NHNA Officers Participate in ANA Assembly

ANA Membership Assembly is the meeting of the elected nurse representatives from 50 states, Guam and the Virgin Islands and 34 affiliated professional nursing organizations. Over three hundred enthusiastic nurses who all care passionately about nursing convened in Washington DC in late July. The work before the body included a day of lobbying our congressional representatives, followed by an agenda of three days packed with work groups, lectures, reports, by-laws revisions, candidate forums and voting … could’ve been a hot mess, but wasn’t. Your elected representatives Judy Joy and BJ Bockenhauer, along with current NHNA President Peggy Lambert, attended this important meeting. Let us share the highlights!

On day one we were off to ‘the Hill’ bright and early to meet with legislators and remind them that nurses are a force to be reckoned with. On the advice of our ANA legislative team, we channeled our lobbying efforts to two specific bills – H.R. 2713 Title VIII Nursing Workforce Reauthorization Act (Title VIII, for short) and H.R. 1342/S.578. We wore our professional game faces and our comfortable shoes and we had our “ask” script memorized. Our strategy was basic – “own” our message and be clear about the implications of their support to the health of our citizens. We also made sure that our Congressional representatives knew that they could depend on NH nurses for straight, non-partisan information and facts when they had health policy questions. Here’s the short version of our visit.

The Home Health Care Planning Improvement Act was written during a period of time when the practice of the nurse was narrowly defined. Both Senators were aware of it and expecting it to many smaller programs. This bill is still in the House, although both Senators were aware of it and expecting to see it soon. As the ANA info sheet noted: “Nurses midwives is sufficient to certify the patient’s eligibility and unnecessarily adds to the distress of the patient. This part of current Medicare law is simply outdated, written during a period of time when the practice of the nurse was narrowly defined. Both Senator Shaheen and Representative Kuster had already signed onto this bill as cosponsors. Senator Ayotte and Representative Guinta were honored with more than an hour of our thoughtful feedback and nursing expertise regarding this bill. We know they were “honored” because we each received a note from Senator Ayotte saying as much and … our “ask” was answered. Within a week of our visit, both members of Congress had signed on to this bill. Lobby Day was longer than we anticipated because we spent so much time with Representative Guinta that we missed the bus back to the hotel. The long walk was pleasant because we were energized, rather than exhausted – empowerment is like that!

The next three days found us at a table front and center of the conference space with our colleagues from Connecticut. After our welcome from President Cipriano, we were treated to Leah Curtain’s remarks on ethics. The legendary Dr. Curtain challenged us to bring the message home: “Fostering an ethical environment and culture,” chosen in celebration of the recently published revision of the Code of Ethics for Nurses.
Guidelines for Submissions to NH Nursing News

NH Nursing News (NHNN) is the official publication of the NH Nurses’ Association (NHNA), published quarterly – and available in PDF format at our website: www.nhnurses.org. Views expressed are solely those of the guest authors or persons quoted and do not necessarily reflect NHNA views or those of the publisher, Arthur L. Davis Publishing Agency, Inc. NHNA welcomes submission of nursing and health related news items, original articles, research abstracts, and other pertinent contributions. We encourage short summaries and brief abstracts as well as lengthier reports and original works. An “article for reprint” may be considered if accompanied by written permission from the author or publisher. Authors do not need to be NHNA members.6

Manuscript Format and Submission: Articles should be submitted as double spaced WORD documents (.doc format vs. .docx, please) in 12 pt. font without embedded photos. Photos should be attached separately in JPG format and include captions.

Submissions should include the article’s title plus author’s name, credentials, organization / employer represented, and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments to office@nhnurses.org with NN Submission in the subject line.

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Applications are found online at www.pathwaysnh.org or call 603-542-8706 for more information. Mail applications to: Human Resources, Pathways of the River Valley, 654 Main Street, Claremont, NH 03743. Our fax number is 603-542-0421.

Correction

Kudos to a NH Nursing News reader Cynthia Clifford RN BS (Retired) who found an error in the answer box to NCLEX Question 2, in the July issue. She wrote: “On Saturday morning when I received my latest edition of NH Nurses News I decided to sit down and peruse it. This included taking the NCLEX quiz. Pertaining question 2, I concur that a and b are correct but I believe the answer is c incorrect. A QRS interval of 0.12 to 0.20 second is the correct answer for a PR interval but not for a QRS (which the question asks for). The QRS has a normal range of 0.06-0.10 sec. (according to most texts). Thanks to all the staff and contributors for a nice issue.”

Hiring is contingent upon eligibility to work in the U.S. and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments to office@nhnurses.org with NN Submission in the subject line.

Publication Selection and Rights:

Articles will be selected for publication based on the topic of interest, adherence to publication deadlines, quality of writing and peer review. *When there is space for one article and two of equal interest are under review, preference will be given to NHNA members who reserves the right to edit articles to meet style and space limitations. Publication and reprint rights are also reserved by NHNA. Feel free to call us at any additional questions at 603-225-3783.

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NHNA Staff

Faith Wilson, Admin. Assistant

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VIGNETTE STATEMENT

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

Adopted 10-20-2010.

Published by: Arthur L. Davis Publishing Agency, Inc.

www.mtsj.org

Mt. St. Joseph Residence and Rehabilitation in Waterville, Maine is seeking RN’s and LPN’s to join our clinical team. We have licensed positions available in FULL TIME, PART TIME and PER DIEM schedules.

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• Min. 2 years experience in long term care
• Positive and enthusiastic attitude!
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• Team player

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Interested candidates should submit a resume to info@LNAHC.com or for 603-647-3175.

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Adopted 10-20-2010.
My friends and students will vehemently tell you that I am not a maternity or pediatric nurse; never have been and never will be. Chalk it up to a gene or a few bad experiences in nursing school, it just won’t happen. So when I recently received a DVD of the first episode of “Call the Midwives” I was a bit skeptical. Now I realize the series started in 2012, but I do not have a TV (a story for another time) so I have to catch up with DVDs. The character of Nurse Chummy is introduced in the second episode of the first series; she is tall, has a low self-esteem, and comes from a well-positioned family. The scene that struck me was when she was to assist Dr. Tucker during a pre-natal exam of a women with a history of 4 stillborn births due to a pre-existing skeletal condition caused by rickets. The woman is distraught thinking that it will be the same ending and Chummy’s caring demeanor is highlighted in front of Dr. Tucker. But in a few minutes, we watch the instrument tray and privacy screens scatter over the floor as a result of Chummy’s awkwardness. It further lowers her self-esteem until Dr. Tucker tells her in the break room that she has the makings of a great nurse; “the rest is just the technical stuff” he reassures her.

The vignette brings me to the fall, when new grads are just trying out their independence after a few months of orientation and preceptors. At the same time new students, and perhaps clinical faculty, are showing up on the units looking for a friendly face or positive comment. It is the time of year when nearly everyone is about school. Getting children off to school, registering for classes yourself, or providing education as an instructor. Fall is the time for looking like wild rabbits, ready to bolt at a “boo” from you. But now is where you get your chance at practicing your positive A+B = Cs. It is the only ethical thing to do! Like Chummy, they have what it takes to be a great nurse; they just need the technical stuff. Your attitude and behavior can extinguish our past exploits of professional cannibalism. After all, you may need a Chummy someday. Stay tuned!
This forum set the frame for the next two days where additional topics were introduced affording the collected leaders the opportunity to weigh in on how the ANA might take action in addressing each issue. The operative terms were “take action.” Tables were given directed questions to discuss and report out at the microphones. Notes from each table were also collected for the forum topics and will be summarized and published on www.nursingworld.org. Here in NH, we are eager to see the combined notes and will be sharing high points and our responses on our Facebook page.

Our second forum topic, Infection prevention, generated some thoughts about how much more is left to do to make health care environments safe. It was interesting to hear the many different perspectives on what seems like a straight forward topic.

Our third and last forum topic: “Public reporting: Advancing patient safety and quality care” led us to wonder whether nurses were aware of how much data was “out there.” Hint: A lot. How we should work to make knowledge accessible and usable for practice was a significant focus of the discussion, but again varied perspectives. For instance, a focus on information systems and sources may blunt our appreciation of the most important source of ‘data,’ the patient.

The second strategic discussion, “Engaging members and developing leaders locally in the digital age,” also inspired significant divergent thinking. Attendees were challenged to consider how, with the incredible changes in technology and communication, we can connect with and foster new leaders in nurse organizations. Beginning with a presentation by a national communications consultant, Ohio delegates considered “automatic first year free membership of new grads.” NHNA representatives offered that we might conduct a short-term internship on “How the NHNA Board works” as a way to introduce members to a more substantive role they might assume within the organization. The topic of “mini-volunteer” opportunities was also highlighted as a good strategy for engaging the membership in meaningful participation within the organization.

The By-laws discussion focused on reauthorization of the Membership Assembly. After some remarkably cogent debate the By-laws were revised to sustain the Membership Assembly model for an additional two years. The change to a Membership Assembly format (where each state gets two representatives with weighted voting) from a House of Delegates (where each state had an apportioned number of delegates reflecting the state size) was an experiment to streamline this policy making body of the organization. The variant from which began a couple of years ago was set to expire this year. Members decided that the experiment was too early to judge and determined to keep the format for an additional two years. Other by-laws changes were also presented to facilitate the work of the organization.

Elections were also held during the meeting with an incredibly diverse and exceptionally qualified candidate slate presented. In the vice presidential race, two candidates who had both served on the ANA Board in the past reflected the membership’s interest in establishing a more diverse managerial group. One would have been the youngest female on the Board. One would have been the oldest of two men on the Board. One was a person of color. The elected candidates were: Ernest Grant, Vice President; Gingy Harshley-Mead, Treasurer (re-elected); Jesse Kennedy, Director at Large, Recent Graduate.

In addition to the formal ANA meeting NHNA President Lambert represented NHNA at a meeting of East Coast states. These regional meetings help states share information and collaborate on important policy and other initiatives.

Your Membership Assembly Representatives and President wish to thank the membership for the opportunity to represent them at this national forum. We are prepared to meet with groups of nurses wishing to hear more about our work at the national level. Contact the NHNA office at office@nhana.org if you are interested.

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Representative Frank Quinta receives NH delegates

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Two ‘Strategic Discussions’ focused on issues of particular relevance to nursing practice as well as organized nursing, the first on licensure jurisdiction and the second on engaging members in the digital age.

Licensure jurisdiction has been a particularly thorny issue. What this relates to is how nurses who care for clients who are not located in the same state are licensed. Related issues: What practice act must a nurse adhere to when practicing out of her/his own state of licensure, what protects a client who is not located where the provider is located? And the biggest question: How do we license in the age of tele-healthcare when the person on the phone might be not only in the next state but not in this country?

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NHNA offers “Spotlight on Nursing Today”

by Holly Clayton RN, MSN

A summer evening educational program, offered by the NHNA Commission on Nursing Practice, took place in June at Granite State College in Concord. Attendees included two recent graduates. They came from locations throughout the state, from Nashua to Manchester to Lebanon and beyond.

Throughout the spring, NHNA’s Commission on Nursing Practice was busy planning the June 11th program, “Spotlight on Nursing Today” was developed as an educational activity to expand knowledge and enhance nursing practice. Guest speakers included Lynn LeGasse, RN, MSN, and Millie Sattler RN, MSN, CCRN. LeGasse presented “Managing the Disruptive Patient,”

Spotlight on Nursing Specialty Groups: New Hampshire Chapter of AAoHN

by Holly Clayton, RN, MSN

Catherine Pepler, MBA, BS, RN, COHN-S/CM, FAAOHN is the current chapter President of American Association of Occupational Health Nurses (AAoHN). As we bring focus to yet another NH nursing specialty group, Pepler has provided the following information on the state’s chapter of this organization and her role.

NH Chapter of AAoHN

“Yes, there is a chapter of AAoHN in New Hampshire. New Hampshire’s chapter was established in the early 1940’s. Our current organization leadership includes Catherine Pepler, President; Lauren Hunter, Vice-President; Elizabeth Harrington, Treasurer; Susan Karetz, Secretary; Anne Mills, Education; Steven Flynn, Governmental Affairs; Amy Stevens, Community Affairs and Susan Legendra, Nominations. We have built partnerships with OSHA, the NH Worker’s Compensation Board and the NH Department of Health.”

Group Membership and Meetings

“Our membership consists of 48 Occupational Health Nurses who live and work in New Hampshire. We are part of the regional Northeast Chapter of AAoHN as well. Our membership meetings are held six times per year and provide educational and networking opportunities, which focus on Employee Health, Health and Wellness, Injury Management and more.” At the national level AAoHN has a yearly national conference and publishes a Core Curriculum for occupational health nursing practice.

The Core helps nurses prepare for OHN certification. Workplace Health & Safety: Promoting Environments Conducive to Well-Being and Productivity is the official publication of the national organization and members also receive a monthly newsletter.

Staff Psychiatrist & APRN

Staff Psychiatrist & APRN: FT (25hrs). Provide out-patient services, medication management & diagnostic assistance, primarily for adults with mental illness in a CMHC setting. Willingness to see kids appreciated, though not required! NHS offers opportunity for “telepsychiatry” from one of our offices to another. No Night On-Call duties required. Candidates must have current NH license, accredited training and proven skills in community psychiatry.

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This position requires a valid driver’s license, proof of adequate insurance and the completion of a criminal and background check.

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Group Partnerships and Community Outreach

“We have partnerships with the NH Nurses Association, Association of Occupational Health Professionals in Healthcare (AOHP) and the Hospital Employee Health Nurses Association of New England (HEHNA) and hold joint conferences with them in the spring of each year. Our chapter is committed to the communities we serve, and we provide food for needy people through the food bank and other organizations.”

Role and Practice of Occupational Health Nurses

“Occupational Health Nurses are in hospitals, industry, transportation, manufacturing as well as community placement in doctor’s offices - all focused on helping people work to their highest functional abilities. Occupational Health Nurses are key in addressing ergonomic needs, workplace accommodations, health promotion and risk reduction, legal and regulatory compliance, workplace hazard detection and more. We work hand in hand with employers as well as employees and providers providing prevention and managing return to work post injury or illness.”

Leadership Role of the NH Chapter President

“I am an officer for the organization and have served for over 20 years in leadership roles on the State, Regional and National Boards. I am the past president of the American Association of Occupational Health Nurses (2011-2013). I was honored as a Fellow of AAoHN in 2007.”

“As the third generation of nurses in my family, Occupational Nursing is especially meaningful to me. While certainly the triage aspect of nursing is important, I prefer to be on the prevention end of the spectrum and use my passion and skill set to help people prevent injury and situations that could cause them harm.”

Website: http://www.aaohn.org/
Call for Posters

The New Hampshire Nurses’ Association Annual Awards Program awards program recognizes outstanding performance by Registered and student nurses, as well as exceptional support on the part of others, with regard to the profession of nursing.

For registration and sponsorship info: Contact office@nhnurses.org or call 603-225-3783

Banquet

Single registration NHNA Member - $ 45.00
Single registration non-NHNA Member- $55.00
Reserve a Table for 8 - $400.00
Reserve a Table for 10 - $ 500.00

Call for Posters

The NHNA Commission on Nursing Practice invites you to bring your poster to the Annual Meeting. The People’s Choice Award for Best Poster will be announced during the banquet!

Have you made a practice change that you believe has implications for the future of nursing?
Have you implemented a practice change that is showing improved patient and/or nursing outcomes?
Have you conducted research that you believe has implications for the future of nursing?
Have you submitted a poster in the past year to a professional conference?

Notify us if you plan to bring a poster: office@nhnurses.org

NIOSH Launches New Training

The CDC National Institute for Occupational Safety and Health (NIOSH) launched a new online training program, NIOSH Training for Nurses on Shift Work and Long Work Hours. [DHHS (NIOSH) Publication No. 2015-115 on http://www.cdc.gov/niosh/]

We hope the training will be useful for undergrad and graduate nursing courses and clinical sites.

This training program is the outcome of several years of work done in collaboration with healthcare stakeholders, including professional healthcare organizations and academic groups. We incorporated input from 3 focus groups of nurses and 2 pilot tests of nurses. The content is derived from the scientific literature on shift work, long work hours, sleep, and circadian rhythms. This free course is divided into two parts. Part 1 relays the health and safety risks that are associated with shift work and long work hours and the theory about why these risks occur. Part 2 covers strategies to reduce risks including management strategies to improve the design of work schedules with the organization of the work and personal strategies for nurses. The course is multi-media and interactive using quizzes and video testimonials from several nurses. The self-paced course is available for desktop and mobile devices and takes about 3 hours to complete. Continuing education certificates will be available through the CDC’s Training Continuing Education Online for persons who complete the course.

New Hampshire Board of Nursing Practice Advisories

The New Hampshire Board of Nursing recently endorsed the following recommendations by the Practice and Education Committee. Recommendations were in response to queries by licensees. Advisories can be found on the Board website: www.nhb.gov/nursing

Question: Can a nurse practitioner perform a cystoscopy?
Answer: It is NOT within the LNA scope of practice to administer intravenous agitated saline.
Answer: Can LNA's apply a boot for Buck's traction?
Answer: It is NOT within the LNA scope of practice to apply a Buck's traction boot.
Answer: Can LNAs empty Jackson-Pratt drains?
Answer: It is within the LNA scope of practice to empty JP drains with competency and policy to support practice.
Answer: Can a RN independently perform history and exam portions of an established patient office visit?
Answer: An RN cannot perform a medical exam, but can obtain history and do head to toe nursing assessment of client. Performing medical exam is under auspices of an AFRN
Answer: Can a nurse practitioner perform a cystoscopy?
Answer: The AFRN Liaison Committee recommended and the Board concurred that a Nurse Practitioner can, with the necessary education, training, and competency, perform a cystoscopy. The Board noted that the procedure is considered similar in process and requirements to colposcopy.

ARNP + Paramedics = Savings with Better Care

In Anaheim, home to Disneyland, the fire department receives 31,000 calls per year, of which 85% are for medical assistance. Of those medical calls, 35% to 38% are deemed non-urgent and low in severity including animal bites, headaches, abdominal pain. Certainly problems inappropriate for an Emergency Room visit. But some patients need more than a fireman-paramedic can offer. So Anaheim created the one-year pilot program this year, working in conjunction with a local ambulance company, medical provider and an association of local fire agencies. A nurse practitioner is riding alongside paramedics on non-urgent calls. “As far as the paramedic goes, you want to get on scene as quick as you can and you want to get them loaded up into an ambulance as quick as you can,” says Fox, an Anaheim paramedic and fire captain. “Now you take a step back and say, what can we do for that patient here in their house to benefit them to keep them out of the ER when they really don’t have to go?”

The pilot aims to help alleviate the stress of overcrowded waiting rooms, an issue that plagues Southern California, as well as other cities across the nation. Programs like these could significantly improve emergency health care for patients. The program was modeled after a similar pilot being tested in Mesa, Ariz. The Mesa Fire Department runs three fully operational paramedic-nurse practitioner units around the clock. Originally created to cut emergency room wait-times and save money, the programs have since morphed into a way to provide better care for patients. Not a big surprise where nurse practitioners are concerned.
Contact Hours vs. CEU's: What's the Difference?

Debra P. Hastings, PhD, RN-BC, CNOR(E)

The definitions of contact hours and continuing education units (CEUs), and the difference between the two, are often misunderstood. Both contact hours and CEUs measure the amount of time an individual participates in an organized educational experience for continuing education in a number of professions; however, they represent two completely different measurements. A CEU is an educational measurement utilizing criteria from the International Association for Continuing Education and Training. The American Nurses Credentialing Center (ANCC) does not use the CEU to measure continuing nursing education credit. Nursing, as a profession, uses contact hours to count continuing education credit.

Here's the difference between the two: one contact hour of continuing education is equal to 60 minutes (one clock hour) of an organized learning activity. One CEU is equal to 10 contact hours (or 600 minutes) of an educational activity. Nurses can easily be confused when a learning activity is marketed using the term "CEU." For example consider the following statement:

"At the conclusion of this educational event, held from 8-11 AM, participants will be awarded 3 CEUs."

In this case, the program has been marketed incorrectly. The program is advertising a program that will award 30 hours of continuing education, when in reality, the program is offering three hours of education or three contact hours – a significant difference!

In New Hampshire, the Board of Nursing (BON) requires that RNs and LPNs earn 30 contact hours in the two years immediately prior to relicensure. (http://www.nh.gov/nursing/licensure/index.htm) The BON website identifies contact hours to count continuing education credit.

CE = Continuing Education
CEU = Continuing Education Unit

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It is important to be aware of the way that continuing credit is calculated in the nursing profession. When a program is offered by an accredited or approved provider of continuing education through the ANCC, credit is calculated on the criteria described above. It is important to be aware of what you are registering for and to ascertain how much credit you will earn before registering for the CE program. The cost of 1 contact hour may not be the same as 1 CEU!

CE = Continuing Education
CEU = Continuing Education Unit

Additional activities for the Chapter's anniversary year have been the presentation of nurse columnist and author Theresa Brown in October of 2014, awarding research grants, and inducting 51 new members in March, 2015. Currently the chapter boasts 230 active members.

The Eta Iota Chapter of Sigma Theta Tau celebrated their 30th Anniversary during the annual meeting in June with a presentation by the internationally recognized keynote speaker David deBronkart (e-patient Dave), author of Let Patients Help: A Patient Engagement Handbook (already available in 7 languages). E-patient Dave discussed engagement and empowerment in nurse-patient relationships and shared the need for transparency and fostering an open partnership between clinicians and patients. His story is riveting and his message powerful. A Nashua native and resident, he is highly sought for his expertise and presentation.

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Welcome to New and Renewing NHNA Members! Thank you for advocating for your profession!

Joanne Simons  Bedford, NH
Sally Jenkins  Salisbury, NH
Marilou Martel  Londonderry, NH
Lillian Mandl  Madbury, NH
Carol MacIntosh  Rye, NH
Priscilla Dodge  Pittsburg, NH
Mary Behnke  Manchester, NH
Peggy Clostier  Cantonbury, NH
Leah Sancoff  Sandown, NH
Marie Szczesny  Port Saint Lucie, FL
Megan McDermott  Nashua, NH
Kerry Hansen  Dover, NH
Millie Simon-Dufault  Litchfield, NH
Lucila Fields  Manchester, NH
Jean Caliani  Exeter, NH
Lori Laventure  Manchester, NH
Kathleen Forrisster  Keene, NH
Sarah Macgregor  Rochester, NH
Jennifer Shelsky  Nashua, NH

Cheryl Wolczok  Merrimack, NH
Tiffany French  Alstead, NH
Alethea Potter  Fitzwilliam, NH
Tammy Fyen  Rochester, NH
Julie Fagan  Hollis, NH
Christine Theriault  Northwood, NH
Sara Kazanowski  Manchester, NH
Tonya Binder  Concord, NH
Katherine Peeler  Merrimack, NH
Jessica Duplin  Lebanon, NH
Cynthia Larochelle  Berlin, NH
Katharine Lacourse  Webster, NH
Kelcic Eustis  Exeter, NH
Carrie Dugan  Nashua, NH
Kelsey Brake  Swampscott, NH
Jaime Weigand  Nashua, NH
Mary Johnson  Allenstown, NH
Donna Marie Everett  Dover, NH
Jared Caron  Nashua, NH
Kimberley Grover  Enfield, NH
Maureen Robidoux  Pelham, NH
Karen Adams  Dover, NH

Welcome New and Reinstated Members

Thanks for Your Support of Nursing in New Hampshire!

Welcome to New and Renewing NHNA Members! Thank you for advocating for your profession!

Government Affairs

Results of NHNA Priority 2015 Legislation

SB 2  The interim budget DOES NOT include draconian cuts to nursing management staff at New Hampshire Hospital.

SB 23 – PASSED, allowing psychiatric advanced practice registered nurses to authorize involuntary commitment and voluntary admission to state institutions. The psychiatric APRN has been the leader of the treatment team at New Hampshire Hospital for several years. Authorizing commitment and transition to voluntary status were responsibilities well within the APRN Scope of Practice in this area and the Legislature agreed.

HB 200 – IEL (ineligible to legislate), repealing the authority for the dispensing of prescription drugs in certain clinics. Presumed to be an attempt to restrict use of oral abortion—inducing agents, this bill would have impeded the ability of women to receive a broad array of pharmaceutical services from nurses in community health and family planning clinics.

HB 136 – PASSED, prohibiting tanning facilities from tanning persons under 18 years of age. With the effective date of August 1, 2015.

SB 484 – PASSED, establishing an additional category of nursing assistant. (See previous issue of NH Nursing News).

Government Affairs

NHNA Government Affairs Ends Busy Session

Members of the Government Affairs Commission were busy during the spring and well into the summer. Commission members and NHNA colleagues spent countless hours testifying and writing letters in support or opposition of those bills identified by our constituency as priorities. Several additional bills were targeted that became relevant as the session progressed. Unfortunately, the New Hampshire Legislature functions on a time line that challenges those of us who practice with a narrow and pre-defined schedule. Key hearings on the “budget bill” – SB 2 – started in the morning and extended late into the evening. A Sunday hearing disrupted weekend plans. Nevertheless, overall NHNA can look to the 2015 legislative year as one of interesting moments and qualified successes. One of these days GAC will be reaching out to ask you to call your legislator. As one of the almost 25,000 nurses in this state legislators know that your vote means a lot!

Thanks to the NHNA Government Affairs Members!

Chair: Barbara Cormier, MSN, RN – Manchester Community College
Bobbie Bagley, RN, BS, MPH, CPH – Rivier University
Lea Ayers-Lafave PhD, RN – Community Health Institute
Mary Bidgood-Wilson, APRN – NH Nurse Practitioners Assoc.
Ginny Blackmer, MSN, ARNP, RN – Lakes Region General Hospital
Patricia Finn, RN, MS – Concord Hospital
Paul Mertzic, MS, RN – Catholic Medical Center
Sherrrie Palmeri, DNP, MBA, RN, CPHQ – Southern NH University
Susan Smith, BSN, MHA, NEBC, NHA – New Hampshire Voices for Health
Barbara Bockenhauer, MSN, ARNP, PMHCNS-BC – NH Nurse Practitioners Assoc.
Lisah Carpenter, JD, BSN, retired – Concord Hospital
Judith Joy, PhD, AAS, BA, MS
Robert Dunn, Esq. – Devine, Millimet & Branch – Attorneys at Law, NHNA Lobbyist

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Judith Joy, PhD, AAS, BA, MS
Robert Dunn, Esq. – Devine, Millimet & Branch – Attorneys at Law, NHNA Lobbyist
FAQs: RNs Who Become Disabled After Receiving Their License

Karen McCulloh, RN, BS and Beth Marks, RN, PhD

The nursing workforce includes thousands upon thousands of RNs that are over the age of 50. It is inevitable that some RNs will develop disability or chronic health conditions as they age, while many younger RNs become disabled due to illness or injury. The challenge for RNs that are newly disabled who want to remain in or return to the workforce is that they need to understand if they have to disclose their disability, what to disclose, and when the right time to disclose is. Disclosure of a disability is an issue for all people with disabilities in part because they are concerned about discrimination once an employer learns about a current employee that has a disability or learns from a candidate that is applying for a job during an interview. It is a personal choice to disclose, but there are issues that need to be addressed that are important for RNs to know.

Frequently Asked Questions

**Question:** Do RNs who develop a disability or chronic health condition after receiving their license and are already employed have to disclose to their employer that they have a disability?

**Answer:** The answer to this question depends on the circumstance.

- **Yes**
  - Disclosure is required if the RN is applying for a job and requests assistance of reasonable accommodations to complete employment application forms or requires longer testing time, if applicable. For example, an RN who is deaf may request that a sign language interpreter be present for the interview. The employer does have the right to request medical documentation to substantiate the accommodation request.

- **Yes**
  - Disclosure to the employer is required if reasonable accommodations will be needed once a job offer has been made. However, if the disability is apparent (visible) the job applicant or the employer may want to open up the discussion during the interview on how the individual can perform the responsibilities of the job. For example, if an applicant uses a wheelchair, the employer may want to know how the candidate can move freely in the work environment and about the reliability of transportation to be able to arrive to work on time. It is important to know that employers can ask specific questions, but they are limited in what they can ask.

- **Yes**
  - Disclosure of a disability and the employer believes an accommodation may need to be provided

- **No**
  - Disclosure is not necessary if no reasonable accommodation is being requested from the employer and the RN is able to fulfill the essential functions of the job. For example, a RN may have diabetes and needs to check blood sugar levels on a regular basis while at work, but is able to do so during breaks and at mealtimes. No accommodation is needed for the RN to meet this need. However, if more frequent breaks are required to test blood sugar levels and potentially adjustments of insulin dosage are needed, and/or the individual needs to have a snack, this may mean that the RN should disclose the condition to the employer in order to request an accommodation to take more frequent and potentially longer breaks. In the 21st century workforce this type of accommodation is acceptable by most employers, particularly at larger institutions. NOND has been in communication with many RNs that self-accommodate to their own disability while their employer has no knowledge of their disability or chronic health condition.

**Question:** What questions can employers ask regarding a disability or chronic health condition?

**Answer:** The Americans with Disabilities Act Amendment Act of 2008 addresses the medical documentation that an employer may request. The ADAAA of 2008 requires employers to focus on the accommodation, not the disability, rather than to require extensive medical documentation. The medical documentation should simply validate the need for accommodation. In 2000, the EEOC provided guidance to employers on what employers may ask applicants that have disabilities:

- **Employer may ask about accommodations if the candidate discloses a disability during the interview**
- **Employer may follow-up by asking questions when the candidate discloses a disability and the employer believes an accommodation may need to be provided**

**Tips from NOND**

- **Know your rights as a disabled professional**

- **Don’t put yourself down.** If you are feeling depressed and your self-esteem is impacted, get professional help.

- **Adjusting to disability takes time and the RN may need to develop new skills in doing old tasks in new ways**

- **Don't stop being a nurse.** Nurses with disabilities have much to offer.

- **Focus on your abilities.**

- **It may be necessary to change the area of nursing to be able to practice safely with the skill-set to match the job position.**

- **Be proud of your accomplishments and who you are.** You are not your disability, so do not let disability or chronic health conditions rule your life and career aspirations.

- **Take charge!**

- **Never ever lose hope!**

*NOND list serv participants.

Please note: NOND does not provide legal advice but does include legal resources on their website, www.nond.org. Laws such as the Americans with Disabilities Act (1990) and its Amendment Act (2008) help to set a framework on many questions RNs may have about equal access to employment, disclosure of a disability and employer responsibilities.

Ed. note – The January 2015 issue of NH Nursing News featured an article entitled “The Voice of Disability,” reflecting on the work of the National Organization of Nurses with Disabilities (NOND). The NOND website www.nond.org emphasizes that NOND is the voice for nurses with disabilities. The following is the first in a series of articles written by NOND’s leaders.
The New Hampshire Nursing News includes obituaries of nurses who have graduated from New Hampshire nursing schools or who have actively practiced in New Hampshire during their career. Brief submissions are welcome.

Mental Health Nurse

Daucie Gilpatric Stiva, 87, died May 20, 2015. She received her nursing diploma from NH State Hospital and she practiced psychiatric nursing at the State Hospital for over 30 years.

Geriatric Manager

Jane Marilyn (Clough) Moran passed away on May 30, 2015. She graduated in 1950 from nursing school and practiced at Sacred Heart (CMC) and Elliot hospitals, as well as a private duty nurse for many years. She was the head nurse on the fourth floor at Mount Carmel Nursing Home for 23 years, retiring in 1993.

LPN

Marion Irene (Ryley) Colby, 85, passed away Friday, June 5, 2015 at her home. When her 6 children were older, she started a career as a licensed practical nurse. She worked for many years until her retirement at the New Hampshire State Hospital, Geriatric Unit.

Hitchcock Grad

Sandra (Cole) Anderson, 76, died June 5, 2015. After receiving her degree in nursing from the Mary Hitchcock Memorial School of Nursing, she practiced for many years at Concord Hospital.

Home Health Nurse

Toni Robin (Seger) Sweedler, 65, passed away June 11, 2015, with cancer. After a career in horticulture she obtained a bachelor's degree in nursing in the mid-1990s.

She practiced in the home health field with Lakes Region Community Services.

LNA Educator

Mary Ellen Margaret Hohen Sanchez, passed away on June 12, 2015. She earned a bachelor of science from New Haven College, and later graduated from St. Raphael's School of Nursing in New Haven. She was a nurse educator teaching for many years at LNA Health Careers, based in Manchester.

Acute Care Nurse

Dianne L. Bothwick, 64, of died on June 19, 2015, after a period of failing health. Dianne practiced as a registered nurse for her entire working life and retired from Catholic Medical Center.

NIHH Grad

Vera G. Day, 97, died Saturday, June 27, 2015. Born in Portsmouth, N.H., she graduated from N.H. Hospital School of Nursing. Vera practiced at various hospitals including Littleton, N.H. and the NH State Hospital.

Gero Nurse

Sylvia (Smith) Samson died June 30, 2015 in Keene. A Vermont native she was a diploma graduate of the Elliot Community Hospital School of Nursing in Keene. She practiced geriatric nursing at the Greenbriar Terrace in Nashua for 20 years “touching the lives of countless residents during their sunset years, bringing smiles to many faces.”

Gero Nurse

Carol Ann (Michuca) Boarick, 73, of Hillsboro passed away on July 12, 2015, after a long period of declining health. She obtained her nursing diploma in Connecticut and practiced there in acute care hospitals. Upon returning to N.H. she provided care at the Hillsboro House nursing home in Hillsboro and the Presidential Oaks home in Concord.

LPN

Sharon Lee Denis, 66, of Raymond passed away suddenly at her home on July 16, 2015. She was an LPN nurse for her entire working life and retired from Catholic Medical Center.

College Health Nurse

Constance Louise (Smart) Durand, 89, died July 19, 2015. A Franklin native she graduated from the NH State Hospital School of Nursing in Concord in 1947. She practiced at Plymouth Hospital (Speare) for several years until working in private duty nursing. Until her retirement, she was the nursing supervisor at the Plymouth State College Infirmary.

Acute Care Nurse

Kathleen “Kay” (Pendergast) Pieroni, 82, died July 19, 2015. She practiced as an RN at Frisbie Memorial Hospital in Rochester and later was a board member of the Rochester Visiting Nurses Association.

Nurse Educator

Dr. Gail Hardness, died in Massachusetts on July 19, 2015. She earned a Bachelors and Masters degree from the University of Rochester and her Doctorate in Public Health from the University of Illinois, Chicago. She served as the Department Chair in Nursing at the University of New Hampshire before her retirement. She was a fellow in the American Academy of Nursing. In her retirement she was active on the Falmouth (Massachusetts) Board of Health.

Elliot Hospital Grad

Dawn (Amy) Corben-Maki, died July 28, 2015, after a brief illness. She was born in Quebec City, Canada, and came to the U.S. at the age of 15. She graduated from the Elliot Hospital School of Nursing in 1949.

Pedi Nurse

Ruth Senseeny Stratton, 59, died July 31, 2015, after a sudden illness. She graduated with a BSN from the University of Rochester and practiced in pediatrics and as a visiting nurse. Most recently she practiced in the Bedford school system.

Memorial Grad

Constance J. “Connie” (Randall) Molis, 89, died on August 5, 2015. She was a diploma RN graduate of the Memorial Hospital School of Nursing (Nashua).

School Nurse

Rita L. (Caron) Robidoux, 87, of Manchester, died August 13, 2015. Rita earned a bachelor’s degree from St. Joseph’s College in Windham, Maine, and came to New Hampshire from Notre Dame de Lourdes Hospital School of Nursing in Manchester. She worked as a registered nurse for the New Hampshire Health Department for 33 years and was a member of the New Hampshire School Nurses Association and the National Association of School Nurses. She volunteered at the American Red Cross.
NCLEX
Reconsidered

Ed Note: Where it has been a year or years since you took the NCLEX (AKA “Boards”), how well would you do now?

1. Which ABG abnormality would a patient in end-stage COPD be most likely to exhibit?
   a. increased PaCO2
   b. pH = 7.50
   c. pH = 7.40
   d. decreased bicarbonate

2. A 78 year old widower was newly diagnosed with hypothyroidism. He has been taking levoxyl 25 mcg po per day for the past 5 days. He lives in his own apartment in an assisted living facility and has been fairly reclusive in the past several months. As the home health nurse you are making a visit to assess his nursing needs. What signs and symptoms would you expect to find during your assessment? (Select all that apply)
   a. fine body hair and “moon” face
   b. sinus bradycardia, postural hypotension
   c. flushed skin, numbness and tingling in the fingers
   d. restlessness, heat intolerance
   e. depression and anorexia

3. A patient has an order to receive two 10 unit bags of platelets for severe thrombocytopenia. To administer the platelets, you will: (Select all that apply)
   a. administer the platelets over an hour
   b. infuse platelets without using an IV pump
   c. check for ABO compatibility
   d. remind the LNA to obtain vital signs every 15 minutes
   e. maintain second bag at room temperature until first bag completed

4. A patient is admitted to the inpatient unit with a diagnosis of schizophrenia. The patient has had episodes of school absenteeism, withdrawal from friends, and bizarre behavior, including talking to or her “keeper.” The nurse’s most appropriate response is to:
   a. acknowledge that the patient’s perceptions seem real to him or her, and refocus the patient’s attention on a task or activity
   b. encourage the patient to express his or her thoughts, to determine the meaning they have for the patient
   c. inform the patient that his or her perceptions of the illness have become distorted because of the illness
   d. ignore the patient’s bizarre behavior, because it will diminish after he or she has been given the correct medication

5. An order for an immunocomprised pediatric who weighs 25.5 kg reads: Fortaz 50mg/kg three times a day. The Fortaz is supplied in an oral suspension labelled 100 mg/mL. How many mL do you administer per dose?
   a. 2 mL
   b. 8.4 mL
   c. 12.8 mL
   d. 15 mL

The year was 1863 and winter was approaching. On November 17th, Civil War nurse Cornelia Hancock wrote in a letter to her family,

“I am very glad everyone does not feel called upon to act as I do, nor to know of the manifold suffering I have beheld. Do not let it excuse you from sending children’s and babies’ clothing, that you have it not on hand. Call an especial meeting and send some. If you could see the horrors of people in need, I do not think you would delay, while the weather is moderate, they do not suffer, but on the first cold day, woe betides them”!

The following month, she wrote about finding and feeding one dozen people who had nothing to eat all day. She also arranged to have seven children she found in an old hall taken by ambulance to an orphans’ asylum. They were handed to her by a mother, saying she could no longer care for them. Hancock described them as hungry (her last meal was the one provided the night before in the hospital), without shoes and barely any clothes. She reflected that they would be better off in this setting. She asked her nephew to donate warm clothing for the needy.

Hancock was called the “The Florence Nightingale of America” by one of her patients. Excerpts from her letters provide a glimpse of a nurse anticipating and responding to the needs of vulnerable communities, within her reach, but beyond the battlefield and hospital tents.

It is noted that earlier that year, in June of 1863, Hancock had become interested in serving in the Civil War. She wrote that the Civil War had been going on for two years, and the “teakettle of life” was pouring too slowly back at home. After confirming this to her uncle, Dr. Henry T. Child, of Philadelphia, PA, she left for that city by horse and carriage to be his assistant. When she arrived in Philadelphia, the Gettysburg battle victory was being celebrated, however, she went to the battlefield to assist in the aftermath. As were many of her nurse volunteer colleagues, she was trained on the job – her first duties were feeding the injured with bread and jam, and writing letters for patients. Subsequent correspondence described encountering mass injuries, surgeries on a table in the field, a case of lockjaw “he didn’t know what lay ahead,” chronic diarrhea, fever, measles back home and smallpox (these patients were housed in a separate hospital).

After her initial first few weeks, Hancock wrote to her family and requested that her purple dress, best bonnet and mantilla be sent – in case there wasn’t another battle and she wanted to return home. However, she stayed on for two more years and her last journal entry is dated May, 1865.


Holly Clayton RN, MSN is the Associate Editor of the NHHN and interested in nursing history. She practices in the Out patient setting.

Adult IV Push Guidelines Released

The Institute for Safe Medication Practice has released Safe Practice Guidelines for Adult IV Push Medications. The guidelines are a compilation of safe practices that were developed as a result of a 2-day summit held in September 2014. The guidance statements in the document represent a consensus for safe practices associated with IV push medication preparation and administration to adults. Download the 26 page document at www.ismp.org/sc?id=563.
Do you have some news that you want to share with the nurses of New Hampshire? The NH Nursing News accepts short press releases or announcements of your accomplishments.

Did you present at a regional or national conference?
Did you publish in a newsletter or journal?
Did you get promoted?
Did you get certified?
Did you graduate with an advanced degree?
Did you get elected to a position in a state, regional or national professional organization?
Did you start a new program? Provide a new service?
Did you get elected to a position in a state, regional or national professional organization?
Did you graduate with an advanced degree?
Did you get elected to a position in a state, regional or national professional organization?
Did you start a new program? Provide a new service?
Did you get elected to a position in a state, regional or national professional organization?
Did you graduate with an advanced degree?
Did you get elected to a position in a state, regional or national professional organization?
Did you start a new program? Provide a new service?

Nurses practice in a technology immersed healthcare environment. Information technologies have transformed healthcare and nursing is at the forefront of driving these resources to improve quality and safety in patient care. Electronic health records (EHR) make patient information available instantly and various organizations can share information securely. EHRs have leveraged many related technologies such as point-of-care devices, medication administration, tracking patients, and quality measures. Technology will continue to progress rapidly and will be the norm rather than the exception, as nurses we must be utilize technology to better care for our patients. One way to use technology is through patient education, the following is a brief review of how to use electronic resources to guide your patients.

Nurses and clients have moved from sitting at computers to research queries to using mobile devices to get instant advice and information. A term you might hear related to ‘apps’ is mobile health technology or mhealth, which is how mobile computing and communication technology are used in health care. Your patients are relying on you for advice and recommendations to find quality resources, including online and mobile. However, there is a lack of evidence-based research on the quality of apps and safety becomes an issue. As a nurse, you should evaluate the apps that you recommend. In an article by Frazer, Hussey, Bosch, and Squire (2015), a step-by-step approach is offered to help in this process.

Many healthcare providers are providing their clients with mobile health technology to monitor their progress, answer questions, and give advice. You can also use technology to teach your patients. You are the subject expert and you know what patients are asking, which means you just need some technology to deliver the information to your clients for easy access. Using Information Technology (IT) in your education programs can seem daunting and expensive, but there are many software programs available to walk you through creating an education program online, and your organization may provide IT assistance in getting a mobile app developed. Pourfarrokh (2015) actually provides step-by-step instructions on how to write an online educational program, walking you through the development process. A resource to assist in developing objectives and teaching strategies for mobile learners is the paper by Urso and Fisher (2015).

Social media and blogs are another way that your patients will learn about health and healthcare. Habiel (2013) found that one quarter of worldwide population uses social media and the numbers are growing. These also carry a risk of misinformation and potential safety concerns.


References


What is a Clinical Nurse Leader

A Clinical Nurse Leader (CNL) is a certified registered nurse that is educated at the graduate level (MSN) in a curriculum designed by the American Association of Colleges of Nursing (AACN). The new advanced nursing role first appeared in early 2003 and today there are over 3,500 CNLs in the United States. Two integral reports from the Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century (2001) and Health Professions Education: A Bridge to Quality (2003), prompted the recognition of an urgent need for a reform in healthcare delivery, and led to the development of the CNL role by the AACN. Fundamentally, this framework of education was developed to improve quality and efficiency, ensure patient safety, and follow an evidence-based approach to manage leadership at the bedside by these clinicians (AACN, 2007).

“The CNL certification is based upon a national standard of requisite knowledge and experiences…” (AACN, 2015). After graduation from the master’s program or post-graduate certification program that specifically prepares nurses for this role, they are then qualified as candidates for the certification. Once such a nurse has successfully passed this rigorous AACN examination, employers can be confident that the certified nurse brings value and knowledge to their organization. A CNL functions at a high level of clinical competence and one leads evidence-based practice in healthcare delivery to ensure that aggregates of patients receive high-quality care (AACN).

There are more than 100 eligible schools of nursing in the nation that offer a variety of CNL program with study. The University of Nevada (UNR), Orvis School of Nursing employs an initial MSN track program and an advanced, graduate certificate program designed for MSN prepared nurses to advance their education, knowledge and expertise. Other program types, such as the one at Georgia Regent’s University, was developed and offered as a pre-licensure program. In programs following this direct-entry framework, non-nursing baccalaureate-educated individuals are enrolled in the graduate program at their organization and they are educated in an intensive, accelerated four-quarter course of study for the CNL role (Georgia Regent’s University, 2014).

CNLs are cost efficient for hospitals. Patient care units with CNLs shorten patients’ length of stay, decrease readmission rates, improve quality of care, minimize falls and rates of infection as well as reduce nursing staff turnover (Hendren, 2009). In the acute care setting, organizations that have successfully integrated this role include Children’s Administration and M.D. Anderson Cancer Center.

CNLs focus on a population served at the microsystem level or a specified client population functioning in a complimentary role with Clinical Nurse Specialists and others in leadership roles. While there are 3,814 CNLs in the nation (Dana Reid, personal communication, April 27, 2015), Nevada has 21 certified CNLs with 67% of those educated at our state’s only MSN program for this role at the University of Nevada Reno School of Nursing (UNR) (Bernadette Longo, personal communication, April 24, 2015). Nursing leadership should consider the benefits of incorporating this role to improve the delivery of healthcare for Nevadans.

References


American Association of Colleges of Nursing (2015). What is CNL certification?


DHMC Announces Clinical Nurse Leader Role

Gay Landstrom, PhD, RN, Chief Nursing Officer at Dartmouth Hitchcock Medical Center announced recently the creation of new nursing positions to be filled by Master’s prepared Clinical Nurse Leaders who have been certified as a CNL. Landstrom elaborated the nursing model in a communication to staff.

“As health care continues to increase in complexity, it is important now, more than ever, that we enhance the way we deliver care. Health care delivery takes a team, and having the right people with the right skills functioning in the right roles at the highest level of their license is critical. Over the next decade, we will see many new roles emerge to support the new model of health care delivery. The role of the Clinical Nurse Leader (CNL) is one such role that has evolved nationally over the past few years that can help add incredible value to improving patient outcomes. It is my vision for Dartmouth-Hitchcock nursing to incorporate this role into our care delivery model where appropriate.’

Landstrom noted that “the CNL holds expertise as an advanced generalist, ideal for mentoring more novice nurses in the care of complex patients. The CNL is a direct care provider who brings an orientation toward improvement of the practice area microsystem and focuses on elimination of waste and improvement of patient outcomes.” The CNL will collaborate with DHMC’s Clinical Specialist who oversees and supports practice over a very specific patient population. As well the CNL will partner with the Clinical Nurse Educator, Nurse Manager, physicians, and others in the care team to achieve positive patient outcomes.

Answers to NCLEX Reconsidered on page 11

1. A, B
2. B, E
3. B, E
4. B, D
5. C

Are You a Critic?

Like Books?

Like Movies?

The New Hampshire Nursing News is looking for a Movie-Book Review section editor. Responsibilities include submission of a Movie or Book review four times a year with an ability to meet deadlines. Movie or Books may be directly or indirectly related to nursing. Send your interest to office@nhnurses.org
Food and Mood: Eating to Sustain Nursing Practice

Authors by Jennifer Place,
MA, LPC, CAC III, NC

One of the most common workplace complaints heard from professional nurses is they are “too busy” to eat while at work. What they fail to recognize is that skipping a meal (or two) can have more than just a detrimental impact on their energy, it can also negatively impact their mood and mental focus.

Today there is growing research on the relationship between what we eat and its impact on our physical and mental health. As a result, there is an overwhelming push to return to eating smaller servings of whole, unprocessed foods throughout the day to sustain energy and stabilize mood. This may be easier said than done for a busy professional. However, highlighting small changes which can create significant benefits will hopefully spark some motivation for change.

The blood sugar factor
A significant diet-related issue that interferes with brain mood functioning is having too much or too little energy (sugar) available in the brain. When the brain gets a rapid or large dose of sugar, hyperglycemia ensues, creating increased thirst, urination, and fatigue. When blood sugar levels are too low, hypoglycemia ensues, resulting in nervousness, trembling, increased heart rate, palpitations, increased sweating, hunger, irritability, decreased concentration, headache, fatigue, and mental confusion (National Institute of Health).

A textbook example of both of these conditions can be witnessed at most nurses’ stations. The nurse who fails to eat during a shift will begin to suffer some of the effects of low blood sugar and will likely succumb to the available doughnuts or other carbohydrate-laden treats. The spike in blood sugar that ensues could cause hyperglycemia if the pancreas does not release enough insulin to manage it effectively. In extreme cases over time, this blood sugar rollercoaster can create insulin resistance and metabolic syndrome.

To effectively prevent the negative impacts of hyper- or hypoglycemia, small meals or snacks should be consumed every 2-3 hours throughout the day. Ideal snacks would be consumed frequently throughout the day to maintain blood sugar levels. Drinking at least eight-ounce glasses of water daily may also help balance mood and improve brain function. Supplementation with Omega-3 fatty acids, Vitamin D, and probiotics to promote gut health are among the top recommendations made by integrative health specialists.

With regard to protein consumption, the Centers for Disease Control and Prevention recommends women between the ages of 19 and 70 consume at least 46 grams of protein daily. The recommendation for men in the same age range is 56 grams per day.

Effective way to prevent hyperglycemia requires a balanced diet, adequate physical activity, and effective stress management.

Recommendations
Anyone wanting to improve their mood should consume a diet providing a variety of food sources including whole grains, vegetables, soy, lean meats and dairy (if tolerated). Additionally, small, balanced meals should be consumed frequently throughout the day to maintain blood sugar levels. Drinking at least eight-ounce glasses of water daily may also help balance mood and improve brain function. Supplementation with Omega-3 fatty acids, Vitamin D, and probiotics to promote gut health are among the top recommendations made by integrative health specialists.

With regard to protein consumption, the Centers for Disease Control and Prevention recommends consuming at least 46 grams of protein daily. The recommendation for men in the same age range is 56 grams per day.

*Before making significant changes to your diet, consult your healthcare practitioner to assess your individual needs. Never stop taking prescribed medications unless directed by the prescriber.

References available upon request.

Ask Flo...

Dear Flo,
I have 5 years of experience as a nursing director of a busy medical unit. Recently, I have hired several experienced nurses and some new graduates who have more education that I do, but less experience. I am feeling that maybe I made the wrong choice in hiring people who know more than I do. Any advice?

Signed, Approhesive Manager

Dear Manager,
Have no fear, your job as a director is not to know everything. It is to make sure that people who are more experienced, more up-to-date and have more expertise can do their best work. Your role is not to be the “best” nurse in the department any more; it is to make the environment optimum for others to do what you hired them to do! First, don’t feel threatened; people pick up on those feelings and may not approach you. Second, talk to the director about your feelings. There is nothing wrong with asking your director for reassurance. Third, get informed by your staff. MBWA, meaning, manage by walking around, was my best weapon for learning what was going on when I was in the Scutari Hospital during the Crimean Wart. I would walk around asking questions and observing staff all the time, especially at night! When asking questions of your staff, tell them why you need the information. No explanation leads to feelings of mistrust. Don’t be arrogant and think you know more than the people you are asking. There is no “I” in Team” is good for managers too.

Good Luck! Flo

Dear Flo,
As a school nurse, I see a lot of children (and teachers) drinking soda or the energy drinks during lunch and after school. I would like to promote healthy fluids. What can I say to make them understand?

Signed, Health Concious

Dear Health Conscious,
Promoting good health habits has always been top on my list. First, I would inform the younger students and staff about the strong link between sugary drinks and Type 2 diabetes. It the past we thought that the sugar in the drinks promoted weight gain with lead to body fat and then insulin resistance. But weight has been shown not to be an issue as thin or obese people ingest the sugary drinks are prone to diabetes. Every daily serving increases the risk of diabetes by 13% over 10 years. A 12-ounce can of Coca-Cola contains 39 grams of sugar, the equivalent of 9.75 teaspoons of sugar. That every refined sugar consumed at once causes a spike in blood sugar, which over time can increase insulin resistance. Over time, the sugar exhausts the body’s ability to handle it.

Perhaps you could contact your local school of nursing to ask for some student interns to help you with a healthy promotion program. Focus on the teachers about your feelings. MBWA, meaning, manage by walking around, was my best weapon for learning what was going on when I was in the Scutari Hospital during the Crimean Wart. I would walk around asking questions and observing staff all the time, especially at night! When asking questions of your staff, tell them why you need the information. No explanation leads to feelings of mistrust. Don’t be arrogant and think you know more than the people you are asking. There is no “I” in Team” is good for managers too.

Keep up the good work! Flo

October, November, December 2015
Navigating the World of Social Media

The number of individuals using social networking sites such as Facebook, Twitter, LinkedIn, and YouTube is growing at an astounding rate. Facebook reports that over 10% of the world’s population has a Facebook presence while Twitter manages more than 140 million Tweets daily.

Nurses are making connections using social media. Recently, the College of Nurses of Ontario reported that 60% of Ontario’s nurses engage in social networking (Anderson & Puckrin, 2011).

Social networks are defined as “web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system; 2) articulate a list of other users with whom they share a connection; and 3) view and traverse their lists of connections and those made by others within the system” (Boyd and Ellison, 2007).

These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse’s career, but also the nursing profession.

Benefits
• Networking and nurturing relationships
• Exchange of knowledge and forum for collegial interchange
• Dissemination and discussion of nursing and health related education, research, best practices
• Educating the public on nursing and health related matters

Risks
• Information can take on a life of its own where inaccuracies become “fact”
• Patient privacy can be breached
• The public’s trust of nurses can be compromised
• Individual nursing careers can be undermined

ANA’s Principles for Social Networking
1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

References:

Just Because You Received the NH NEWS Doesn’t Mean That You are a NHNA Member

Every registered nurse in the state receives a copy of the NH Nursing News — whether or not you are a member of NHNA. So, if you are not a member, please carefully weigh your decision. The NHNA advocates for you and communicates to you and for you, both in print and on the nhnurses.org website. When we meet with legislators and they ask us how many Registered Nurses there are in the state and we reply over 20,000 they are impressed. But then they ask us how many members we have and we reply 1,000, the good first impression goes away quickly. If you consider yourself a member of the profession you should want to participate in the future of nursing. Joining is not painful, and costs less than the price of one latte a week! Go to http://nhnurses.org/Join-Now and the next issue of the NH NEWS will be a part of you!

Join NHNA Today!
Due to our continued growth, we are always on the lookout for exceptional individuals to join our nursing team. If you are just starting out, or are a current nurse interested in a career in rehab, we have opportunities for you.

At the HealthSouth Rehabilitation Hospital of Concord, we achieve better outcomes by providing our employees with what they need to grow and advance in their profession. Learn more about the difference you can make in your profession as a member of our collaborative team.