Taking the Lead
NHNA Annual Meeting & Banquet

Save the date! The New Hampshire Nurses Association (NHNA) announces the Annual Meeting and Banquet will be held at 6:00 p.m. on Wednesday, October 25th at the McAuliffe-Shepard Discovery Center (2 Institute Drive, Concord, NH). This year’s theme is “Taking the Lead!” To start off the business meeting, the NHNA leadership will review the annual reports from the President, Treasurer and Chairs of each of the NHNA Commissions (Commission on Government Affairs, Commission on Nursing Practice and Commission on Continuing Education). In addition, the results of the annual election will be announced. Key this year will be the discussion of the proposed NHNA Bylaw changes, including the proposed name change to ANA New Hampshire. This meeting will provide members with an opportunity to ask questions, discuss concerns, or provide comments about the presented reports and the activity of the past year, as well as to discuss future directions for the organization.

At the conclusion of the business meeting, participants will be free to tour the Discovery Center as all exhibits will be open to attendees. The Discovery Center has an amazing collection of interactive exhibits to be explored. Delve into the worlds of astronomy, aviation, Earth and space sciences and become immersed in this entertaining learning environment.

There are programs at the Discovery Center for all ages! From the planetarium theater to the high-tech observatory to workshops for educators...there is something for everyone at the Discovery Center.

Come hungry! An array of mixed hot hor d’ouvres and stationary tapas trays will be set up throughout the event area to allow for easy networking, viewing of the exhibits and poster presentations. For those of you who would like libations there will be a cash bar open throughout the event.

To support the theme of “Taking the Lead”, the keynote speaker, Carrie Bosela, BA, RN, CPC, CPC-I and Administrative Director of Society for Vascular Surgery Patient Safety Organization (SVS PSO) will share with the audience how she took the lead in her career and how you too can take charge of and take the lead in today’s growing healthcare market.

Bosela has over thirty years’ experience in nursing and health care. She has diverse experience in patient care

L-R: Wife and son of the late Clint Jones, Leslie and Matthew Jones, Ashley Brandes, RN, BSN

Ashley Brandes, RN, BSN, is the 2017 recipient of the Clint M. Jones New Hampshire Nursing Award. Brandes, a graduate of St. Joseph College, received the annual award in front of her peers during a special Nurses Week celebration held Wednesday, May 10th, 2017. The Clint Jones Nursing Award was created in 2006 by the Foundation for Healthy Communities to honor the memory of the former director of the Foundation’s N.H. Nursing Workforce Partnership. The award recognizes a registered nurse practicing in New Hampshire for at least one year but not more than six years, who exemplifies quality, compassionate nursing care and demonstrates a commitment to a career in nursing. Brandes joined the staff at Elliot Hospital in 2011 and currently serves on the hospital’s Pediatrics Unit working with pediatric patients and their families, and serves as Chair of the Unit Practice Council focusing on improving the quality and delivery of patient care. In nominating Brandes for the award, Rebecca Marden RN, MSN, CNML, Pediatric Clinical Nurse Manager, cited both her support of her fellow colleagues, as well as her enthusiasm and commitment to her patients and their families. “Ashley’s passion for nursing is evident in everything she does. She’s an exceptional family advocate; and has come in on her days off to support her patients during team meetings,” stated Marden. “Her level of commitment and engagement to her patients and her peers directly impact the quality of care we deliver.”

2017 Clint Jones Award Bestowed

www.NHNurses.org

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

Please call (603) 225-3783 or email to office@nhnurses.org with Nursing News in the subject line.

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NHNA Annual Meeting
October 25, 2017
Concord

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Taking the Lead continued on page 3

Mark your calendar!
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.

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.

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 limited space for one article and two of equal interest are under review, preference will be given to NHNA members.* NHNA 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 any additional questions at 877-810-5972.

Advertising:
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PRESIDENT’S MESSAGE
Taking the Lead, Making Change Happen, Saving Lives!

This will be my last newsletter article submitted as the President of the NHNA. My term has been complete with successful transitions. I want to thank Joan Widmer, Nurse Executive Director for being such a huge asset to the NHNA. She has demonstrated complete commitment to the success of the association and to the Board of Directors and Commission Chairs. It has been a pleasure to work alongside of her and all of the Board Members of the NHNA over the past year.

In my reflections of the my final term year, I think back to the annual meeting of 2016 and the goal that was set to increase the NHNA membership by 10%, enhance our visibility and increase our reach to the nursing community to engage more members. This was accomplished in the events and activities planned during the year. Three-quarters into the year, membership accomplishments in the events and activities planned during the year. Three-quarters into the year, membership goals set to increase the NHNA membership by 10%, was up by 7.6%. Events and activities have more than doubled during the year! We've had the opportunity to be seen and heard while taking a stance on critical issues such as rejecting the Trump health care plan and speaking against the loss of insurance coverage for thousands in the state of NH. It has been a year of making change happen, taking the lead and working harder to save lives! Each President sets goal priorities during their term that they work hard to see realized. I am very pleased that the goals that I put forth for the association during my term have been accomplished. I look forward to my continued participation on the NHNA and supporting the new President Carlene Ferrier.

Respectfully Submitted
Bobbie D. Bagley
NHNA Board President
June 2017 saw NHNA’s first venture into offering an online CNE program to its members. Each year the Commission on Nursing Practice prepares an educational program on current nursing topics through its Spotlight on Nursing Today. This year’s program addressed the topics of recognizing the stigma applied to individuals coping with substance use disorder; the role nurses need to play in screening patients for the risk of trauma injuries related to guns in the home and what nurses need to know about therapeutic cannabis. In addition to the nurses gathered for these informative discussions at our Concord office, we had nurses join us from home through an online conference service. While the program was not without a few technical glitches, we did receive generally favorable feedback on this online offering. We are hoping to be able to provide future programs via electronic media. So stay tuned…

I have spent much of the summer working on the inaugural NH Healthy Nurse Scholarship 5K Run and Health Fair. We are thrilled to have important NH healthcare organizations such as St Joseph Hospital, Elliot Health System, Southern New Hampshire Medical Center and Northeast Delta Dental stepping up to be sponsors for this event. Early Health Fair participants include AMR Ambulance Service, New Hampshire Public Health Association, Association of Women’s Health, Obstetrics and Neonatal Nurses, the Holistic Nurses Association, Banyan Tree Yoga and our sponsoring organizations. The members of the Commission on Nursing Practice (CNP) are busy recruiting additional Health Fair participants.

The Commission on Nursing Practice members and I have also been busy planning the Annual Meeting and Awards Banquet. This year’s event will be held at the McAuliffe-Shepard Discovery Center in Concord. The event is scheduled for October 25th starting at 6:00 pm. See the companion article for more details on this upcoming event. We hope you all will plan to attend.

On September 21st we hosted a meeting of the NEMSD Board of Directors at our office in Concord. The NEMSD Board has been investigating non-dues sources of revenue for the five member states, as well as looking for ways to facilitate member growth. The Board also discussed various operational issues regarding the NEMSD. If you have not done so already, check out the NHNA website, www.nhnurses.org. We have been busy updating the information on the site. For instance, under the “About Us” tab you will now find a page that contains the minutes from the Board of Director’s meetings since the start of 2017. Another page contains the March and June Quarterly Financial Reports; these reports demonstrate the financial health of NHNA. We have also added a page under the “Advocacy” and “Nursing Practice” tabs that host the minutes of the meetings of these Commissions since the first of the year. All minutes and the financial reports will be posted on the website for a period of six months from the date of posting. We also added another page under the “Continuing Education tab” to host upcoming CNE events that are free to participants. From time to time NHNA will also share CNE events that have a fee for participation, but any fees will be clearly noted for website viewers.

NHNA is now on Twitter. If you are on Twitter follow us at NHNA@Nhna_nurses. In addition to our tweets, we are following other nursing organizations so our Twitter feed will have lots of useful information for our members.

Finally, in May I started calling each of our new members each month. It has been a great pleasure to speak with many of you and to welcome you to NHNA. We are currently developing a new membership video to share the many benefits of membership. We will post this to our website once it is complete, so log-in and be on the lookout.
Community College School of Nursing, NH Cooperative efforts of many organizations that support youth. The success of the camp is based on the collaborative efforts of nursing professionals with support from counselors at the Nashua Nursing Quest Camp. The camp is staffed by nursing professionals with support from counselors and visited health care facilities such as the hospital, an assisted living facility and the city health department.

The success of the camp is based on the collaborative efforts of many organizations that support youth residency including the Boys and Girls Club of Nashua, City of Nashua Health Department, NAMI, Nashua Community College School of Nursing, NH Cooperative Extension, Southern NH Health Systems and AMR. The Executive Director, Paula Smith of AHEC, Bobbie D. Bagley, Director of the City of Nashua Public Health Department and President of the NHNA, along with camp counselors Brianna and Khaira, congratulated the campers after they completed the camp in celebratory fashion with certificates of completion. Parents of the campers also attended the ceremony.

“This camp is so important because of the exposure given to the youth in the community. It was such an honor once again to work with young people interested in pursuing careers in the nursing and health care professions.” – Bobbie D. Bagley

Southern NH AHEC also sponsors a camp in Manchester for 7-9th graders and a camp at Dartmouth College for 9-10th graders.

HUMOR ME

Ed Note: Regularly exercising our sense of humor improves resiliency, positivity and balances anti-negativity. Laughter may not solve problems but can change your chemistry allowing you to face them anew. In this issue “Humor Me” shares a story with a different view of the world. Submissions are welcome.

A poster featuring a young, thin and tanned woman appeared in the window of a gym.

A middle aged woman, whose physical characteristics did not match those of the woman on the poster, responded publicly to the question posed by the gym.

To Whom It May Concern:

Whales are always surrounded by friends (dolphins, sea lions, curious humans). They have an active sex life, they get pregnant and have adorable baby whales. They have a wonderful time with dolphins, stuffing themselves with shrimp. They play and swim in the seas, seeing wonderful places like Patagonia, the Barren Sea and the coral reefs of Polynesia. Whales are wonderful singers and have even recorded CDs. They are incredible creatures and virtually have no predators other than humans. They are loved, protected and admired by almost everyone in the world.

Mermaids don’t exist. If they did exist, they would be lining up outside the offices of psychoanalysts due to identity crisis. Fish or human? They don’t have a sex life because they kill men who get close to them, not to mention how could they have sex? Therefore they don’t have kids either. Not to mention who wants to get close to a girl who smells like a fish store?

The choice is perfectly clear to me; I want to be a whale.

P.S. We are in an age when media puts into our heads the idea that only skinny people are beautiful, but I prefer to enjoy an ice cream with my kids, a good dinner with a man who makes me shiver and a coffee with my friends. With time we gain weight because we accumulate so much information and wisdom in our heads that when there is no more room it distributes out to the rest of our bodies. So we aren’t heavy, we are enormously cultured, educated and happy.

Beginning today, when I look at my butt in the mirror I will think, “WOW, look how smart I am!”
HELP, It's an Emergency!

MONEY CPR

A 2016 report from www.Bankrate.com stated that over 66 million Americans have no emergency savings. None, zip, nada. An emergency fund is defined as enough liquid cash to cover routine living expenses. Most financial advisors recommend a minimum 3 month fund. Some advise at least a 7 month fund. According to the Bureau of Labor Statistics, www.bls.gov, the average annual hourly rate for an RN in Arizona was $34.51 in 2015, the last year of complete data. With the help of easily available websites and my crude calculations, I figured the average Arizona nurse, single and not a home owner, brings home about $50,790 after taxes a year. That hypothetical nurse should have around $12,500 saved in an emergency fund, very liquid and able to 401K plans or other automatic routine savings plans. However, you would want to have health insurance, especially if the cause of the emergency were due to illness, so count those dollars as after tax income. Now multiply that amount by 3 to determine the minimum amount you should have in an emergency fund.

To determine your after tax monthly income, your pay stub is the best place to start. Remember, in case of an emergency, you would not be making contributions to 401K plans or other automatic routine savings plans. How are you doing? Are you average, above average, or in trouble? Is the amount you calculated for an emergency fund too darn big to contemplate? Start with the building of an emergency fund like a bill due. Take the monthly total of these expenses and multiply that amount by 3 to determine the minimum you need.

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Ok, that’s one way to figure what you need for an emergency fund. Another way is to add up your monthly expenses. That should be easy if you are working from a budget. If not, go back through the last 2 or 3 months’ expenses. Remember, you are looking for monthly necessities. If you lost your job you wouldn’t be taking a vacation, buying new clothes, or spending money on entertainment. You’re looking at rent/mortgage, insurance, car expenses, utilities, food, healthcare expenses, and consumer credit bills. You may be able to negotiate consumer credit or school loan bills for lower monthly payments, but for planning, consider them as a bill due. Take the monthly total of these expenses and multiply by 3. Remember, 3 months is the absolute minimum you need.

How are you doing? Are you average, above average, or in trouble? Is the amount you calculated for an emergency fund too darn big to contemplate? Start with a $1,000 goal. If you need to start or pad that emergency fund, here are some tried and true ideas to help:

• Treat the building of an emergency fund like a bill. Contribute to it every month.
• Use a budget. If you don’t have a budget, get on line and find the many helps there are to create a budget.
• Save money on food by using the store’s loyalty card. If you don’t like carrying around a card, most stores allow you to use a phone number. Several stores also offer discounts on gas for using their loyalty cards. Look at unit price to determine which packaging or sale price is better. Sometimes the results will surprise you. Take your lunch to work. Just that alone could be a planned treat. Make eating out a planned treat.

Whatever strategy you decide to use, be sure to start that emergency fund on the best day possible, today!

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Shawn Harrell
Reprinted from Arizona Nurse
May, June, July 2017 Issue

Shawn Harrell, MS, RN

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Attendied by over 25 nurses, the New Hampshire Public Health Association held its inaugural Annual Educational Meeting at the Manchester Public Health Office on June 5, 2017. Darlene Morse, NHPHA Co-chair, and Bobbie Bagley, NHPHA Co-chair and NHNA's President, welcomed nurses from public health departments, public schools, behavioral health and the NH correctional system. They shared NHPHA’s mission and vision statement. The guest speaker for the evening was Dr. Rosemary Taylor, RN, CNL, a faculty member in the Department of Nursing from the University of New Hampshire. Dr. Taylor’s spoke on workplace incivility and bullying: “Any One of Us on a Bad Day: Making Sense of Nurse Bullying, Tough-love, Hoarding and Other Unprofessional Behaviors.” She described a continuum of incivility, ranging from distracting behaviors to threatening behaviors, and ultimately physical violence. She provided statistical data, including incidence and prevalence information. Taylor then provided information to address the problem of incivility both on an individual basis, as well as at the organizational level. The topic effectively engaged the audience.

New Hampshire Public Health Association

**Vision:** Elevating the practice and presence of public health nurses to ensure the health and wellness of the clinics and communities of New Hampshire.

**Mission:** The mission of the New Hampshire Public Health Association is to help strengthen the state’s public health system to improve health, prevent disease, and reduce costs for all. The NHPHA advocates for the role nurses play as liaison between primary care, acute care, long-term care and the greater community:
- Focusing on prevention of public health problems
- Developing and coordinating public health best practice to align with all health systems.

The Board of Nursing responded to four practice questions during the May and June 2017 meetings.

**Question:** Is it within the scope of practice for a nurse or LNA to reduce hernias?

**BON:** No

**Question:** Is it within the scope of practice for a nurse to flush a chest tube with normal saline?

**BON:** Yes. An RN can instill normal saline into and irrigate a chest tube for open drainage only provided there is no danger of spontaneous pneumothorax with atmospheric pressure entering the pleural space. The RN should have specialized training and a hospital policy that speaks to this task. The task should be performed in an area where there is sufficient staff in possession of specialized knowledge and skills as well as emergency equipment and monitoring equipment to provide for immediate intervention if faced with a client adverse event.

**Question:** Is it within scope of practice for nurses or LNA’s to perform dry needling under delegation of a provider?

**BON:** No. This task is not within scope of an RN to perform in a facility or the community and cannot be delegated as a task via provider. Training for this skill is directed at MD, DO and DPT professionals.

**Question:** Is it within an experienced, IV certified, LPN’s scope of practice to remove a PICC line?

**BON:** Yes, it is within the scope of an LPN who has completed an approved IV therapy course and has a facility policy in place may discontinue a PICC or Midline on a stable client.

The Board of Nursing met with representatives of the Glencliff Home which is in the process of an application to offer an entry level LPN program on their premises. Glencliff is a 130 bed facility located in the White Mountains which provides services for “New Hampshire’s developmentally disabled, and/or mentally ill population in a home-like atmosphere with an emphasis on independence, dignity, and acceptance.” Owned by the State of New Hampshire and operated by the Department of Health and Human Services, it runs 85-95% occupancy. Currently, the Board recognizes two LPN programs in New Hampshire: Salter School in Manchester has full approval while Harmony Health in Merrimack is on probation.
You can’t open the news, whether a newspaper, television or a website, without hearing about the opioid epidemic. The President declares it a national emergency, and the Center for Disease Control (CDC) issues the statistics. The statistics are staggering:

- 9.5 million American adults abused heroin or opioids in 2013
- Overdose death rate reaches 19.9 cases for every 10,000 people in 2016, an increase of 3 cases over 2015

The introduction of Narcan as a “citizen drug,” while rescuing users from the immediate effects of opioids has resulted in producing a significant burden on acute care services. Researchers at Beth Israel reviewed data from 23 million hospital admissions in 44 states from 2009-2015. Over 22,000 patients were admitted to ICUs due to opioid overdoses. Once recovered from the immediate insult, many of these patients become abusive and demanding. “Administrative discharges,” discharging a patient when they are non-compliant and abusive, have become more common. I have heard several stories from colleagues about patients obtaining drugs from visitors and needing Narcan two to three days after admission. A patient bragged to a health care worker, that this was her 6th “Narcan” admission. A father who was administered Narcan while the mother of his child was in labor. Another colleague shared that the incidence of sexually transmitted diseases is on the rise as prophylaxis is not a priority in a drug induced state. Unfortunately, nurses are not immune in an epidemic.

Board of Nursing actions against licensees are available on their website. A brief scan of actions in the past four months found that 11 RN and LPN licenses were revoked. Of concern is that 4 revocations (36.6%) were nurses with compact licenses. While the Board of Nursing has no record of nurses from compact states practicing in New Hampshire, it is unlikely that 36.6% of the nurses practicing in NH are from compact states. Many of the revocations were emergency suspensions related to drug diversions. A review of the minutes revealed that there were 6 emergency meetings of this all-volunteer Board in the first 8 months of 2017, equaling that of the entire year in 2016.

Removing a license after an addiction is, what my dear departed father used to say, like closing the barn door after the horse got out. It is too late. As a result many employers are requiring drug screenings as a condition of employment. Yet, a colleague recently disclosed that 3 potential new hires had been disqualified as a result of positive results. But what happens to the applicant after disqualification? There is no requirement to report the licensee to the Board of Nursing, as they have not been employed. The licensee can find another agency, where drug testing is not required.

Several years ago I had the responsibility of telling a sophomore nursing student to find a new major when she tested positive for drugs in a routine student screening. All nursing schools in New Hampshire drug screen students at least once during their curriculum. At UNH, screening is done before the first clinical rotation, at the beginning of the senior year, and at least 5 students are selected at random every 3 months. The screening is mandated by most agencies where clinical rotations are held.

The National Institute on Drug Abuse estimates that 38% of American adults, including nurses, were prescribed an opioid painkiller in 2015. It is time to be proactive before more patients suffer. The NH Board of Nursing requires continuing education every 2 years at licensure. In my opinion every licensee should also undergo a drug screen as a requirement for re-licensure. In addition, any positive drug screen reported on a health care licensee, whether employed or considered, must be reported to the Board of Nursing. Such an action could decrease the number of compact nurses who may be job-hopping to avoid drug abuse detection. The Board of Nursing has the responsibility to protect the public; it is time to close the door before the horse is out of the barn forever.
Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

Reprinted with permission of the American Nurses Association

1. **What is the assignment?**
   - Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is indeed correct.

2. **What are the characteristics of the patients being assigned?**
   - Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. **Do I have the expertise to care for the patients?**
   - Am I familiar with caring for the types of patients assigned? If this is a “float assignment,” am I cross-trained to care for these patients? Is there a “buddy system” in place with staff who are familiar with the unit? If there is no cross-training or “buddy system,” has the patient load been modified accordingly?

4. **Do I have the experience and knowledge to manage the patients for whom I am being assigned care?**
   - If the answer to the question is “no,” you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement - regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which she or he lacks education or experience.

5. **What is the geography of the assignment?**
   - Am I being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or on different units? If there are geographic difficulties, what resources are available to manage the situation? If my patients are on more than one unit and I must go to another unit to provide care, who will monitor patients out of my immediate attention?

6. **Is this a temporary assignment?**
   - When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

7. **Is this a crisis or an ongoing staffing pattern?**
   - When the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for “safe harbor” and/or peer review.

8. **Can I take the assignment in good faith?**
   - If not you will need to get the assignment modified or refuse the assignment. Consult your individual state’s nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated.

   **Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.**

Health care is being done differently in the Elliot Health System with the implementation of Lean. Lean is not an acronym. It is a whole new concept of leadership and management that stands upon the pillars of respect for people and continuous improvement. Created and introduced by the Toyota Production System, Lean is finding a way into healthcare facilities across the country with some amazing results.

“Lean is not a program, it’s not a set of tools. It’s not a set of tools, it’s not a quick fix or a responsibility that can be delegated. Lean is a cultural transformation that changes how an organization works” (Toussaint & Berry, 2013, p.74).

Lean has certainly transformed the Pediatric Adolescent Care Unit of the Elliot Hospital. Becky Marden, the Clinical Nurse Manager, and Pam Bedford, the Clinical Nurse Leader, can’t say enough about the transformation. A new Lean way of thinking has transformed the unit, changing the way staff are engaged in problem solving. There is no clutter or disorganization, everything is clean and bright, and management and supplies are orderly and easily located. The ‘hustle and bustle’ present on many inpatient units, is absent here. The atmosphere is peaceful and productive. Even the patients appear happy.

The focus is not how an organization implements Lean but rather how the ‘Lean approach’ is integrated and specifically how problems are addressed. A prime example is the ‘Old Way’ of addressing falls and the ‘Lean way’ of addressing the problem of falls.

Hospital falls and subsequent injury are a big problem in health care. According to the Joint Commission, ‘every year hundreds of thousands of patients fall in hospitals, with 30-50% resulting in injury,” Injured patients require additional treatment which prolongs the hospital stay resulting in additional costs, to say nothing of increased pain and suffering for patients. Fall prevention has become one of the Joint Commission’s major concerns and is one of the National Patient Safety Goals.

On the inpatient pediatric unit at Elliot, there were 12 falls in 2015 and 9 falls by July of 2016, nearly one fall per month. They all go back to theirassigned privately, and they’re working on identifying what each child is doing and why.

The next step was to discuss ways to put these countermeasures in place, once again involving staff, each person who is interested taking on a task. Visual tools are made to track progress, a graph showing the falls, “falls safety cross”, a daily progress visual set up like a cross-shaped calendar, with green coded data mean there was a fall. These visual tools are the most successful and important and effective in keeping everyone on the unit aware of progress and alert to ongoing evaluation. Falls are also discussed with visitors to the unit, from patient family members to hospital senior management.

Falls are discussed again at future daily huddles to make sure there is continuous improvement. It’s not considered a task that involves nurse leaders, disinterested and unmotivated staff and falls occurring at one per month to productive and engaging huddles, everyone feeling fulfilled in their respective roles, and safe, happy patients.

Lean is innovation at its best. It is the reason Toyota is the most successful automobile manufacturer with the highest quality product in the world. Nursing and healthcare in general, can only benefit from changing the culture we work in one that respects people and strives for continuous improvement. At Elliot, the plan is to change the culture of the entire system using Lean strategies. Becky Marden and Pam Bedford both expressed their commitment this way: “When asked by senior management “what would you do if we took Lean away?” Their answer was “You can’t take it away. We would still do it.” It has changed the way we think, the way we act, the very foundation of how we do our jobs. We are better leaders because we have learned to manage with new strategies, focused on continuous improvement and respect for our people.”

Falls are identified as a problem in the morning Huddle, a daily meeting in which the entire multidisciplinary team on Pediatrics participates. The A3 status sheet (named for the size paper it is printed on) questions are asked: Why is this a problem? How big of a problem is it? How much does it impact patient safety? These were questions that the Unit Practice Council and leadership were thinking about, but now everyone including Child Life and even the housekeeping staff is involved. During the Unit Practice Council meeting the root causes of falls are determined using a fishbone diagram of cause and effect. This method of investigating a problem uses the WHYS:

- Why did this fall occur? Because of this situation.
- Why did the situation occur? Because of this circumstance.
- Why did this circumstance occur? Because of this misunderstanding.
- Why did the misunderstanding occur? Because of lack of experience and training.

The root causes of falls on the Pediatric Unit included everything from a particular psychiatric patient needing attention, to poorly fitting hospital clothing that patients were tripping on, to children who were running in the halls.

Once the root causes have been identified, ongoing discussion with all of the staff reveals solid countermeasures to prevent falls. Countermeasures included communication with staff on certain patient conditions, training for other ‘float’ staff who might not be familiar with pediatric needs, teaching on limit setting for patients, making sure staff scrub the patient and they are using the safety socks, getting physical therapy involved sooner in postop situations, identifying ways for safe release of energy. These were definitive, almost common sense methods of preventing falls that go way beyond mandates for closer patient supervision.

The next step is to carry out the visual tools to put these countermeasures in place, once again involving staff, each person who is interested taking on a task. Visual tools are made to track progress, a graph showing the falls, “falls safety cross”, a daily progress visual set up like a cross-shaped calendar, with green coded data meaning there was a fall. These visual tools are the most successful and important and effective in keeping everyone on the unit aware of progress and alert to ongoing evaluation. Falls are also discussed with visitors to the unit, from patient family members to hospital senior management.

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We just use unit falls as one tiny measure of Lean’s success, the numbers speak for themselves.

References:
MaryEllen King, RN, BSN, CPN, is a member of NHNA Commission on Nursing Practice and practices as a nurse, a registered nurse, and has worked in healthcare and education for over 30 years. She has worked as a critical care nurse, a nurse educator, and a nurse leader.

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Ms. Laurie Nolan-Kelley, a Clinical Nurse Leader in the Emergency Department at Dartmouth Hitchcock Medical Center, shared her research on firearms injury prevention. Her focus was on, “Taking Aim: Educating Health Professionals in Firearms Injury.” The evidence of injury or death associated with firearm use in the United States is staggering, with 72,000 annual injuries and 32,000 annual deaths, costing $229 billion in 2014. Ms. Kelley argued that this data supports classifying firearm injury a public and population health problem, and consequently, it should be incorporated into the social demographic screening done by healthcare professionals. Just as clients are routinely screened for tobacco, alcohol and drug use, clients should also be routinely screened for the presence of guns in the home and whether those guns are secured. Ms. Kelley also supports posting “weapons free” signs along with “smoke free” signs at all healthcare offices and institutions.

Lisa Withrow was the final speaker for this educational evening. Ms. Withrow, a Nurse Practitioner and principal at Palliativity Medical Group, LLC spoke about “Therapeutic Cannabis.” Her presentation began with a brief history of the New Hampshire therapeutic cannabis law (HB 573, 2013), followed by a discussion of the client certification process, required treatment follow-ups, and how the local NH dispensaries operate. Ms. Withrow described the complexities of the different strains of therapeutic cannabis and various cannabinoid compounds that are available in NH. She also discussed the specifics of administration, effects and medical benefits of therapeutic cannabis.

Light snacks and assorted beverages were provided by the members of the Commission on Nursing Practice. The post conference survey supported favorable evaluations of the speakers and the content. The average knowledgeability scores were between 4.79 and 4.97 (on a 5-point scale) and the average content delivery effectiveness scores were between 4.53 and 4.97. Evaluations comments included: “very informative,” “great topics,” “very relevant to current health care issues.” Attendee’s reported that these programs might change their practice by changing “terminology used when referring to situations with abuse,” asking “depressed patients if they have firearms in their home” and “assessing for firearms safety.”

The NHNA would like to extend a special thank you to the event sponsors and exhibitors: ALD, Granite State College and Saint Anselm College.
School Nurse of the Year

Barbara Kelly, RN, BSN, was named New Hampshire School Nurse of the Year 2017-18 by the New Hampshire School Nurses’ Association. According to her nomination letter, “Kelly represents excellence in school nursing as demonstrated through her kind, compassionate and proactive approach to her role as the school nurse at Newfound Regional High School. She is a leader and learner, and is highly respected by her students and colleagues. As a partner in education, she exemplifies the qualities of an educator, caretaker and counselor. She is dedicated to many school and community programs from drug and alcohol education to concession management, stress reduction, facilitating dental and medical care for students, providing hygiene packages to soldiers, and working collaboratively to ensure a “change in culture” for students. She served on the New Hampshire School Nurses’ Association Board of Directors for nine years, assisted with core nursing content planning at the St. Anselm School Nurse Summer Institute, and mentors future nurses.” One student wrote, “I believe Ms. Kelly is an excellent representative for all that the N.H. School Nurse of the Year award stands for.”

Book Published

Dr. Kathy Perrin, RN, recently published the 3rd edition of her book, Understanding the Essentials of Critical Care Nursing. The third edition provides an introduction to critical care that helps nurses deliver safe, effective care that optimizes patients’ outcomes. Perrin is a former nursing faculty member at St. Anselm’s College.

Hubbard Award

(L-Michele Apkarian, RN; R-Jaymie Miller, RN)

Cheshire Medical Center, recently presented The 2017 Iola Hubbard Nursing Award, Established in March 1987 by Iola Hubbard’s husband to honor his wife and her kind, compassionate and novel approach to her role as the school nurse at Newfound Regional High School. She is a leader and learner, and is highly respected by her students and colleagues. As a partner in education, she exemplifies the qualities of an educator, caretaker and counselor. She is dedicated to many school and community programs from drug and alcohol education to concession management, stress reduction, facilitating dental and medical care for students, providing hygiene packages to soldiers, and working collaboratively to ensure a “change in culture” for students. She served on the New Hampshire School Nurses’ Association Board of Directors for nine years, assisted with core nursing content planning at the St. Anselm School Nurse Summer Institute, and mentors future nurses.” One student wrote, “I believe Ms. Kelly is an excellent representative for all that the N.H. School Nurse of the Year award stands for.”

The Nursing Clinical Investigative Series “NCIS” Team at Cheshire Medical Center consisting of Paula Hudon, MS, RN-BC; Jacqueline Ebieri, BSN, RN; Victoria Zimmerman, BSN, RN; Celia Pearson, BSN, RN-BC; Krista Eleye, RN, CMCSR, OCN; Joan Brown, RN, BSN, OCN; Kimberly Farris, BSN, RN; Terri Skantze, RN, and Amoriel Robinson, BSN, RN received the Chairman’s Award for developing a scenario-based nursing education program focused on problem-solving and critical thinking to identify patient-specific needs, while utilizing data and patient stories. The participating nurses reported that they now approach each patient equipped with new knowledge, resulting in improved patient care. The “NCIS” Team continues to actively work with the nursing staff incorporating real-time monitoring, coaching, and quality improvement in day-to-day patient care.

NCIS Team

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CNOR Strong

Cheshire Medical Center announced it has recently earned the CNOR® Strong designation from the Competency & Credentialing Institute (CCI). The CNOR® Strong designation is given to facilities having at least 50% of its operating room nursing staff CNOR® certified, and provides programs that reward and recognize its certified nurses. This is the first year CCI has awarded this elite status to facilities nationwide. It is an objective, measurable way of acknowledging the achievement of specialty knowledge beyond basic nursing preparation and RN licensure. Certified nurses included the team led by Christa Weaver, RN, CNOR, RNFA and Kim Cotter, RN, BSN, CNOR; Brian Bunce, RN, BSN, CNOR, RNFA; Eric Hood, RN, BSN, CNOR; Keith Kelley, RN, CNOR; Christy Lambert, RN, CNOR; Rebecca Loejey, RN, BA, CNOR; Joy Paquette, RN, CNOR; Catherine Smith, RN, CNOR; Tami Uvena, RN, CNOR; and Elaine Waldo, RN, BSN, CNOR, CRNA.

Carder Excellence Award

Huggins Hospital Operating Room Clinical Coordinator Stacey Heath, RN, BSN, CNOR, is the 2017 recipient of the Huggins Hospital Board of Trustees’ Roy B. Carder Service Excellence Award. The award is named in honor of the late Roy B. Carder who dedicated his energy, time and talents as a member of Huggins Hospital’s Board of Trustees. The award recognizes an employee who personifies the best of the best, every day. Heath was chosen because of her extensive knowledge of daily operations, professional and personal credibility and consistent delivery of the highest quality of patient care. “Stacey always takes initiative and accepts and carries out additional responsibilities,” said Debbie Simone, education coordinator at Huggins Hospital and past recipient of the Roy B. Carder Award. “She always embraces an opportunity to improve both employee and patient satisfaction. Heath is respected for her clinical skills and thoughtful, thorough approach with her patients and colleagues. She is detail-oriented and always keeps the patient at the center of any decision she makes. Her steadfast commitment and leadership acumen has helped advance surgical services at the hospital.” Heath began her healthcare career at Huggins as a dietary aide in 1996.

5th Annual Nursing Excellence Award

Heath Heath, RN, BSN, was the recipient of the 5th Annual Nursing Excellence Award presented by Littleton Regional Hospital during Nurses’ Week Celebrations. Koreen Superchi, VP of Inpatient Care Services noted: “As nurse leaders at LRH, we look around and see nurses practicing outstanding care every day and we are thankful to be surrounded by such skill and compassion in our care team. Yet even among our outstanding nursing professionals, there are some with a dedication to the profession that rises above expectations. When the nurse managers discuss Heather Newfield, their...
National Award for Excellence

Lynn Sheltry, RN-BC, was recently recognized by the American Psychiatric Nurses Association (APNA) for nursing excellence. Sheltry, a Nurse Specialist in the Children’s Unit at New Hampshire Hospital, received the APNA’s Award for Excellence in Practice – RN, and will be honored at the organization’s annual conference in October. The APNA, the largest professional membership organization committed to the specialty practice of psychiatric-mental health nursing and wellness promotion, annually honors APNA members who demonstrate excellence in psychiatric-mental health nursing practice, leadership and community efforts. APNA members recognized Sheltry for embracing “a relationship-based, trauma-informed and recovery-oriented philosophy of care and suggested numerous changes in practice.

Received Certification

Eileen Keefe, MSN, RN, CPNP, CNL, NE-A, Chief Nursing Officer of Parkland Medical Center, recently achieved the Certified Patient Experience Professional (CPXP) designation. With this certification, Keefe joins an elite group of healthcare professionals nationally committed to ensuring the best in patient experience for all they care for and serve. The certification, awarded by Patient Experience Institute (PEI), signifies that recipients possess the qualities of a leader who influences the systems, processes, and behaviors that cultivate consistently positive experiences with knowledge and practical experience necessary to pass a rigorous examination.

Outstanding Alum

Cynthia Arcieri, Vice President of Patient Care Services and Chief Nurse Executive for St. Joseph Hospital was recently featured in the spring issue of Rivier Today, the magazine of Rivier University. Arcieri received Rivier’s 2016 Outstanding Nurse and Healthcare Leader Award, awarded to an alumnus who has demonstrated a “commitment to excellence and service to patients, as well as significant achievement in the healthcare profession.”

Golden Heart

Sue Lemire, Charge RN on the Cardiac Medical Unit (CMU) at Catholic Medical Center (CMC) in Manchester, recently received the Golden Heart Award for the second quarter of 2017. This award is given quarterly in recognition of an employee, volunteer or credentialed professional who fosters CMC’s mission of health, healing and hope. Lemire was recognized for her team work and collaborative spirit in dealing with 14 discharges and 10 admissions on a single shift, despite working with a “very green” nursing staff on that evening.

Daisy Award

Alana Mauris, RN, BSN, on the Cardiac Medical Unit (CMU) at Catholic Medical Center recently received the Daisy Award. A patient family nominated Alana for this prestigious award in recognition of the compassion, time and attention she demonstrated over a very trying weekend during which the family had to make difficult decisions about continuing care versus palliative care for their family member.

Management Minute

Nurse leaders and managers can be challenged by recruiting and leading millennials. Often thought of as the app-obsessed, T-shirt clad Googler, in reality millennials are likely to budget their time efficiently without much concern for the optics. Millennials can innovate. Meet millennials where they are, assist them and stretch their stretch, which isn’t always a bad thing.

Recognize Ambitions and Set Expectations

Perspective: Millennials have a reputation for being impatient and outspoken. But usually what they’re challenging and outspoken. But usually what they’re challenging is that they tend without much concern for the optics. Millennials can be challenging and outspoken. But usually what they’re doing is stretching, which isn’t always a bad thing.

Engagement: Provide something for millennials to aspire to. As important as solid pay, time off, and ideally flex hours, employers can offer more flexibility. Millennials like to have different attitudes toward the optics. Millennials can be challenging and outspoken. But usually what they’re doing is stretching, which isn’t always a bad thing.

Communicate on Their Level

Perspective: One difference between millennials and other generations is that they tend to value their relationships. Millennials can be challenging and outspoken. But usually what they’re doing is stretching, which isn’t always a bad thing.

GOLDEN HEART

Sue Lemire

JOIN THE GOLDEN HEART

New Hampshire’s Medical Units

Awards recognize nurses who demonstrate excellence in nursing practice, leadership and community efforts.

Daisy Award

Alana Mauris

JOIN THE DAISY

New Hampshire’s Medical Units

Awards recognize nurses who demonstrate excellence in nursing practice, leadership and community efforts.

About the Daisy Award

The Daisy Award recognizes nurses who demonstrate excellence in nursing practice, leadership and community efforts.

The Daisy Foundation

The Daisy Foundation is a 501(c)(3) non-profit charity that始建于1989年，旨在表彰和奖励那些在医疗保健领域做出卓越贡献的护士。

Daisy Award Recipients

The Daisy Award has been awarded to over 1,200 nurses in New Hampshire since 1998.
The Behavioral Emergency Response Team (BERT) at Elliot Hospital is designed to provide psychiatric support services to patients, staff, and families. Although the team does respond to urgent psychiatric situations, it also serves a wider purpose, functioning as a psychiatric and social work consult service within the hospital. The BERT Team also provides education to hospital staff about the complexities of mental illness and works to foster an understanding of these disease processes.

Meghan Baston, MSN, RN-BC, Director of Behavioral Health for Elliot Health System in Manchester, began the conceptual process of the BERT TEAM in 2013. At that time, Baston believed a proactive approach, as opposed to a reactive one, would better address the needs of patients in the hospital. It was clear that such a program, focused on meeting behavioral needs of patients, could be beneficial throughout the hospital setting. In 2016, the BERT TEAM was officially activated.

BERT TEAM Structure

The BERT TEAM includes an RN and a Licensed Clinical Social Worker. The social worker provides supportive therapy and brief intervention as needed. If necessary, Hospital Security can be contacted. The Team is called upon by nurses and physicians and responds to urgent behavioral needs and conducts debriefing on these situations. The BERT nurses round on patients in behavioral restraints. They meet with patients who are threatening to leave Against Medical Advice. Assistance is given to nursing staff who care for agitated patients and may injure themselves or are perceived as threatening to the staff, another person, or property. Generally speaking, any disruptive behavior upsetting unit function is a priority of a call to the BERT TEAM.

BERT TEAM Function

The function of the BERT TEAM extends beyond the urgent need of a team response in many ways. For example, a social worker makes rounds every day and sees patients with substance abuse problems throughout the hospital. The BERT nurses see Constant Observation patients in hopes of reducing the number of 1:1 patients. They see high risk post partum patients who experience depression. Team members educate staff on psychiatric medication use. They assist with providing structure for patients with dementia. The Team rounds with nurses on all floors where psychiatric needs are located. They consult on patients and also check in with nurses’ aides in order to make sure that they are the right match for the patient. When consulting, the Team provides evidence based recommendations with pointed interventions. Assistance is given with setting up guidelines for managing behavioral patients.

BERT TEAM Experiences

Remy Magnon RN, is a member of the BERT TEAM during the day shift at the Elliot. She describes that when developing behavior care plans, some patients need specific directions, while others do better when given acceptable choices. She will assist the nurse by suggesting tools to help engage with the patient. Sometimes this consists of a script for the nurse to use. These tools can effectively help the nurse communicate with the patient. Often, Remy explains how the nurse is frustrated and anxious in a particular situation and that she will empower the staff member to develop his or her own communication and deescalating skills, including specific words to use. When “in the moment”, according to Remy, a nurse may have difficulty reacting appropriately. Remy and other Team members thrive on guiding staff with these situations.

Creating BERT

When Baston began to formulate ideas surrounding the BERT TEAM, she needed to see how the plan would fit into the Elliot strategic plan. She concentrated on the pillars of the strategic plan and how BERT would benefit patients and the organization. Senior leadership realized the value of this Team approach, which could positively impact staff and patients. When staffing was approved, Baston began to post positions and recruit for the team. It took at least 6 months to hire at least three nurses. The Greater Mental Health Center in Manchester assisted in providing education and autonomous skill building for the newly hired staff.

Implementation Challenges

There were some difficulties in getting the program up and running. The challenges included finding nurses, determining what was considered within the scope of practice of nursing and figuring out how to incorporate the psychiatric service. The Team was then marketed to the inpatient units. Overall, nursing was very welcoming to the idea and especially loved the support that the team provided. Seeing the BERT TEAM as a consult service, helping to plan and implement care plans for patients allowed the RNs to feel empowered. Over time, a shift occurred from one of deescalating situations to an idea of empowering nurses to consult with the BERT TEAM.

Baston received a great deal of support for the program during the stage of formulating the foundation of the team. One of the missions of the hospital is to care for the community with the largest psychiatric community in the State residing in the Manchester area. While in the hospital, people with psychiatric issues can require management and interventions for their mental health. Often times, their behaviors increase the complexity of their treatment plan. Administration and staff appreciated that the BERT TEAM had a holistic and integrative approach when caring for patients.

Impact

The positive impact of the BERT TEAM is certainly being felt at the Elliot Hospital. The BERT TEAM strives to ensure best practice care is being provided for patients with behavioral issues. Staff no longer feel powerless with their concerns over behavioral issues. Power has been given back to the RN with the help of the BERT TEAM. Nurse burn-out is noted to be reduced. The program positively helps promote a culture of compassion and foster a culture of “our patient.” The BERT TEAM has helped reduce the stigma of the patient with psychiatric needs.

Outcomes

There are measurable outcomes that have resulted since the initiation of the BERT TEAM. There has been a 70% drop in “codes” related to patients needing urgent psychiatric interventions. Restraint use is down more than 50%. It is also noted that patients tend to leave the hospital sooner than they did before and it is attributed to having consistent plans while hospitalized. Most importantly, it is the anecdotal positive comments that Baston hears every day from patients, staff, administration and the community that speak to the success of this innovative practice program.

Darby Thomas, BSN, RN-BC, a member of the Commission on Nursing Practice, practices in pediatrics at Elliot Hospital.
Nurses Join Women in Healthcare Panel

From the Bookshelf

**STOP NURSE BURNOUT**
*What to Do When Working Harder Isn’t Working*

by Elizabeth Scala, MSN/MBA, RN & Dike Drummond MD; Heritage Press Publications, LLC, 2016, Paperback 188 pages

**Reviewed by Anita Pavlidis, RN, MSN**

Elizabeth’s Scala, mental health practitioner and author, focuses on a topic that has been discussed and experienced for generations of nurses: nurse burnout. Much of what is presented is familiar information, especially for nurses who have been in nursing practice for a period of years. Her presentation at times is thought provoking and for those who purchase her book the website (stopsnurseburnout.com) offers additional resources.

The chapter on “burnout basics” offers commonly occurring examples of nurse burnout such as job dissatisfaction, lower levels of patient satisfaction, increased absenteeism and higher levels of emotional exhaustion that impacts on all aspects of a nurses’ life. There are interesting points throughout the book not frequently discussed regarding burnout. One example is Scala’s definition of the difference between burnout, as a dilemma, versus a problem which has a solution (such as an IV bottle that has run dry). Furthermore the key difference between simple stress and burnout is delineated as an individual’s response to and recovery from the energy drain (physical, emotional & spiritual). Scala contends that 30% of all nurses have burnout at any one time.

Burnout, viewed as a dilemma, requires a multipronged approach to address it and includes use of the tools discussed in the book and ways to build a personal strategy. The differentiation provides an interesting change in perspective in definition and approach to managing this complex issue.

One notable chapter focuses on the both the positive purpose of burnout, to look for another job or alternative nursing path, and the negative, wears you down to the “nub.” Surprisingly, it is noted that many highly successful nurses have experienced burnout at some point in their professional career and attributed that experience as being the motivation for seeking another nursing career path. The author provides an example by relating an account of her transition from an inpatient psychiatric nurse to a health and wellness life coach.

A provocative point states nursing school builds the foundation for burnout with the conditioning of young nurses who are struggling in their career, this book could be a guidance and support. For many newer graduates or nurses who are struggling in their career, this book gives nurses a renewed opportunity for offering support and guidance. For many newer graduates or nurses who are struggling in their career, this book could be a handbook to help navigate challenging situations, activities, and the motivation to move forward in seeking their ideal career.

Anita Pavlidis RN MSN is the former Director of Nursing at the New Hampshire Technical Institute in Concord and Program Specialist at the New Hampshire Board of Nursing.

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### Applications

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### Ambulatory Nurse Manager

At the direction of the Practice Manager, and in collaboration with the VP of NH Medical Group, you will provide guidance and leadership for the clinical staff of the unit in the ambulatory setting. In this role, you will be accountable for the quality of nursing care service, in accordance with the NH Nurse Practice Act, hospital policies, and the NH Board of Nursing rules for delegated nursing tasks. As the Nurse Manager, you will collaborate with physicians and Practice Managers to assure development and ongoing improvement of the clinical support staff.

### Qualifications

- Bachelor’s degree in Nursing and have a minimum of 3 years previous practice experience. Applicants must be licensed to practice nursing in New Hampshire. Strong communication skills both written and verbal are essential. Strong interpersonal skills and the ability to be a team player is required.

### Please visit us online for more information and to apply at:

www.newlondonhospital.org

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### STOP NURSE BURNOUT

**What to Do When Working Harder Isn’t Working**

by Elizabeth Scala, MSN/MBA, RN & Dike Drummond MD; Heritage Press Publications, LLC, 2016, Paperback 188 pages

**Reviewed by Anita Pavlidis, RN, MSN**

Elizabeth’s Scala, mental health practitioner and author, focuses on a topic that has been discussed and experienced for generations of nurses: nurse burnout. Much of what is presented is familiar information, especially for nurses who have been in nursing practice for a period of years. Her presentation at times is thought provoking and for those who purchase her book the website (stopsnurseburnout.com) offers additional resources.

The chapter on “burnout basics” offers commonly occurring examples of nurse burnout such as job dissatisfaction, lower levels of patient satisfaction, increased absenteeism and higher levels of emotional exhaustion that impacts on all aspects of a nurses’ life. There are interesting points throughout the book not frequently discussed regarding burnout. One example is Scala’s definition of the difference between burnout, as a dilemma, versus a problem which has a solution (such as an IV bottle that has run dry). Furthermore the key difference between simple stress and burnout is delineated as an individual’s response to and recovery from the energy drain (physical, emotional & spiritual). Scala contends that 30% of all nurses have burnout at any one time.

Burnout, viewed as a dilemma, requires a multipronged approach to address it and includes use of the tools discussed in the book and ways to build a personal strategy. The differentiation provides an interesting change in perspective in definition and approach to managing this complex issue.

One notable chapter focuses on the both the positive purpose of burnout, to look for another job or alternative nursing path, and the negative, wears you down to the “nub.” Surprisingly, it is noted that many highly successful nurses have experienced burnout at some point in their professional career and attributed that experience as being the motivation for seeking another nursing career path. The author provides an example by relating an account of her transition from an inpatient psychiatric nurse to a health and wellness life coach.

A provocative point states nursing school builds the foundation for burnout with the conditioning of young nurses who are struggling in their career, this book could be a guidance and support. For many newer graduates or nurses who are struggling in their career, this book gives nurses a renewed opportunity for offering guidance and support. For many newer graduates or nurses who are struggling in their career, this book could be a handbook to help navigate challenging situations, activities, and the motivation to move forward in seeking their ideal career.

Anita Pavlidis RN MSN is the former Director of Nursing at the New Hampshire Technical Institute in Concord and Program Specialist at the New Hampshire Board of Nursing.

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**Nurses Join Women in Healthcare Panel**

Dr. Maria Ryan

Kris Hering, a member of the NHNA Board of Directors and Chief Nursing Officer at Speare Memorial Hospital, joined Dr. Maria Ryan, President and CEO of Cottage Hospital, and Anna Thomas, Deputy Public Health Director, City of Manchester, in a “Women in Healthcare” panel discussion at Saint Anselm College held June 7th, 2017. The panel was part of the NEW Leadership™ New England program offered at Saint Anselm College’s New Hampshire Institute of Politics. The NEW Leadership™ New England program is part of a nationwide program in partnership with the Center for American Women and Politics at Rutgers University, and is a week-long residential program for college women designed to educate and empower in the political process.

**National Education for Women’s Leadership**

NEW Leadership™ New England

Educating and Empowering the Next Generation of Women Leaders in New England

Approximately 25 undergraduate women from colleges across New England attended. The panelists endeavored to educate participants about the role of the healthcare industry and the connections among healthcare, government, and the public. For over an hour the panelists shared their own personal experiences and vignettes from the field, and provided examples of how to pursue leadership roles within the healthcare industry. The discussion was highly interactive with many thoughtful questions from the young women on how to pursue leadership roles within the healthcare industry. Kris Hering remarked, “A provocative point states nursing school builds the foundation for burnout with the conditioning of young nurses who are struggling in their career, this book could be a guidance and support. For many newer graduates or nurses who are struggling in their career, this book gives nurses a renewed opportunity for offering guidance and support. For many newer graduates or nurses who are struggling in their career, this book could be a handbook to help navigate challenging situations, activities, and the motivation to move forward in seeking their ideal career.”

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The Eta Iota Chapter of Sigma Theta Tau International held its Annual Meeting June 14, 2017 at Patty B’s, in Dover, NH. Attended by 29 chapter members President Joyce Cappiello opened the meeting, welcoming all the members present. She reviewed the Annual Meeting Report which included an outline of events and activities from the prior year, the Treasurer and Secretary Reports and the results of the recent election.

The election results are as follows:

- Joyce Cappiello: President 7/1/17 to 6/30/18
- Kelly Grady: President Elect 7/1/17 to 6/30/18
- Raelene Shippee-Rice: Vice President 7/1/15 to 6/30/19
- Dayle Sharpe: Treasurer 7/1/17 to 6/30/19
- Rosemary Taylor: Faculty Counselor 7/1/15 to 6/30/19
- Pam Kallmer: Leadership Succession 7/1/16 to 6/30/18
- Jennie Matney: Governance Chair 7/1/16 to 6/30/18
- Kelly Grady: Governance Committee 7/1/17 to 6/30/18
- Jeannie Matney: Convention Delegate 1 7/1/17 to 6/30/18
- Kelly Grady: Convention Delegate 2 7/1/16 to 6/30/18

Alexa Gilmore, UNH nursing BSN graduate 2017 presented her senior research project: “Women’s Experiences in Centering Pregnancy” a qualitative study of the centering pregnancy program offered at Brigham & Women’s Hospital in Boston. While her sample size was very small, the themes developed through her one-to-one interviews were consistent with themes found in the current literature. Alexa will be starting her nursing career shortly, and would like to someday be an APRN in family practice.

Tanya Lord, Director of Patient and Family Engagement for Foundation for Healthy Communities, shared with the audience her mission to improve patient and family engagement in health care across the continuum of care. Collaborative patient and family engagement is a strategy to build a patient and family centered health care system. In a patient and family centered health system, patients and families are encouraged and supported as essential members of the health care team and there are meaningful opportunities for them to serve as advisors and partners in quality improvement efforts, patient safety initiatives and health care design. Nurses shared with the audience different patient engagement initiatives in their workplaces. Though time ran out but all gathered agreed further discussion is needed and this will be a topic for the next meeting in September.

Eta Iota Chapter is interested in connecting with nurses, health care organizations and advocacy associations in New Hampshire as a way to move the patient engagement agenda forward to improve patient and family health and wellbeing. If you are interested in joining us please contact raelene.shippee-rice@unh.edu.

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NHNA would like to thank the sponsors for the NH Healthy Nurse Scholarship 5K Run

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Southern New Hampshire Medical Center is a 188-bed regional medical facility that serves an estimated 100,000 patients annually. As a clinical affiliate of Massachusetts General Hospital, residents of southern New Hampshire and northern Massachusetts have easy access to advanced clinical expertise in areas including stroke, cancer, trauma and pediatric specialties. SNHMC is a proud partner of Foundation Medical Partners, an independent group of nearly 300 providers in primary, specialty and immediate care, serving thousands of patients in more than 70 practices across southern New Hampshire and northern Massachusetts. Learn more at: www.snhhealth.org.

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Northeast Delta Dental is a values-driven company that administers dental benefits for nearly 855,000 subscribers throughout Maine, New Hampshire, and Vermont. Northeast Delta Dental successfully balances profitability and community involvement, with colleagues working together to create a corporate environment built upon high trust and mutual respect. Northeast Delta Dental is recognized for its expertise in the dental insurance industry, the vibrancy of its participating dentist network, and its strong brand. Learn more at www.nedelta.com.

(includes only registered sponsors as of July 30, 2017)
The New Hampshire Nurses Association honors the memory of and acknowledges the work of deceased nurses who have graduated from New Hampshire nursing schools or who have actively practiced in New Hampshire during their careers. Stating the names and information about these nurses is one way we honor their contribution to the profession. Brief submissions are welcome.

**St. Joes Grad**


**Notre Dame Grad**

Judith E. (Judy) (Balcom) Fischer, 88, passed away May 6, 2017. She was a graduate of the St. Joseph’s Nursing School in Nashua and worked as a Registered Nurse at Huggins Hospital, Wolfeboro, NH and the Veterans Hospital in Manchester, NH.

**St. A’s Grad**

Barbara (Eckberg) Seamans, 82, died May 12, 2017. A graduate of Elliot School of Nursing. She was the Valedictorian and was a 1940 graduate of the New England College Infirmary in Henniker. Throughout her dedicated career in nursing working primarily in Maternity, Labor, Delivery, and the Nursery.

**Sacred Heart Grad**

Patricia A. (Peltonen) McVeigh, 76, of Manchester, passed away June 15, 2017. She was a graduate of Sacred Heart School of Nursing in 1961. She enjoyed a career in nursing working primarily in Maternity, Labor, Delivery, and the Nursery.

**Concord Grad**

Annelise M. (Waldman) Schroeder, 97, died May 25, 2017. She was a graduate of the Concord Hospital School of Nursing, most recently for Belknap County Nursing Home in Jefferson.

**New Hampshire Grad**

Mary Alice (Tefft) Kapplain, 86, passed away May 12, 2017. She was a graduate of Elliot Community Hospital School of Nursing in Manchester. Her career included four years at the New England College Infirmary in Henniker.

**IN MEMORY OF OUR COLLEAGUES**


**Yueer Ren**, 97, passed away May 13, 2017. She was born in Ningbo, China and graduated from Hangzhou University. She moved to the U.S. in 1989. She was a graduate of University of Southern Maine, Portland, earning a Master’s in Nursing. She pursued post-graduate training to become a family nurse practitioner, and achieved board certification by the American Academy of Nurse Practitioners. She was employed by Maine Medical Center, Portland, as a nurse in the ICU and operating room for eight years, and Lovejoy Health Center, Albion, Maine, as a family nurse practitioner for two years. She moved to Portsmouth, N.H. in 2012, where she then opened her own practice.

**Elliot Grad**

Annelise M. (Waldman) Schroeder, 97, died May 21, 2017. She was born in Germany and was a 1937 graduate of Manchester High School West. She worked as a Registered Nurse from 1940 at Elliot School of Nursing. She worked for many years as a Registered Nurse, most recently for Belknap County Nursing Home in Laconia.

**Laconia Grad**

Mary Alice (Tefft) Kapplain, 86, passed away May 22, 2017. She graduated from the Laconia School of Nursing in 1952.

**OR Nurse**

Barbara (Eckberg) Seamans, 82, died May 16, 2017. A diploma graduate in 1955 she focused on geriatrics in several nursing homes and retired from the former Seacoast Health Care Center in Hampton after many years of service.

**Gero Nurse**

Joanne Shevlin, 79, passed away May 30, 2017. She worked as an OR Nurse at Bedford Hills Center.

**Parish Nurse and Deacon**

The Reverend Deacon Barbara Mae (Sayles) Connors, 80, passed away June 3, 2017. An Oregon native she practiced nursing at Mary Hitchcock Memorial Hospital. In 1989 she served as a visiting nurse, in maternity and the ER at the New London Hospital, and then at the Children’s Psychiatric Hospital at Dartmouth-Hitchcock. She obtained a Masters of Divinity at Andover-Newton Theological School, Boston. In December 1996, she became an ordained Deacon of the Episcopal Church. During this time, she continued to provide care to the less fortunate and founded two half-way houses for the mentally ill, served as Chaplain at Oregon State Penitentiary, while also counseling and providing Parish Nurse Ministry services to multi-denominational churches.

**Concord Grad**

Pauline F. (Boulay) Lugg, 87, died June 11, 2017. She obtained her nursing diploma from the Concord School of Nursing and practiced at Wentworth-Douglass and Frisbie Memorial Hospitals. Dover, Manchester, Rochester and spent many years in private duty nursing.

**Nurse Educator**

Mary Alice (Tefft) Kapplain, 86, passed away May 12, 2017. She received her nursing diploma from the Elliot Hospital School of Nursing.

**New Hampshire Grad**

Judith E. (Judy) (Balcom) Fischer, 88, passed away May 6, 2017. She was a graduate of the St. Joseph’s Nursing School in Nashua and worked as a Registered Nurse at Huggins Hospital, Wolfeboro, NH and the Veterans Hospital in Manchester, NH.

**New Hampshire Grad**

Jean (Reid) Stevenson, 79, passed away May 12, 2017. A Vermont native she graduated from the Laconia Hospital School of Nursing in 1952. She was a scrub nurse and office nurse for Dr. Berger Carlson for many years and later, a staff nurse in the operating room at Concord Hospital.

**Notre Dame Grad**

Mabel E. Calkins, 88, passed away May 13, 2017. She moved to Portsmouth, N.H. in 2012, where she then worked at the doctors’ Park.

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**Community Health and Counseling Services**

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IN MEMORY OF OUR COLLEAGUES

LPN
Patricia A. (Cote) Quinn, 85, died July 11, 2017. Obtaining her LPN license in 1959 she worked in area nursing homes and for the Sisters of Notre Dame St. Mary’s Convent for 7 years before retiring at the age of 62.

Sacred Heart Grad
Theresa E. (Girard) Manseau, 93, died July 12, 2017. She practiced at Sacred Heart Hospital and Mt. Carmel Nursing Home.

OR Nurse
Lu (Cote) Shurkus, 89, died July 12, 2017. A Nashua native she obtained her nursing diploma from the Notre Dame School of Nursing in Manchester, N.H. In 1985, she received her bachelor’s degree in sociology from Rivier University in Nashua, N.H. She practiced in the operating room as a clinical educator at Mass General. She served as the president of the Boston Chapter of the Association of Operating Room Nurses (AORN) for several years.

Pioneer NP
Susanne (Palty Sue) (August) Marchand, 71, passed away July 12, 2017 in Florida. After obtaining her nursing diploma at Mass General, she received her nurse practitioner training at the University of Rochester, School of Medicine in Rochester, NY. She spent 25 years until retirement as a clinical partner in a family medicine private practice, Suncook Family Health Center, Alton, N.H.

Hospice Nurse
Mary A. Raymond, 71, died July 15, 2017. Her nursing career spanned 40 years. She practiced as a RN for The Feminist Health Center in Concord and later as program manager for The Community Service Council of NH in Concord. Mary lastly was a nurse for the Heritage Home Health & Hospice in Meredith and Manchester.

Elliot Grad
Barbara Hurd Cowdrey, 88, died July 15. She was valedictorian of the Class of 1950 at The Elliot Hospital School of Nursing in Manchester. Her classmates at The Elliot remained her lifelong friends. She practiced as an RN for over thirty years in the seacoast area.

Nurse Administrator
Janice “Jan” (Cooper) Green, 81, died July 18, 2017. Jan’s career was in health care. She attained her RN, her Bachelor of Science in Health Care Administration, and her Masters in Human Services. She worked in various positions in Emergency Rooms, was Director of Nursing in hospitals in Machias, Maine and Colebrook, Director of Nursing Services at Genesis Eldercare in Keene and at NH Odd Fellows Home (now Presidential Oaks) in Concord. Following her full-time employment, Jan worked part-time as a Senior Health Nurse for the

Concord Regional VNA in six community-based senior health clinics and was a Nurse Trainer for clients of Siddharth Services in Manchester.

MH Grad
Carolyn “Callie” (Hayward) Williams, 79, died July 23, 2017. She obtained her nursing diploma from the Mary Hitchcock School of Nursing in Hanover and practiced in the surgical department of the Laconia Clinic.

Concord Grad
Clara L. (Yeaton) Gelinas, 92, died, July 24, 2017. She obtained her nursing diploma from the Concord Hospital School of Nursing in 1946 and practiced in the Concord area for many years. She was then employed by Blue Cross Blue Shield where she retired in 1991.

Conway Nurse
Eleanor “Ellie” (Grant) Drown died August 1, 2017 at age 91. After obtaining her nursing diploma in 1947 she practiced at North Conway Hospital.

Notre Dame Grad
Rachel Helen Ducharme, 81, passed away August 2, 2017. A 1956 graduate of the Notre Dame Hospital School of Nursing she practiced at the Catholic Medical Center for most of her career.

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See further up here.
Ed Note: NHNA celebrated 110 years on October 6, 2016. Marilyn E. Lushbough RN, a long term NHNA member constructed a history of the organization. The NH Nursing News is pleased to reprint her work in installments. In the first installment the first members of the Graduate Nurses Association of New Hampshire worked to inform legislators and the public of the importance of a nurse’s registration bill before the NH 1907 state legislature. The second part recounted the work to register nurses through examination and establish schools of nursing. Part III reviewed the organizational support through the influenza epidemic, the growth of nursing education and entry into WWII. Nursing education was the focus of Part IV as some of the hospital schools of nursing were falling behind.

In 1956, NHNA celebrated 50 years representing the nurses of New Hampshire at its anniversary convention October 3 and 4, 1956. Miss Agnes Ohlson, then President of the American Nurses Association was the banquet speaker. Miss Ohlson expressed the need that nurses have when they act collectively both to improve the health and nursing care of all the people and also to improve their own professional and economic status. Miss M. Olive Cummings was chairman of the ANA, Nurses Leadership and she was responsible for preparing both the convention program and the very informative history of the association’s first fifty years.

During the sixth decade much of the Association’s energies were directed toward legislative action. With the able leadership of Executive Secretary, Mrs. Mary T. Madden and its various legislative committees, bills were passed which provided for scholarship help to both professional and practical nursing students and mandatory licensure laws were passed for both professional and practical nurses. In 1958 Dr. George Theriault, PHD published the report of the nursing function which he had conducted in eleven of New Hampshire’s hospitals. The report which passed the General Assembly received a loud ovation. Dr. Theriault reported that “the changing status of the institutional nurse in hospitals required a higher standard of individual performance, a clarification of the professional nurse’s duties and rights, and a firmer and more responsible delineation of the functions to be performed by practical nurses and nurses’ aides. The time has come to arrest and reverse the trend toward the lowering of professional standards of nursing that has been in evidence during and since World War II.” In order to do this Dr. Theriault suggested “a more mature attitude regarding the education and training of nurses. Practice today requires a hard look at nursing service requirements and a closer matching of educational background and job requirements.” He thought that bedside nursing required a college degree but he did think that “the income potential and specialization in large modern hospitals did require college educated and specially trained personnel for supervisory, administrative and teaching positions.”

Dr. Theriault also reported that registered nurses interviewed for his study were paid on the basis of where they practiced and specialization. The salaries that he found were inadequate, lagging markedly behind the progress being made in such comparable professions as teaching and medicine. He found that the differences between levels of nursing personnel were small.

A report entitled “Toward Quality in Nursing” was published in 1963 by a group appointed by the US Surgeon General, Dr. William O. Douglas. The report, The Director of Nursing Service at New Hampshire Hospital, was a member of the ANA (American Nurses Association) Practice Committee which was made up of representatives of the New Hampshire Nurses Association (the word State had been dropped from the name in 1961), the NH Board of Nursing Education and Nurse Registration, the NH League for Nursing, the NH Medical Society, and the NH Hospital Association. Miss Dorothy M. Breene, then Director of Nursing Service at New Hampshire Hospital, was a member of the group appointed by the US Surgeon General. Their assessment of the national situation was similar to that of Dr. Theriault’s study. The state level and one of their recommendations were similar to those of the state study. As a result of this study, which was an important one, the state legislature created the “Board of Nursing” and elected to the ANA Board of Directors. Mrs. Mary T. Madden had faithfully served the Association for twenty years when she retired in 1969. Shortly thereafter Sister Mary Augustine San Souci became Executive Director and she served for nine years before leaving the position in 1978. Both of these dedicated nurses contributed much to the development of the Association.

In 1971 the organization established a Commission on Practice in order to most effectively address nursing practice issues. Comprised of representatives from the various areas of practice, this group worked with the state legislature and by the long and short term issues facing nurses in their day-to-day practice. A Council on Concerns, functioning under the auspices of the Association, formalized some “Guidelines for the Utilization of Registered Nurses” which were approved by ANA’s Practice Committees. In 1969, the NH Hospital Association was able to play a meaningful role in the development of nursing in New Hampshire in those sometimes turbulent times was a tribute to its leaders, its members and its Executive Directors. Mrs. Mary T. Madden had faithfully served the Association for twenty years when she retired in 1969. Shortly thereafter Sister Mary Augustine San Souci became Executive Director and she served for nine years before leaving the position in 1978. Both of these dedicated nurses contributed much to the development of the Association.

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In the meantime a Professional Practice Committee had been appointed by the US Surgeon General and the ANA. This committee published a paper entitled “Improving the health of the country by 1970, the professional education of nurses, and by 1980, the nursing profession are inadequate, lagging markedly behind the progress being made in such comparable professions as teaching and medicine. He found that the differences between levels of nursing personnel were small.”

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Appointed to Board

Central New Hampshire VNA & Hospice has appointed Hospice Director and Chief Clinical Nurse Jennifer Legassie (formerly Laramie) to sit on the board of directors for the New Hampshire Hospice and Palliative Care Organization. Legassie has been with the Central New Hampshire VNA & Hospice for nearly 13 years. Legassie has made Hospice and Palliative Care her passion and when asked about this new role, Legassie stated that she is “looking forward to expanding her role on a state level in order to further the mission of quality end of life care for all of those so greatly in need of hospice.”

New Dartmouth Hitchcock Chief Nurse

Susan A. Reeves, EdD, RN, dean of Colby-Sawyer College’s School of Nursing and Public Health, has been named Chief Nursing Executive for Dartmouth-Hitchcock Health (D-H), effective June 19, 2017.

In her new role, Reeves will be responsible for setting the strategic direction for nursing across the D-H system and for creating alignment for nursing practice across all D-H entities. She will be a key member of the executive team, reporting to the CEO and President and working with fellow chief officers to create a sustainable health system that is grounded in population health and the highest quality and value.

Reeves’ relationship with Dartmouth-Hitchcock dates back to 1980, when she graduated from the Mary Hitchcock Memorial Hospital School of Nursing in Hanover. She spent the next 34 years at Mary Hitchcock and Dartmouth-Hitchcock Medical Center, progressing from a staff nurse at the Norris Cotton Cancer Center to administrative positions including Director of Inpatient Psychiatry, and Director of Administrative Services. In 1998, she was named Vice President of Operations, with responsibility for the inpatient hospital, Emergency Services, and the Cancer Center. In 2007, she took on a new role as Associate Dean for D-H Partnership Programs at Colby-Sawyer College.

“I am deeply honored by the opportunity to serve the Dartmouth-Hitchcock system as its Chief Nursing Executive,” said Reeves. “Since I trained and started my career as a nurse at Mary Hitchcock Memorial Hospital this seems, in many ways, very much like a homecoming. I look forward to rejoining my Dartmouth-Hitchcock colleagues, and to the work that we will do together as nurses to advance the patient care, education, and discovery missions of the D-H system.” Reeves will continue to serve as Associate Dean at Colby-Sawyer on an interim basis.

Appointed to Board

Paul Mertzic, RN, MSN, has been appointed to the Board of Granite United Way, the single largest United Way in New Hampshire. It serves more than 80% of the state and Windsor County, Vermont. Mertzic is currently the Executive Director of Community Health and Mission at Catholic Medical Center, prior to his career at CMC, he served in clinical and leadership capacities at both Optimaa Health and Elliott Hospital, specializing in cardiology services.
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