Nurses Celebrate Nurses Week 2018

Nurses celebrated their professional identity in style May 2018. The first Excellence in Nursing Awards, sponsored by NHNA and New Hampshire Magazine celebrated 13 nurses from cardiology to psychiatry, acute care to palliative care, pediatrics to gerontology, advanced practice, education and leadership. In the next issue of the NHNN, we will report on the celebratory evening event to honor these colleagues.

New Hampshire nurses participated in the Boston Red Sox annual Nurse Appreciation Night at Fenway Park on May 15. 1,400 nurses were nominated to throw out the first pitch and 10 qualified as finalists. But New Hampshire’s own Jeffrey Ballard won the honor. Ballard practices at Manchester VA Medical Center’s Home Based Primary Care team. He is also a veteran, having served as a member of the Army National Guard for nearly 20 years. Wounded in Afghanistan, Ballard now helps elderly veterans maintain their independence. He credits the position for giving him hope again after his injuries. Ballard has been with the VA for nearly five years now.

Jeffrey Ballard, RN

Around the state, hospitals and nursing facilities celebrated the excellence in patient care that nurses deliver on a daily, hourly and minute by minute basis. Nurses Week continued on page 4
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. Printed copies will be provided to all members. Notices of publication will be given to NHNA members.

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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.

Carlene

VISION STATEMENT

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

PRESIDENT’S MESSAGE

The New Hampshire Nurses Association has worked hard tending their garden, enriching the soil and planting the seeds which are starting to germinate and we want to bring you in to enjoy the harvest. We have launched a new web site, updated our 2017-2020 Strategic Plan, partnered with New Hampshire Magazine to conduct the first awards for our state’s most excellent nurses, and elevated our voice as strong advocates for the health of our patients and our profession. The NHNA Board of Directors has also begun the ambitious goal of completing The Standards for Excellence, An Ethics and Accountability Program for the Nonprofit sector. This may take two years to complete, but we are slowly making progress through the sixty-seven standards.

Recognizing that our most important tool to connect with you is our web site, we made the bold decision to invest in our own platform under Nursing Network to enable us to fully control timing, frequency and content, as well as potential non-dues revenue streams and utilize a system that is user friendly that we can control and manage ourselves. Please refer to “From the EOs’ Desk,” which provides detail on how to navigate and where to find what you are looking for. See for yourself how easy it is to use.

It was my pleasure to visit each commission and to have an opportunity to get to know the commission members in person to update our Strategic Plan. You’ll find it under About Us/Board Compliance on the website. Once again, I was impressed by the talent, commitment, and thoughtfulness of all of the commission members. You will find a list of the names of members under About Us/NHNA Commissions/ then select one of the commissions: Commission on Government Affairs, Commission on Continuing Education, and Commission on Nursing Practice. Following those links will lead you to read about the immense efforts that each commission puts forth to achieve our mission. I was helping to ensure that several members have been serving NHNA for more than a decade and delighted that we have many new members as well.

Based on the success of the first publication of the Excellence in Nursing awards, we can count on a new annual program and event that will highlight the innovative work that NH nurses do every day. In the past we have always recognized a few nurses for special awards at our annual meeting. But this presents an opportunity to educate the public about what nurses really do at the bedside and beyond. It also provides a platform for this incredible work to be heard regularly. With the experience and knowledge of having navigated the procedures this first year, we will strive to perfect the categories, submission, and criteria to continue to ensure an ethical and comprehensive process for the future.

Our Nurse Executive Director, Joan Widmer, and members of the Commission on Government Affairs have spent countless hours at the state house providing oral and written testimony on the bills that our Morgan has spent countless hours at the state house providing oral and written testimony on the bills that our association has supported, and we are grateful for all the work these volunteers do for the benefit of our profession and the patients we serve.

The goal of this exercise is to evaluate our organization, educate board members on board compliance, use the guidelines for improving performance and prepare for accreditation when and if we decide to pursue this endeavor.
One of my primary goals for the New Hampshire Nurses Association (NHNA) when I first accepted the position of Nurse Executive Director was finally realized on May 9th with the launch of the new NHNA website. I am so excited to have our most important communication tool with our membership, and the nurses of New Hampshire, located on a platform that offers the latest technologies in website management. The website address (or URL) remains unchanged: www.nhnurses.org. Take a look at our home page below:

The primary navigation menu appears on the left hand side of the screen. A carrot indicates subpages exist below the primary page on the menu; clicking on the carrot will provide you with listing of these subpages. The website is designed to function easily regardless of the computing platform being used to access it, laptop, tablet or smartphone.

The “News & Announcements” section on the home page displays the two most recent news announcements, but you can quickly query for more announcements by clicking on “News & Announcements” on the main menu.

Similarly, the “Upcoming Events” section on the home page provides the three most recent upcoming events. The “Search Upcoming Events” on the main menu provides a complete list of future NHNA events. Because our website is hosted on the Nursing Network platform, members will also be able to search on upcoming events for other Nursing Network organizations (and Nursing Networks platform is limited exclusively to nursing organizations). Simply use the “Search Upcoming Events” tab on the main menu and then click on “Find more industry events on Nursing Network.”

One of the newest features to the website is the “Photo Gallery” (item 3 on the main menu). Check the gallery out and see photos from NHNA events dating back to January 2017. Take a look at photos from the Graduating Student Conference (March 2018), the Legislative Town Hall Form (January 2018) and much more. Here is a screen shot of the Photo Gallery:

I’ve identified as many people as I could in these images. If you recognize yourself and want your name added to the photo legend, just send me an email and I’ll add your name. You can easily reach NHNA by going to the “Contact Us” tab on the main menu.

The home page also has links to our Facebook and Twitter accounts. We frequently post information to our social media accounts, so if you have a Facebook or Twitter account of your own you can now Friend or Follow NHNA with only a click.

One of the features of the Network Nursing platform that we have not yet activated is the ability for members to search for other members. This would allow a member to reach out and communicate directly with other members through the website. Here again it would work much like Facebook. A member would “ask” another member if they wanted to communicate with each other. The other member could then accept the communication or disregard it. Because this feature, once activated, provides access to the names and town of residence for all members, the NHNA Board of Directors felt our membership should be queried before activating this feature. We value the privacy of NHNA members and felt the members should decide if the benefits of the feature merit the availability of member names and towns of residence on the website. This will become a question on our fall election ballot.

Currently our entire website is open to the public; you do not have to be a member to view any or all of the content. On the new features of this platform is the ability to send email blasts not only to members, but also to non-members. Historically, non-member nurses have attended many of our events. We can now add these non-member names and email addresses to our non-member database so we can share information about upcoming programs directly with them, and or, encourage them to join the organization. We can also add the names and email addresses of student nurses that attend our Graduating Student Conference and encourage them to join NHNA when they are credentialed later in the year.

Reinventing the NHNA website is a dream come true, but it could not have been accomplished without the help of several others. Eileen Rodgers, the Membership and Communications Specialist with the Northeast Multi-state Division, was a valuable partner in this enterprise, as was Dan Cohen from Nursing Network. Carlene Ferrier, NHNA President, was a big help in going through every webpage and clicking on every link to test the website before launch. She also provided some insightful suggestions for improving the layout of some pages.

Now it’s on to my next member communication goal, bi-monthly electronic flash to consolidate communications to membership. The new website platform fully supports this from a technology standpoint. Test it out and send me a message! We’d love to hear your impression of this new benefit!

Joan Widmer
Littleton Regional Healthcare celebrated Nurses Week with an incredible display of local student artistry. Kindergarten through Grade 6 artists from Bethlehem Elementary, Lafayette Regional, Lakeway Elementary, the Landaff Blue School, Lisbon Regional and Whitefield Elementary, were asked to create a poster with the theme “How Do Nurses Help the People in Our Community Stay Healthy and Happy?” The hallways at Littleton Regional Healthcare were full of creative posters made by 269 of these area students. Three students from each school will be awarded with ribbons for their exceptional work. Koren Superchi, RNC-OB, MSN, Vice President of Patient Care Services at LRH notes, “Nurses and staff at LRH look forward to the posters each and every year. This contest is very important to everyone at Littleton Regional, particularly the nursing staff, as it encourages young students in the area to think about nursing as a career choice when they grow up.”

Portsmouth Regional Hospital announced its first Daisy Award winner during National Nurses’ Week – Breast Cancer Nurse Navigator Cynthia Cote, BS, APRN. Cynthia was nominated by a very grateful patient and her nomination was supported by her nursing peers. In Cynthia’s role as breast cancer nurse navigator, she uses her clinical nursing expertise to guide patients, families and their caregivers to informed decision-making and supportive care across the cancer continuum.

The Foundation for Healthy Communities announced that Isaac Hirschfeld, RN, Elliot Health System, as the 2018 recipient of the Clint M. Jones Nursing Award. Elliot Health System set two records with the Clint Jones Nursing Award Program this year, as this is first time the program has had a male recipient and the third year in a row that a nurse from Elliot Health System has received this prestigious award. The award recognizes a registered nurse practicing in New Hampshire for at least one year but not more than six years, who exemplifies quality, compassionate nursing care and demonstrates a commitment to a career in nursing. Hirschfeld, a resident of Allenstown and a graduate of the University of New Hampshire, received the annual award in front of his peers and family during a special Nurses Week.

Hirschfeld joined the staff at Elliot Hospital in 2013 and currently serves on the hospital’s Fitch Unit working with patients and their families. He won Novice Nurse of the Year in his first year with Elliot for his leadership, professionalism and dedication to improving the quality and delivery of patient care. In nominating Hirschfeld for the award, Sharon Kostansek, RN, Clinical Nurse Manager, cited his exemplary dedication as a nurse, as well as his compassion and commitment to his patients and their families. “When I think of why the Clint Jones Nursing Award was developed, I think of Isaac’s extraordinary enthusiasm and commitment to our patients and the Elliot family,” stated Kostansek. “Isaac is an exemplary nurse who continues to give and go above and beyond for his patients and his colleagues, and we couldn’t be more grateful to have him at our patients’ bedside.”

The Clint Jones Nursing Award was created in 2006 by the Foundation for Healthy Communities to honor the memory of the former director of the Foundation’s N.H. Nursing Workforce Partnership. Between November 2002 and February 2005, the N.H. Nursing Workforce Partnership, under the direction of Clint Jones, distributed millions of dollars in forgivable loans to hundreds of aspiring nurses in college and practicing nurses who received specialty training or advanced degrees. As they have every year, Clint’s family, represented by his wife, Leslie and son, Matt, attended the ceremony held at Elliot Hospital to present the award to Hirschfeld. “It’s always humbling to recognize nurses throughout the state for their commitment to delivering compassionate care to those when they need it most,” stated Clint Jones’ son, Matt Jones. “We congratulate Isaac on receiving this award, but more importantly we thank him for his tireless commitment to his patients and their families.”
Two NHNA members are currently serving on American Nurses Association Committees.

In September of 2017, Sherrie Palmieri, Dean of Faculty Center for Faculty Excellence at Chamberlain University and a member of NHNA’s Commission on Government Affairs, was nominated by the NHNA Board of Directors and appointed as an alternate to the ANA Professional Policy Committee. Dr. Palmieri’s prior experience in working on an ANA national committee and co-author and subject matter expert for ANA’s Nursing Knowledge Center’s Gerontological Nurse Certification Review Course provided support for her appointment.

The Professional Policy Committee is a standing committee of the Membership Assembly, ANA’s governing body. One of the key responsibilities of the Membership Assembly is to determine policy and positions for the Association. The Professional Policy Committee, formerly the Reference Committee, supports the development of professional policy by disseminating a Call for Policy Proposals to all ANA members. The input from the Call informs the professional policy issues discussed at the annual Membership Assembly meeting. Professional policies are also developed via Professional Issues Panels and the ANA Board of Directors.

In April of 2018, Pam DiNapoli was appointed to the Advisory Committee of the #EndNurseAbuse Professional Issues Panel. Dr. DiNapoli is an Associate Professor of Nursing at the University of New Hampshire, the Coordinator Evidence Based Practice, Research and Quality at Catholic Medical Center and Chair of NHNA’s Commission on Government Affairs. She has extensive experience serving on statewide committees and panels.

The work of the Professional Issues Panel began May 2018 and lasts approximately six months. Advisory Committee members will provide feedback, additional information and advice to ANA and the Steering Committee regarding the direction of the policy development through virtual dialogue and research via an online platform.
New Hampshire Nurses Association Position on the Requirement of Bachelor’s Degree in Nursing (BSN) for Continued Practice

Adopted: April 12, 2018

The New Hampshire Nurses Association recognizes that the nurse of the future is the Baccalaureate Nurse. It is the position of the New Hampshire Nurses Association that there will be a voluntary commitment to advancement of nursing education beyond the Associate Degree in Nursing, and that this commitment is a means to ensure quality patient outcomes. The choice to pursue continued education should be supported and encouraged by educators of the nursing profession. It is recommended that newly licensed nurses set a goal of a Bachelor’s Degree in nursing within ten years of licensure.

NHNA has taken this position in recognition of statements of the stances of national professional nursing organizations. In 2008 the ANA House of Delegates resolved, “that the American Nurses Association support initiatives to require registered nurses (RNs) to obtain a baccalaureate degree in nursing within ten years after initial licensure, exempting (grand parenting) those individuals who are licensed or enrolled as a student in a nursing program at the time legislation is enacted; and be it further resolved, that the American Nurses Association advocates for and promotes legislative and educational activities that support advanced education in nursing” (O’Brien & Gural, 2008). This declaration is consistent with the more recent May 2010 position of the Tri-Council for Nursing - a long-standing collaboration between the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives and National League for Nursing (Educational Advancement, 2018).

In this consensus position “The Tri-Council organizations agree that a more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care.” Finally this initiative is in alignment with specialty nurses associations such as the National Association of School Nurses. NHNA encourages a collaborative, voluntary effort among key stake-holders with the goal of providing quality nursing care to the citizens of New Hampshire.

The position is based on the following:

- It encourages a culture of excellence in which nurses seek continued education with the support of employers and educators.
- It recognizes the need for excellence in the ever changing health care environment necessitates strengthening RN leadership and inter-disciplinary collaborative competencies through lifelong learning.
- Research has demonstrated that educational advancement improves patient outcomes through the use of evidence based practice and critical thinking. Educational advancement supports a culture of professional credibility and interpersonal respect from health care professionals who already recognized the value of advanced education.

It will take a commitment by RNs, educators and employers for educational advancement to become a reality. Continuing clear and consistent communication regarding the value of baccalaureate level education in the associate degree academic setting is key to achieving national ethic of lifelong learning. Each practice setting will be challenged with mapping strategies designed to create and sustain an environment in which RN educational advancement is valued and rewarded. Furthermore, to support this transition, there must be ongoing academic and clinical partnerships that seek solutions to the problem of potential barriers to furthering one’s education.

Concern that legislation or regulation of advancement in nursing education will contribute to the nursing shortage or strain existing BS programs is without merit. Over 90% of RNs work full-time, and 65% of New Hampshire respondents are employed (NHAC, 2017) with RN vacancy rates reported at less than 5.7% by the New Hampshire Hospital Association.

In 2015, 60.4% of New Hampshire RN respondents reported having a baccalaureate or higher degree, seeking to better prepare nurses to provide seamless access to advanced education. Furthermore, we look for employers to find creative solutions that afford nurses within practice settings the opportunity to achieve the goal of advanced education in nursing.


References

IN MY OPINION

What Was She Thinking?

In the next three months over 500 new nurse graduates will experience the anxiety, stress, fear, sweaty palms and palpitations induced by sitting for the NCLEX in order to obtain a nursing license. Hopefully they have learned that the license is their passport to a career that is abundant in opportunities and career choices. A license that should be protected at all times with careful practices and adherence to standards of care. A license that is a privilege, granted by the state who is charged with guarding the health of their citizens. Along with a license comes the privilege of proclaiming yourself a nurse, a protected title. When you proclaim yourself a nurse, and are hired to practice as a nurse, there are expectations. Expectations that you will act as a professional and uphold the Code of Ethics.

So, I find it incredulous that Lakes Region General Hospital hired Patricia Strohla, of Brownville, Vermont, in November 2016. Strohla came to Laconia from Mount Ascutney Hospital and Health Center in Vermont, where she spent many years working with Kevin Donovan, who was appointed president and Chief operating officer of LRGH earlier in 2016. At Mount Ascutney, she held non-nursing positions, including director of clinical transformation within the department of quality and directly supervised the information technology team. According to New Hampshire Senior Assistant Attorney General James Bolletti she did not hold a nursing license in Vermont, and a previous license in Maine expired in 2005.

A June 2017 citation from the Centers for Medicare and Medicaid Services stated that LRGH hired Strohla knowing that she did not hold the required nursing license. New Hampshire Attorney General Gordon MacDonald noted that LRGH identified Strohla as a registered nurse on its website and on her employee badge. Strohla also identified herself as a registered nurse in documents she signed as the chief of nursing. The NH Attorney General alleged that LRGH improperly modified Strohla’s job description to allow her a one-year grace period to obtain her license. Following the CMS citation in August 2017, Strohla was reassigned to serve as interim vice president of operations. She left LRGH in January, 2018.

Though the State alleged that both Strohla and LRGH participated in unfair or deceptive business practices in violation of the Consumer Protection Act, both parties denied the allegations. In reaching an agreement LRGH agreed not to employ anyone as CNO unless that person possesses an active New Hampshire nursing license or is otherwise qualified to hold that position under applicable laws and verify that all of its employees who are engaged in the practice of nursing have an active New Hampshire nursing license. LRGH is required to pay $40,000 to the State in the settlement. Strohla agreed that she will not seek licensure in any form from the New Hampshire Board of Nursing for two years and will pay $1,500 to the State.

I wondered to myself: What was she thinking? Over 10 years without a nursing license, and still calling yourself a nurse? Over 10 years without a nursing license and thinking you could get a new license in a year? Over 10 years without a nursing license and no one else cared to ask or question? When I first heard of this story, I felt saddened, dismayed, and disappointed. Imposters and frauds don’t belong in nursing when we are considered the most “trusted” profession. I hope Strohla finds another job, more fitting.

But mostly, my sympathy goes out to the trusting nurses of LRGH. In my opinion they deserved a better leader. Their new CNO has a mighty challenge.

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The following practice inquiries were answered by the New Hampshire Board of Nursing during the first quarter of 2018.

**Question:** Can LNA's provide colostomy care to a stable client in long term care, home or residential facilities?

**BON:** It is within the scope of LNA practice to provide colostomy care to a stable client in LTC, home and residential facilities if the LNA is trained and exhibits competence.

**Question:** Is it within the scope of LPN practice to perform the tasks related to the care the Pleurex system on stable clients that do not need a comprehensive assessment of their health status?

**BON:** With appropriate training and competency, providing care for clients requiring Pleurex intervention is within the scope as long as the client is stable and does not require a comprehensive health assessment.

**Question:** Are the following procedures within the scope of practice for an LNA working in the Emergency Department?

1. Hold for Lumbar puncture, if so what age group?

   **BON:** Holding a client for a lumbar puncture would be a task not a skill, and that with training an LNA could perform this task. Ages of clients would not affect the ability of the LNA to assist with holding a client as directed. An institutional policy should be in place.

2. Obtain oral, axillary and rectal temperatures.

   **BON:** These tasks are taught in LNA programs.

3. Perform a Breathalyzer test.

   **BON:** LNAs can be trained to perform Breathalyzer with appropriate training and institutional policy guidelines.

**Question:** With a provider order, is it within RN/LPN scope of practice to mix/draw up lidocaine, demerol/picoline or Marcaine for intra articular injection used by the provider?

**BON:** It is within scope of RN/LPN to mix and draw medications, with a provider order and advices the following situations for use:

- During an emergency situation in an operating room or treatment room, a nurse working in the same room, at the same time, attending the same patient may collaboratively prepare an injection for immediate patient administration.
- Communication between the provider and nurse should occur regarding validation of the integrity of the medication, and dosing as indicated by the medication order. Documentation should be completed in accordance with organizational policies.

**Question:** With a provider order, is it within the scope of practice of an RN/LPN to apply fluoride varnish to the teeth of a pediatric patient as part of the primary care office visit?

**BON:** It is within scope of RN/LPN to apply fluoride varnish to teeth with a provider order and appropriate training and competency.

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**Theresa L. Champagne, RN, DNP, CNOR has been appointed Chief Nursing Officer at Lakes Region Hospital. Champagne will replace Kendra Peaslee, RN who has been serving as the Interim Chief Nursing Officer. Champagne was formerly the Associate Chief Nursing Officer of Surgical Services for Vassar Brothers Medical Center-Doughipseekspee, New York. She holds a Bachelor of Science in Nursing from St. Anselm’s, a Master of Science in Nursing with focus as a Clinical Nurse Specialist from Western Connecticut State University and a Doctor of Nursing Practice from Oakland University, Rochester, Michigan. Prior to her role at Vassar Brothers Medical Center, she spent four years as the Director of Peripheral Services at Western Connecticut Health Network in Danbury, Connecticut. Champagne also spent 28 years at Danbury Hospital in Danbury, Connecticut serving in several nursing roles.**

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**Jean Coffey, RN, PhD, PNP has assumed the Director of the Nursing program at Plymouth State College replacing retiring Director Dr. Kathleen J. Patenaude. Coffey holds a ASN from the University of Vermont, a BSN from Norwich University, MS in Community Health Nursing from the University of Vermont and PhD in Nursing from the University of Connecticut. Her teaching, research and clinical work focuses on children and families’ health care needs. She has worked as a clinical instructor and assistant professor in undergraduate and graduate nursing and programs at several universities throughout the northeast. For the past 3 years she has been the Director of Research and Education at Dartmouth Hitchcock Medical Center.**

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**NURSES ON THE MOVE**

Susan Fetzerr

Jean Coffey

Theresa L. Champagne

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**Board of NURSING News**

NursingALD.com can point you right to that perfect NURSING JOB!
95 senior nursing majors received their Saint Anselm College nurse’s pin at the annual pinning ceremony April 25 in the Abbey Church.

Dr. Pam Kallmerten and Dr. Patti Picelli were recently promoted to clinical associate professors at the University of New Hampshire.

All 12 of Colby-Sawyer’s first cohort of Master of Science in Nursing (M.S.N.) students passed the Clinical Nurse Leader (CNL) certification exam on their first attempt. Colby-Sawyer launched the 37-credit graduate program in fall 2016. The first class are employed at Dartmouth-Hitchcock Medical Center (DHMC).

Dr. Pam Kallmerten and Dr. Patti Picelli were recently promoted to clinical associate professors at the University of New Hampshire.

The University of New Hampshire graduated five new Doctors of Nursing Practice (DNP) at the May 18 Commencement.

(L-R) Drs. Emily Jenkins Bombard, Kimberly Gibbons, Amanda-Jon Garcia, Sarah Wahl and Marcy Doyle.

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.

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WELCOME NEW and RETURNING NHNA MEMBERS!

What do these 64 nurses know that you don’t? If you are not a member ask someone on this list why they joined!

Go to nhnurses.org where joining is easy and one of the best professional values for your money! We want to see your name here in the next issue of the NH Nursing NEWS!

Alton, NH
Amy Tremblay

Barnstead, NH
Ramona McConville

Bedford, NH
Annie Gallecia

Bennington, NH
Lisa Foon-Levyle

Bethlehem, NH
Kristianne Pinard

Bow, NH
Laura Dewsar

Bristol, NH
Patricia Ferreault

Brookline, NH
Jennifer Alexander
Kristyn Ferrelli

Center Barnstead, NH
Rosemary Costanzo

Deerfield, NH
Jennette Wollgram

Dover, NH
Delores Richardson

Durham, NH
Katherine Meredith
Tamer Osman

Exeter, NH
Nicole Lincoln

Goffstown, NH
Jennifer Jude

Gorham, NH
Carolyn Dono-Wood

Hancock, NH
Anne Patrice

Hanover, NH
Nina Lloyd

Harrisville, NH
Melody Moschon

Holland, NH
Kim Johnstone
Kerrin Reynolds

Holli, NH
Patricia Lazare

Hooksett, NH
Michelle Smith

Hopkinton, NH
Patricia Fuller

Hudson, NH
Julie Wood

Laconia, NH
Kaitlynn Liset

Lebanon, NH
Amanda St. Ivary
Roxanne Taylor

Lee, NH
Alana Patterson

Litchfield, NH
Mary Geist
L. Pacheco

London, NH
Marilyn Daley
Cara Hartigan
Megan Whitenack

Lyman, NH
Mary VanAlytne

Manchester, NH
Della Considine
Catherine Cucetti
Emily Harris
Erin Maguire

Mary Petty
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Arlene Halsted

Tilton, NH
Alicia Nork

Weare, NH
Rosanna Dina
Katelyn Jerry

Wilton, NH
Virginia Tuttle


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American Academy of Ambulatory Care Nursing in New Hampshire

On March 24, 2018 approximately 140 ambulatory care nurses gathered at the Puritan Back Room for the First Annual Ambulatory Care Conference. Dartmouth-Hitchcock sponsored this event, which was opened by Joni Spring, Director of Outpatient Nursing & The Jack Byrne Center for Palliative and Hospice Care at Dartmouth-Hitchcock Medical Center. Spring introduced the keynote speaker, Susan Paschke, a member of the Faculty at Kent State University in Ohio and past President of the AAACN. Ms. Paschke spoke about advancement of the ambulatory care nurses role over the past few decades.

The American Academy of Ambulatory Nursing Administration was founded in 1978 as a not for profit, educational forum. In 1993, the organization changed its name to the American Academy of Ambulatory Care Nursing (AAACN). Membership was expanded to include nurses in clinical practice, education, and research roles as well as those in management and administration. AAACN is the only specialty nursing association that focuses on excellence in ambulatory care; however, it is not yet a specialty nursing association that focuses on the art and science of ambulatory care nursing. In 2017 the AAACN published its first-ever position statement regarding the role of the registered nurse in ambulatory care (AAACN, 2017).

After Ms. Paschke’s opening remarks, the nurses broke into facilitated focus groups to discuss topics of interest for ambulatory nurses, including topics such as onboarding, orientation, care coordination, caring for the patient in the ambulatory setting, and professional development of the ambulatory nurse. The program then moved from discussion to actions with the development of ambulatory special interest groups, led under the direction of Ms. Paschke.

Finally, Cynthia O’Donnell, Clinical Nurse Supervisor, Pediatric Gastroenterology with Dartmouth-Hitchcock, moderated a panel to discuss the Opioid Crisis and the Rise in NH Grand families and the unique challenges and health implications that every nurse should know.

Reference:
The New Hampshire Nurses Association’s (NHNA) Commission on Nursing Practice (CNP) and co-host Southern New Hampshire University (SNHU) conducted another successful Student Nurse Conference on March 27th, 170 students from the University of New Hampshire, Colby-Sawyer College, Rivier University, Nashua Community College, New Hampshire Technical Institute, Manchester Community College, Plymouth State University, St. Anselm College, St. Joseph School of Nursing, and White Mountain Community College attended this year’s 4th Annual NHNA Graduating Student Conference. The day was jammed packed with several guest speakers covering a variety of topics which focused on The Nursing Workforce, Nursing Career Paths & Education, Protecting Your License, Role of Professional Organizations & Advocacy, Surviving and Thriving your Job Search, and NCLEX Prep for Success. Additionally, the conference offered open panel discussions with representation from specialty Registered Nurses and New Graduate Nurses. There were 24 exhibitors and sponsors present, which gave the students an opportunity to learn more about each of their organizations. Exhibitors included: URGH, Hurst Communications, Rivier University, St. Anselm College, Granite State College, RiverWoods, NH Hospital, Bedford Nursing & Rehabilitation Center, Visiting Nurse Association Health Systems of Northern New England, Concord Hospital, Dartmouth-Hitchcock, Eastern Maine Health Systems, Brattleboro Retreat, Speare Memorial Hospital, Navy Recruiting of New England, and Saint Joseph Hospital.

The NHNA and SNHU would like to recognize the event Gold Sponsors: Elliot Health Systems, Southern New Hampshire Health Systems, Catholic Medical Center, North Country Healthcare, Nurses Service Organization (NSO), and the Silver Sponsors: Cheshire Medical Center and the University of Rhode Island for their support in sponsoring this annual event.

Topping off the packed conference day the NHNA CNP honored two student nurses that demonstrated all the finest nursing qualities: caring, professionalism, advocacy, leadership, and involvement. This year the competition was fierce. The first runner-up was awarded to Meghan Livingston, a senior in the nursing program at Plymouth State University. The Student Nurse of the Year was awarded to Hannah Glover, a senior nursing student at Saint Anselm College. Congratulations to the recipients and nominees of this prestigious recognition.

This year the conference delivered high-quality content which educated students about the current New Hampshire healthcare issues, along with providing helpful tips to prepare for their transition into nursing. Feedback from the attendees and exhibitors was that the conference was an invaluable experience. The CNP looks forward to planning next year’s student nurse conference and supporting the ongoing efforts of the NHNA in advancing nursing practice.

The presentation I found most helpful at the NHNA conference was the Registered Nurse panel comprised of a nurse who is in the United States Navy Reserves, a Public Health Nurse, a Post Anesthesia Care Unit Nurse, an RN in long-term care, and a 2014 graduate working as an RN at the New Hampshire Correctional Facility for Women. The nurse in the Navy detailed how her job allows her to work in the art and science of nursing while serving the country at the same time, no matter what country she goes to. She spoke of balancing work life with family life and the challenge that poses. The public health nurse said she never thought of being a public health nurse, and frankly did not know much about public nursing before working for the state. It took her about a year to get “up to speed” on infectious diseases and she is now an advocate for laws and policies in New Hampshire. She stated that politics are often the hardest part of public health nursing, and there isn’t always a change in legislature until the public health issue directly affects one of the politicians’ homes.

The PACU nurse explained that she wears a “dual hat” as she is an actively practicing RN, and a professor. As a professor she has been collecting data on the performance of nursing students in hopes of identifying how curriculum can be improved. She recommended keeping one foot in the door at the hospital and working per diem when pursuing a career outside of direct care. The long-term care nurse began at Concord Hospital’s diploma school of nursing and had the opportunity to open a cardiac specific floor after graduating. After 10 years of practice she decided she wanted a family and children and moved into family practice. From there she moved to long-term care and has been there for 20 years. She spoke of the stigma that long-term care holds, specifically nursing homes, and how the growing over 65 year old population will make long-term care increasingly important in upcoming years. The final nurse on the panel, a 2014 graduate working at the department of corrections, spoke of how she always thought she would end up in the hospital, however the opportunity at the correctional facility presented itself and she loves her job. She detailed the importance of a team approach with security, working to develop a safe yet therapeutic environment, a balance that is often hard to create in this setting.

The takeaway I had from this panel was that there is such a wide variety of opportunity to pursue with this degree. Similar to the nurse working in the department of corrections, I have always thought of beginning my career in the hospital on a medical-surgical floor, however, I have recently become open to the idea of starting my career path in a different care setting. Each member of the panel holds different experiences and has taken a different path to the position they currently hold. This illustrates how I could end up in a completely different care setting than that I begin with. I found the NHNA conference beneficial. It was a great opportunity to hear advice and experiences from other nurses and to network with numerous New Hampshire hospitals.

— Cameron Patridge, Conference Attendee, BSN, 2018
2018 Student Nurse of the Year Award

This year, the Commission on Nursing Practice is pleased to honor Hannah Glover, a senior nursing student at Saint Anselm College, as recipient of the “Student Nurse of the Year” award.

Hannah is described as being inspirational demonstrating unparalled compassion and academic ambition, while exuding grace and fortitude to both her peers and patients. Hannah demonstrates the five key attributes that this award symbolizes: caring, professionalism, advocacy, leadership and involvement.

This past summer Hannah was working as a home healthcare aide. Hannah went above and beyond to advocate for her homebound immunocompromised patient who desired an outdoor shopping trip. Knowing that her patient could not leave the house, Hannah went above and beyond reaching out to the agency and a local boutique arranging a home shopping day. Hannah was also selected by her faculty to participate in a summer preceptorship at Tufts Medical Center on a cardiomyopathy unit.

Hannah Glover, Saint Anselm College, accepting Student Nurse of the Year Award from Jennifer Johnson, Chair of NHNA’s Commission on Nursing Practice.

The First runner-up is conferred to Meghan Livingston, a senior in the nursing program at Plymouth State University. Meghan was described as an exemplary student at Plymouth State University and a leader among her peers. She is a great advocate for the vulnerable and underserved mental health and substance abuse populations. A major interest of hers is patients with eating disorders. She took a graduate level course in this subject in order to better care for these special people.

During her time at Plymouth State University, Meghan also served current and future students by working in the office of Academic Affairs. In addition to her rigorous undergraduate coursework, her job and her extracurricular sports activities, Meghan was described as a generous volunteer. She has been an active member of the Student Nurses Association. She performed public mental health screenings and was involved in numerous public service projects with her church. She is driven by a desire to serve.

In recognition of her work, Meghan is being awarded with a one year membership to the NHNA. Congratulations Meghan.

United States Senate
March 27, 2018

Dear Friends,

I regret that I cannot be with you, but I would like to welcome all of you to the New Hampshire Nurses Association Graduating Student Conference and Career Fair, and to congratulate all of the nursing students here today on your upcoming graduation.

Nurses are critical to the health and well-being of our people and are vital components of our health care industry. You have all worked hard to develop the skills that will help Granite Staters achieve better health, and I commend you all for your commitment to their well-being. As the national health care workforce shortage continues to threaten our ability to meet the health care needs of our citizens, your commitment to a career in nursing is even more critical, helping to make a real difference in the lives of countless Granite Staters and for the future of our state.

I want to thank the New Hampshire Nurses Association for organizing today’s conference and your year-round support of nursing professionals across our state. By working to strengthen the nursing profession in New Hampshire, your efforts go a long way toward ensuring that we have the nurses – and that our nurses have the resources – needed to ensure that we can maintain a healthy and productive citizenry and workforce that is necessary to a thriving economy and democracy.

Once again, congratulations to all the nursing students here today on your upcoming graduation, and thank you for your dedication to the health of your fellow citizens and our state’s future success. I look forward to working with you to support your hard work and help build and sustain a strong, healthy New Hampshire.

With every good wish,

Margaret Wood Hassan
United States Senator
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. When developing the plan of care for a multigravida client with class III Heart Disease which of the following areas should the nurse expect to assess for frequently?
   a. Fluid volume status
   b. Nausea and vomiting
   c. Iron-deficiency anemia
   d. Tachycardia

2. After a bilateral adrenalectomy for Cushing’s disease, the client will receive periodic testosterone injections. The expected outcome of this therapy is:
   a. Balanced reproductive cycle
   b. Restored sodium/potassium balance
   c. Stimulated protein metabolism
   d. Stabilized mood swings.

3. Which assessment findings should lead the nurse to suspect that a toddler is experiencing respiratory distress? (Select all that apply)
   a. RR = 35 bpm
   b. HR = 95 bpm
   c. Restlessness
   d. Malaise
   e. Diaphoresis

4. Which of the following physiologic responses should the nurse expect as unlikely to occur when a client is angry?
   a. Increased respiratory rate
   b. Decreased blood pressure
   c. Increased muscle tension
   d. Decreased peristalsis

5. The nurse is caring for a client with a spinal cord injury. The client is experiencing blurred vision and has a blood pressure of 204/102. What should the nurse do first?
   a. Position the client on the left side
   b. Control the environment by turning the lights off to decrease stimulation
   c. Check the client's bladder for distention
   d. Administer blood pressure medication

Rebeca Roma, RN, BSN, recently returned to her position at Catholic Medical Center after working aboard the floating hospital Africa Mercy, off Africa’s coast with an all-volunteer medical staff for two months. Roma’s unit treated facial abnormalities. “Some patients, it was just one little tear. Other patients, it was shouting for joy and lifting their hands in the air and shouting and praising God,” Roma said. Roma used vacation days and took a leave of absence from her job to make the trip. “It was a life-changing experience. I think I saw and witnessed what true suffering is and also what true joy is,” Roma said.

New Hampshire Workforce Numbers

1,728 PROJECTED NEW JOB OPENINGS BY 2024
9.3% % JOB GROWTH
1,921 OVERALL PROJECTED GAP

The future composition of New Hampshire’s healthcare workforce depends on what’s happening in Boston to the south. The largest increases in demand for healthcare labor across Greater Boston are expected not in Boston itself but in surrounding communities—especially New Hampshire where the current supply of some critical occupations is especially low. This not only places supply pressures on healthcare talent in the southern part of the state; it also creates challenges for north New Hampshire as well. Filling critical roles in more remote parts of the state is a challenge, and this is unlikely to change in the near term. The opioid epidemic is also a major concern in New Hampshire, and while it’s difficult to project the direct impacts of this epidemic on future healthcare labor demand it’s very likely that healthcare systems will need to change their workforce to address this crisis.
Source: https://mercer.healthcare-workforce.us/

White River Junction, VT VA Medical Center is seeking experienced Nurses for the following clinical areas:

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A Nurse’s Role in the Legislative Process

The motion on the table was that HB 1822 ought to pass, as moved by Senator Martha Hennessy and seconded by Senator Kevin Kavard. The Bill: An ACT making hormonal contraceptives available directly from pharmacists by means of a standing order protocol in the dispensing of hormonal contraceptives. The evidence was reviewed, options explored and deliberations were lengthy. A final report was submitted to the Governor, House and Senate Leadership on December 1, 2017. This report, and the recommendations contained in the report had received the unanimous approval of the 19 members of the Commission. The outcome of the work was House Bill 1822. In addition, a companion Senate Bill, 421, (An ACT relative to insurance coverage for prescription contraceptives) was also unanimously endorsed.

“The commission was diligent in its work; the evidence was reviewed, options explored and deliberations were lengthy. A final report was submitted to the Governor, House and Senate Leadership on December 1, 2017. This report, and the recommendations contained in the report had received the unanimous approval of the 19 members of the Commission. The outcome of the work was House Bill 1822. In addition, a companion Senate Bill, 421, (An ACT relative to insurance coverage for prescription contraceptives) was also unanimously endorsed.

The executive leadership of New Hampshire Nurses Association is here to provide guidance and support throughout the process. If you want to get involved, we want you. Your knowledge and expertise is highly valued. The legislators benefit and are informed because of your professional involvement. The citizens of New Hampshire are well served by your expertise.

Sara Kellogg Meade, MS, RN was NHNA’s designated lobbyist and provided guidance and insight. She then presented concise testimony of how nurses bring to the table and worked through a myriad of issues success fully. The roll call vote at the end of our work, 17-0 with three people absent, was a true testament to the hard work and diligence that exemplified this commission. There was always a common thought of wanting to bring about good legislation that would respond to the needs of the patients and constituents while not trampling on the responsibilities of all of the providers. As the Chair of this Commission, it was my sincere honor and pleasure to work with each and every member and to bring about a Bill that truly supports a woman’s right to have easier access to hormonal contraceptives.” (Personal communication, Rep. Mariellen MacKay, May 1, 2018).

Since the conclusion of the Commission, some members have worked over the past few months to secure the passage of these bills, providing testimony at numerous public hearings and answering legislators’ questions.

Sara Kellogg Meade, MS, RN was NHNA’s designated appointee to the original Commission in 2017. Sara is a member of New Hampshire Nurses Association (NHNA) and a participant on NHNA’s Commission of Government Affairs as a representative of AWHONN (Association of Women’s Health, Obstetric and Neonatal Nurses).

Sara has testified before the House Committee on Health, Human Services and Elder Affairs and the Committee on Commerce and Consumer Affairs, as well as the Senate’s Committee on Commerce and most recently, the Senate Committee on Health and Human Services. In planning for each testimony, she drafted a concise statement of “My dad taught me how to pack.” Gary M. Kramer of filmint. nu writes that this slight entry is the most melancholy. This nominee uses stop motion and showcases some nifty visual motifs- a road becomes a zipper, signaling a memory or wave of clothes “wash” up and across a floor as a son recalls the bond he had packing suitcases with and for his father. Tom Long of the Detroit News aptly describes it as a film with an underlying sadness balanced by a faith in order. Although the end is obvious, the short is quite touching.

Revolving Rhymes, was the longest of the nominees lasting 30 minutes. Gary Kramer accurately describes it as a revenge filled tale that interweaves Roald Dahl’s retelling of classic fairy tales with playful twists and surprising endings. A wolf recounts the ill-fated encounters of his two nephews each had when they met Red Riding Hood, Snow White, Grandma, seven jockeys (dwarfs!), a wicked queen and a magic mirror among other fairy tale favorites figure prominently in the story. The longer short is witty and clever, meant to amuse both children and adults. Alas, I was not amused so much as disturbed by the dark ending.

In case you are wondering, the winner for the Oscar for Best Animated Shorts was Dear Basketball. A good choice but Negative Space won my vote for best short.

Anita Pavlidis, RN MSN was the former Director of Nursing at the NHTI, Concord’s Community College and Program Specialist at the New Hampshire Board of Nursing.
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 career. Sharing the names and information about these nurses is one way we honor their contribution to the profession. Brief submissions are welcome.

**LPN**

Maureen “Moe” Angelini, 69, died unexpectedly on February 12, 2018. She graduated from Saint Anselm College in 1970 with a degree in nursing. In 1973, she graduated from Johns Hopkins University with a Master of Public Health in Maternal and Child Health and MedSiview. She practiced women’s health and midwifery for 10 years in a variety of settings, from hospitals to universities, until obtaining a Master’s in Nursing with a concentration in pediatrics in 1987 from Yale University. Thereafter, she practiced nursing as a pediatric nurse practitioner, an adolescent health consultant for the State of New Hampshire, and as an ER nurse. She retired from practice in 2015.

1953 Grad

Geraldine (Gerry N. (Hayward) Jeffery, 86, passed away February 13, 2018. A 1953 graduate of the former Elliot Community Hospital School of Nursing in Keene, she also attended Keene State College and the University of Vermont. She practiced for over 37 years, in the Portsmouth, Claremont, Concord and Keene Hospitals, in the doctor’s offices in Peterborough, and also as a private duty nurse in many family homes. She also volunteered with the American Red Cross blood drives for many years in both Concord and Keene. She was a charter member of the American Holistic Nurses Association.

**LPN**

Judith Ann (Golden) Lastowka, 73, passed away February 19, 2018. She graduated as an LPN from Moore Hospital in Goffstown and worked at Southern New Hampshire Medical Center.

**Twin**

Pauline (Polly) (Healy) Swenson, 91, died February 22, 2018. She graduated from Mount Saint Mary’s Nursing School with her twin, Patricia (Patsy) Presson. As a nurse, Polly practiced with Concord physicians and later at Pleasant View Retirement Center and the Centennial Home.

School Nurse

Ruth I. Lemar, 83, died February 23, 2018. She was a diploma graduate of the Elliot Hospital School of Nursing before beginning a long nursing career.

**Elliot Grad**

Doreen Rose (Cusson) Dickner, 75, passed away on February 25, 2018, after a sudden illness. A Berlin native she was a 1963 graduate of the Notre Dame School of Nursing in Manchester. Her nursing career included Lakes Region General Hospital St. Paul’s School infirmary, where she practiced for over 25 years.

Gero Nurse

Elizabeth May (Johnson) Reuter, 88, passed away March 13, 2018. After obtaining her nursing degree she practiced at Carroll County nursing home until she retired.

Life-Long Learner

Sally T. (Thompson) Trombly, 78, passed away March 11, 2018. Sally obtained her nursing diploma from the Mary Hitchcock Hospital SON and after her children had grown, she furthered her education at Keene State College and received her Bachelor’s. She continued her studies at UMass Amherst, receiving a Masters in Public Health. Sally completed her studies at Suffolk University in 1990 with a Degree in Law. Before her retirement in 2011, she had held the position of Director of Risk Management at Dartmouth Hitchcock Medical Center in Lebanon. She was involved with the American Society for Healthcare Risk Management and the Anesthesia Patient Safety Foundation, publishing articles and reviewing grant requests.

**APRN**

Cheryl Ann (Gloddy) Gagnon, 52, passed away March 8, 2018, following a brief illness. Cheryl earned her RN from NHTI in Concord, and went on to earn a Master’s degree from St. Joseph College in Maine as a Nurse Practitioner. Cheryl compassionately cared for patients throughout her nursing career at both Concord Hospital and the Kidney Center.

A PRN

Constance M. (Largay) Bourgault, 80, died March 8, 2018. Her career spanned nearly 60 years when she retired from Ridgewood Center in Bedford.

**Concord Hospital Nurse**

Nathalie “Nat” (LaCross) Morin, of Concord, passed away March 9, 2018, two days from her 92th birthday. Receiving her nursing diploma in 1947 she practiced at Concord Hospital for over 30 years until she retired in 1988.

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**LT Care Administrator**

Christine Sylvia (Vonberger) Arata, 54, died March 18, 2018 after a long battle with Multiple Sclerosis. She attended the University of New Hampshire where she received her Bachelor of Science degree in nursing, graduating Summa Cum Laude. She practiced at Exeter Hospital for a short period of time and then in administration at the Rockingham County Nursing Home in Brentwood for many years, where her kind and fun personality was a big hit with the residents.

**Mary Hitchcock Grad**

Lucy “Jody” (Killary) Dupont, 90, passed away March 20, 2018. A Vermont native, she was a graduate of the Mary Hitchcock Memorial Hospital School of Nursing.

**Maternity Nurse**

Janice Marie Sjoblom, 72, died March 24, 2018 following a period of declining health related to late stage kidney failure. A diploma graduate, she practiced at Catholic Medical Center and then 25 years at Elliot Hospital Labor and Delivery before retiring in 2007. Over 40 years of nursing she cared for many mothers and babies. She mentored many nurses new to the specialty of

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Maternity nursing, leading to the saying, “What would Janice do?”

LPN

Marilyn Ann Dias, 74, passed away March 27, 2018. An LPN at the Maple Leaf Nursing Home, her passion was caring and interacting with the Alzheimer’s patients. She retired in 2015.

Sacred Heart Grad

Catherine A. Lynch (McSweenedy) Allie, 81 died March 29, 2018. She was a diploma graduate of the Sacred Heart School of Nursing in Manchester.

1948 Grad

Jacqueline “Jackie” (Garcia) Therrien, 90, passed away March 31, 2018. She obtained her nursing diploma from the Notre Dame School of Nursing in 1948. After raising a family she returned to full-time nursing in 1970. In the early 1980’s, she started in the substance-abuse field and she returned to college to complete her BS degree in 1982 from SNHU (then New Hampshire College). She continued to work at CMC on the Rush unit until she retired in 1992. After retiring from full-time work, she worked at the Bishop Peterson Residence and The Gale Home for a number of years.

Stratham Grad

Dawn Marie Delourier-Engel, 50, died April 1, 2018 following a long hard fought battle against cancer. She obtained her associate’s degree in nursing from the NHVT Stratham.

Manchester Native

Eleanor M. “Ellie” (Dwyer) Kelleher, 88, died April 2, 2018. After obtaining her nursing diploma she practiced at the Sacred Heart Hospital, for the Manchester Anesthesia Professional Assistants. After McIntosh, Tracey taught at Hesser College and Great Bay Community College along with nursing. She was on the faculty of McIntosh College in Dover, NH for over a decade training LNA’s and Medical Assistants. After McIntosh, Tracey taught at Hesser College and Great Bay Community College along with supervising student clinical experiences in a variety of settings. Tracey loved her students and was proud of the many people she helped discover a career in nursing.

1956 Grad

Alyce C. (Mattson) Whitney, 82, passed away suddenly April 7, 2018. A 1956 diploma graduate her career included Elliot Memorial Hospital in Keene, NH, and the Keene Clinic.

Quality Nurse

Linda Johnson, 69, died April 9, 2018 in Florida. As a nurse she received her Masters in Healthcare Administration from UNH. She consulted nationally on healthcare issues and established the Quality and Risk Management program and department for Wentworth-Douglas Hospital.

Nurse Anesthestist

Jana Steruska-Slezak, 52, passed away April 18, 2018. Born in Bratislava, Slovakia, after obtaining her nursing license and practicing in the PACU and the ICU, she furthered her education studying at the University of New England becoming a nurse anesthetist practicing at Portsmouth Regional Hospital.

Psych Nurse and Educator

Tracey Anne (Caldwell) Bergeron, 66, died from sudden onset nonalcoholic liver disease April 20, 2018. After graduating from the Concord Hospital School of Nursing, she obtained baccalaureate degrees from Plymouth State College, Graceland College and Kaplan University in education and nursing; Master’s degrees in Education and Human Services and Holistic Theology; held Nursing Certification in Forensic Nursing, School Nursing and Behavioral Health Nursing. And completed her Doctorate in Holistic Theology in 2004. She recently celebrated 30 years of service at Portsmouth Regional Hospital, mostly in psychiatric nursing. She was on the faculty of McIntosh College in Dover, NH for over a decade training LNA’s and Medical Assistants. After McIntosh, Tracey taught at Hesser College and Great Bay Community College along with supervising student clinical experiences in a variety of settings. Tracey loved her students and was proud of the many people she helped discover a career in nursing.

Concord Hospital Grad

Theresa Yvonne (Valorose) LaRoche, 81, died April 25, 2018. She was a diploma graduate of the Concord School of Nursing and practiced in Wolfeboro and then in Laconia.

Berlin Native

Juliette (Nadeau) LaPage, 96, passed away April 25, 2018. A Berlin native she was a head nurse.

Diabetes Educator

Marjorie Jean (Cochrane) Connolly, 83 passed away April 28, 2018. In addition to a career that spanned more than forty years of nursing, Marjorie was a diabetes educator, concluding her professional career at Catholic Medical Center.

LTC Administrator

Leslie Ann (Lamphier) Fabian, 59, died April 30, 2018 following breast cancer. After earning her nursing degree she was quickly promoted to the position of Director of Nursing which she held for the length of her career at multiple local nursing homes; most recently with Rockingham County.

Cadet Nurse

Antjie (Gatzoulis) Alexiou, 92, passed away May 1, 2018 in Florida. She obtained her nursing diploma from the Hillsboro County Hospital nursing school. During World War II, she was a cadet nurse. She practiced for over 40 years at the Elliot Hospital in Manchester where she was a head nurse.

Psych Nurse

Barbara J. (LeClair) Lillios, 80, died May 3, 2018. She received her nursing diploma in 1959 from the NH Hospital School of Nursing, Barbara devoted her entire nursing career to the NH State Hospital, which spanned 37 years.

OB Nurse

Alice May (Gibbs) Head, 88, died May 5, 2018. After obtaining a nursing diploma her career included Concord Hospital and OB/OCYN Unlimited Birthing Center, which was owned by the late Dr. Gerald Hamilton and her dear friend, Christine Kuhlman.

Pedi Nurse

Sandra Joy (Wagner) Rioux, passed May 8, 2018 in Plymouth, NH. She practiced as a pediatric nurse at Eliot and Memorial Hospitals.

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IN MEMORY OF OUR COLLEAGUES

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MAKING THE MOST OF YOUR NURSES

July, August, September 2018
New Hampshire Nursing News • Page 15

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Second Annual Nursing Research Symposium

On April 6th the Second Annual Nursing Research Symposium was held at the Fireside Inn in West Lebanon, NH. Sponsored by Dartmouth-Hitchcock, this day-long event provided an opportunity for nurse researchers from around the state to network and collaborate on their research endeavors.

Susan Reeves, System Chief Nurse Executive from Dartmouth-Hitchcock Health, welcomed the fifty nurse researchers gathered. Elizabeth McGrath, a member of the planning committee for this event and a Nurse Practitioner in the Medical Oncology-Gastrointestinal Program at Dartmouth, provided some opening remarks and introduced the key note speaker, Dr. Richard Zoucha. Dr. Zoucha is the Joseph A. Lauritis, C.S.Sp. Endowed Chair for the Teaching and Technology, Professor and Chair of Advanced Role and Bridge Programs, Duquesne University in Pittsburgh, Pennsylvania. Dr. Zoucha is an internationally recognized speaker on issues related to cultural care. His research interests include understanding various phenomena related to health and well-being in the Nicaraguan, Mexican American, African American and African refugee and immigrant communities. Dr. Zoucha is a qualitative and mixed method researcher experienced in ethnography, ethno-nursing, phenomenology and participatory action research method. He discussed cultural competence and translational research at this year’s conference.

The nurse researchers then broke into work groups to discuss the different roles of the nurse researcher, the scientist, the translor, the practitioner and the leader/ decision maker. Each of these topics was facilitated by a team of three nursing researchers/educators from Plymouth State University, University of Vermont Health Network, University of New Hampshire, Norwich University, University of Vermont, St. Anselm College, Colby-Sawyer College and Dartmouth-Hitchcock Health. Between these breakout sessions, the nurses were able to view posters and have dialogue with many of the nurses that shared their research and related findings. Posters presentations included:

- Increasing Pain Reassessment Documentation Compliance on an Inpatient Labor and Delivery
- Improving Interdisciplinary Communication on a Pediatric Specialties Unit, Lindsey Thompson
- Improving Patient Flow and Communication between PACU and 2 West, Jenna Parsons
- Early Progressive Mobility in the SICU, Brianna Darak
- Improving the Screening Process for Suicidal Ideation and Depression in Pediatric Inpatients at DHMC, Brittany Nyman
- Plan of Care Discussions, Indie LeClair
- Decreasing Indwelling Urethral Catheter Utilization and CATH on 2 and 3 East Medical Specialties, Erica Leonard
- Early Aggressive Mobility in the SICU, Brianna Poulin
- Improving Interdisciplinary Communication on a Medical Specialties Unit, Lindsey Thompson
- Developing Nurse Scientists of the Future: A Program Model, Krystal McGovern
- Plan of Safe Care for Substance-exposed Infants, Jane Eaton
- Standardization of Daily Rounds, Kim Hill
- Development of a Supportive Care Intervention for your Driving that I haven’t heard before then I will
- The interprofessional Collaboration as an Approach to Enhancing Bone Marrow Transplant (BMT) Care and Survivorship through the Patient Experience, Lindsey Thompson
- Implementing the Standardized Nursing Handoff Tool IPASS in the Emergency Department, Katie Darak
- Improving the Screening Process for Suicidal Ideation and Depression in Pediatric Inpatients at DHMC, Brittany Nyman
- Enhancing Shared Decision Making, Meredith Vogg
- Improving Patient Flow and Communication between PACU and 2 West, Jenna Parsons
- Standardization of Daily Rounds, Kim Hill
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Nicole Torrey, MSN in front of her poster on a Pediatric Code Cart Training Program. Nicole will be presenting her research in October at the Third Annual Global Conference on Nursing and Trauma Care in the Netherlands.

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

A student in a life science class was staring at his final exam. The question required four advantages of breast milk. He sighed and provided the first three answers that entered his head: 1. No need to boil; 2. Never goes sour; 3. Available whenever necessary. He frowned, scowled and sighed trying to think of a fourth answer. Finally he triumphantly wrote: 4. Available in attractive containers of varying sizes.

A little girl asked her mother, “How did the human race begin?” The mother answered, “God made Adam and Eve and they had children, and so all mankind was made.” The next day, the little girl asked her dad the same question, “How did the human race begin?” The father answered, “Many years ago, there were monkeys from which the human race evolved.” The confused girl, returned to her mother and said, “Mom, it is possible that you told me the human race was created by God, and dad said they developed from monkeys!” The mother answered “Yes, very simple. I told you about my side of the family and your father told you about his.”

A Chemistry teacher wanted to demonstrate the evil of liquid nitrogen, so he performed an experiment that involved a glass of water, a glass of whiskey and two worms. “Now class. Observe what happens to the two worms,” said the teacher. As the needle went down in the glass of water, the worm in the water moved about seemingly unharmed. He then dropped the second worm in the whiskey glass. It writhed in pain for a moment, then sank to the bottom and died. “Now kids, what lesson can we learn from this experiment?” he asked. Little Johnny raised his hand and wisely responded, “Drink whiskey and you won’t get worms!”

Three women were at a flume water slide at the top of a pool, a blond, a brunette and a red-head. As they got to the top, a genie appeared from nowhere and said “When you are going down the flume shout out the one thing that you want and you will land in it at the bottom.” So the blond woman went down and shouted “money” and landed in a load of cash. The red-head woman went down and shouted “gorgeous men” and landed in a pile of men. The blonde woman wasn’t listening to the genie, so she went down shouting waaaaaaaaaawwv.
When Caring Isn’t Easy: Managing Responses to Our “Trigger” Patients

Lorraine Gaddis, PhD, RN, FNP-BC
Director, MNA Council on Nursing Research

Reprinted from Mississippi RN December 2017, January, February 2018

If we are honest, we all have at least one: The dreaded patient that triggers a negative response on a visceral level. For Melody, RN, whose interactions with patients were usually as harmonious as her name, it was the homeless woman who consistently sought narcotics. “When I say ‘homeless’, I mean she drifted among houses of friends who would let her crash for a few days. She was in the ED at least once a week begging for anything she could get. To cap it off, her hygiene was awful and I smelled her before I saw her. It frustrated me to see how she abused the welfare and health care delivery systems all because she couldn’t get off drugs. I found myself getting angry and uptight every time she came in.”

Some of us have evolved past the very human tendencies to become angry, disgusted, sad, or fearful when encountering a certain patient or “type” of patient. However, for most of us, the struggle to be our best selves when encountering patients we can scarcely bear to be with remains all too real. We may react to our initial reactions to our “trigger” patients, but we can begin to improve our responses to these challenging situations.

Summon Your Wounded Healer
Dr. Marion Conti-O’Hare asserted that all nurses, as human beings, have experienced trauma in their lives. Whether it is personal trauma, professional trauma, or a combination of both, there are times when situations with patients will trigger us. Trauma may occur from a critical event, like a physical assault or the death of a loved one, or from something we didn’t see as that important at the time, like being bullied by older nurses when we were fledgling RNs.

After Registered Nurse David’s son died of cancer, he found himself overcome with grief and rage every time a patient who attempted suicide was admitted to the ICU. One night a colleague was brought in following an overdose, and in David’s words, “I lost it. I was so furious with her for trying to take her life that it seemed as if my son’s fight had been for nothing. My grief had become dysfunctional. I had to take some time off and get counseling.”

If we are constantly triggered, we may be among those whom Conti-O’Hare describes as the “walking wounded.” When that wound interferes with the ability to function professionally, formal counseling is needed. However, with time and self-care this trauma can be transformed and transcended, then used to help others. We need to examine ourselves and accept with honesty when the patients who trigger us are touching a wound that hasn’t healed. Once we have worked through the healing process, we become “wounded healers.” We can then summon the healer within and therapeutically affect those whose physical or emotional responses used to trigger us, just as David did. “Once I took the time to grieve my loss, I was able to see that people who attempt suicide are invariably carrying their own load of grief. I was counseled, and now I am the counselor. My scars help me be a much better nurse.”

Stay in the Moment
Every time we have worked on our own healing, we find specific tools to help us through precarious moments. One helpful mechanism for dealing with difficult encounters involves staying in the moment. This may seem counterintuitive when all we want to do is run away. Fight or flight kicks in. There is an instinctive drive to either react defensively or to go somewhere else in our minds when confronted with patients we find wholly unlikable or difficult.

In the Theory of Human Caring, Dr. Jean Watson advocates maintaining authentic presence with patients. Authentic presence involves genuinely being with the patient and getting our egos out of the way. We practice mindfulness by very intentionally letting go of the triggering past and focusing on the present moment. We allow ourselves to recognize the humanness of the patient and our best selves when encountering patients we can scarcely bear to be with. Staying in the moment immediately relieves an enormous amount of stress and helps us to become centered in the present moment, and identify the sources of our tendencies to become angry, disgusted, sad, or fearful when encountering a certain patient or “type” of patient. We don’t take others’ behaviors personally, and we may even learn from our initial reactions to others and use these lessons as tools to help others. We need to remember that the person is not his or her disease. We need to recall the times in our own lives when “lousy” was absolutely the best we could do. Denny, RN, insists her mentor said it best, “My supervisor reminded me that I am in the business of healing, not judging. That was hard to hear until she told me that includes healing and not judging myself—because it is me that I always hardest on!”

Seek wise mentoring
We all need the opportunity to vent when we have an interaction with a patient whose attitude, diagnosis, behavior, or cultural history triggers a strong negative reaction in us. Certainly active listening, allowing mentees to vent, and “talking them down” are important mentoring skills. However, a true mentor will not simply listen to us vent and then offer unconditional validation. A mentor, by definition, will guide us through examining the disturbing interaction with the patient, but will also challenge us to confront the prejudices, biases, and unresolved issues in our lives that led to our negative responses. An effective mentor will help us step away from the situation, gain perspective, and answer hard questions for ourselves: Why am I so triggered by this situation? Is there some wound in my personal or professional past that I need to heal? What personal value do I hold dear that makes me utterly intolerant of this patient’s behavior? As a professional, what do I need to help me regain my balance when interacting with patients destroy my equanimity?

In short, effective mentors will help us summon our wounded healers, learn to become centered in the present moment, and identify the sources of our triggers so we may begin to modify our responses. We need to remember that the person is not his or her disease. We need to recall the times in our own lives when “lousy” was absolutely the best we could do. Denny, RN, insists her mentor said it best, “My supervisor reminded me that I am in the business of healing, not judging. That was hard to hear until she told me that includes healing and not judging myself—because it is me that I always hardest on!”

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Chocolate is enjoyed by people of all ages, ethnicities, religious groups and since the conception of human civilizations (c. 3500 BCE). Chocolate consumption is a target different age groups. Children enjoy sweets, so candies are made colorful and appealing to the eye. Adults enjoy chocolate just as much. Both chocolate companies create nicely colored boxes and wrappings to appeal to a specific holiday or one’s birthday. For example, Valentine’s Day (red wine and heart shaped treats), Easter (solid chocolate rabbits and brightly colored eggs filled with chocolate) and people’s birthdays (chocolate cake with some sort of frosting). Consuming a diet that provides < 30% of energy from fat, is a requirement for individuals older than 2 years of age as stated by the National Cholesterol Education Program/American Heart Association. “Healthy dietary patterns should have positive effects on health in human beings. The flavonoids found in dark chocolate/cocoa powder are epicatechin, catechin and procyanidins (oligomers).”

These flavonoids have been studied and result show they have protective factors against Cardiovascular Disease and possibly Type II Diabetes. As stated by “The composition of cocoa flavonoids-containing foods products can improve endothelial function, platelet reactivity, and reduce blood pressure” (1). Chocolate commercial recommendations of these snacks suggest people should only eat these treats once in a while. This is due to the fact that chocolate products are full of added sugars and saturated fat. According to the National Cholesterol Education Program/American Heart Association “individuals older than 2 years of age and adolescents should have a diet that provides < 30% of energy from fat, < 10% from saturated fat, and < 300 mg of cholesterol a day to reduce the risk of coronary heart disease” (3).

The NCEP/ADA also puts “Milk Chocolate…in a listing of foods categorized as “decrease, limit, avoid” (3). The NCEP/ADA believes that daily intakes of these nutrients are linked to the aforementioned diseases, obesity and some cancers. Another recommendation to fight heart disease and possibly avoid a stroke is to eat at least 5 fruits and vegetables a day for men and 3 for women. “Dark chocolate contains catechins at an average of 0.535 mg/g, 4 times that of tea (139 mg/L)” (6). Cocoa Powders were proven” that inhibit LDL oxidation by 75% and whereas red wines inhibited LDL oxidation by 37–65%” (5). As was earlier stated, they are a source of saturated fatty acid, vitamin and minerals that fight disease. Fruits and vegetables are also full of fiber so the sugars that they do have are burned at a moderate pace. Fiber also keeps your bowels moving. Other sources of flavonoids found were in green tea, cocoa, and red wine. Dark chocolate contains catechins at an average of 0.535 mg/g, 4 times that of tea (139 mg/L)” (6). Cocoa Powders were proven to inhibit LDL oxidation by 75% and whereas red wines inhibited LDL oxidation by 37–65%” (5). As was earlier stated, they are a source of saturated fatty acid, vitamin and minerals that fight disease. Fruits and vegetables are also full of fiber so the sugars that they do have are burned at a moderate pace. Fiber also keeps your bowels moving. Other sources of flavonoids found were in green tea, cocoa, and red wine. This study revealed, having a high-carb snack increases the chances of having a coronary heart disease. Whereas a milk chocolate bar for a snack offers protection from coronary heart disease. This was because the milk chocolate bar shifted the amount of energy taken from fat (energy from fat <30% to 34%). Researchers believe the type of saturated fat coming from milk chocolate is stearic acid (mostly) and mono-unsaturated fatty acid. The study also showed a higher level of HDL-cholesterol when the milk chocolate bar was administered, the high-carb snack reduced HDL-cholesterol levels (increasing chance for coronary heart disease). These dietary patterns, show that content of fat is important and “high-carbohydrate (eg, low-fat) diet, reduced heart disease risk.” In light of these effects I would recommend using dark chocolate as a snack. This was in addition to subjects following a Step1 diet (eating a diet designed to reduce cholesterol). This diet consisted of 30% of calories from fat, 2/3 from fruits and veggies, 29% of energy from fat, 55% of energy from carbs and 16% energy from protein. A study was done where subjects were given a high-carb snack (a fig bar or graham cracker and juice) at 9am for a 21 day period. Then one milk chocolate bar a day for 21 days was given as a substitute for a high-carb snack. This was in addition to subjects following a Step1 diet (eating a diet designed to reduce cholesterol). This diet consisted of 30% of calories from fat, 2/3 from fruits and veggies, 29% of energy from fat, 55% of energy from carbs and 16% energy from protein.

This is due to the fact that chocolate products are full of added sugars and saturated fat. According to the National Cholesterol Education Program/American Heart Association “individuals older than 2 years of age and adolescents should have a diet that provides < 30% of energy from fat, < 10% from saturated fat, and < 300 mg of cholesterol a day to reduce the risk of coronary heart disease” (3).

References
Right to Try laws – An Ethical Dilemma for Nursing

Donna Casey, DNP, MA, RN, NE-BC, FABC
Reprinted from DNA Reporter
May, June, July 2018

Donna Casey, DNP, MA, RN, NE-BC, FABC is a nurse practitioner of the American Nurses Association Ethics and Human Rights Advisory Board. She can be reached at dcasey@verizon.net

Term limit and dying patients and families are more technologically savvy than ever. Internet searches on treatment options for various conditions using internet resources to research treatment options are on the rise (WebMD, 2018). New treatments are rapidly evolving. The process for investigational treatments to become Food and Drug Administration (FDA) approved and available to the public is long (FDA, 2018). Desperate patients who have failed other treatments may be looking to slow the progression of their disease and delay death (Lowes, 2017). Do right to try investigational treatments as a last-ditch effort, and what are the ethical implications of administering potentially harmful medications?

There are multiple pathways for terminally ill patients to obtain investigational medications. The intent of these pathways is to enable dying patients to receive investigational treatments outside of clinical trials and prior to FDA approval (Zettler & Greely, 2014). Right to Try legislation empowers patients to bypass the FDA and go directly to drug manufacturers and prior to FDA approval (Zettler & Greely, 2014). The FDA has stringent approval processes developed to protect the public from treatments that cause more harm than benefit. While manufacturers have the ultimate authority to permit or deny access to experimental treatments for dying patients, negative publicity from social media may impact those decisions. Approximately 90% of medications that enter phase 1 safety trials never make it to market because they don’t work or have side effects that outweigh benefit (Leuty, 2017).

Cost of medications is another concern for right to try legislation. There is no price limit for investigational treatments under Right to Try legislation. Insurance companies rarely cover investigational treatments. While manufacturers have the ultimate authority to permit or deny access to experimental treatments for dying patients, negative publicity from social media may impact those decisions. Approximately 90% of medications that enter phase 1 safety trials never make it to market because they don’t work or have side effects that outweigh benefit (Leuty, 2017).

Right to Try laws and compassionate use regulations enable patients to obtain treatments that have completed phase 1 clinical trials. Phase 1 clinical trials evaluate safety, but not efficacy. The main purpose of phase 1 clinical trials is to determine the highest dose that can be safely given without causing serious side effects. Phase II clinical trials determine if the investigational treatment is effective (American Cancer Society, 2017). In phase II and III clinical trials – some patients receive the standard therapy plus the experimental treatment while the control group receives standard therapy plus a placebo. Patients and providers are unaware who receives the active agent versus placebo to assure integrity of the research (Leuty, 2017). Patients using the Right to Try or compassionate use loopholes, subvert the clinical trials process to assure access to the active agent. Drug developers and manufacturers are reluctant to provide access to investigational treatments (Lowes, 2017). Compassionate use regulations include negative publicity and impact on future FDA approval from treatment failures and patient harm, impact on supply of investigational agents for clinical trials, diluted clinical trials or confused efficacy studies and decreased availability of appropriate patients to participate in clinical trials (Zettler & Greely, 2014). Fear of negative publicity on social media has been a strong motivator for manufacturers to provide investigational treatment access despite concerns (Zettler & Greely, 2014). The FDA has stringent approval processes developed to protect the public from treatments that cause more harm than benefit. While manufacturers have the ultimate authority to permit or deny access to experimental treatments for dying patients, negative publicity from social media may impact those decisions. Approximately 90% of medications that enter phase 1 safety trials never make it to market because they don’t work or have side effects that outweigh benefit (Leuty, 2017).

Compassionate use regulations were established by the FDA to provide dying patients with faster access to investigational treatments (Zettler & Greely, 2014). The FDA usually approves requests for unapproved treatments for patients with serious or terminal condition when other treatments have failed or do not exist. Compassionate use regulation enables physicians to request the FDA to approve use of investigational treatments for dying patients. The patient, healthcare providers, and family are fully informed. Provision 2 states that “The nurse practices with compassion and respect for the inherent dignity worth and unique attributes of every person.” Establishing a trusting relationship, considering patients’ needs and respecting their cultural values and right to self-determination would seem to require nurses to advocate for and assist patients in accessing investigational treatments. Multiple provisions in the American Nurses Association Code of Ethics (ANA, 2015) inform this issue. Provision 1 states that “The nurse practices with compassion and respect for the inherent dignity worth and unique attributes of every person.” Establishing a trusting relationship, considering patients’ needs and respecting their cultural values and right to self-determination would seem to require nurses to advocate for and assist patients in accessing investigational treatments. Multiple provisions in the ANA Code of Ethics inform this issue. This provision presents a justice concern for patients who cannot afford access to investigational treatments under right to try legislation.

Ethically, the challenge is to balance the patients need for hope and potential for benefit with the need for rigor of clinical trials. Patients need to make informed choices about their disease and delay death (Lowes, 2017). Compassionate use FDA regulations permit or deny access to experimental treatments for dying patients, negative publicity from social media may impact those decisions. Approximately 90% of medications that enter phase 1 safety trials never make it to market because they don’t work or have side effects that outweigh benefit (Leuty, 2017).

Nurses are highly likely to encounter a patient dying from a condition where research and investigational treatments are being developed. Desperate patients and families are more likely to investigate options more so today, than in years past. Nurses need to be prepared to engage in discussions that support patient self-determination with information and resources. Right to Try legislation does not imply the nurse is to become Food and Drug Administration (FDA) approved investigator or drug developer. Right to Try legislation is the provision of investigational treatments or associated testing. This creates a strong motivator for manufacturers to provide investigational treatment access despite concerns (Zettler & Greely, 2014). The FDA has stringent approval processes developed to protect the public from treatments that cause more harm than benefit. While manufacturers have the ultimate authority to permit or deny access to experimental treatments for dying patients, negative publicity from social media may impact those decisions. Approximately 90% of medications that enter phase 1 safety trials never make it to market because they don’t work or have side effects that outweigh benefit (Leuty, 2017).

Provision 2 of the ANA Code of Ethics states that “The nurse promotes, advocates for and protects patient self-determination with information and resources.” Right to Try legislation is one pathway that can provide patients with investigational treatments. The Right to Try legislation is a step in the right direction. The ANA Code of Ethics informs this issue.

References

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