School Nurses Under Attack

There are approximately 500 school nurses in New Hampshire, serving 618 public and private schools. The role of the professional school nurse is currently defined by New Hampshire School Nurse Certification Law. Certification ensures a professional level of qualification for the position of school nurse, which supports a minimum standard of care for students with acute and chronic health needs. All that’s currently required to be a school nurse is to have a nursing license from the state Board of Nursing, but HB 1193, passed in 2016 and signed into law by Gov. Maggie Hassan, changed that. The 2016 signed legislation requires a Bachelor’s degree, a minimum of three years of pediatric experience, and certification by the Board of Education. Like teachers, they will have to be recertified every three years by the Department of Education, at a cost of $330 to $150, in addition to what they pay for their nursing licenses. Existing school nurses were grandfathered when the 2016 legislation took effect.

Tougher rules for school nurses hired after July 1, 2016, were supposed to take effect with the start of the school year, but a legislative committee that presides over rules and regulations decided in October to give nurses affected by the new requirements another six years to comply. Education Commissioner Frank Edelblut, opposed the new rules at the time of their passage and predicted legislation would be introduced in 2017 to overturn them. The Bill to overturn the rules bill (HB 1217) was introduced by Republicans in the NH House.

Opponents of the new rules say they are unnecessary and make it even more difficult for school districts to hire nurses in a highly competitive market for nursing talent. It all adds up to unnecessary regulation and cost, according to Rep. Greg Smith, R-Northwood, sponsor of the bill. “No case for urgency has been made,” he said of the new rules. “There is no danger to the public or school children; no evidence of legal issues that have caused this change; no lawsuits; no federal mandates. Nothing shows that our constituents will benefit from the higher costs and shortage of quality candidates,” Rep. Dan Bie, R-Fremont, said in the change in the rules has created a new hiring problem for school districts across the state.

The N.H. School Nurses Association and the New Hampshire Nurses Association supports the new requirements and urged lawmakers to keep them in place. Paula McKinnon, a school nurse for 23 years in Salem, stated that Board of Education certification will “validate that school nurses are a vital part of the educational setting.” Nancy Wells, former Department of Education school nurse coordinator noted “It is unreasonable to withdraw a process that has been examined and implemented by a variety of stakeholders well-versed in the knowledge and skills our students deserve; particularly since there hasn’t been enough time to assess its value after implementation for only a few months.” The demands on school nurses have changed over the years, and the complexity demands proper credentials, she said: “This is not your father’s school nursing.” Certified school nurses have the additional educational necessity for their involvement as a member of the educational team in planning for students with special education needs.

“This is not your father’s school nursing.”

Barbara Ward, Beth Corcoran and Barbara French, all retired school nurses penned a letter to the editor of the New Hampshire Union Leader. They noted that one concern cited is the unavailability of “qualified RNs.” There is an exception available for RNs who do not meet full requirement for certification when hired. Up to six months is offered for the professional growth necessary to become fully certified. This is not uncommon, as certification available in other nursing specialties may also be acquired over a period of years. All educational staff have to meet certification standards required for their specialty and can apply for provisional certification while working toward this goal.

Ed Note: When NHNN went to press, the bill was still in the Education Committee of the House after a public hearing.
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., unless the entries are 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 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:
Product, program, promotional or service announcements are usually considered advertisements vs. news. To place an ad, contact: Arthur L. Davis Publishing Agency, Inc. Email sales@aldpub.com or call 800-626-4081. All sales fund publication and mailing of NH Nursing News and are not paid to NHNA.

Exeter Hospital Hosts Magnet Appraisers

Seeking a second Magnet designation, Exeter Hospital hosted the American Nurses Credentialing Committee (ANCC) Magnet Appraisers in February 2018. The journey to Magnet Excellence is as important as the destination. The Magnet journey reframes the question for the future from “What do you do?” to “What difference have you made?” After a comprehensive application of supporting documents, appraisers compare the materials submitted against the 5 Magnet principles. The three appraisers make a site visit after reviewing the documents has been accepted to verify and ask questions.

Magnet Recognition® from the American Nurses Credentialing Center (ANCC) is the highest and most prestigious distinction a healthcare organization can receive for nursing excellence and high-quality patient care. Only 8% (451) of U.S. hospitals have earned Magnet designation, with only 3 Magnet facilities in New Hampshire. Exeter Hospital, Wentworth Douglass Hospital and Exeter Hospital. Redesignation is required with the documentation submitted every three years.

Studies show that higher nurse-to-patient ratios and the professional practice environment in Magnet facilities result in fewer complications, lower mortality rates, and shorter stays. Needlestick-related, pressure-ulcer, and nosocomial infection rates are also lower. A Gallup survey found that nurses in Magnet hospitals not only have significantly higher job satisfaction than those at non-Magnet facilities, but also a significantly higher desire to remain in their position. Higher job satisfaction means less burnout. The study estimates Magnet hospitals experience 1.7% less turnover than the industry average.

The New Hampshire Nurses Association congratulates Exeter nurses on their second Magnet journey.

VISON STATEMENT

Empower New Hampshire nurses as leaders in advancing the profession of nursing and the health of New Hampshire.

MISSION STATEMENT

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

Adopted 10-20-2010.
The past year has been marked by turbulent political times. That is why I was very encouraged by the turnout for NHNA’s 2018 Legislative Town Hall Forum. Despite weather challenges, over 230 nurses and nursing students gathered at 16 locations around the state to listen to the Commission on Government Affairs (CGA) discuss legislation important to nursing practice and health care. The members of the CGA did a fabulous job of explaining each of the bills presented at the Forum and Pam DiNapoli, Chair of the CGA, guided the program from start to finish. I was even more thrilled to read some of the participant comments regarding the event; comments such as: this program was “a reminder of how much our voices matter” and “it’s fantastic for nurses to get involved in social and health policy advocating.” and “the benefits of collaborating with a team of nurses working towards improving health and access to care is very empowering.” Collectively, nurses have a powerful voice for health care and it was very rewarding to see New Hampshire nurses exercise that voice.

I have been fortunate over the past few months to participate in many public hearings regarding the various bills which NHNA is following. It has been very interesting to listen to the thoughtful questions posed by New Hampshire legislators and gratifying to see their responsiveness to testimony presented by nurses. Nurses have many stories to tell and nursing has been recognized as the most trusted profession by the Gallup Poll for the past 16 years. New Hampshire legislators recognize these attributes and truly listen when we speak.

In December, NHNA and New Hampshire Magazine launched the first Excellence in Nursing Awards. As noted in the companion article, ninety-eight applications were received across thirteen nursing categories. I was privileged to be one of the in NH and we continue to be a trusted resource when you volunteer for, you usually “get more in return” than you give, but you never know what that might be, and that is what makes it fun. That was just the case for this program. I spent the better part of a cold NH weekend reviewing submissions and scoring nominees not knowing how inspired I would be. I was filled with pride for my profession when I read about the amazing work nurses are doing in the mountains, valleys, cities and towns of New Hampshire to improve patient outcomes and support their colleagues.

Nurses also innovate every day but we have a hard time admitting we are innovative because it comes so natural to us. In my work area, during an interview board, we always ask the candidate to tell us about an innovative solution at a work site or patient care challenge. Usually the response is silence and sometimes hand waving. I always reassure them that they likely do something innovative every day. Inevitably they tell us about how they did something simple but incredibly creative to help a patient achieve their goal.

Lastly, the influence of nurses on their patients, families, colleagues, communities, and key decision makers is local, global and exponential. The influence is why the Healthy Nurse Healthy Nation initiative is so important. I am proud to announce on ANA’s 2016 Health Risk Appraisal, nurses scored lower compared to general population in every category except smoking. There are 3.6 million Registered Nurses. If nurses become healthier, we will increase the health of the nation. Are you able to commit to one lifestyle change to improve your health in 2018?

At NHNA, we strive to influence the spread of advocacy, nurse innovation, and to inspire you where you live, learn and work. Prior to the 2018 Annual Meeting in the Fall, we will be hosting a conference to highlight the innovative work our nurses are doing all over NH to improve health, health care and create a balanced work environment. Why does this matter? Did you read about the most popular course at Yale this year? Happiness. Research show that being healthy, having a meaningful life and creating a positive social network leads to happiness. Focus on your health and get involved. Let NHNA help you and you will be glad you did.

I am also excited to announce that NHNA is currently working on a new program, targeted for the emerging nurse. The emerging nurse is a nurse with 2 to 5 years of experience, who is clinically competent and starting to ask “What is next for me?” We are fortunate to have teamed with Elliot Health Systems in planning this program. Watch our website for more information as we develop this program.

The past year has been marked by turbulent political times. That is why I was very encouraged by the turnout for NHNA’s 2018 Legislative Town Hall Forum. Despite weather challenges, over 230 nurses and nursing students gathered at 16 locations around the state to listen to the Commission on Government Affairs (CGA) discuss legislation important to nursing practice and health care. The members of the CGA did a fabulous job of explaining each of the bills presented at the Forum and Pam DiNapoli, Chair of the CGA, guided the program from start to finish. I was even more thrilled to read some of the participant comments regarding the event; comments such as: this program was “a reminder of how much our voices matter” and “it’s fantastic for nurses to get involved in social and health policy advocating.” and “the benefits of collaborating with a team of nurses working towards improving health and access to care is very empowering.” Collectively, nurses have a powerful voice for health care and it was very rewarding to see New Hampshire nurses exercise that voice.

I have been fortunate over the past few months to participate in many public hearings regarding the various bills which NHNA is following. It has been very interesting to listen to the thoughtful questions posed by New Hampshire legislators and gratifying to see their responsiveness to testimony presented by nurses. Nurses have many stories to tell and nursing has been recognized as the most trusted profession by the Gallup Poll for the past 16 years. New Hampshire legislators recognize these attributes and truly listen when we speak.

In December, NHNA and New Hampshire Magazine launched the first Excellence in Nursing Awards. As noted in the companion article, ninety-eight applications were received across thirteen nursing categories. I was privileged to be one of the in NH and we continue to be a trusted resource when you volunteer for, you usually “get more in return” than you give, but you never know what that might be, and that is what makes it fun. That was just the case for this program. I spent the better part of a cold NH weekend reviewing submissions and scoring nominees not knowing how inspired I would be. I was filled with pride for my profession when I read about the amazing work nurses are doing in the mountains, valleys, cities and towns of New Hampshire to improve patient outcomes and support their colleagues.

Nurses also innovate every day but we have a hard time admitting we are innovative because it comes so natural to us. In my work area, during an interview board, we always ask the candidate to tell us about an innovative solution at a work site or patient care challenge. Usually the response is silence and sometimes hand waving. I always reassure them that they likely do something innovative every day. Inevitably they tell us about how they did something simple but incredibly creative to help a patient achieve their goal.

Lastly, the influence of nurses on their patients, families, colleagues, communities, and key decision makers is local, global and exponential. The influence is why the Healthy Nurse Healthy Nation initiative is so important. I am proud to announce on ANA’s 2016 Health Risk Appraisal, nurses scored lower compared to general population in every category except smoking. There are 3.6 million Registered Nurses. If nurses become healthier, we will increase the health of the nation. Are you able to commit to one lifestyle change to improve your health in 2018?

At NHNA, we strive to influence the spread of advocacy, nurse innovation, and to inspire you where you live, learn and work. Prior to the 2018 Annual Meeting in the Fall, we will be hosting a conference to highlight the innovative work our nurses are doing all over NH to improve health, health care and create a balanced work environment. Why does this matter? Did you read about the most popular course at Yale this year? Happiness. Research show that being healthy, having a meaningful life and creating a positive social network leads to happiness. Focus on your health and get involved. Let NHNA help you and you will be glad you did.

I am also excited to announce that NHNA is currently working on a new program, targeted for the emerging nurse. The emerging nurse is a nurse with 2 to 5 years of experience, who is clinically competent and starting to ask “What is next for me?” We are fortunate to have teamed with Elliot Health Systems in planning this program. Watch our website for more information as we develop this program.
Overwhelming Response for Excellence in Nursing Awards

Nominations for the Excellence in Nursing Awards closed on January 11th, providing nominators with an extra week to submit their nominations due to inclement winter weather and winter holidays. New Hampshire Magazine and the New Hampshire Nurses Association (NHNA) were thrilled with the overwhelming response to the first Excellence in Nursing Awards. Ninety-eight nominations were received in over thirteen categories.

A team of sixteen nurse reviewers was named by NHNA and tasked with reviewing and scoring each of the nominations using a rubric that was previously vetted in our own award ceremony. Each nomination was scored by three or four reviewers and the winner for each nursing category was selected based on the composite score. Approximately half of the reviewers were nurse leaders from other ANA affiliated nursing organizations. We are grateful to reviewers from our sister organizations: ANA-Vermont, ANA-Rhode Island, ANA-New York, ANA-California and the ANA-Colorado. Many of these nurse reviewers commented on the difficulty of discerning between so many exemplary nominations.

During the month of March, Award winners were notified with awards to be presented at the Awards Reception on May 22 (5:30 – 7:30 pm) hosted by NH Magazine at the Radisson Hotel in Manchester. Tickets are on sale on the NH Magazine website (http://www.nhmagazine.com/nursingawards) at $55.00 each. Join the celebration of nursing in New Hampshire and an evening filled with great conversation, food, and celebration.

NHNA Shares a Breakfast with NH Legislators

The New Hampshire Nurses Association (NHNA) hosted a breakfast for New Hampshire legislators in the Capitol dining room on January 9, 2018. NHNA members included Pam DiNapoli, Chair of the Commission on Government Affairs (CGA), Carlene Ferrier, NHNA President, Bobbie Bagley, NHNA Immediate Past President, Joan Widmer, NHNA Nurse Executive Director and Representative Polly Campion, Ad hoc member of the CGA. Bob Dunn, of Devine & Millimet, NHNA’s lobbyist, was also present, along with Traci Fairbanks and Harriet Davenport, members of the NH School Nurses Association.

Approximately eighty legislators came through to enjoy the continental breakfast with twenty legislators taking the time to sit down and discuss various legislative issues of interest with NHNA including Rep Paul Somero (Hillsborough, 25), Rep Douglas Thomas (Rockingham, 05), Rep Donald LeBrun (Hillsborough, 32), Rep Mariellen MacKay (Hillsborough, 30), Rep Kari Lerner (Rockingham, 04), Rep Burton (Strafford, 06), Rep Mulloitt (Merrimack, 09) and Senator Gary Daniels (11). Conversations on school nurse certification, Medicaid expansion reauthorization, lead paint and many other topics could be heard. While the Democratic Representatives needed to leave around 8:00 am to attend a party caucus before the legislative session later that morning, many of the Republican Representatives stayed for the discussion.
Considering the Best Offense…

Let me start by acknowledging that I am not an avid football fan. I do like the game, but I cringe when I see the ACLs get torn or the brain concuss. Yet, I did manage to get home after grocery shopping to watch the last half of Superbowl LII. And yes, I was cheering for the Patriots and Brady and Gronk. So what happened was sad, but not unexpected. The best offense is a good defense. Linemen and linebackers must block the running game, give the quarterback time to throw and make interceptions to give the winning team the advantage. Where was the Patriots defense?

Every nurse is a quarterback. We call plays, work with team mates for the best outcome and encourage the patient to cross the goal line. Like football, the best nursing offense is a good defense. Three of the key defensive weapons in nursing are colleagues, continuing education and malpractice insurance.

Nursing colleagues can support your efforts by offering suggestions in the huddle and even lending a hand. We hear a lot about incivility in nursing these days – speaking ill, picking on and sabotaging colleagues. Incivility begins in school as bullying but being addressed as early as elementary grades. A bully behaves uncivilly. What are you doing to make your worksite better? It is everyone’s problem.

Continuing education is a must defense, it is both protective and additive. Continuing education protects the nurse from making an error of omission, e.g. “I didn’t know.” Continuing education adds to the nurse’s repertoire of offensive maneuvers. Assistant coaches of a football game are always seen on the sideline with headphones trying to learn about the opponent’s players, opponent’s plays and their own vulnerabilities. As knowledge is power, it is also a defense against ignorance. When was the last time you picked up a nursing journal or attended a nursing conference?

The third best defense is malpractice insurance. And I don’t mean the facilities’ ‘blanket’ insurance policy. You don’t “turn-off” your nurse brains or behaviors when you leave the facility. When a quarterback has pass protection by the linebackers he has the peace of mind and can take the time to pass successfully. Malpractice insurance is a small price to pay for peace of mind. If you work full time it amounts to less than 10 cents an hour. What a bargain defense! Be careful that you use a company that specializes in health care malpractice. Adding a rider onto your home owners or car insurance may not be enough to protect you. Companies like NSO (Nursing Service Organization) offer quotes online.

The Patriots will regroup, rethink and hopefully trade for some new defensive players. Do you have all of your defensive positions covered? Do you maintain respect and treat all of your coworkers as professionals? Do you routinely attend continuing education programs and read nursing journals outside of the workplace? Do you hold malpractice insurance? In my opinion, the best offense is a good defense. Sorry ‘bout that Mr. Brady.

IN MY OPINION

Considerin the Best Offense…

Let me start by acknowledging that I am not an avid football fan. I do like the game, but I cringe when I see the ACLs get torn or the brain concuss. Yet, I did manage to get home after grocery shopping to watch the last half of Superbowl LII. And yes, I was cheering for the Patriots and Brady and Gronk. So what happened was sad, but not unexpected. The best offense is a good defense. Linemen and linebackers must block the running game, give the quarterback time to throw and make interceptions to give the winning team the advantage. Where was the Patriots defense?

Every nurse is a quarterback. We call plays, work with team mates for the best outcome and encourage the patient to cross the goal line. Like football, the best nursing offense is a good defense. Three of the key defensive weapons in nursing are colleagues, continuing education and malpractice insurance.

Nursing colleagues can support your efforts by offering suggestions in the huddle and even lending a hand. We hear a lot about incivility in nursing these days – speaking ill, picking on and sabotaging colleagues. Incivility begins in school as bullying but being addressed as early as elementary grades. A bully behaves uncivilly. What are you doing to make your worksite better? It is everyone’s problem.

Continuing education is a must defense, it is both protective and additive. Continuing education protects the nurse from making an error of omission, e.g. “I didn’t know.” Continuing education adds to the nurse’s repertoire of offensive maneuvers. Assistant coaches of a football game are always seen on the sideline with headphones trying to learn about the opponent’s players, opponent’s plays and their own vulnerabilities. As knowledge is power, it is also a defense against ignorance. When was the last time you picked up a nursing journal or attended a nursing conference?

The third best defense is malpractice insurance. And I don’t mean the facilities’ ‘blanket’ insurance policy. You don’t “turn-off” your nurse brains or behaviors when you leave the facility. When a quarterback has pass protection by the linebackers he has the peace of mind and can take the time to pass successfully. Malpractice insurance is a small price to pay for peace of mind. If you work full time it amounts to less than 10 cents an hour. What a bargain defense! Be careful that you use a company that specializes in health care malpractice. Adding a rider onto your home owners or car insurance may not be enough to protect you. Companies like NSO (Nursing Service Organization) offer quotes online.

The Patriots will regroup, rethink and hopefully trade for some new defensive players. Do you have all of your defensive positions covered? Do you maintain respect and treat all of your coworkers as professionals? Do you routinely attend continuing education programs and read nursing journals outside of the workplace? Do you hold malpractice insurance? In my opinion, the best offense is a good defense. Sorry ‘bout that Mr. Brady.

IN MY OPINION

Considering the Best Offense…

Let me start by acknowledging that I am not an avid football fan. I do like the game, but I cringe when I see the ACLs get torn or the brain concuss. Yet, I did manage to get home after grocery shopping to watch the last half of Superbowl LII. And yes, I was cheering for the Patriots and Brady and Gronk. So what happened was sad, but not unexpected. The best offense is a good defense. Linemen and linebackers must block the running game, give the quarterback time to throw and make interceptions to give the winning team the advantage. Where was the Patriots defense?

Every nurse is a quarterback. We call plays, work with team mates for the best outcome and encourage the patient to cross the goal line. Like football, the best nursing offense is a good defense. Three of the key defensive weapons in nursing are colleagues, continuing education and malpractice insurance.

Nursing colleagues can support your efforts by offering suggestions in the huddle and even lending a hand. We hear a lot about incivility in nursing these days – speaking ill, picking on and sabotaging colleagues. Incivility begins in school as bullying but being addressed as early as elementary grades. A bully behaves uncivilly. What are you doing to make your worksite better? It is everyone’s problem.

Continuing education is a must defense, it is both protective and additive. Continuing education protects the nurse from making an error of omission, e.g. “I didn’t know.” Continuing education adds to the nurse’s repertoire of offensive maneuvers. Assistant coaches of a football game are always seen on the sideline with headphones trying to learn about the opponent’s players, opponent’s plays and their own vulnerabilities. As knowledge is power, it is also a defense against ignorance. When was the last time you picked up a nursing journal or attended a nursing conference?

The third best defense is malpractice insurance. And I don’t mean the facilities’ ‘blanket’ insurance policy. You don’t “turn-off” your nurse brains or behaviors when you leave the facility. When a quarterback has pass protection by the linebackers he has the peace of mind and can take the time to pass successfully. Malpractice insurance is a small price to pay for peace of mind. If you work full time it amounts to less than 10 cents an hour. What a bargain defense! Be careful that you use a company that specializes in health care malpractice. Adding a rider onto your home owners or car insurance may not be enough to protect you. Companies like NSO (Nursing Service Organization) offer quotes online.

The Patriots will regroup, rethink and hopefully trade for some new defensive players. Do you have all of your defensive positions covered? Do you maintain respect and treat all of your coworkers as professionals? Do you routinely attend continuing education programs and read nursing journals outside of the workplace? Do you hold malpractice insurance? In my opinion, the best offense is a good defense. Sorry ‘bout that Mr. Brady.
Colby-Sawyer College hosted an accreditation visit for its M.S.N. degree program by the Commission on Collegiate Nursing Education (CCNE) in February 2018. The CCNE site visitors were accompanied by a NEASC accreditor as well as representatives from the New Hampshire Higher Education Commission. The Nursing program received 10 year CCNE accreditation in 2012 for the Baccalaureate program.

Rivier University has been awarded the HRSA Behavioral Health Workforce Education and Training (BH WET) grant over the next four years through August 31, 2021. The purpose of this grant is to develop and expand the behavioral health workforce serving populations across the lifespan, including in rural and medically underserved areas. Rivier offers psychiatric mental health nurse practitioner program and a post-master’s certificate. The grant is funding a $5,000 stipend to all students in their third practicum (final) experience and includes 2 workshops per year for students, faculty and preceptors.

The Board of Nursing released the results of the 2017 NCLEX pass percentage for New Hampshire Nursing Programs.

<table>
<thead>
<tr>
<th>Program</th>
<th>Pass Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colby Sawyer</td>
<td>100</td>
</tr>
<tr>
<td>UNH</td>
<td>100</td>
</tr>
<tr>
<td>White Mt CC</td>
<td>100</td>
</tr>
<tr>
<td>Lakes Region CC</td>
<td>100</td>
</tr>
<tr>
<td>Manchester CC</td>
<td>97.9</td>
</tr>
<tr>
<td>NHTI</td>
<td>97.9</td>
</tr>
<tr>
<td>St. Anselm</td>
<td>96.9</td>
</tr>
<tr>
<td>Rivers</td>
<td>92.7</td>
</tr>
<tr>
<td>River Valley CC</td>
<td>92.0</td>
</tr>
<tr>
<td>Great Bay CC</td>
<td>89.4</td>
</tr>
<tr>
<td>Nashua CC</td>
<td>87.5</td>
</tr>
<tr>
<td>Mass College</td>
<td>85.7</td>
</tr>
<tr>
<td>St. Joseph’s</td>
<td>80.1</td>
</tr>
<tr>
<td>Plymouth State</td>
<td>80.0</td>
</tr>
<tr>
<td>Keene State</td>
<td>75.8</td>
</tr>
<tr>
<td>New Hampshire Average</td>
<td>90.9</td>
</tr>
<tr>
<td>National Average</td>
<td>87.1</td>
</tr>
</tbody>
</table>

Rivier University has been awarded the HRSA Behavioral Health Workforce Education and Training (BH WET) grant over the next four years through August 31, 2021. The purpose of this grant is to develop and expand the behavioral health workforce serving populations across the lifespan, including in rural and medically underserved areas. Rivier offers psychiatric mental health nurse practitioner program and a post-master’s certificate. The grant is funding a $5,000 stipend to all students in their third practicum (final) experience and includes 2 workshops per year for students, faculty and preceptors.

The University of New Hampshire hosted Governor John Sununu during a recent visit to discuss resources for the opioid crisis. The Governor met with nursing students and toured the simulation lab facilities.

Eight Saint Anselm College nursing students are completing clinical work in Costa Rica through the course, Community & Public Health Nursing (NU449). Led by nursing professor Pamela Preston, the junior nursing students are assessing families in the community to provide health education. The winter break trip is one component of the spring semester course, which explores the role of nurses in health promotion and disease prevention globally.

Harmony Health Care Institute was granted full approval by the New Hampshire Board of Nursing based on 2 years of satisfactory reports to the Board regarding program progress and NCLEX scores at or above the national average. Harmony prepares practical nurses.

ED Note: News from nursing schools, faculty, students or alumni are welcome. Please direct submissions to office@nhnurses.org with NHNN in the subject line.
Dr. Bernadette Y. Jao was appointed as the Director of Patient and Nursing Services at the Veterans Affairs (VA) Manchester Medical Center effective January 22, 2018. Jao has 17 years of experience with the VA system, most recently as a nurse leader at the Wilmington Delaware VA Medical Center. She received a BSN from the University of the City of Manila, Philippines, a MSN from the University of Phoenix and a DNP from Old Dominion University. She is board certified as a psychiatric and mental health nurse. As a graduate and member of the VHA internal consultants’ team, she has been serving as a Mental Health resource person for VA Medical Centers.

Since the spring of 2015 as the Director of Surgical Services, she was a Director. She has been at Elliot Health System since 2008. She was formerly the Director of Clinical Practice at St. Joseph’s Hospital. She holds a MSN from Quinnipiac University.

Jennifer Torosian, RN, MSN, NEA-BC has assumed the position of Interim Chief Nursing Officer at Catholic Medical Center. Torosian has held various leadership positions at CMC since 2008. She was formerly the Director of Clinical Practice at St. Joseph’s Hospital. She holds a MSN from Quinnipiac University.

Former CNO Robert Duhaime, RN, MSN, MBA retired in September 2017 and has accepted a position as a Joint Commission visitor. Duhaime also served as a member and chair of the New Hampshire Board of Nursing.

Beverly Primeau, RN, MBA, CENFA, has been promoted to Vice President Surgical and Procedural Services of Elliot Hospital. Primeau began her career at Montreal General Hospital where she was an operating room nurse. Shortly after moving to Florida, she founded Helping Hands Surgical Services in Ormond Beach, a professional association that provided surgical first assistants to 25 surgeons and had exclusive contracts with 3 area hospitals to cover all C-sections. She then joined St. Lucie Medical Center in Florida where she oversaw homecare and hospice clinical services, marketing, quality, and home medical equipment and infusion services.

NURSES ON THE MOVE

Rachel Chaddock, RN BSN, MSHSA was appointed visiting nurse association of Manchester and Southern New Hampshire. Chaddock holds a BSN from the University of Lowell and a master’s degree in health services administration from the University of Massachusetts. She began her career as a home care and hospice nurse. From 1994 to 2009 she served as the Director of the VNA of Manchester and Southern NH, overseeing homecare and hospice clinical services, marketing, quality, and home medical equipment and infusion services.

Martha Leighton, RN, MSN has been appointed as Senior Vice President and Chief Nursing Officer of the Elliot Health System. Leighton has practiced at Elliot for over 22 years, serving in a variety of roles including staff nurse, educator, Perinatal Safety Nurse, Clinical Nurse Leader, and from 2013 to 2016, the Patient Safety Officer. For the past year, she has been the Interim Chief Nursing Officer. She obtained her MSN from UNH.

Jean Ten Haken, RN, MSN has accepted a position as Chief Nursing Officer at Alice Peck Day Memorial Hospital. Ten Haken most recently served as the Chief Operating Officer at the Elliot Health System in Manchester, New Hampshire, where she also served as the Vice President of Patient Care Services and Chief Nursing Officer. She began her management career at Dartmouth-Hitchcock Medical Center, as the Director of Intermediate Cardiac Care and Cardiovascular Critical Care Units. Prior to joining the Elliot, Ten Haken was the Vice President of Acute Care at Northeastern Vermont Regional Hospital (NVRH) in St. Johnsbury. Ten Haken has worked in various leadership positions throughout her career, including being named the first female Executive Director at United Valley Hospital in Barre in 1993 and the first female president of the Visiting Nurse Association of Manchester and Southern New Hampshire.

Beverly Rankin, RN, BSN, MSA, BC-CNE has been appointed as Chief Nursing Officer of Valley Regional Hospital effective February 12, 2018. With over 36 years of experience Rankin was most recently the CNO of Alice Peck Day Memorial Hospital in Lebanon. She holds a BA and BS from the University of Guelph in Ontario, as well as a BS in Nursing from McGill University in Montreal and a Master of Science in Administration from St. Michael’s College in Colchester, Vermont. Rankin is certified in Nursing Administration.

Ed Note: Have you accepted a new position? Send your information to office@nhna.org – your colleagues want to know!

April, May, June 2018

New Hampshire Nursing News • Page 7

Are You Over 50?

NORTHEASTERN VERMONT REGIONAL HOSPITAL

JOIN OUR TEAM

at Northeastern Vermont Regional Hospital, located in Vermont’s historic and rural Northeast Kingdom! NVRH is proud to offer a positive working community in which to grow, learn and excel in your profession.

Various Nursing and Nurse Practitioner positions are currently available in Med/Surg, Emergency Services, OR, Day Surgery and Physician Practices.

New grads are welcome and encouraged to apply.

For a full listing of available positions and to complete the online application, visit the Employment Opportunities page at www.NVRH.org.

NVRH offers competitive wages, shift differentials, per diem premiums and a generous benefits package for PT and FT employees working 20 or more hours per week. Benefits include medical, dental, vision, 401(k) retirement plan, tuition reimbursement, paid vacation days, membership to local gyms and more.

NVRH is an Equal Opportunity Employer

NVRH offers competitive wages, shift differentials, per diem premiums and a generous benefits package for PT and FT employees working 20 or more hours per week. Benefits include medical, dental, vision, 401(k) retirement plan, tuition reimbursement, paid vacation days, membership to local gyms and more.

NVRH is an Equal Opportunity Employer

JOIN US

REGIS TED NURSES

Full time or per diem opportunities available for:
Labor & Delivery
Inpatient Care Unit
Emergency Department
Psychiatric/Behavioral Health
Physician Practice

To view current job opportunities, and to apply please go to:

www.springfieldmed.org/careers

April, May, June 2018

New Hampshire Nursing News • Page 7

Ed Note: Have you accepted a new position? Send your information to office@nhna.org – your colleagues want to know!
LEGISLATIVE UPDATE

2018 Legislative Town Hall Forum

On a rainy January evening, approximately 200 nurses gathered at 16 locations around the state to participate in the New Hampshire Nurses Association’s 2018 Legislative Town Hall Webinar Forum hosted at Granite State College (the home of NHNA’s office). Due to the weather the video link was also proved to all registered attendees offering them the opportunity to view the event, but not participate in the discussion, from home. Thirty-five attendees participated at home. NHNA will continue to explore ways to use technology to expand opportunities for nurses statewide to fully participate.

The program was opened by moderator Pamela DiNapoli, Chair of the Commission on Government Affairs (CGA). Dr. DiNapoli delivered introductory remarks in a presentation called, “Your Role in Health Policy and Advocacy.” The presentation was authored by Bobbie Bagley, NHNA’s Immediate Past President who was unable to present due to the inclement weather. The program continued with NHNA lobbyist, Robert (Bob) Dunn Esq., and Devine Millimet, who presented a state of the state address, sharing with the audience his thoughts on the New Hampshire legislative environment. Bob Dunn was then joined by a panel of experts, who each gave a few remarks on their role in advocacy or the legislative process. Members of this year’s panel were, Carlene Ferrier, NHNA’s President, Denise Nies, Administrator for the NH Board of Nursing, Polly Campion, State Representative from Grafton and ad hoc member of the CGA and Mary Bidgood-Wilson, Executive Director of the New Hampshire Nurse Practitioners Association.

The main purpose of the forum was to present pending legislation from this current legislation session to the NHNA members and attendees. Fourteen bills (see insert) selected by the CGA members were presented along with NHNA’s position on each bill. DiNapoli shared information regarding the process by which the members of the CGA reviewed the legislative bills and how the targeted bills were selected for presentation at the Forum. At the conclusion of the bill presentations, each host site host was asked to engage participants in discussion about the bills presented. Each participant was given the opportunity to vote on their top three priority pieces of legislation. The top three priorities selected by all attendees were:

- Passenger Restraint bill (HB 1259)
- Medicaid Expansion Reauthorization (HB 1811)
- Pharmacist authority to dispense oral contraceptives (HB 1822)

The top three priorities selected by registered nurses and NHNA members were:

- Medicaid Expansion Reauthorization (HB 1811)
- Medicare bill (HB 1471)
- LNA disciplinary reports (HB 1556) (in opposition)

The CGA provides weekly updates on these bills and others that may come to the attention of the CGA on the NHNA website: www.nhnurse.org (Advocacy tab).

New Hampshire Nurses Vote Top Bills to Watch

HB 1259: An act relative to passenger restraints.

A bill requiring passenger restraint use by all motor vehicle operators and passengers unless specifically exempt by law. New Hampshire is the only state in the US without a primary or secondary law requiring adult motorists to wear seat belts. No legislative action on this issue has been taken since 2009, when a bill requiring adult seat belt use passed the House but was defeated in the Senate. Proponents of a mandatory seat belt law argue that it would save lives, reduce injuries, and save the state, the federal government, and insurance companies millions of dollars. Opponents counter that the choice to wear a seat belt should remain up to the individual, and point out that even without a mandate, NH traffic fatality rates have been steadily declining.

NHNA’s Position: In Favor

HB 1556: An act relative to licensing requirements for barbers, cosmetologists, estheticians, and licensed nursing assistants.

HB 1556 seeks to ensure that barbers, cosmetologists, estheticians, and licensed nursing assistants are not barred from employment even if these individuals have a criminal history, so long as the crimes are not violent crimes. Currently, applicants for a license as a nursing assistant, are required to report to the Board of Nursing any pending criminal charges, criminal convictions, or plea arrangement they have negotiated. HB 1556 seeks to limit an applicant’s requirement to report charges, conviction, or plea arrangements only to those concerning violent crimes, and criminal neglect of elderly, disabled, or impaired adults. HB 1556 would prevent the Board of Nursing from receiving notice that applicants have charges, convictions, or plea arrangements except for in the narrow circumstances of violent crimes or criminal neglect. HB 1556 seeks to limit the authority of the Board of Nursing to discipline licensed nursing assistants or applicants for licensure.

NHNA’s Position: Oppose, recommend removal of RN’s from its provisions.

Granite State College

Get Ahead in Your Nursing Career!

• RN to BSN
• NEW! MSN Health Care Leadership

Learn More! info.granite.edu/nursing

New Hampshire Nursing News
April, May, June 2018

New Hampshire Department of Corrections is Looking for:

REGISTERED NURSES

Northern NH Correctional Facility in Berlin
Secure Psychiatric Unit at NH State Prison in Concord
RN I: $49,316.80-$58,094.40
RN II: $53,539.20-$62,982.40
RN III: $58,094.40-$68,952.00

RN’s and LNA’s Wanted!

G enerous Sign-On Bonus Incentives Offered!

Full-time positions available: Great starting pay with raise in 60 days! Excellent benefit package for those who qualify including health, dental, life, 401k with employer match, disability, prepaid legal, shift differentials, generous PTO plan and more! Must have valid NH RN or LNA license.

Please submit application to Human Resources, Webster at Rye, 795 Washington Road Rye, NH 03870 or email to info@websteratrye.com.

Log In and apply. Questions may be directed to Linda McDonald at 603-271-5645 or via email at linda.mcdonald@doc.nh.gov.

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS IS LOOKING FOR:

Registered Nurses

PLUS 15% INCREASE ON TOP OF BASE SALARY

(Salary does not reflect Hazard Duty, applicable Shift differential, and/or Weekend pay)

Provides general nursing care and treatment in an adult ambulatory setting, inpatient psychiatric setting, or inpatient forensic setting. RN’s and LNA’s work in various locations across the state, including secure and non-secure settings.

Log On and apply.

Please visit our website at www.nh.gov. Click on the jobs link, then search for the position you are interested in.

Log On and apply. Questions may be directed to Linda McDonald at 603-271-5645 or via email at linda.mcdonald@doc.nh.gov.
LEGISLATIVE UPDATE

Thanks!

NHNA extends its appreciation to the site coordinators for all their assistance in making this event possible, both for promoting the event at their location, preparing all the handouts for the event and serving as discussion lead for their location. 2018 site coordinators: Deb Hastings (Dartmouth-Hitchcock Medical Center), Jennifer Nason (Concord Hospital), Patty Ann Laborie (Catholic Medical Center), Kris Irwin (Elliot Hospital), Barbara Cormier (CGA Member, Manchester Community College), Karen Tollick Southern New Hampshire Medical Center, Carole Boutilin Nashua Community College, Jean Hayes (St. Joseph’s School of Nursing), Judi O’Hara (River University), Amy Matthews (Cheshire Medical Center), Kris Hering Speare Memorial Hospital, Holly McCormack (Cottage Hospital), Angela Kats (Portsmouth Regional Hospital), Pamela Kallmerten (University of New Hampshire) and Catherine Flores (Rural Nurse Organization at the Northwoods Center on Continuing Education).

NHNA also thanks event sponsors: Dartmouth-Hitchcock Medical Center (DHMC) and Granite State College (GSC). Both of these organizations provided the technical staff needed to make this event possible; including Ray Kulig (DHMC), Mike Rizzo (DHMC) and Edward Connor (GSC).

Participants at St. Joseph’s School of Nursing

Table of Bills Presented at the 2018 Legislative Town Hall Forum

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
<th>Presenter</th>
<th>NHNA Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1217</td>
<td>Recinds school nurse certification requirement passed in 2016.</td>
<td>Pam DiNapoli</td>
<td>Opposed</td>
</tr>
<tr>
<td>SB 434</td>
<td>Regarding school nurse appointments; revises certification requirements for school nurses.</td>
<td>Pam DiNapoli</td>
<td>In Support</td>
</tr>
<tr>
<td>SB 426</td>
<td>Commission on Workforce, adds an NHNA appointee as a member of this commission.</td>
<td>Laurie Harding</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1703</td>
<td>Removes requirement that a Director of LPN program must hold a Master’s degree.</td>
<td>Sherrie Palmieri</td>
<td>Opposed</td>
</tr>
<tr>
<td>HB 1259</td>
<td>Regarding passenger restraint laws; requires all vehicle occupants to be restrained, regardless of age. (current law only applies to those under 18).</td>
<td>Susan Smith</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1457</td>
<td>Regarding the drug take back program; adds illicit drugs and drug paraphernalia to the program.</td>
<td>Briana White</td>
<td></td>
</tr>
<tr>
<td>HB 1471</td>
<td>Regarding telemedicine; provides updated definitions and requires appropriate telemedicine services to be recognized as reimbursable by insurers.</td>
<td>Cynthia Cohen</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1536</td>
<td>Regarding LNA disciplinary reports; seeks to limit crimes barring licensure to only violent crimes. NHNA wants LNAs removed from the provisions of this bill.</td>
<td>Davida Rubin</td>
<td>Opposed</td>
</tr>
<tr>
<td>HB 1571</td>
<td>Regarding Alternative Recovery Monitoring Program; seeks to establish a program for NH nurses that voluntarily seek assistance.</td>
<td>Pam DiNapoli</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1807</td>
<td>Relative to protective orders for elderly &amp; disabled; adds the ability to issue a protective order to safeguard the elderly, disabled or impaired adults to existing statutes, including Ray Kulig (DHMC).</td>
<td>Joan Widmer</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1822</td>
<td>Relative to oral contraception dispensed by pharmacists. This bill seeks to create statutes that reflect the recommendations of the Commission formed by HB 264 in 2017.</td>
<td>Sara Kellogg-Meadé</td>
<td>In Support</td>
</tr>
<tr>
<td>SB 421</td>
<td>Companion bill to HB 1822; requires insurers to allow for 12-month prescriptions for oral contraceptives.</td>
<td>Sara Kellogg-Meadé</td>
<td>In Support</td>
</tr>
<tr>
<td>SB TBD</td>
<td>Medicaid Expansion Reauthorization (Sen Bradley bill: Senate version of Medicaid Expansion Reauthorization)</td>
<td>Joan Widmer</td>
<td>In Support</td>
</tr>
<tr>
<td>HB 1811</td>
<td>Medicaid Expansion Reauthorization (Rep Rosenwald bill: House version of Medicaid Expansion Reauthorization).</td>
<td>Joan Widmer</td>
<td>In Support</td>
</tr>
</tbody>
</table>

LEGISLATIVE UPDATE

Table of Bills Presented at the 2018 Legislative Town Hall Forum

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
<th>Presenter</th>
<th>NHNA Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1811</td>
<td>An act relative to the New Hampshire health protection program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH</td>
<td>First passed Medicaid Expansion to provide coverage for adults 18-65 with incomes up to 138% of the Federal Poverty Level in 2014. This program was reauthorized in 2016. However, without another reauthorization the program is scheduled to sunset on December 31, 2018. Since its passage, an additional 125,000 NH residents have secured health care coverage under its provisions; with 50,000 individuals currently enrolled in the program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHNA’s Position:</td>
<td>In favor. As of February 8, 2018 the bill was referred for interim study, placing it on hold.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB 1822-FN: An act making hormonal contraceptives available directly from pharmacists by means of a standing order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Historically oral and other hormonal contraceptives required a visit to a primary care or women’s health care provider, during which time a prescription is written for hormonal contraceptives. In the last five years ACOG, the American College of Obstetrics and Gynecology, has had a position statement affirming that over-the-counter contraceptives should be available for women. The Food and Drug Administration has not approved over-the-counter access. House Bill 1822-FN bill was developed within the context of an interdisciplinary Commission to study pharmacists'accessed hormonal contraceptives as a means to improve access.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Commission reviewed other states experiences with this practice and reviewed NH experiences with standing orders and protocols for other clinical circumstances. House Bill 1822-FN represents the product of the Commission’s work and unanious agreement by the Commission. Participants in the Commission included representation from NH Boards of Nursing, Medicine, and Pharmacy, American College of Obstetrics and Gynecology, New Hampshire Nurses Association, NH Medical Society, NH Pharmacists Association, NH Independent Pharmacy Association, Coalition of NH Chain Drug Stores, NH Society of Health-System Pharmacists, NH Nurse Practitioner Association, NH Hospital Association, Planned Parenthood of Northern New England, Bi-State Primary Care and NH Department of Health and Human Services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHNA’s Position:</td>
<td>In Favor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB 1471-FN: An act relative to telemedicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A bill requiring appropriate tele-medicine services to be recognized as reimbursable by insurers. Telemedicine is a growing method of healthcare delivery. It allows patients to receive quality healthcare regardless of location, time, and availability of specialty medical services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHNA’s Position:</td>
<td>In Favor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Happy National Nurses Week 2018

We believe that nurses are at the heart of health care.

We are grateful for our talented and dedicated nurses who always put patients first.

Explore opportunities to join our team. AlisePollard@nh.org (+1)-603-446-7486. © 2018 AlicePollard.org
“Safe” means:
- sleeping on their backs
- on a firm, flat surface
- in an approved, empty crib or bassinet
- in the same room as the caregiver(s) (room-sharing but not bed-sharing).

Don’t let your littlest patients be part of those terrible statistics. Help parents understand that babies need a safe place to sleep, every time they sleep.

“Safe” means:
- safe place to sleep, every time they sleep.
- Help parents understand that babies need a safe sleep set-up is missing. Planning ahead is essential to protect vulnerable babies. And they’re ALL vulnerable.

Dealing with an unpredictable infant who can cry for hours at a time at all hours of the night is exhausting. It’s understandable that a stressed caregiver will sometimes do whatever necessary to get the baby to settle down and sleep. But there are alternatives to snuggling the infant in the adult’s bed or on a recliner or sofa. Because nobody wants to wake up next to a baby that’s not breathing.

Wendy Gladstone, MD, FAAP, is a retired pediatrician and a member of three state Fatality Review Committees; analyzing the factors involved in the deaths of infants, children and youths.

Drugs are everywhere. More and more patients are affected by drug use, dependence or addiction, or they have family members with substance use problems. The New Hampshire Bureau of Drug and Alcohol Services is now offering free training to help providers and health care staff better understand the neurologic basis of addiction and the broad-reaching mental, physical, emotional and spiritual effects of drug dependency. The program covers the stages of change, intervention strategies and resources to help patients deal with drug and alcohol use. To learn more about these and other educational opportunities, log on to the Department of Health and Human Services’ website at https://www.dhhs.nh.gov/dptcs/haks/training.htm.

Catholic Medical Center OR nurses earned the CNOR® Strong designation from the Competency & Credentialing Institute (CCI). The CNOR® Strong designation is given to facilities that have at least 50% of its operating room nursing staff CNOR certified and that reward and recognize its certified nurses.

At Cheshire Medical Center, Liz Lajoie, RN, Case Manager, was awarded the Second Quarter President’s Service Excellence Award. Hilary Brown, RN, Clinical Leader, Cardiology and Lisa Kopcha, RN, Clinical Leader, Kingsbury Unit were the recipients of the Leadership Award.

At Alice Peck Day Hospital recognized four nurses who completed a Nurse Residency Program: Megan Wallace, RN and Rebecca Fellows, RN (Med/Surg), Caitlin Bandy, RN and Jessica Chouinard, RN (PMU/SDS).

Adam Rembisz, RN, MSN, trauma program manager at Elliot Hospital and Jessica Thonis RN, a nurse at Elliot Hospital appeared on WMUR. The news reported on their program to teach Manchester’s school nurses how to apply a tourniquet and how to use quick-clotting gauze if a life-threatening injury should happen. All of the school nurses who participated took home kits packed with everything needed to stem bleeding. The training was prompted by mass shootings across the country and is intended teach people how to prevent deaths from uncontrolled bleeding before first responders arrive.

Sherrie Palmieri, RN, DNP, participated in a panel presentation representing the ANA at the 2nd International Specialty Nurses Conference held in Hangzhou, China in December 2017. Over 1500 nurses attended to hear about Healthy Nurse, Healthy Nation, Pathway to Excellence Program, Continuing Professional Development for Specialty Nursing Practice, and Developing Future Nursing Leaders.

Susan Fetzer, RN, PhD, presented the results of a research study at the International Conference of PeriAnesthesia Nurses in Sydney Australia in November, 2017. In addition, she was the keynote speaker at a two day workshop at Kaohsiung Medical University, Kaohsiung, Taiwan for the Taiwan Nursing Education on Simulation in Nursing in December, 2017.

Home Healthcare Hospice & Community Services
403-352-2253 • jobs@HCSservices.org

Home Healthcare Hospice & Community Services
321-952-2253 • jobs@HCSservices.org

New Hampshire Nursing News April, May, June 2018
Peggy Lambert, Past President of NHNA, announced her retirement from Catholic Medical Center on January 26, 2018. Peggy was a valuable team member of CMC throughout her 40-year career; critical care and cardiac nursing have been a lifelong passion. She was instrumental in beginning the open heart program at CMC, in addition to her role in countless projects and initiatives including the creation of the Heart and Vascular Interventional Unit, the implementation of 24/7 APRN coverage in the ICU, and the continuous collaboration between the ORs, ICU and cardiac program. Peggy has tirelessly worked to advocate and advance patient safety initiatives at CMC and was part of a workgroup to reduce acute kidney injury in catheterization and intervention patients. Her work was featured in subsequent presentations and publications on the topic. She was a force behind a nurse-driven discharge protocol to best meet patient needs for a comprehensive discharge without the wait. Additionally, Peggy celebrates a career filled with service to local, regional and national professional and community organizations. She was president of the Southern New Hampshire chapter of American Association of Critical-Care Nurses, treasurer and president of the New Hampshire Nurses Association, and secretary of the Child and Family Services of NH Board of Trustees. She has been published in peer-reviewed journals, and presented at national conferences. We wish Peggy well as she takes a breather before diving into new professional pursuits.

Peggy Lambert (Center) celebrates her retirement with colleagues.

Ed Note: Celebrations of retirement or other honors are welcome for this new feature “In Honor Of…” Do you have a nurse that has gone above and beyond as a colleague or mentor? Write a short description of why they should be honored, and include a photo if available. Submissions should be directed to office@nhnurses.org.

You belong at Banner Casa Grande Medical Center! Here you can have the opportunity for a broad range of activities year-round to keep your work/life balance, just a few examples that Casa Grande has to offer!

• We have 200+ days a year of sunshine
• You can get to the beaches in San Diego or Mexico within hours
• Options close by to enjoy skiing, hiking or snowboarding
• Museums and cultural centers in close proximity

BCGMC is a 141-bed acute care hospital in a growing area where you can live in a charming small historic town and yet still be minutes away from the excitement and urban areas of Phoenix and Tucson.

At Banner Health, we understand that talented health care professionals appreciate having options. We are proud to offer our more than 50,000 employees many career and lifestyle choices throughout our network of facilities. The people of Banner Health are focused on making healthcare easier and life better. In return, we are committed to excellence in personal development for all our employees.

Talk to a recruiter directly regarding what Banner Health can offer you! Contact Donna Dioses at donna.dioses@bannerhealth.com or call 602-747-2526.
Health Information & the Internet: Can it be Trusted?

Anita Pavlidis, MS, RN

Wondering what that rash means and don’t have time for a trip to the doctors? Chances are, a diagnosis is just a click away. From symptom checkers to illness-specific forums, tons of health information is now available on the web says Anna Dickens in her article Better Health: Just a Click Away. But are all websites to be trusted? Keep in mind that information on the internet is not regulated for quality or accuracy and that almost anyone can publish anything they wish on the web.

A 2012 PEW study found that 93 million Americans have used the web to find answers to their healthcare questions. According to a PEW survey conducted from 2000-2018, in 2000, 50% of all users used the internet as a resource for information, in 2018, 9 in 10 American adults use the internet. The PEW Research Center estimates that 61% of the total population uses the internet and of those 83% of the online population seek health information with the highest percentage of users (72%) in the 18-29 age range. Women tend to use the internet seeking health related information more than men. It is estimated, according to the PEW Center that 113 million people per day use the internet.

“Searching online for symptoms and diagnosis can be a frustrating, confusing, and very dangerous process,” says Marlan Weinberg, author of Dr. Weinberg’s Guide to the Best Resources on the Web. “That’s why it’s important to have a discerning eye when evaluating health websites. "Used properly, the Internet can be a powerful tool to assist healthcare professionals in providing current, informed information to patients.” An informed patient, who wants to be involved in their own healthcare, can make it easier to treat,” says Carolyn Clancy, former director of the Agency for Healthcare Research and Quality (AHRQ). Given the numbers of individuals utilizing on line resources, it is essential to have a method of evaluating the legitimacy of websites.

Not everyone is a health expert on the Internet so having the tools to evaluate whether it’s a legitimate site for information can be useful. Dixie Jones of the Medical Library Association, offers these guidelines on what to watch for when browsing health related sites:

- Current date: “The health website should be frequently updated and should indicate the date of the latest revision.” Jones says. Look for the dates at the bottom of the home page.
- Site owner: Any dependable health website should make it easy to recognize who is funding the website and its content. Look for web addresses that end in -.gov, .edu, or .org which indicates government, educational or professional organizations rather than professional sites.” Typically, at the bottom of the page is an “About Us” page.
- Contact information: The website should provide information that allows searchers to contact the website owners to ask questions, comments, and concerns. If the site does not have a contact page listed anywhere, it should be an immediate red flag.
- Possible bias: Is the purpose of the website clear? What are the author’s objectives? Is a particular product being promoted? Does the site sell that product? Or is the information publicly funded, non-commercial site such as a government agency or research institution? Jones says.
- Detailed facts and resources: “The information provided on the website should be from a credible source, such as a medical association, an accredited education institution, a professional journal with an editorial board or government agency. Look at other sites on the same topic to see if the information is confirmed elsewhere.” Some sites have “Advisory Board” on the bottom of the page that lists those who provide and review information on the site. Be sure the credentials align with the website content.
- Privacy protection: Health information should be confidential. Look for a privacy link at the bottom of the page. Avoid the site if it indicates they share information with other companies.

There are several ways to evaluate websites but essentially they all advocate the same precautions. Ask yourself questions regarding, authorship, purpose, objectivity, accuracy, reliability, credibility, currency, and links. Links should be related to the topic, useful and purposeful to the site, current, evaluated or annotated. Many colleges have excellent resources on credibility and assessment of websites including recommendations for research (evidence based) information. You can also use the Better Business Bureau’s site to verify a website’s legitimacy.

It is useful to compile a few of your favorite websites for health information for your own use as a health care provider and another list to provide to patients seeking legitimate health tips on the internet. Some websites can be useful for both health professionals and patients. Once you find your favorite websites, most internet browsers will let you place a “bookmark” at each of these locations. You can then retrieve a list of these “markers” allowing you to go directly to the website.

A brief word about a commonly used source for research and reference: Wikipedia. Phoebe Ayers a contributing member of The Wikipedia Foundation offers advice and tips for evaluating the quality of articles found on Wikipedia. Wikipedia is a very popular online encyclopedia and its articles provide a huge amount of information, but it is important to be aware that:

- Anyone can write or edit a Wikipedia article; there is no assurance that what is written is accurate.
- All Wikipedia authors are anonymous thus the credibility of the article based on the author’s background can be verified.

Thus, Wikipedia articles should not be cited in college research papers and information from articles should always be verified from a second, reliable source. Wikipedia should be a starting point for research, not an end point.

When reviewing an article on the internet, many of the same questions can be asked as when evaluating websites.

A few added points of assessment may include:

- Viewing history: Look at when the article was created and how many edits and changes occur overtime. The original intent of the article could be changed as a result of continual revisions and changes.
- Article quality: Is the writing clear without spelling errors and incorrect grammar? Are there citations or references with footnotes? Does the article clearly identify topic, introduction, review of concept, and summation?
- Discussion: Review the article’s discussion page to evaluate if there are questions regarding validity of content and questions raised regarding information presented and consider if the topic is controversial.

Check the template at the top of the page for concerns regarding quality, references or sources, unreverified claims, etc.

Using the Internet can be an enlightening experience with valuable links to nursing, resources for evaluating health related information to answer questions for nurses and their patients. As a tool using the Internet can assist you in providing quality care for your patients.

Anita Pavlidis, RN, MSN, was the former Director of Nursing at the NHHTI, Concord’s Community College and Program Specialist at the New Hampshire Board of Nursing

References
http://spryliving.com/articles/better-health-just-a-click
http://www.diabetes.org
https://cardiosmart.org
http://www.usc.edu
https://www.cdc.gov
http://www.cancer.gov

Some of my favorite sites are:

- American College of Cardiology [https://www.acc.org]
- National Women’s Health Information Center (from the Department of Health and Human Services) [https://womenshealth.gov]
- US Department of Health and Human Services [https://healthfinder.gov]
- Center for Disease Control & Prevention [http://www.cdc.gov]
- NIH National Cancer Institute [https://www.cancer.gov]

PSYCHIATRIC APRN
Seeking Psychiatric APRN - FT (35hrs) at The Mental Health Center in Berlin, NH (prefer FT but FT possible, child/family certification preferred). Integrated multidisciplinary clinical team. 100% outpatient; 90 min evals and 30 min med appts. Optional paid phone-only overnight/weekend call. Benefits include: medical insurance, 403(b) with employer match, 11 paid holidays, generous vacation. Must have current NH License, accredited training, and skills in community psychiatry.

Please send CV and cover letter with salary requirements to Melissa Myers, MD, NHP, 25 W Main St., Conway, NH 03868 or e-mail to mmyers@northernh.org.
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? If 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 need is ongoing, the choice to accept or refuse must be made in the context of the ongoing staffing needs.

8. Do you take the time to reflect and focus on what matters most? Taking some quiet time to reflect on your thoughts and examine your behavior will allow you to assess if you are getting the results that you say you really want.

9. Are you so entrenched in your perspective that you don't hear what others are saying? If frustrated with the direction that your supervisor or team seems to be headed, recognize that your feelings can serve as a wonderful cue that it is time to speak up.

10. Are you blind to your own behavior? Taking some quiet time to reflect on your thoughts and examine your behavior will allow you to assess if you are getting the results that you say you really want.

Management Minute

10 Questions for Leaders

By truthfully answering the questions below, leaders can increase awareness of behaviors that impede their abilities and make course corrections.

1. Are you so entrenched in your perspective that you don’t hear what others are saying?
2. Do you really listen when others are speaking?
3. Do you push too hard to get the thing that you want?
4. Do you avoid heartfelt expressions of appreciation or gratitude?
5. Do you allow your negative emotions to determine what you say, do or think in the moment?
6. Does your desire to play it safe or to be comfortably secure hinder your ability to be vulnerable and connect with others?
7. Do you avoid heartfelt expressions of appreciation or gratitude?
8. Do you take the time to reflect and focus on what matters most?
9. Are you empathetic and understanding of others?
10. Are you blind to your own behavior?

Adapted from "Are you getting in your own way? Get more of what you want and less of what you don’t" by John R. Stoker (2010).
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. Sharing the names and information about these nurses is one way we honor their contribution to the profession. Brief submissions are welcome.

**Portsmouth Nurse**

Helen C. (Raikes) Kalantzakos, 87, passed away November 8, 2017. She attended the University of New Hampshire and graduated from the School of Nursing at Lowell General Hospital. She practiced at Portsmouth Regional Hospital.

**Keene Grad**

Olive M. (Estabrook) Fuller, 95, passed away November 3, 1993. Graduating from nursing school in 1943 she practiced in private duty nursing for many years at Elliot Community Hospital in Keene, NH. She was also night supervisor of the Intensive Care Unit at Elliot Community, and served as Head Nurse of the Recovery Room when the hospital became Cheshire Medical and moved to its new facility on Court Street.

**Ski Nurse**

Louise (Rousseau) Rutherford, 78, passed away November 9, 2017. The youngest of 16 children, she practiced as a registered nurse in a variety of locations and settings including being the nurse at Loon Mountain Ski Area and Hillsborough County Nursing Home.

**New Grad**

Shea Black, 45, passed away unexpectedly November 25, 2017. He was a hairstylist for more than two decades and recently attended NHTI and Lakes Region Community College, where he graduated with an Associate of Science in Nursing on May 12, 2017.

**Manchester Nurse**

Jacqueline Alice (Gregoire) Macrgeanis, 81, died November 10, 2017. A diploma graduate in 1957 she received her bachelor’s degree from UNH and a master’s degree in education from the Harvard Graduate School of Education. She had also attended an Enterostomal Therapy Program. Prior to retirement, she had practiced as a registered nurse at the Elliot Hospital and previously at Catholic Medical Center as well as had her own independent nursing practice.

**School Nurse**

Barbara (Stewart) Cliff, 75, died November 20, 2017. Until her retirement, she was employed for over 30 years as a nurse for the Hooksett school district.

**Hitchcock LPN**

Kathryn (Schoff) Maurer, 84, passed away November 21, 2017. She was a private duty LPN at Dartmouth Hitchcock Medical Center.

**Frisbie Nurse**

Betty (Roy) Hussey, 84, died November 26, 2017. She practiced as an RN at Frisbie Memorial Hospital for over 35 years.

**Concord Nurse**

Debra Levins, 55, of Concord, passed away November 26, 2017. Earning a BSN in 1984 she practiced at Concord Hospital for over 30 years.

**CMC Nurse**

Ann M. (Grondin) Blouin, 62, died December 4, 2017. A Berlin native she graduated from the Catholic Medical Center School of Nursing in Manchester in 1979. She practiced as a Registered Nurse for over 30 years.

---

**IN MEMORY OF OUR COLLEAGUES**

**Nurses are vital to Camp Robin Hood!**

Camp Robin Hood is seeking qualified RNs & Nurse Practitioners to join us in Freedom, New Hampshire this summer. 2018

Camp Robin Hood is an overnight summer camp for around 350 boys and girls aged 7-16 years old. Our mission is to provide an environment in which lasting bonds are made. We are looking for qualified individuals who are available to be at camp for the summer and must be willing to do on-call over night shifts. Room and board included.

- **Salary:** Based on experience
- **Requirements:** CPR/AED/First Aid
- **Dates:** June 18–August 10 (Dates are flexible)
- **Room and board included.**
- **provide a nurturing environment in which lasting bonds are made.**

**CHANGE YOUR LIFE WITHOUT CHANGING YOUR SHIFT**

At Southern New Hampshire University, you can advance your career on your schedule— with online degree programs that are flexible and affordable. They’re built by nurses, for nurses — and built to fit around your busy life. Contact us today and discover why nurses across the state choose SNHU.

**RN-BSN **  **RN-BSN-MSN**  **-MSN**

snh.edu/nhnursing

---

**Grow with us.**

Careers.CatholicMedicalCenter.org

More people are turning to CMC for their care than ever before, which is why we’re not only expanding, we’re hiring too!

Contact us today to begin a career that works for you.

Catholic Medical Center is an equal opportunity employer and we embrace diversity, EOE/MP/ED/V.

---

The Bachelor of Science and Master of Science in Nursing programs at Southern New Hampshire University are accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/one-accreditation), a member of GraniteOne Health.
IN MEMORY OF OUR COLLEAGUES

School Nurse
Marie Gemma R. Jean-King, 94, passed away December 7, 2017. An Epping native she earned her nursing diploma from Sacred Heart School of Nursing in Manchester. She was a nurse at Exeter High School and was the first nurse at the Lincoln Street School where she retired from in 1985. She was also President of the School Nursing Association.

Office Nurse
Maxine Inga Paine-Fowler, 73, passed away December 8, 2017. After receiving an AD and BSN in nursing she relocated to New Hampshire and continued her career in nursing at the Concord Medical Associates until she retired.

Childbirth Educator
Barbara J. Greenway, 87, died December 14, 2017. A graduate of Elliot Community Hospital School of Nursing in Keene, she was a member of the Nu Honor Soc. of Nursing (Sigma Theta Tau). She practiced in New Hampshire as a nationally accredited childbirth educator (ACCE).

Elliot Grad
Evelyn (Gray) Reynolds, 74, died December 15, 2017. She received her RN degree from Elliot Community Hospital School of Nursing in Keene. Her nursing career included the Elliot Community Hospital, Keene and the original Intensive Care Unit at Mary Hitchcock Hospital.

Laconia Grad
Barbara L. (Willoughby) Berry, 92, passed away December 16, 2017. She was a graduate of the Laconia Hospital School of Nursing, Class of 1947. Prior to her retirement in 1987, she practiced as a registered nurse in the Maternity Ward at Concord Hospital.

Army Nurse Corp
Lillian Louise (Luby) Morris, 94, passed away December 16, 2017, after a short illness. A Massachusetts General Hospital School of Nursing graduate and while employed there in 1942, she rushed to the hospital one night while off-duty to help care for the more than 400 victims of the Cocoanut Grove nightclub fire, the deadliest nightclub fire in history. Lillian enlisted in the Army Nurse Corp during World War II and served overseas in England and France. After the war she relocated to Berlin where she was an occupational health nurse at Granite State Rubber Company, later known as Converse.

Salter LPN
Stephanie Elizabeth Trombly, 28, passed away December 24, after a twelve year battle with Ewing Sarcoma. She attended the University of New England, Biddeford, Maine, and earned her degree from the Salter School of Nursing. As an LPN, Stephanie cared diligently and tenderly for residents of the Merrimack County Nursing Home where she had been employed for the past two years.

WDH Nurse
Katherine Leone (Colbath) Trow, died on December 26, 2017. A 1954 diploma graduate she practiced as an RN at Wentworth Douglass Hospital for 31 years, where she was a beloved night supervisor.

CNOR
Carolyn Gayle (Small) Plummer, 61, died December 27, 2017 after a courageous battle with cancer. She practiced as a Registered Nurse for 40 years, a CNOR and a member of AORN. She was in the operating room at Wentworth Douglass Hospital for 25 years and most recently at Concord Orthopaedic Surgery Center. She also held other positions over her career including school nurse in Somersworth, N.H., a nurse at Camp Brookwoods in Alton, N.H., and roles in other surgery centers, doctors’ offices and hospitals.

ED Nurse
Rachel Louise (LaSalle) Bourque, 88, died December 27, 2017. Rachel received her RN through Regis College and Carney Hospital and her BS in Nursing from St Anselm’s College. She worked for many years as an ER nurse at Memorial Hospital/SHNMC in Nashua.

NH Hospital Grad
Eleanor (Kenney) Tabor Corliss, 98, passed away December 30, 2017. At age 58, she graduated from the NH Hospital School of Nursing, and practiced as a Registered Nurse.

Elliot Grad
Evelyn (Main) Driscoll 92, died peacefully December 30, 2017 after a long struggle with dementia. She graduated from the Elliot Community Hospital School of Nursing in Keene as a registered nurse in 1946.

Army-Air Force Nurse
Marguerite M. Laetsch Wurtz, 99, died January 9, 2018. Born in Switzerland she immigrated to the United States in 1925. After receiving her nursing diploma she joined the Army Nurse Corps from 1944 to 1947, then joined the regular Air Force from 1948 until 1952. During WWII she held a prominent role in setting up a military hospital in Paris, operated behind the lines during the Battle of the Bulge, and served as an interpreter due to her fluency in multiple languages. After relocating to Warner she practiced as the school nurse for Kearsarge Regional High School and Simonits Elementary School from 1966 to 1981.

Army Nurse Corps
Maureen Mullins, Maj, USA (ret), 73, passed away January 11, 2018 following a period of declining health. After obtaining her nursing diploma she enlisted in the U.S. Army Medical Corps as a second Lieutenant Registered Nurse.

EH Nurse
Barbara J. Greenway, 87, died December 14, 2017. A graduate of Elliot Community Hospital School of Nursing in Keene. Her nursing career included the Elliot Community Hospital, Keene and the original Intensive Care Unit at Mary Hitchcock Hospital.

NH Hospital Grad
Eleanor (Kenney) Tabor Corliss, 98, passed away December 30, 2017. At age 58, she graduated from the NH Hospital School of Nursing, and practiced as a Registered Nurse.

Public Health Nurse
Sandra Lee (“Sandy” (Whittcher) Hair, 75, died January 21, 2018 after a long illness. She practiced for many years as a public health nurse for Grafton County and the Warren Elementary School.

Sacred Heart Grad
Anne V. (Gildea) Abbott, 98, died January 22, 2018. She was a diploma graduate of Sacred Heart Hospital School of Nursing and in her early years practiced as a registered nurse at Sacred Heart Hospital.

Berlin LPN
Ellen M. (MacDonald) Fecteau, 72, died January 22, 2018. She was employed as an LPN in Berlin for 30-plus years.

Rehab Nurse
Jain Elizabeth Hauser, 58, passed away on January 26, 2018. She practiced as an RN most recently at Crotch Mountain Rehabilitation Center.

Gero Nurse
Gail D. (Wesner) Cote, 78, died January 28, 2018 after a period of failing health. She retired from Mckelley Nursing Home where she practiced as a registered nurse.

St. A’s Grad
Dorene F. (Wells) Young, 68, passed away February 2, 2018. She earned her Bachelor’s Degree in Nursing from St. Anselm College, and practiced in Massachusetts and after moving back to New Hampshire in 1985, she worked for Intracorp and later co-operated Medi- STRAT, which investigated medical insurance fraud (work that she always said made her feel like Quincy, M.E.).

Psst... Do You Want To Make A Difference in 2018?
Break Away From The Herd! Be Heard • Be Valued • Be Empowered
RiverWoods is HIRING—RN/LPN/LNA
RiverWoods Exeter, a Continuing Care Retirement Community is seeking highly motivated health care professionals to join our team!
www.RiverWoodsrc.org
careers@riverwoodsrc.org
Call Barbara at 603-658-1541
HUMOR ME

Regularly exercising our sense of humor improves resiliency, positivity and balances anti-negatively. Laughter may not solve problems but can change your chemistry allowing you to face them anew. In this issue “Humor Me” fifteen thoughts that may bring a smile. Submissions are welcome:

- Knowledge is knowing that a tomato is a fruit. Wisdom is not putting a tomato in a fruit salad.
- Children: You spend the first two years of their life teaching them how to walk and talk. The next sixteen telling them to sit down and be quiet.
- He who smiles in a crisis has found someone to blame.
- If I agreed with you, we'd both be wrong.
- Light travels faster than sound. This is why some people appear bright until you hear them speak.
- The shiatsu is a device for finding furniture in a dark room.
- Dolphins are so smart that within a few weeks of captivity they can train people to stand on the very edge of the pool and throw them fish.
- Money can’t buy happiness, but it sure makes anti-negatively.

Put your vacation request in and spend a week in gorgeous Bermuda with ANA-RI. Bring a friend.

Call Donna at 401-828-2230 or email donna@travelplusri.com for CRUISE RESERVATION.

For more information or to register for Continuing Education credits, visit www.risna.org

RISNA’s Earn and Learn CE Cruise to Bermuda

BOOK YOUR RESERVATION TODAY!

Rooms are going quickly for ANA-Rhode Island’s Earn and Learn CE Cruise to Bermuda. The Cruise takes place in conjunction with National Nurses Week (May 4-11) and offers a fun way to earn Continuing Education credits. Nurses from across New England and New York are invited to attend.

- Prices start at only $959 for 7 daysjourney to the deep blue seas from Boston to Bermuda.
- The trip includes all the food you can eat, drinks you can consume, sunshine you can bear, and water you can swim in.
- Several classes will be made available offering CE’s to make this cruise an educational tax advantage!

GUEST SPEAKERS

Keynote Speaker: Karen Daley, PhD, RN, FAAN. Daley served from 2007 to 2014 as the president of the American Nurses Association, the nation’s largest nursing organization representing the interests of the nation’s 3.5 million registered nurses. She has spent more than 25 years in clinical practice. Daley was listed among Modern Healthcare’s “100 Most Influential People in Health Care” and, in 2013, was selected by Modern Healthcare as one of the Top 50 Women in Healthcare.

Speaker: Joyce Stamp Lilly, RN, JD. Lilly is a Registered Nurse and Lawyer who has been representing nurses in front of the Texas and Rhode Island Boards of Nursing since 2001. Lilly worked as a nurse in acute and community settings including: medical, surgical, and psychiatric settings. She is familiar with the culture of nursing and understands many of the problems facing nurses today. For more information about Lilly, see her website nursingcomplaint.com.

COSTS AND RESERVATION INFORMATION

7-Day Bermuda Round-Trip Boston Norwegian Cruise Line, TRAVEL PLUS LLC
- Inside Staterooms from $599
- Outside Stateroom from $959
- Non-Refundable deposit to hold your spot
- After January 30, 2018, payment in full is required at time of purchase.

CE Credits
Additional charges apply for CE Credits.

The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. ANA-Rhode Island Association is a member of the Northeast Multistate Division of the American Nurses Association.

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. During a minor cosmetic surgery the nurse monitors the conscious sedation during which laryngoscopy and midazolam were administered. If the midazolam dose has been excessive, what findings would you expect? (Select all that apply)
   a. Patient will begin gagging on the oral airway
   b. Patient will begin moaning for pain medication
   c. Patient will not respond to verbal commands
   d. Patient’s blood pressure will be elevated from baseline
   e. Patient’s oxygen saturation will be less than 94%

2. What is the correct interpretation of the 6 second rhythm strip?

   a. Normal sinus rhythm
   b. Sinus tachycardia
   c. ST segment elevation
   d. First degree heart block

3. When teaching a client about Pyridium (phenazopyridine), an antispasmodic, what should the nurse include in the teaching plan? (Select all that apply)
   a. Take the drug, as ordered for 7 days
   b. Take the drug until pain relieved
   c. Take the drug after intercourse
   d. Notify the physician if the urine changes color

4. In caring for a patient with Bell’s Palsy what interventions are appropriate? Select all that apply
   a. Order a full liquid diet
   b. PROVIDE eye protection at night
   c. Administer pain medication on a set schedule
   d. Use a picture board to assist in communication
   e. Seek speech therapy consult

5. The healthcare provider is assessing a pregnant woman during her first prenatal visit. The patient reports she has a 5-year-old at home who was delivered at 39 weeks gestation. Her last pregnancy ended at 12 weeks gestation due to a spontaneous abortion. She delivered a set of twins at 22 weeks gestation. The twins died within 12 hours of birth. How is the woman’s obstetrical history documented using the GTPAL system?
   a. G4 T1 P1 A1 L1
   b. G3 T2 P2 A0 L2
   c. G2 T2 P1 A0 L3
   d. G4 T1 P2 A1 L1

That research paper isn’t going to write itself.

Visit www.nursingALD.com to gain access to 1200+ issues of official state nurses publications, all to make your research easier!
Defining the Issue

Multiple terms have been used to describe compassion fatigue, but in its simplest terms, compassion fatigue implies a state of psychic exhaustion where caregivers face severe sense of malaise that results from caring for patients who are in distress over time. Traumatology expert and senior faculty at the Figley Institute, Dr. Charles Figley calls this phenomenon the “cost of caring” for others in emotional pain.

While all health care providers are subject to compassion fatigue, nurses are particularly vulnerable because they are inserted in the lives of others in an intimate way during a critical time in that individual’s life. They become partners instead of observers in a patient’s journey and are pulled into existential concerns of life, death, sadness and loss. In this regard, compassion fatigue could be considered an occupational hazard.

Statistics Canada’s first ever National Survey of the Work and Health of Nurses (2005) found that “close to one-fifth of nurses reported that their mental health had made them consider leaving the profession.” The Consequences of Compassion Fatigue

Nurses have a responsibility to themselves and their patients to ensure they’re adequately supported to provide the highest quality and compassionate care possible. Facing multiple workplace stressors, coupled with the demands to respond to complicated patient needs as well as their home life, can negatively impact nurse’s ability to cope with stress to the detriment of overall patient and nurse safety.

The consequences of such involved, caring work can lead to:

- Inability to react sympathetically to a crisis or disaster because of overexposure to previous crises and disasters.
- Extreme states of tension and preoccupation with the suffering of those being helped to the degree that it can be traumatizing for the helper.
- Cynicism, emotional exhaustion or self-centeredness in a healthcare professional who has been otherwise dedicated to his or her work and clients.

This emotional exhaustion also can cause breakdowns in communication and build stress that leads to errors by the nurse, which pose safety risk and liability. According to the CNA AND NSO Nurse 2015 Claim Report, allegations against nurses involving assessment and monitoring represent 15.7 percent and 13.8 percent of total claims, respectively. Compared to the previous data set, both allegations categories increased by 3.1 percent and 2.0 percent, respectively. Most of the assessment-related closed claims involved a failure to assess the need for medical intervention where the nurse failed to contact the treating practitioner for additional medical treatment. Over half the monitoring-related claims involved failure to monitor/report changes in the patient’s condition to the practitioner.

Compassion fatigue expert Francoise Mathieu writes that many factors outside of a nurse’s core care-giving work also contribute to the continuum of compassion fatigue. Current life circumstance, coping style and stressors at home from childcare or aging parent care all play a role. Some studies show that “helpers,” such as nurses, are more vulnerable to life changes such as divorce and difficulties such as addictions than people who do less stressful work. Workplace stressors such as managing paperwork, new technology or organizational realignment can also play a role.

Although nurses are accountable for their individual practice, employers also have a responsibility to help identify and address sources of compassion fatigue in the workplace. Designing schedules and organizing work can be beneficial strategies to help prevent the consequences of nurse fatigue, but early identification of compassion fatigue demands understanding and ongoing assessment. The Professional Quality of Life Scale (ProQOL) can help measure these symptoms and be used regularly to track changes over time, particularly when a nurse is trying prevention or intervention strategies.

Long-Term Solutions

Compassion fatigue and its negative impact on nurses, patient satisfaction and safety is slowly becoming a better understood phenomenon in the nursing field. Acknowledging the severe emotional impact of a nurse’s obligation to routinely meet a patient’s immediate and comprehensive needs, nurses are in need of more specialized support resources to counter the impact. These can and should involve programming designed to address the unique issues nurses face. Resources to manage work/life balance and efforts to design supportive and positive work settings.

Promoting self-care and other healthy rituals is important for preventing or recovering from compassion fatigue. Encourage nurses to participate in activities that can provide a break and respite from compassion fatigue. Encourage nurses to participate in activities that can provide a break and respite from compassion fatigue. Nurses should also be encouraged to seek out support in the form of Employee Assistance Programs (EAPs), peer support groups and other forms of counseling and emotional support. Remember that self-care always includes adequate nutrition, hydration, sleep and exercise.

The responsibility to solve for these risks relies with the healthcare industry as a whole, as well as management and nurses in the field to foster the environment and demand the resources necessary to overcome the issue.

Works Cited

Jennifer Flynn, CPHRM, is Risk Manager for Nurses Service Organization in the Healthcare division of Affinity Insurance Services, Inc. specializing in risk management.

Mary M. Gullatte, PhD, RN, ANP-BG, AOCN, FAAN, is the Corporate Director of Nursing Innovation and Research for Emory Healthcare and the former Vice President of Patient Services and Chief Nursing Officer at Emory University Hospital Midtown.

April, May, June 2018 New Hampshire Nursing News • Page 17
Burn your dream bright. Pursue it fervently and passionately – but you do it. Be passionate about things you love. But don’t confuse hustle with burnout. Hustle fills you up. Burnout empties you. Hustle renews your energy. Burnout drains it. – Jon Acuff

Burnout is nature's way of telling you, you've been going through the motions your staff have departed. You're a zombie, a member of the walking dead, a sleepwalker. False optimism is like administering a brand new medication to an exhausted nervous system. Healthcare professionals are challenged on a daily basis with a variety of stresses as they care for patients. These job-related stresses can take a toll on the mind and body of these professionals, which in turn may affect the quality of patient care and outcomes. Work-related stress may also impact job satisfaction, workforce turnover and safety in the healthcare environment.

Holistic nurses reflect on action to become more aware of values, feelings, personal wisdom, and judgments that may affect actions, and they also reflect on their experiences to obtain insights for future practice. They value themselves and mobilize the necessary resources to care for themselves as an endeavor to integrate self-awareness, self-care, and self-healing into their lives by incorporating practices such as self-assessment, movement, creative endeavors, support and lifelong learning.

The nurse's role has long been regarded as stress-filled based upon the physical labor, human suffering, and emotional exhaustion associated with the profession. Nurses are challenged on a daily basis with a variety of stresses as they care for patients. The nurse's role has long been regarded as stress-filled based upon the physical labor, human suffering, and emotional exhaustion associated with the profession.

Burnout is a major issue for those in the healthcare professions and can lead to:

- Depression & physical illness
- Low morale
- Feelings of incompetence & hopelessness
- Bitterness & anger
- Difficulties in one's home life
- Absenteeism & staff turnover
- Substance abuse

Source: www.nhna.org

Finding Balance

So to succeed in life at the personal level as well as professional level and even in your social circles, one has to maintain a delicate balance between what your heart says and what your head dictates.

– Commander Veerendra Jai, We Can! We Can!

Burnout is a personal journey and there is no one size fits all approach to recovery. My years of nursing have taught me that there is a place at the center of our being where all we know to be, where we know undeniably that we are whole and complete and that we need both balance and imbalance. One cannot recognize balance without recognizing imbalance. When we strive for balance, we need to be gentle and forgiving of ourselves. The truth of the matter is that we can’t do it all. Trying to do it all is a set-up for a 24-hour guilt cycle. Instead of continually feeling guilty and stressed in your quest for balance, turn your attention toward doing the very best you can do every day with the time you have.

Dr. Wayne Dyer in his book, Wisdom of the Ages (1998) states that highly productive people have a great sense of balance and harmony in their lives. They are in touch with their personal spiritual journey and knowing when to retreat and clear their heads of the immediate concerns. To avoid being consumed by your tasks, you must be able to walk away from them. In the process of walking away, you begin to see your work, or family or a project from a perspective that appears smaller.

The Essence of Spirituality

In the unlikely event of a loss of cabin pressure, please put on your oxygen mask first before assisting others.

~ Amber De La Garza, Productivity Specialist

When the thrill is gone, our spirit needs nourishment and care. Burkhardt and Nagai-Jacobson (2016) offer that a way that nurses care for and nurture themselves infuses their ability to function effectively in a healing role with another. Care of their spirit or soul requires nurses to pause to reflect on and absorb what is happening within and around them; to take time for themselves, for relaxation, and for other things that animate them; and to be mindful about nourishing their spirits. The many ways nurses nurture their spirits and respond to their spiritual concerns are the same as those that they suggest to their patients. Turn your mind to beauty, love and gratitude. These are your spirit’s three nutritional requirements. Make a commitment to the health of your spirit. Take time to nurture it. See how every day that you feed it, you find that much more to give it the next day. Feel the power of your spirit emanating that light that little by little turns toward a future of peace, fulfillment, and joy.

When the symptoms of an incoming burnout start surfacing, take the proactive approach. Purposely disconnect, refresh then recalibrate.

Amber De La Garza, Productivity Specialist

When I am feeling that the thrill is gone and a sense of “drift” has started to settle in, I remember the words of Ian Sharim, who said, “Carve your own path, go slow, channel your strengths, smooth the way for others, keep moving forward, amid meltdowns, swim the current, stay calm under pressure and be Cool!”

Priscilla Smith-Trueado

SSRN RN BSN CRNN CCM
HNHBC is an author, speaker and healthcare management consultant. She is board certified in holistic nursing and rehabilitation nursing with a focus on integrative health. Holistic nursing is at the core of her nursing practice, self-care and consulting.

Strategies to Recover from Burnout

- Take a break and get help if needed
- Confront denial and cynicism
- Acknowledge one's limitations
- Establish personal boundaries
- Nurture oneself
- Learn and use stress-reducing actions
- Employ problem-solving strategies to prevent future burnout.

Source:

When the thrill is gone, our spirit needs nourishment and care. Burkhardt and Nagai-Jacobson (2016) offer that a way that nurses care for and nurture themselves infuses their ability to function effectively in a healing role with another. Care of their spirit or soul requires nurses to pause to reflect on and absorb what is happening within and around them; to take time for themselves, for relaxation, and for other things that animate them; and to be mindful about nourishing their spirits. The many ways nurses nurture their spirits and respond to their spiritual concerns are the same as those that they suggest to their patients. Turn your mind to beauty, love and gratitude. These are your spirit’s three nutritional requirements. Make a commitment to the health of your spirit. Take time to nurture it. See how every day that you feed it, you find that much more to give it the next day. Feel the power of your spirit emanating that light that little by little turns toward a future of peace, fulfillment, and joy.

When the symptoms of an incoming burnout start surfacing, take the proactive approach. Purposely disconnect, refresh then recalibrate.

Amber De La Garza, Productivity Specialist

When I am feeling that the thrill is gone and a sense of “drift” has started to settle in, I remember the words of Ian Sharim, who said, “Carve your own path, go slow, channel your strengths, smooth the way for others, keep moving forward, amid meltdowns, swim the current, stay calm under pressure and be Cool!”

Priscilla Smith-Trueado

SSRN RN BSN CRNN CCM
HNHBC is an author, speaker and healthcare management consultant. She is board certified in holistic nursing and rehabilitation nursing with a focus on integrative health. Holistic nursing is at the core of her nursing practice, self-care and consulting.

Strategies to Recover from Burnout

- Take a break and get help if needed
- Confront denial and cynicism
- Acknowledge one's limitations
- Establish personal boundaries
- Nurture oneself
- Learn and use stress-reducing actions
- Employ problem-solving strategies to prevent future burnout.

Source:

When the thrill is gone, our spirit needs nourishment and care. Burkhardt and Nagai-Jacobson (2016) offer that a way that nurses care for and nurture themselves infuses their ability to function effectively in a healing role with another. Care of their spirit or soul requires nurses to pause to reflect on and absorb what is happening within and around them; to take time for themselves, for relaxation, and for other things that animate them; and to be mindful about nourishing their spirits. The many ways nurses nurture their spirits and respond to their spiritual concerns are the same as those that they suggest to their patients. Turn your mind to beauty, love and gratitude. These are your spirit’s three nutritional requirements. Make a commitment to the health of your spirit. Take time to nurture it. See how every day that you feed it, you find that much more to give it the next day. Feel the power of your spirit emanating that light that little by little turns toward a future of peace, fulfillment, and joy.

When the symptoms of an incoming burnout start surfacing, take the proactive approach. Purposely disconnect, refresh then recalibrate.

Amber De La Garza, Productivity Specialist

When I am feeling that the thrill is gone and a sense of “drift” has started to settle in, I remember the words of Ian Sharim, who said, “Carve your own path, go slow, channel your strengths, smooth the way for others, keep moving forward, amid meltdowns, swim the current, stay calm under pressure and be Cool!”

Priscilla Smith-Trueado

SSRN RN BSN CRNN CCM
HNHBC is an author, speaker and healthcare management consultant. She is board certified in holistic nursing and rehabilitation nursing with a focus on integrative health. Holistic nursing is at the core of her nursing practice, self-care and consulting.

Strategies to Recover from Burnout

- Take a break and get help if needed
- Confront denial and cynicism
- Acknowledge one's limitations
- Establish personal boundaries
- Nurture oneself
- Learn and use stress-reducing actions
- Employ problem-solving strategies to prevent future burnout.

Source:
April, May, June 2018 New Hampshire Nursing News • Page 19

Reprinted from Arizona Nurse, May, June, July 2017 issue

A 2016 report from 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 $34.53 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 be accessed any time without penalties.

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 contributions to 401K plans or other automatic 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 $34.53 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 be accessed any time without penalties.

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without

How are you doing? Are you average, above average,

HELP, It’s an Emergency!

For example, let’s say you lose your job. Without
Join our Nursing Team!

- Nursing Opportunities in all affiliates
- Outstanding Benefits
- No deductible Health Insurance
- Career Growth
- Sign-on bonuses available!

Visit our website today to learn more about nursing positions.

exeterhospital.com

Exeter Health Resources and its affiliate companies are an Equal Opportunity Employer.

HELPING PATIENTS REGAIN HOPE AND INDEPENDENCE

HealthSouth Rehabilitation of Concord is a 50-bed inpatient rehabilitation hospital that combines superior resources and support to impact your career and growth and improve the lives of our patients. Our number one goal is to achieve better outcomes – for you and the patients we serve.

Our continued growth means that we are always on the lookout for exceptional nurses to join our team. If you are just starting out, or are currently a nurse, check out our great career opportunities. Find out why Modern Healthcare has named HealthSouth one of their Best Places to Work for multiple years.

We are invested in your future.

You will be home. We are an organization that cares deeply about values-guided decision making. Our history of fiscal responsibility has positioned us for a secure future. When you become an employee at Concord Hospital, this security matters. You will have the reassurance of knowing that you are a part of an organization with the integrity to do the right thing for our patients, our employees, and our community.

We are invested in you.
Nursing at Concord Hospital

For more information on current job openings, visit concordhospital.org/careers or call 603-330-7269.