**Asw. Muñoz:** Nothing could have prepared me more for the legislature than my nursing background. I have developed an invaluable set of skills that include evidence-based problem solving, really good listening and interpersonal skills, and the ability to deliver good and bad news with sensitivity and empathy. I use the whole nursing process to help me work through problems. Both nursing and the legislature consider multidimensional aspects of a problem.

And as I said, I love being part of a team. In nursing you work together on a plan that is safe and scientifically sound to advance the health of the patient. In the legislature, you work as part of a team to advance legislation that is fiscally sound to promote the wellbeing and safety of the people. I can't pass any legislation without support from the other side of the aisle, without support from the Senate, and to know that the Governor is going to sign that legislation into law.

**SMD:** I know of your commitment to the Jessica Lunsford bill, and you have sponsored several bills involving emergency medical services. What other issues do you feel most passionate about?

**Asw. Muñoz:** There are a number of them, but in terms of our profession, I have always wanted to make a difference in healthcare and in nursing. Eric saw back in the 70s that there were major problems in the way healthcare is delivered. He said that physicians aren't listening. He had written extensively on this. He was right, and now we're in a health care crisis. Nursing offers some solutions to this crisis.

I am committed to improving access to healthcare by removing barriers for nurses to practice to the fullest extent of their education and training...not beyond, mind you, but to practice fully within their scope of practice. I am working with NJSNA and nurse leaders throughout the state to do so.

The Institute of Medicine Report on the *Future of Nursing* was a hugely important document. I am convinced that the joint protocol that mandates a written collaborative agreement between a physician and an APN is outdated and needs to be removed. We can prove now, after 20 years that it is no longer needed. Everyone uses evidence-based practice now, whether it's a resident, or an attending physician, or a nurse practitioner, we are all basing our practice on scientific research of best practices.

**SMD:** What can New Jersey nurses do to make a difference in the current healthcare crisis?

**Asw. Muñoz:** They need to get to the table and be part of the decision-making agencies or it will be done for them. Get involved in public policy. Nurses need to understand how important it is to be involved politically. You are the people on the front lines dealing with health issues. Legislators need to hear from you. Policy makers need to know the nurses' view of healthcare, not just the physicians' perspective. Know that we are professionals, that a nurse is not less than a physician, just different. We serve different purposes, but with similar goals.

**SMD:** What is your main concern with the nursing profession today, and do you think you will be able to make inroads on that from your post?

**Asw. Muñoz:** We are the largest number of providers of healthcare in the US. That's a powerful force! But we need to elevate the profession by making a BSN a minimal level of entry into our profession. Nursing is the only health profession that does not require a Bachelors degree. Physical therapy now requires a doctorate. My bank teller has a bachelor's degree. As we raise the educational level, incomes rise. I am working on making the BSN economically and geographically feasible for associate and diploma grads by promoting county colleges to grant the bachelors' degree.

**SMD:** How is having a nurse in the legislature likely to improve nursing, health care and access to care for New Jersey residents?

**Asw. Muñoz:** I am one of your most important voices in Trenton because I'm one of your biggest advocates in the State House. I'm on the Health and Senior Services Committee and I will fight every step of the way for you. I will go wherever you need me to go to speak for you. It's important that you know that I'm there and I support you. I am not anti-physician. I love the 2 physicians that are in my life. But nurses are a critical part to the delivery of healthcare and we need to be part of the policy decisions in order to improve delivery and access to care for New Jersey residents.

**SMD:** What I hear you saying, if I may recap, is that as nurses, we need to keep elevating the status of our profession and not sell ourselves short. We are prepared for a lot more than we may realize. Our training can be applied on much broader scale. We need not only to be heard, but also to be a part of decision-making in healthcare. While it was terribly tragic the way you landed in this position, the gift has been in discovering that you have been educationally and mentally prepared for this role and are now in a pivotal position to truly create change. And on a personal level, you have shown how life can change on a dime, and yet even in that, we still have choices as to how we are going to handle what life gives us. You seem consistently centered on gratitude. Your personal loss has been profound, and yet your ability to be fully open to the rich possibilities inherent in the present moment bears evidence of your exceptional resiliency. Thank you so much for your inspiration.



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## IFN PRESIDENT'S REPORT

by Judy Schmidt, RN, MSN, President IFN

It is hard to believe but this is my final article for the *New Jersey Nurse* as President of the Institute for Nursing (IFN). I have had a wonderful two years at the helm of the fundraising arm of the New Jersey State Nurses Association (NJSNA). The IFN board and I have attempted to make our fund raising events enjoyable for the participants. Our fundraisers ranged from the traditional awards of the **Divas and Dons** and the **APPLE Award** to an ice cream social. We attempted to think out of the box by having wine tasting events at our premier wineries of **Villa Milagro**, Finesville, New Jersey and **Hopewell Valley Vineyard** in Pennington, NJ and, of course, that ice cream social at the **Grounds for Sculpture** in Hamilton, NJ. We managed to have two great years at the Trump National Golf Course in Pine Hills, NJ for our Golf Outing. Not even a cloudy day dampened the spirits of the golfers that played on that prestigious golf course. We also started programs that we hope will continue to provide monies to the IFN:



Judy Schmidt

- **Legacy Tiles Fundraiser**—"Help Pave the Way and Become Part of History." Porcelain tiles can be purchased and etched with a treasured photo, logo or quotation that is related

to nursing or healthcare. The monies raised will renovate headquarters to improve access for our physically challenged colleagues and to provide current modalities of learning (i.e., webinars and computer based learning programs).

- **"Honor a Nurse"**—honors a special nurse by placing a picture and/or brief paragraph in a *New Jersey Nurse* issue and also posts on the IFN/NJSNA website. What a great way it is to honor a former instructor, a mentor or a colleague.

For our educational efforts the two annual **"Journey to Excellence"** programs focused on mentorship, support and sharing of best practices that assisted organizations seeking the American Nurses Credentialing Center designation of "Pathway to Excellence." This designation from the American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA) is similar to the Magnet Award. It is national recognition given to healthcare organizations that strive for high levels of quality and professionalism.

The Scholarship Committee meets each year to review over 30 applications and awarded scholarships to very deserving new and experienced nursing colleagues. Dr. Regina Mastrangelo, Dr. Carolyn Tuella and Deborah Walker-McCall as always worked diligently in reviewing all the applications and choosing the best. Chuck Yahn joined us this year to help us choose the **"Valerie Yahn"** Scholarship recipient and had great insight in assisting us in choosing the other scholarship recipients.

As part of our continued support for nurses in New Jersey, **The Recovery and Monitoring Program (RAMP)**, based within the Institute for Nursing continued its integral mission. This program encourages nursing professionals to seek a recovery program, without prosecution, before their impairment harms a patient or causes a career ending event. This comprehensive, structured program continues to be a sound method for addressing the problem of impaired nursing practice. While there is an "Alternative to Discipline" law that protects impaired nurses, it is the RAMP program that will assure public protection. NJSNA/IFN, through RAMP, will continue to work collaboratively with the NJ Board of Nursing to continue this invaluable program.

As you can see, the Institute for Nursing is and will always be a great support for the advancement of the profession of nursing in the state of New Jersey!

Finally, I would like to thank the **IFN Trustees** Pat Barnett, CEO; Eileen Fay, Treasurer; Norma Rodgers; Robert Hess; Deborah Walker-McCall; and Chuck Yahn for their invaluable support to me and the IFN. In addition nothing could be accomplished without our hardworking support staff: Debra Elko, CFO; Debra Harwell; Jamie Smith, Tyea Santiago and Sandy Kerr.

—And thanks to all the members of the New Jersey State Nurses Association for all the work that you do every day to improve the health of the citizens of NJ.

## RESEARCH CORNER

# Examining the Concept of Resilience

by Sue Fowler, PhD, RN, CNRN, FAHA  
Research Column Editor

Concepts are the building blocks from which theories are constructed. Nursing theories nurses may be familiar with might be Orem's self-care theory, Jean Watson's theory of caring, and Roy's adaption model. In the wake of the recent environmental tragedies including tornadoes, oil spills, and tsumamis, and terrorist attacks, the concept of *resilience* has surfaced in conversation and the media. Concepts change and grow over time as new knowledge is generated and new interpretations are formed.

The concept of resilience cuts across many disciplines, age groups, and cultures. Essentially, resiliency can be defined as: 1) Bouncing back; 2) In Latin: 'resilire'—to leap back; 3) Recoil or springing back; to recover easily; to function after stress, according to the dictionary; 4) A return to a restorative level of functioning by using compensatory and coping mechanisms (Curley, 1998); and, 5) The ability to survive, to succeed, and to evolve in face of adversity (Cyrulnick, 1999).

How can resiliency be measured? There are a number of operational definitions or tools that specifically target this concept:

- 1) Resilience Scale (Ahern, Kiehl, Sole, & Byers, 2006)
  - a. Used in adult and adolescent populations
  - b. A 25-item quiz to study acceptance of self, life, and personal competence
  - c. The most consistent and valid of the resilient tests studied
  - d. Cited over 18 times in the literature.
- 2) Resilience Scale for Adults (RSA) (Ahern et al, 2006)
  - a. A 37-item questionnaire that is based on a generated list of protective factors
  - b. Results show if an individual has any of these critical attributes
  - c. Limited use of this scale in adults and only one documented application.

- 3) Connor-Davidson Resilience Scale (CD-RISC) (Ahern et al, 2006)
  - a. Measures resilience in various age groups
  - b. Found to have sound psychometric properties.
- 4) Brief Resilience Scale (Smith et al., 2008)
  - a. Assesses 'ability to bounce back or recover from stress.'
- 5) Adolescence Resilience Scale (Gartland et al., 2011)
  - a. A 93 item tool, and 12 scales, exploring the domains of self, family, peer, school, and community.
- 6) Nurses in Korea are exploring the development of a scale for children with chronic illness (cystic fibrosis) to include 3 domains of interpersonal characteristics, characteristics of coping, and intrapersonal characteristics.
- 7) Some investigators use a combination of scores from other tools to define resilience; for example, in a diabetic study, investigators used self-esteem, self-efficacy, self-mastery, and optimism (Y-Frazier et al., 2010).

Why should we study resiliency? Is it important to know if a person is, or is not resilient? Outcomes associated with resiliency include coping, learning, adapting, and/or functioning normally or better than expected. Disciplines identify outcomes of resiliency differently. Psychology may target absence or avoidance of substances in a person who is resilient to tragedy. A gerontologist may look for an elder flourishing, despite adversity in life. How would nurses define the outcomes of persons who demonstrate high resiliency?

Think about your own resiliency. If you consider yourself resilient in the face of tragedy and challenges, how did you act and what were the consequences of these actions? Think about your patients. Is the

patient who presented with a stroke demonstrating resilience in their recovery as they engage in the process of rehabilitation? Hilton (2002) found in a quality study involving five elderly women with stroke, themes of transition with transformation, and a subtheme of resilience.

I challenge my colleagues to embark on a research journey exploring the concept of resilience in their own practice in an effort to build the science of nursing. For more information on this concept, please contact me at [njfowlers761@msn.com](mailto:njfowlers761@msn.com). References are available upon request.

### Jill Marie Davis, Recipient of the IFN Arthur L. Davis Publishing Agency, Inc. Scholarship

The 2011 recipient of the Institute for Nursing (IFN) Arthur L. Davis Publishing Agency, Inc. Scholarship in the amount of \$1,000 is **Jill Marie Davis**, of Jersey City, NJ. Davis is a student at Hudson County Community College Cooperative Nursing Program and expects to graduate in May 2014.



Jill Marie Davis

The IFN Arthur L. Davis Publishing Agency Scholarship is an educational scholarship open to all high school graduates or adult students who are enrolled in or applying to an associate degree, baccalaureate or diploma nursing program in New Jersey and also to all RNs pursuing a higher degree in nursing. The Arthur L. Davis Publishing Agency, Inc., publisher of NJSNA's *New Jersey Nurse*, is the sole contributor to this fund. The scholarship is awarded once a year in the amount of \$1,000. Approval for granting scholarships is the sole responsibility of the Institute for Nursing's Board of Trustees.

# 2012 INSTITUTE FOR NURSING'S SCHOLARSHIP RECIPIENTS

For 23 years the Institute for Nursing has been helping New Jersey nursing students to further their educational dreams by providing scholarships for nursing studies. Scholarships are awarded to students who demonstrate academic excellence and have the potential to make a significant contribution to society. This year's scholars are certainly no exception. The applicants are clearly enthusiastic about the chance to begin or continue their studies with the help of the Institute for Nursing.

The Institute for Nursing Scholarship Committee, Dr. Carolyn R. Tuella, Annette Hubbard, RN, Dr. Regina Mastrangelo, Deborah Walker-McCall and Judy Schmidt, President of the Institute awarded ten (10) scholarships from the 25 scholarship applications received.

This year the Valerie E. Yahn Nursing Scholarship was awarded to a high school graduate. This scholarship is awarded to a deserving New Jersey high school graduating senior intending to pursue a nursing (BSN) degree at a college/university. The scholarship committee and the family of Valerie Yahn gave consideration to the following factors when judging the applications for this scholarship—academic excellence, passion for nursing and strength of character.

While the Institute scholars must now do their part and study hard in their chosen field, the success of the Institute's scholarship program relies on the behind-the-scenes activities of a small group of New Jersey State Nurses Association members who volunteer their time and energy throughout the year to support the program. As one committee member remarked, "it is hard work but it's so rewarding to see the fruits of our efforts and to know that through our support we are helping these women and men to make a valuable contribution to society in the future."

Since its beginning in 1989 more than 320 students have benefited from the financial support of the Institute for Nursing Scholarship Program. Many have gone on to successful careers in direct patient care, education and research, administration, advanced practice, public health, corporate health, school nursing and countless other fields all of which allow them to give back to the communities and our profession.

This year's scholarship recipients are:

### Valerie E. Yahn Scholarship

Jillian Conley  
Georgian Court University  
Meridian Health School of Nursing



### Centennial Scholarship

Maria M. Dasana  
Mercer County Community College



Victoria Collins  
William Paterson University

### Arthur L. Davis Publishing Agency, Inc. Scholarship

Jill Marie Davis  
Hudson County Community College  
Cooperative Nursing Program



### General Scholarship

Christine Eaton  
Warren County Community College



Theresa Lannino  
Trinitas School of Nursing



Jennifer A. Shaughnessy  
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### Mary Germain Scholarship

Susan C. Dowd  
New Jersey City University



### Newark City Hospital School of Nursing Alumni Association Scholarship

Katie Dodd  
Middlesex County College



### Sylvia C. Edge Endowment Scholarship

Shavon Lashley  
Essex County College



If you would like to help continue this invaluable program as a volunteer or through a gift donation, please contact the Institute for Nursing at 1479 Pennington Road, Trenton, New Jersey 08618-2694. Telephone 609-883-5335; Fax 609-883-5343 or email [Debbra Elko](mailto:Debbra@njsna.org), Chief Financial Officer at [Debbra@njsna.org](mailto:Debbra@njsna.org) for more information or visit our web site through the NJSNA website [www.njsna.org](http://www.njsna.org).

Congratulations again to the 2012 Institute for Nursing Scholarship Recipients. Good luck in all your endeavors.

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# End of Life: Policy, Practice and Pedagogy Presented

The Institute for Nursing in collaboration with the NJSNA's Congress on Policy and Practice presented a conference on "End of Life: Policy, Practice and Pedagogy" at the Robert Wood Johnson Foundation on March 8. Featured speakers were Nessa Coyle, ACHPN, PhD, FAAN, Palliative Care, End of Life Care, and Clinical Ethics Consultant; Mary Ellen Jacobs, RN, BSN, Graceful Seniors LLC, President & Founder; and Vidette Todaro-Franceschi, RN, PhD, FT, Hunter College, CUNY, Associate Professor.

## EOL: Practice

Nessa Coyle discussed practice related to "Palliative Care as an Integral Part of Comprehensive Care." She reported on the growth in hospice and palliative care in the United States by 2010: nearly 5,000 hospice programs, over 1 million patients served; 40% of all deaths, not accidental or sudden, are served by hospice; more than 1,000 palliative care programs. She referred to the changes in the trajectory of dying, as 90% of Americans die from incurable disease, and they experience longer periods of progressive debilitation and decline, having had technology prolong their life and dying. The health care system is oriented toward treatment and management; quality of life is often impacted, resulting in poorly controlled symptoms, psychosocial and financial distress, and caregiver burden.

Coyle described Palliative Care and its approach to improving quality of life for patients and families. The goal is to prevent or relieve suffering and support the best quality of life that can be provided and may include life prolonging therapy. Palliative Care evolved from the hospice care model to address quality of care issues on a continuum; a program of expert management of symptoms and suffering which becomes more intensive as an individual moves closer to death.

Coyle uses the concept of "Total Pain" to review the principles of palliative care with patients having advanced illness and their families. Using the work of Cicely Saunders, she identified total pain as more than physical; that is, impairment, disability, and handicap; psychological distress with grief over loss and change; social disruption in finances, family, and role; as well as spiritual distress. She described suffering as an umbrella concept, where patients experience angst/anxiety, despair, guilt, and isolation. To relieve suffering nurses need to know how the patient and family perceive suffering; for example, is it physical, social, spiritual, psychological, and how can they organize a system of care to address suffering. She suggests that when patients are approaching death, while all do so differently, "be silent, be present, hear the patient's story, and go from there...it is a process."

Clinicians play an important role in communication. In New York, a recent statute states that physicians or NPs must have and document a conversation about choices and prognosis for patients with an illness that may lead to their death within six months. Ethical issues may arise in administering Palliative Care: conflict in goals; refusal or withdrawal of treatment, hydration and nutrition; end of life sedation; and physician assisted suicide and euthanasia, for example. When sedation is used, Coyle stressed that it is the intent for which it is used that addresses ethical dilemmas; "sedation—intent is to produce somnolence and relieve suffering," and is not euthanasia or assisted suicide. The issue of medical futility is a common thread in ethical discussions.

## EOL: Policy

Mary Ellen Jacobs outlined the "End of Life: Historical Perspective in Policy Development," beginning with Cardozo in 1914 when informed

consent originated. The US Constitution's 14th amendment on Right to Privacy and State Constitutions do not address the refusals to life sustaining treatment. States have the authority to establish procedures for incompetent persons who cannot exercise the right to refuse treatment on their own, Jacobs reported.

She described the 1975 landmark New Jersey case that was filed by the family of Karen Ann Quinlan. As a result, the NJ Supreme Court supported the family's right to remove their daughter from life support. Quinlan lived for 9 years after the removal.

According to Jacobs, by 1997, all 50 states had adopted health care power of attorney in the form of living wills. By 1999, 42 states had protocols for out of hospital *do not resuscitate* orders. (NJ enacted a combined statute in 1991 which included living wills and durable power of attorney for healthcare, entitled Advanced Directives.) The NJ Commission on Legal and Ethical Problems in Delivery of Healthcare (NJ Bioethics Commission) was established; three nurses were appointed, Noreen Haveron, Mary Lindner, and Marguerite Schlag. Over the past three decades, Patricia Murphy, PhD, APN, FAAN, a leader at UMDNJ Interdisciplinary EOL Consulting Services, has been a significant voice for End of Life and Palliative Care.

Over the decades, various approaches have been initiated to promote Advanced Directives, such as the Legal Transitional Model and Communication Approach and the Centers for Medicare and Medicaid requiring initiatives to advanced directives as far back as 1990. However these programs have failed to motivate the American public to use Living Wills or health care proxies (power of attorney). In a 2008 AARP study, only 29% responded affirmatively.

Only recently, Jacobs said, in 2011, the NJ Governor signed the Providers Orders for Life Sustaining Treatment (POLST). These patient orders prepared by physicians and advanced practice nurses will follow the patient and translate advanced directive information into a portable, actionable tool orders, including CPR, interventions, artificial nutrition and hydration, and ventilator support, for example. She anticipated further efforts to address End of life Care in health care reforms underway.

## EOL: Pedagogy

Vidette Todaro-Franceschi described her work related to "Pedagogy and End of Life Care." She stated that the biggest barrier to EOL care is

"inadequate pain management," as one in four patients reports inadequate pain management, and one in three families reports insufficient emotional support. Although nursing and medicine have made efforts to improve their practices in care of the dying, providing quality EOL care continues to be a challenge.

Todaro-Franceschi has devoted her scholarship and teaching to EOL care through education, practice and research. In a review of EOL Care in US schools of nursing, she found significant barriers to EOL Care education. Her studies of BSN alumni and generic, RN pathway and graduate students support findings that education can enhance attitudes related to death and dying. "Dying has become a cold, isolated process...it is the rare person who would choose to die among strangers, and yet in many areas of health care today, we force those who are dying to do so," she reported. Therefore it is imperative that we overcome education barriers and properly prepare nursing students.

Her research indicates that a correlation exists between perceptions of ability to provide quality EOL care and overall professional quality of life. Thus, she concludes that "inclusive formal EOL education for nurses could potentiate a more satisfied workforce, since patients die in all areas of health care, not just in critical care areas." Being aware of triggers that may lead to compassion fatigue may avert negative aspects and its impact on professional quality of life.

Believing that we cannot practice what we do not know, Todaro-Franceschi has created "Steps Toward Healing: The ART of Reaffirming Purpose," to help nurses enhance their professional quality of life. For example, **Acknowledge** feelings through self reflection and awareness; **Recognize** choices using intuition and choosing actions that will reaffirm our purpose; **Turn** outward reconnecting with others (ART). In caring for the dying, we need to peel away the layers that are barriers to care, as well as assess the perceptions of our preparedness and ability to meet the needs of the dying. We must address our educational deficiencies and comfort level with death to the end that patients will receive adequate EOL care in their process of dying.

Finally, Barbara Chamberlain, PhD, APRN, MBA, CCRN, WCC, former Program Manager, Transforming Care at the Bedside, NJ Hospital Association, moderated a panel discussion, "Dialogue on Patient Autonomy," with Coyle, Jacobs, and Todaro-Franceschi.

## Peer Assistance Forum Celebrates 30 Years

On May 17, 2012 the Peer Assistance Forum (PAF) celebrated the past 30 years of advocacy, support and education. Throughout the years, the PAF grew and changed to meet the needs of the nurses of New Jersey. Originally formed in 1981, nurses of the PAF established the first nurse led support groups in New Jersey. The members of the PAF were instrumental in supporting a paradigm shift in New Jersey nursing towards a treatment and alternative to discipline model providing nurses a chance at recovery.

We would like to thank the event's sponsors for their generosity:

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Arlene Davis, Suzanne Kinkle, Nora Lewis, Sean Mullen, Pat O'Brien, Peg Pipchick, and Jamie Smith

For more information about the Peer Assistance Program please go to [www.njsna.org](http://www.njsna.org) and look for a follow up article in the next edition of the *New Jersey Nurse*.

### Nurse—RN

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# REGION NEWS

## Region 1 – Morris, Passaic, Sussex, Warren Jackie Galante, RN Region 1 President

On March 3, 2012, two Region members, **Francesca Nordin, PNP-C, RN**, and **Jayne Kirkpatrick, MSN, RN**, participated as judges at the annual Science Fair in Chester. We received a letter of appreciation from the Special Awards Chair, Linda Antonek, who stated that, "...The support and encouragement that you gave the students...inspires a future generation of nurses," and "the Nursing Science Award continues to be a coveted Science Fair achievement." We are eager to participate again next year!

On May 3, 2012, several Region members attended the 2012 Nurse Excellence Celebration held by CHI/Saint Clare's Health System. The Third Annual Distinguished Nurse Lectureship recognition included a presentation by **Kathleen D. Sanford, DBA, RN, CENP, FACHE, Senior VP, Chief Nursing Officer of Catholic Health Initiatives**, entitled, "Nursing Into the Future: Challenges of the Golden Age." Nurse Scholarships and Nurse Excellence Awards were also given out.

I was honored to receive an award from CHI/Saint Clare's Health System for **Excellence in Volunteerism and Service!** A heartfelt "thank you" to all who nominated me! It is truly an honor to serve as Region President, and promote the nursing profession in our communities. Congratulations to the following Region members who also received Nurse Excellence Awards: **Excellence in Advancing and Leading the Profession—Sue Weaver, MSN, RN, NEA-BC, CRNI; Excellence in Education and Mentoring—Katie Pierson, MSN, RN-BC, ONC; and, Excellence in Patient and Staff Management—Jamie Baetz, MSN, RN.**

Elections were held in for the following positions: President-Elect, Treasurer, Secretary, Vice-President of Communication, Vice-President of Education, Warren & Passaic County Coordinators, and two positions on the Nominating Committee. Results of the elections will be announced.

Our Annual Dinner & Business Meeting was held at Caffe Navona in Rockaway on May 9, 2012. **Timothy Gill, BSN, RN, CHSP, CHEP**, presented the topic, "Nursing Documentation, Avoiding the Pitfalls." Our meeting was well attended, and we were especially honored to have **Linda Wolfson, Region 2 President; Norma Rodgers, Region 3 President; Mary Carroll, NJSNA Board of Directors member; and Jamie Smith, NJSNA Director of Practice and Education/Interim RAMP Director**, join us!

Our wrap up business meeting was held on Wednesday, June 13, 2012 at Saint Clare's Hospital in Dover. For more information on Region news and upcoming events, please e-mail me at [jax963@gmail.com](mailto:jax963@gmail.com), or visit our Facebook page at New Jersey State Nurses Association, Region I.

## Region 2 - Bergen, Hudson Victoria Correale, RN VP Communications

Nurse's week was celebrated by Region 2 at Maggiano's Little Italy Restaurant in Hackensack, NJ. The educational dinner was sponsored by Sanofi Pasteur on the new Fluzone Vaccine and the research that supported the new high dose intradermal injection.

The new positions that will be filled for 2012 include: Nominations – 2 positions, Member at Large – 2 positions, Treasurer, VP of Communications, and VP Congress on Policy.

A new networking committee has been formed by the region to help RNs get involved with the region, as well as providing networking opportunities in regards to finding employment. Other new ideas include organizing a service project with the community with a fundraiser activity or volunteering our time as a group. We also, would like to pilot using Skype at our next meeting to involve members of the community that are unable to attend.

Region 2 continues to be a source of continuing education programs for nurses, and our committee is always looking for speakers and topics. If you are

interested please do not hesitate to contact Patricia August via email at [Pattyaug@yahoo.com](mailto:Pattyaug@yahoo.com).

The Region donated money to help sponsor the President's Reception on to be held on Thursday evening, October 25, 2012, after the educational offerings for the Summit to be held in Atlantic City. Hope to see you all there.

At the June 5 meeting, we planned future meeting dates for the remainder of the year. Our annual dinner meeting will also be planned for late September or early October. Please stay tuned to your email for e-blasts. You may also refer to the NJSNA website located under region 2 ([www.njsna.org](http://www.njsna.org)). Furthermore, we are located on Facebook under region 2, where you can find events and blog with members.

If you have any news you would like to share please send information to Victoria Correale, VP Communications at [victoria07054@yahoo.com](mailto:victoria07054@yahoo.com).

## Region 3 – Essex, Union Rosemarie Rosales, RN VP Communications

Our very own **Region 3 President Norma Rodgers, RN, BSN, CCRA** has had a very busy schedule since February, 2012. She has represented NJSNA Region 3 in numerous nursing and community affairs. More importantly, she was nominated for Member of the Year Awards by Chi Eta Phi Sorority, Inc. at the Northeast Regional Conference in April at Washington D.C. As a NJSNA and IFN Board member, she is actively involved in the fundraising and educational activities of both organizations. She is actively recruiting for membership to NJSNA and has attended the Professional Day at East Orange General Hospital and at East Orange VA Hospital on May 7, 2012. She has also been attending other regions meetings as she is campaigning for her candidacy as President-Elect for NJSNA. As an ANA delegate, she has been attending the webinars for the Delegate orientation on issues that will be discussed and voted on during the ANA House of Delegates Meeting in July, 2012.

### Members on the move:

Jewell Gaither, RN was nominated by Chi Eta Phi Sorority, Inc. at the Northeast Regional Conference in April at Washington D.C. as Unsung Hero Awards Nominee.

Kenneth Ashionar, RN, BSN spearheaded the Nurses' Week Celebration at EOGH from May 7-11, 2012. He was instrumental in getting professional organizations and schools at the Professional Day on May, 7, 2012.

Region 3 had their meeting & Presentation at East Orange VA, East Orange, NJ on May 25, 2012.

Please refer to Region 3 section at <http://www.njsna.org> for all of our upcoming events/meetings. If you have news to share with the Region III, please send the information to Rosemarie Rosales, VP Communication at [rnrosales@aol.com](mailto:rnrosales@aol.com).

## Region 4 – Hunderton, Mercer, Middlesex, Somerset Erin Glospie, RN VP Communications

Region 4 held its annual dinner meeting on May 9, 2012 at Stone Terrace, in Hamilton NJ. Over 90 nurses and students from region 4 were in attendance. Tara Heagele, MSN Ed., RN, PCCN and Erin Glospie MSN Ed., RN, PCCN presented an educational program, "Workplace Violence: Be Prepared to Intervene." The annual dinner meeting ended with some fun giveaways and informational updates. On June 20, a dinner meeting a dinner meeting was held at Amalfi's in Lawrenceville, NJ. Patricia Munz, APN-C, CDE, presented an educational program, "Examining the Basics of Insulin Therapy."

Region 4 would like to recognize the following region nurses for their accomplishments: Ann Curley, RN, PhD, Nurse Research Specialist, received her organization's Excellence in Nursing Practice award in 2011. She was instrumental in advancing nursing research at her institution from one study to 15 in a

two-year period. She is the recipient of the Nurse.com Nursing Spectrum Nursing Excellence Award 2012 for Education and Mentorship.

Region 4 encourages you whether a member or non-member to come to any of these meetings or events and see the wonderful things that our region is doing. Officers of Region 4 are enthusiastic and willing to explain their roles within NJSNA and what NJSNA can offer you. We are now on Facebook. To stay updated on Region 4 events and happenings please "like" our Facebook page: New Jersey State Nurses Association Region 4.

Questions or Comments? Please contact Sandy Quinn, Region 4 president, at [Squinn@capitalhealth.org](mailto:Squinn@capitalhealth.org).

## Region 6 – Atlantic, Cape May, Monmouth, Ocean Kathleen Mullen, RN VP Communications

The Region 6 Executive Board met in April and finalized plans for upcoming region events. The Annual Meeting was held on June 26th at the Captain's Inn in Forked River, with an auction of a wide array of gift baskets donated by the board members in support of the scholarship fund. Continuing education contact hour credit was awarded for the program "Legal Issues for Nurses" presented by NJSNA President-Elect Judy Schmidt. During the business meeting, new officers were installed and the recipients of the annual Beulah Miller Scholarship for Nursing Education were announced.

The Beulah Miller Scholarship for Nursing Education is awarded each year by Region 6 to an entry level student (AAS, ADN or BSN), RN-to-BSN student, MSN student, and a doctoral student (PhD or DNP). Four scholarships were awarded and each recipient was invited to attend the Annual Meeting, and assist the Scholarship Committee in evaluating applicants for the 2013 cycle. Raffle tickets are being sold throughout the summer as a fundraiser in support of the Beulah Miller Scholarship. The winning raffle ticket will be drawn at the NJSNA Annual Meeting in October.

A "treasure sale" flea market fundraiser which has been very successful for Region 6 in the past is planned for the Fall, as well as an educational meeting in the southern area of the region.



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# 2012 PROFESSIONAL SUMMIT

## Save the Date—October 24th-26th, 2012

Mark your calendar now to join the New Jersey State Nurses Association and Institute for Nursing at the **2012 Professional Summit Superior Practice: Improving Outcomes** at the Bally's Casino and Resort in Atlantic City, New Jersey, October 24 through 26th, 2012. The Summit offers nurses opportunities to participate in new continuing education programs, exciting social events, hands on exhibits, an innovative poster sessions, and plenty of networking opportunities.

The Summit features:

**Continuing Nursing Education Sessions provided by the Institute for Nursing featuring: "Health Care at a Turning Point: Seizing the Opportunity"** with Marla Weston, Ph.D, RN, FAAN

Straight from Washington DC, American Nurses Association Chief Executive Officer Marla Weston, PhD, RN, FAAN, will share what's new with nursing and the role of nurses in the healthcare world on a national scale. Dr. Weston will examine health care reform and the unprecedented opportunities it provides for nurses to embrace leadership roles and help redesign the health care system. Dr. Weston will provide an update of nursing's recent work to advance the profession and help nurses meet the challenges of the future.

**"From the Bedside to the Boardroom: How Nurses can Direct the Bottom-line of Healthcare"** with Nell Wood Buhlman, MBA

Come learn about one of the hottest topics in healthcare today and something EVERY NURSE needs to know, *How are finances affecting healthcare and how nursing can direct the bottom line?* This session will highlight the newest reform initiatives which place nurses at the center of controlling escalating healthcare costs and waning quality of the care. The

newest strategies include managing the use of the health care system to reduce inappropriate care and to identify and reward the best-performing providers.

Ms. Buhlman will bring together information on the new direction of healthcare finance including accountable care organizations, the impact of quality of health care, patient outcomes, health status and nursing contributions. Ms. Buhlman has worked extensively in the fields of healthcare reform and quality improvement. She served in a lead role on the product team that created Press Ganey's highly acclaimed Value-based Purchasing Calculator and travels to hospitals nationwide to educate senior leadership on VBP and the implications for hospitals.

**"Nurses Taking Action: Improving Outcomes in New Jersey"**

Learn how nurses can impact the bottom line through nursing practice. Hear about nurse led, financial savvy initiatives in New Jersey that are improving patient's lives, creating best practices, and adding value to nursing. **Richard Ridge PhD, RN** will moderate a panel of New Jersey Nursing innovators including **Ann Painter MSN, RN, Vicky Pontieri-Lewis MS, RN, ACNS-BC, CWCN** and **Jeannie Cimiotti DNS, RN**. As President and Chief Executive Officer at Visiting Nurses Association of Somerset, Ms. Painter has expanded the traditional tele-health programs, implemented new initiatives which have empowered nurses to improve patients' outcomes far above national standards. Ms. Pontieri-Lewis was the first nurse honored with Magnet® Nurse of the Year Award in Empirical Outcomes for her work with Robert Wood

Johnson's Pressure Ulcer Prevention Program, which drastically reduced pressure ulcer rates to well below national benchmarks. Under the leadership of Executive Director Dr. Cimiotti, the New Jersey Collaborating Center is a catalyst for the implementation of innovative practice and guides the nursing workforce, patient care by identifying best practices. Dr. Ridge will facilitate a lively panel discussion on current initiatives, new projects and innovations on the horizon for New Jersey.



**WATCH: Workplace Awareness for Terrorism and Crimes in Healthcare** with Mike Clumpner MBA, CHS, NREMT-P, CCEMT-P, PNCCT, EMT-T, FP-C

As we strive to improve patient outcomes, an important factor is often overlooked, the safety of the patients and healthcare workers in the workplace. The single most valuable asset in any organization is the healthcare employees and despite this, healthcare workers, including nurses, continue to be victims of workplace violence. Mr. Clumpner will discuss employee safety and will present methods to actively decrease incidents of violence and assault. Without protecting our healthcare providers, we will be unable to continue to improve patient outcomes. Disasters, mass casualty incidents, and acts of terrorism against our healthcare infrastructure continue to threaten the safety of healthcare employees. Mr. Clumpner will discuss the threat of terrorism against healthcare organizations and strategies to mitigate this threat. Lastly, Mr. Clumpner will review lessons learned from disasters in the United States and will provide strategies for improving patient care outcomes during significant events. As we continue to strive to provide superior practice and improve patient outcomes, we must not fail to ensure the safety and security of our employees and our healthcare facilities.

**Social Events and Networking Opportunities**

Join **President Judy Schmidt MSN, RN, OCN, CCRN** at the Annual Meeting of the New Jersey State Association on October 24, 2012. Later that evening, put your party clothes on and attend the Institute for Nursing's **DIVA and DON Gala Awards\***. The Gala will celebrate the 2012 DIVA and DON awardees, New Jersey nurses honored for their outstanding work, extraordinary impact on the nursing profession and the healthcare community. As a fundraiser, the Gala raises money for nursing scholarships. There are plenty of opportunities for networking during the **Professional Summit** on October 25, 2012, continental breakfast and lunch will be included in the exhibit hall. After an exciting day, join friends and colleagues and unwind that evening at the **President's Welcome Reception\***.

\*These programs require separate registration please see [www.njsna.org](http://www.njsna.org) for ticket information

**Exhibitors**

In the exhibit hall on October 25, 2012, learn about all the newest products, programs and opportunities they have to offer. If you are interested in exhibiting at the Professional Summit, please contact Norma Rodgers at [normarn1@aol.com](mailto:normarn1@aol.com) for more information.

**For more information**

Complete program information, speaker biographies and registration is available on the NJSNA website at [www.njsna.org](http://www.njsna.org), check back frequently for updated information.

Mark your calendars now and plan on attending the New Jersey State Nurses Association and Institute for Nursing's 2012 Professional Summit October 24th-26th.

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# 2012 PROFESSIONAL SUMMIT



## 2012 PROFESSIONAL SUMMIT PRELIMINARY SCHEDULE SUPERIOR PRACTICE: IMPROVING OUTCOMES

Hosted by the  
**New Jersey State Nurses Association and  
Institute for Nursing**

**October 24-25, 2012 – Professional Summit  
October 26, 2012 – Education Day**

**Bally's Resort, Atlantic City NJ**

### WEDNESDAY, OCTOBER 24

12:00 p.m. – 7:00 p.m. Summit Registration Open  
1:00 p.m. – 4:00 p.m. NJSNA Annual Meeting (*Earn Contact Hours*)  
(continuation of 2012 meeting)  
6:00 p.m. – 10:00 p.m. Institute for Nursing DIVA and DON Gala

### THURSDAY, OCTOBER 25

7:00 a.m. – 10:00 a.m. Summit Registration Open  
8:00 a.m. – 3:00 p.m. **EXHIBIT HALL OPEN**  
Breakfast and Practice Showcase (*Contact Hours*)  
9:00 a.m. – 10:15 a.m. **CONTINUING EDUCATION SESSION** (*Contact Hours*)  
**Topic:** Health Care at a Turning Point:  
Seizing the Opportunity  
**Speaker:** Marla Weston, PhD, RN, FAAN, ANA CEO  
10:15 a.m. – 10:45 a.m. **Visit Exhibits**—Practice Showcase  
10:45 a.m. – 12:00 p.m. **CONTINUING EDUCATION SESSION** (*Contact Hours*)  
**Topic:** From the Bedside to the Boardroom: How  
Nurses can Direct the Bottom-line of Healthcare  
**Speaker:** Nell Wood Buhlman, MBA, Vice President,  
Clinical Compliance Products,  
Press Ganey Associates  
12:00 p.m. – 2:00 p.m. **Professional Summit Box Lunch**  
Visit Exhibits and Practice Showcase (*Contact Hours*)  
2:00 p.m. – 3:30 p.m. **CONTINUING EDUCATION SESSION** (*Contact Hours*)  
Panel Presentation—Nurses Taking Action: Improving  
Outcomes in New Jersey  
**Moderator:** Richard Ridge, RN, PhD, CENP  
**Panelists:** Vicky Pontieri-Lewis, MS, RN, ACNS-  
BC, CWOCN, Robert Wood Johnson  
University Hospital  
  
Jeannie Cimiotti, DNS, RN, Associate  
Professor & Executive Director, New  
Jersey Collaborating Center for Nursing  
  
Ann Painter, RN, MSN, President & CEO  
VNA of Somerset Hills

3:30 p.m. – 4:30 p.m. **CONTINUING EDUCATION SESSION** (*Contact Hours*)  
**Topic:** "WATCH: Workplace Awareness for  
Terrorism and Crimes in Healthcare"  
**Speaker:** Mike Clumpner, MBA, CHS,  
NREMT-P, PNCCT, EMT-T, FP-C  
Chief Executive Officer/Senior Partner,  
Nimshi International, LLC

5:00 p.m. – 7:00 p.m. NJSNA President's Welcome Reception

7:00 p.m. – 10:00 p.m. **Society of Psychiatric Advanced Practice Gala Awards  
"40th Anniversary Celebration"**

### FRIDAY, OCTOBER 26

9:00 a.m. – 4:30 p.m. **NJSNA Forum of Nurses in Advanced Practice All Day  
Education Program (Separate Registration Required)**  
**Hosted by:** NJSNA's APN Forum

9:00 a.m. – 4:30 p.m. **Society of Psychiatric Advanced Practice Nurses  
(Separate Registration Required)**  
**Hosted by:** NJSNA's Society of Psychiatric Nurses Forum

9:00 a.m. – 3:00 p.m. **Achieving Your Leadership Potential Program  
(Separate Registration Required)**  
**Hosted by:** New Jersey State Nurses Association

## 2012 Professional Summit Poster Sessions

A Case Study of the Implementation of Therapeutic Hypothermia in an Acute Care Setting by Maria Theresa Macalalad, DNP, MBA, RN, BC,CCRN, Raritan Bay Medical Center

Asthma Education and Health Outcomes of Children with Asthma by Felesia Bowen, DNSc, APN, PNP-BC, Assistant Professor and Specialty Director, PNP Program, Rutgers University College of Nursing

Beyond the Usual Marketing, The Nurse Liaison by Lisa Zwerdling, BSN, RN-C, VNA Health Group

Building Excellence from the Ground Up: The Meridian Health Specialty Scholar Program by Barbara Williams, PhD, APN, RN, C, Christine Hedges, PhD, RN, ACNS, BC, Linda Hassler, RN, MS, GCNS-BC and Teri Wurmser, PhD, MPH, RN, CNAA, Ann May Center for Nursing, Meridian Health

Cervical Cancer Screening in Adolescents: The Development of an eLearning Program for Practice Improvement by Kim Choma, DNP, APN, WHNP, Rutgers, The State University, College of Nursing

Clinical Nurse Leader Facilitates Clinical Implementation of NICHE Program by Pamela Abraham, MSN, RN, CNL, Hunterdon Medical Center

Development and Implementation of an On-Line Evidence Base Pressure Ulcer Educational Program by Mariana Hubbard, DNP, RN, FNP-BC, ACNS-BC, CWOCN, Assistant Professor School of Nursing and Health Studies, Monmouth University, West

Ensuring Superior Outcomes: The Discharge Process by Nicole Messina, RN, BSN, Assistant Nursing Care Coordinator-ASU Adults, Pamela Watkins, RN, MSN, Nursing Care Coordinator-PACU and Bernadette Reyes, RN, Staff Nurse & Preceptor, ASU Pediatrics, New York Eye & Ear Infirmary

Implementing a Clinical Simulation for Graduate Nurse Practitioner Students: Experience & Lessons Learned by Jeffrey Kwong, DNP, MPH, ANP-BC, Courtney Reinisch, DNP, APRN-C, DCC, Suzanne Willard, PhD, CRNP, FAAN, Rutgers College of Nursing

Improvement of ED Throughout Time by Change in Layout and Implementing a Rapid Medical Evaluation (RME) Model by Kim MacAvoy-Sorothen, RN, BA and Amy Lazzari, RN, BSN, University Medical Center at Princeton

Improving the Accuracy of Obstetric Blood Loss Estimation Through Clinical Reconstruction by Katharine Donaldson, WHNP-BC, APN, C, MSN, C-EFM, Capital Health System-Hopewell

"It's About Time" Interdisciplinary Teams Strategies to Improve Outcomes by Donna Naturale, DNP, RN, ANP-BC, CDE and Almee Brancato, RN, MBA, Morristown Medical Center

Keeping the Infection out of the Injection by Barbara Carothers, LPN, Barbara Montana, MD, Laura Taylor, PhD, MCHES, New Jersey Department of Health and Senior Services, Communicable Disease Services

Project Runway: The Walkway to Improved Outcomes for Patients with Chronic Disease by Lisa Zwerdling, BSN, RN-C, Susan Tallon, BSN, RN-C and Kathleen McGuire, BSN, MPA, RN, VNA Health Group

Putting Reality into Nursing Education: An Innovative Collaboration in the Community by Robyn D'Oria, MA, RNC, APN, Central Jersey Family Health Consortium, Inc., and Barbara Cannella, PhD, RNC, APN, Rutgers University

Reducing Avoidable Hospitalizations in Home Health Care by Maryse Bouton, RN, MSN, Education and Performance Improvement Coordinator, Ann Palermo, RN, BSN, COS-C, Clinical Systems Coordinator, Cynthia Robotti, DNP, RN, APN-C, Director, Hunterdon Medical Center Home Health Services

Support for the 'Super User', A Collaborative Approach to Reducing Emergency Department Misuse by Anita Foster, FNP, Manager, Transitional Primary Care Program, VNA Health Group

Thirst for Knowledge Thursday's by Wendy Luca, MSN, RN, OCN, Clinical Nurse Instructor and Lopa Patel, RN, Clinical Nurse Instructor, University Medical Center at Princeton

Together We Are One by Wendy Luca, MSN, RN, OCN, Clinical Nurse Instructor and Lopa Patel, RN, Clinical Nurse Instructor and Natatili Macoon, RN, University Medical Center at Princeton

Use of Survivorship Health Counseling Guides for Prostate Cancer Patients After Radiation Therapy by Joan Colella, MPA, MSN, APN-BC, NP-C, Radiation Oncology, John Theuer Cancer Center, Hackensack University Medical Center



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