



Official Newsletter of New Hampshire Nurses Association
Quarterly publication direct mailed to approximately 17,000 Registered Nurses, LPNs, and LNAs in New Hampshire.

www.NHNurses.org



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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

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

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

Index

President's Message	2
From the ED's Desk	3
2018 Clint Jones Award Announced	4
NHNA Members Serving on ANA Committees	5
New Hampshire Nurses Association Position on the Requirement of Bachelor's Degree in Nursing (BSN) for Continued Practice	6
In My Opinion	7
Board of Nursing News	7
School of Nursing News	8
Welcome New and Returning NHNA Members	9
2018 Graduating Student Conference	10-11
NCLEX Reconsidered	12
Kudos	12
From the Bookshelf Movies	13
In Memory of Our Colleagues	14-15
Second Annual Nursing Research Symposium	16
When Caring Isn't Easy: Managing Responses to Our "Trigger" Patients	17
Nutrition Message: How Bad is Chocolate, Really?	18



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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:

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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 supporters of health and healthcare legislation that impacts 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.



Carlene Ferrier

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 update and manage ourselves. Please refer to "From the ED's 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 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 humbled to learn 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 for judging 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 commission and membership has selected to prioritize and follow. Joan has been quoted in newspapers around the state and called upon to be interviewed by NHPR and other media outlets. She is helping us to achieve our goal of lobbying for legislation that will support our mission and is successful because she is a nurse, is very well spoken and she represents our profession in a passionate and personal way. Visit the photo gallery advocacy section of our web site to learn more.

Lastly, the NHNA Board of Directors is working diligently to complete assessments for performance benchmarks in five areas:

- I. Mission Strategy and Evaluation
- II. Leadership: Board, Staff and Volunteers
- III. Legal Compliance and Ethics
- IV. Finance and operations
- V. Resource development

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.

VISION 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.

It is a very exciting time to be involved with NHNA, and we don't want to miss the occasion to thank you sincerely if you are among the many incredible volunteers who already contribute to our mission and to welcome and encourage those of you who have not joined us yet. We will be developing our slate of officers and commission members for election soon and anticipate many more short-term tasks that you can become involved. It really is an amazing group of nurses and we don't want you to miss out. I read a quote recently by John Harrigan which captures the message I am trying to convey in a lovely way, "Happiness held is the seed. Happiness shared is the flower."

Carlene

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FROM THE ED'S DESK

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:

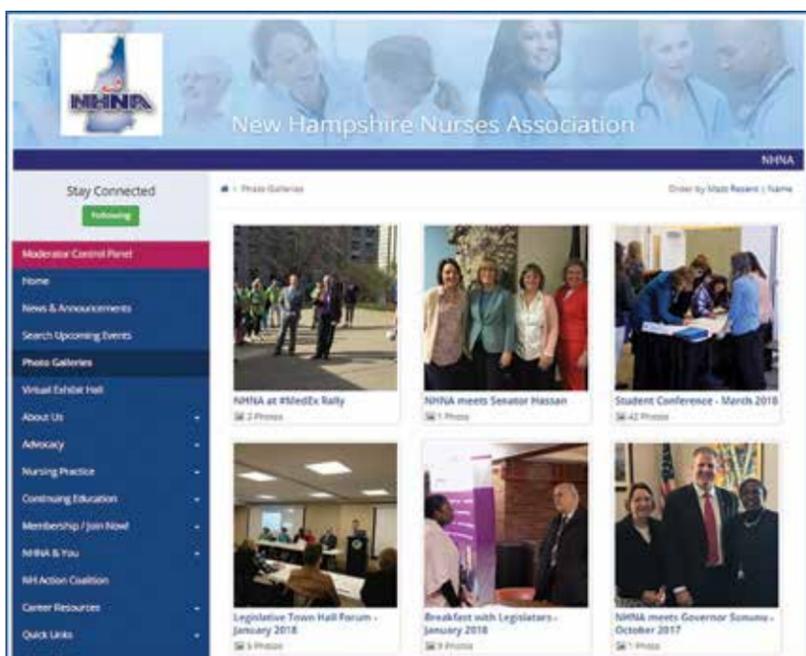


The primary navigation menu appears on the left hand side of the screen. A  indicates subpages exist below the primary page on the menu; clicking on the carrot will provide you with listing of these subpages. The website is designed to function easily regardless of the computing platform being used to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

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 Forum (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.

On the main menu, towards the bottom, is a new page for the New Hampshire Action Coalition (NHAC). NHNA has a long standing partnership with the NHAC and so has decided to provide NHAC with a page for posting information about their programs and resources they want to share.

The “Stay Connected” button is a mechanism by which NHNA can stay in touch with NHNA members. It works much like Facebook. Just click on the “Follow” button and you will receive automatic updates when we post News & Announcements or Upcoming Events.



Joan Widmer

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. One of the new features of this platform is the ability to create member only content. The NHNA Board of Directors has currently opted to keep the website open, but this could change should the membership wish.

Another important feature of the new website 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 this 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

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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/ccne-accreditation>).

Nurses Week continued from page 1



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.

2018 Clint Jones Award Announced



Isaac Hirschfeld receives the Clint Jones Award from Mrs. Leslie Jones and son Matt Jones.

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 Allentown 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."



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New NHNA Website

NHNA is pleased to announce the migration to a new website. While the web address (www.nhnurses.org) remains the same; the new site is now hosted by Nursing Network and provides a better opportunity to keep nurses and NHNA members apprised of the latest news and information from NHNA.

Browsing through the new website with an updated look and feel, all the content from the old website has been transferred to the new platform, with some changes in the layout. There are also many new features.

Check out the new photo gallery, which includes photos from events since January 2017. Second, the Upcoming Events section has been expanded and allows sharing information on upcoming events from affiliated nursing organizations as well as our own. Third, the website is integrated with the NHNA membership database and allows for members to communicate with other members through the website. Fourth, the website is linked to NHNA social media sites. Finally, the website has a feature that will enable launching of an e-flash in the future.

For NHNA members, a new member account will be created on your behalf to allow you to access member-only sections of the NHNA website and to receive member-directed communication, such as messages, announcements and upcoming event invites. NHNA looks forward to your feedback on this new format!



NHNA Members Serving on ANA Committees

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



Sherrie Palmieri



Pam DiNapoli

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 state-wide 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.

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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 helps to ensure quality patient outcomes. The choice to pursue continued education should be supported and encouraged by educators and employers of Registered Nurses. 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 stakeholders 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 is recognized that 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 interdisciplinary 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 necessary in fostering a professional 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 unfounded. Over 90% surveyed New Hampshire RN 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, nationally that percentage is 65% (NHAC, 2017). The New Hampshire Nurses Association encourages Associate Degree Programs to continue to work with colleges and universities 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. Together, this collaborative effort will enable nurses to practice as full partners on multidisciplinary teams, increase professional satisfaction, and improve health care outcomes. Supporting and facilitating voluntary advancement of nursing education beyond the ADN will position New Hampshire Nurses as leaders in the profession of nursing.

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- New Hampshire Action Coalition (2017). New Hampshire registered nurse supply: 2014-2016 workforce characteristics.



Registered Nurse Psych Care Coordinator

We are seeking a Registered Nurse Psychiatric Care Coordinator to work with our Behavioral Health and Psychiatric Team at Northern Human Services. This position will include (but not limited) to the following responsibilities:

- Manage Patient Health Assessments/Screenings
- Monitor Self Medication Programs
- Pre-screen/Schedule Psychiatric Appointments
- Specimen Collection • Prescription Pre-authorizations
- Coordinate Treatment Plans with community health partners
- Health Counseling • Documentation Auditing
- Assists Psychiatrist with Patient Management
- Health Counseling and Monitoring for clients with psychiatric diagnoses

The candidate must be able to work on a team with other behavioral health providers in a busy clinical outpatient environment. Moderate computer skills are required (MS Word, Excel, Outlook) including extensive use of electronic medical record for documentation management and billing.

Requirements: Registered Nursing Degree from an accredited program, State of NH license plus minimum of two years licensed nursing experience; knowledge of state laws relating to emergency treatment, training/storage/administration and disposal of medications; experience with clients with mental illness is preferred including some knowledge of current accepted treatment approaches and concerns.

Northern Human Services offers an excellent benefits package including medical, dental, employer paid group Life, LTD & AD&D insurances, 11 paid holidays, generous paid time off and more.

Interested candidates, please send your resume with cover letter to Eve V. Klotz, LICSW, Director of Behavioral Health by e-mail, eklotz@northernhs.org, or mail, The Mental Health Center, 25 W. Main St., Conway, NH 03818, or fax to 603-447-1021.

This position requires a valid driver's license, proof of adequate auto insurance, and the completion of criminal, driving and background records checks. This agency is an Equal Opportunity Employer and provider.

School Nurse Bills Fail to Pass

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 (RSA 200:29), with the current rules approved by JLCAR (Ed 306.12). Certification ensures a professional level of qualification for the position of school nurse, which supports a minimal standard of care for students with acute and chronic health needs in school.



Two bills introduced in the 2018 session sought to gut RSA 200:29, by eliminating

all requirements for school nurses except a registered nurse license. House Bill 1217 was passed on February 22, 2018. The comparable Senate Bill 434 was reviewed by the Senate Education Committee on April 3 with a vote of "ought to Pass." However, on April 12, the full Senate failed to pass, effectively killing the bill for this session. The school nurse certification requirements will remain as voted in 2016.

Kudos to the Commission on Government Affairs, and chair, Pam DiNapoli for their tireless work to defeat this bill.

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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.



Susan Fetzerr

So, I find it incredulous that Lakes Region General Hospital hired Patricia Strohla, of Brownsville, Vermont, in November 2016. Strohla came to Laconia from Mount Ascutney Hospital and Health Center in Vermont, where she spent the past four 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 Boffetti 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.



Theresa L. Champagne, RN, DNP, CNOR has been appointed Chief Nursing Officer at Lakes Regional 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-Poughkeepsie, 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 Perioperative 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.

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.

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: LNA's 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, depomedrol or Marcaine for intra articular injector used by the provider?

BON: It is within scope of RN/LPN to mix and draw up medications, with a provider order and advises 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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School of Nursing News

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 Puccilli** 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).

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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NHNA welcomes these new and returning members. Thank you!!!

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!*

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Bethlehem, NH Kristianne Pinard	Exeter, NH Nicole Lincoln	Hooksett, NH Michelle Smith	Lyman, NH Mary VanAlstyne	Milton, NH September Major	Sunapee, NH Arlene Halsted
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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 nursing specialty recognized by the American Nurses Association. The mission of the AAACN is to advance the art and science of ambulatory care nursing. In 2011 the AAACN published its first-ever position statement regarding the role of the registered nurse in ambulatory care (AAACN, 2017).

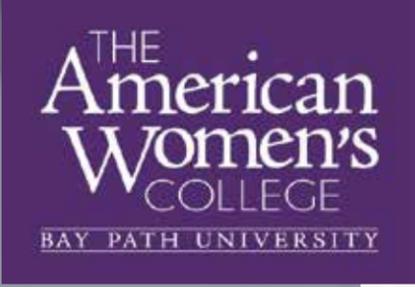
After Ms. Paschke's opening remarks, the nurses broke into facilitated focus groups to discuss topics of interest for ambulatory nurses, including topics such as onboarding, orientation, care coordination, caring for the patient in the ambulatory setting, and professional

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.

After lunch-time networking and visits with exhibitors, the nurses listened to a presentation by Honorable John T. Broderick Jr., former Chief Justice of the NH Supreme Court and Dean of the University of New Hampshire School of Law. Judge Broderick spoke on Mental Health Issues Concurrent to Opioid Addiction.

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:
AAACN. 2017. American Academy of Ambulatory Care Nursing Position Paper: The Role of the Registered Nurse in Ambulatory Care.



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2018 Graduating S



Students listening to Bobbie Bagley, Director of the Nashua Dept of Public Health & Community Services and NHNA Immediate Past President, speaking on the Role of Professional Organizations and Advocacy.

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: LRGH, Hurst Communications, Rivier University, St. Anselm College, Granite State College, RiverWoods, NH Hospital, Bedford Nursing & Rehabilitation Center, Visiting Nurses 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.



Students networking and speaking with exhibitors, Bedford Nursing & Rehab and VNA Health Services of Northern New England in the background.



Mike Rennie and Dennis Denirovic of Southern NH Medical Center, a Gold Sponsor, speaking with students.

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.



Matt Mannarino of Cheshire Medical Center, a Silver Sponsor.



Members of the Specialty Nurse Panel, Captain Jody Bell, USN, Darlene Morse, DHHS Bureau of Infectious Disease Control, Bonnie Crumbley-Aybar, Board of Nursing, Linda Goldthwaite, Aurora Senior Living and Chelsea Cahill, Dept of Corrections.



Jane Delmar, Catholic Medical Center, a Gold Sponsor, speaking on Surviving and Thriving your Job Search.



Pam Kallmerten, UNH and NHNA Board Member speaking on NCLEX Prep for Success.

Student Conference – Front Row Seat

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 invest 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 perusing 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 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 benefitting. 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

Student Conference

2018 Student Nurse of the Year Award

Each spring, the New Hampshire Nurses Association Annual Awards Program provides a prestigious opportunity to recognize outstanding performance of a student nurse. The "Student Nurse of the Year Award" is selected based on nominations submitted to the NHNA Commission on Nursing Practice.

This award is given to a student nurse in an entry program who embodies all the finest qualities of nursing: caring, professionalism, advocacy, leadership and involvement.

The NHNA Commission on Nursing Practice reviews letters of nomination for this prestigious award, which identify evidence of caring, professionalism, advocacy, leadership and involvement. The nominations for 2018 were highly competitive.

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 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.



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

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 unparalleled 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.



Meghan Livingston, Plymouth State University, the Student Nurse of the Year, First Runner Up

Last year, Hannah spent time in Costa Rica assisting medical clinics and performing home care visits with the local healthcare staff. This experience expanded Hannah's cultural competence and awareness, which she was able to carry forward in her own nursing care. Hannah serves as a clinical leader to the underclassman during their ICU rotations. In addition, she wrote an article titled "Preserving Hope," which was accepted by *Imprint*, the professional magazine for student nurses produced by the National Student Nurses Association. It is anticipated to be published this spring. Hannah is also an active member of the Oncology Nursing Society, Saint Anselm's Student Nurse Association, Co-chair of the Nursing Pinning Ceremony Committee, and she volunteers as at Saint Anselm's Open House Student Panel. She does all of this while she continues to work as nursing assistant in an emergency department.

Submitted by Jennifer Johnson, Chair Commission on Nursing Practice and MaryEllen King, member of the Commission on Nursing Practice



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



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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?



- 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?
 - Fluid volume status
 - Nausea and vomiting
 - Iron-deficiency anemia
 - Tachycardia
- After a bilateral adrenalectomy for Cushing's disease, the client will receive periodic testosterone injections. The expected outcome of this therapy is:
 - Balanced reproductive cycle
 - Restored sodium/potassium balance
 - Stimulated protein metabolism
 - Stabilized mood swings.
- Which assessment findings should lead the nurse to suspect that a toddler is experiencing respiratory distress? (Select all that apply)
 - RR = 35 bpm
 - HR = 95 bpm
 - Restlessness
 - Malaise
 - Diaphoresis
- Which of the following physiologic responses should the nurse expect as unlikely to occur when a client is angry?
 - Increased respiratory rate
 - Decreased blood pressure
 - Increased muscle tension
 - Decreased peristalsis
- 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?
 - Position the client on the left side
 - Control the environment by turning the lights off to decrease stimulation
 - Check the client's bladder for distention
 - Administer blood pressure medication

Answers can be found on page 16



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.

Susan Kinney, MSN, Director of the St. Anselm College RN to BSN program has been appointed to a 3 year term on the Catholic Medical Center Board of Directors.

Kudos to Gail Thomas, RN, Cheshire's Keene Sentinel 2018 Reader's Choice award for Best Local Nurse.

Congratulations to Julie Patrikas who won two tickets to the Red Sox Nurse Appreciation Night game in the NHNA drawing.

New Hampshire Workforce Numbers

1,728	PROJECTED NEW JOB OPENINGS BY 2024	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.
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

Source: <https://mercer.healthcare-workforce.us/>



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From the Bookshelf Movies

Stories That Teach a Lesson

Anita Pavlidis, MS, RN

Story telling is as old as mankind and describes the social and cultural activity of sharing stories, sometimes with improvisation, theatrics, or embellishment. It's a means of sharing and interpreting experiences. Every culture has its own stories or narratives, which are shared as a means of entertainment, education, cultural preservation or instilling moral values. Crucial elements of stories and storytelling include plot, characters and narrative point of view. Other than the traditional oral storytelling and written word, new forms of media are creating new ways for people to record, express and consume stories. Only the medium has evolved over time and nowadays, stories are told in all mediums and places.

The Oscars have been a way to honor and reward those who are exceptionally good at telling stories using film as their medium. Prior to the awards show, I had the pleasure of seeing the Oscar Shorts, specifically the animated films. They portrayed the reality of life's joys, laughter, and adventure told thru the lens of the worlds' best Oscar nominated animated short films. There were five "shorts" that ran anywhere from 5 to 29 minutes. They maybe "short" on time but long on substance.

Dear Basketball is a short film that explores what it means to achieve your dream and then leave it behind. The animated film is an adaptation of Kobe Bryants' NBA retirement announcement after 20 years with the Los Angeles Lakers. Narrated by Bryant, the animated

film and emotional score touches fans of all ages with its universal message about love and loss. It's unexpectedly moving.

The Hollywood Reporter explores the *Garden Party* which moves into darker territory. In seven, wordless, minutes, dozens of frogs explore an abandoned rich house. There some indelible images, from a frog climbing across a window, to a large amphibian caught in a jar or sticking its face in a pile of caviar. The villa seems to have been abandoned under violent circumstances, if the bullet holes through the walls are any indication. Initially, a playful scene, but when one of the animals accidentally activated the pool area's lights, a gruesome discovery emerges, a somewhat disturbing end.

Lou tells of a school yard where a toy stealing bully runs recess for a playground full of kids; only one thing stands in his way, the "Lost & Found" box. The story tells of a stereotypical bully and builds a back story, a moral tale, and a righteous end, all based on the mystery of the title. The *Boston Globe* defines it as a charming and rather bizarre tale in which the contents of a schoolyard lost and found bin animate into a creature bent on teaching life lessons to a bully that sharing is caring.

Martha Baker of KDHX honors one of the most touching shorts, *Negative Space*. It is an adaptation of a poem by Ron Koertage about a son and father bonding through a perfectly packed suitcase starting with an opening statement of "My dad taught me how to pack." Gary M.

Kramer of [http:// filmint.nu](http://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.

Revolt 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.

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 Avard. The Bill: An ACT making hormonal contraceptives available directly from pharmacists by means of a standing order. Before polling for the final vote, Senator Jeb Bradley paused to comment on the process through which this bill came into being, commenting that this bill is an example of how a legislative commission should work.

In 2017, with the passage of House Bill 264, a Commission was established "to study allowing pharmacist to prescribe or make available via protocol oral contraceptives and certain related medications." This 19-member Commission was comprised of pharmacists, nurses, nurse practitioners, physicians and organizational experts in the field of women's health, as well as appointed legislators (see list). The Commission met between September and November of 2017. The Commission members reviewed other state experiences with pharmacists' use of standing orders or protocols in the dispensing of hormonal contraceptives. The evidence was reviewed, options were explored and deliberations were lengthy. A final report was submitted to the Governor, and 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 experts on the commission brought their experience, knowledge and expertise to the table and worked through a myriad of issues successfully. 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 while responding to the needs of the 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 statement, making 2-3 main points. She was supported in this work by the leadership of NHNA, who provided guidance and insight. She then presented concise testimony outlining the benefits of this legislation and the consequences of failure to pass it. She has answered many questions of the legislators, explaining, in lay language, the risks and costs of unplanned pregnancy and the role that access to oral contraceptives plays in reducing unplanned pregnancies.

Throughout the process, Sara has relied on her nursing experience in maternal and child health, sharing her first-hand experience with legislators in ways that they can readily understand. Sara has realized through this experience how much value nurses bring to the legislative process. Nursing is a highly trusted profession. Legislators listen intently to our testimony.

This is an example of nursing advocacy at work:

- Nurses sharing clinical knowledge.
- Nurses advocating for positive healthcare change.

- Nurses collaborating with physicians and other healthcare professionals to promote a healthy New Hampshire.

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 need you. Your clinical 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.

Members of the Commission:

- **Representative Mariellen MacKay, Chair**
- Representative Peter Schmidt
- **Representative William March, Vice-Chair**
- **Senator Donna Soucy**
- **Patricia Tilley, NH DHHS, Clerk**
- April Kvetkosky, NH Society of Health-Systems Pharmacists
- Christopher Lopez, NH Pharmacists Association
- **Michael Bullek, NH Board of Pharmacy**
- Robert Stout, NH Independent Pharmacy Association
- Gary Sobelson, NH Medical Society
- Lindsay Schommer, Board of Nursing
- Joyce Cappiello, NH Nurse Practitioner Association
- Amy Schneider, Board of Medicine Appointed Family Physician
- **Sara Kellogg Meade, NH Nurses Association**
- Ellen Joyce, American Congress of Obstetricians and Gynecologists
- **Melissa Martinez-Adorno, NH Hospital Association**
- Jennifer Frizzell, Planned Parenthood of Northern New England
- **Diane Trowbridge, Bi-State Primary Care**

Bold indicates testified or present in-support of bill at hearings

IN MEMORY OF OUR COLLEAGUES



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.

PNP



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's in Public Health in Maternal and Child Health and Midwifery. 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 after a brief illness on 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) Prescott. As a nurse, Polly practiced with Concord physicians and later at Pleasant View Retirement Center and the Centennial Home.

Elliot Grad



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

School Nurse



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.

60 Year Career



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

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.

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 her retirement in 1988.

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 Bachelors. 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.

Gero Nurse



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

Keene Native



Pauline Muriel Courchene, 93, passed away March 16, 2018 in Florida. A Keene native, she received her nursing diploma at the Elliott Hospital School of Nursing. She practiced in Concord and helped move into the new Concord Hospital when it was built. Later she was Dr. Paul Lena's nurse at Internal Medicine retiring in 1980.

LT Care Administrator



Christine Sylvia (Vornberger) 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



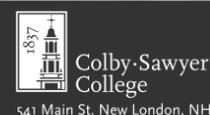
Janice Marie Sjoblom, 72, died March 24, 2018 following a period of declining health related to late stage kidney failure. A diploma graduate, she practiced at Catholic Medical Center and then 25 years at Elliot Hospital Labor and Delivery before retiring in 2007. Over 40 years of nursing she cared for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

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IN MEMORY OF OUR COLLEAGUES



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 (McSweeney) Alie, 81 died March 29, 2018. She was a diploma graduate of the Sacred Heart School of Nursing in Manchester.

1948 Grad



Jacqueline "Jackie" (Garceau) 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 1980s, 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 Delozier-Engel, 50, died April 1, 2018 following a long hard fought battle against cancer. She obtained her associate's degree in nursing from the NHVTI Stratham.

Manchester Native



Eleanor M. "Ellie" (Dwyer) Kelliher, 88, died April 2, 2018. After obtaining her nursing diploma she practiced at the Sacred Heart Hospital, for the Manchester Anesthesia Professional Association and the Catholic Medical Center.

LPN



Phyllis French Rogers, 97, died April 4, 2018. She attended Elliot Hospital School of Nursing and was one of a group of nurses "The Fabulous Five." She worked as an LPN in many capacities and at a local nursing home for 10 years until her retirement in 1971.

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-Douglass Hospital.

Nurse Anesthetist



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 earned her nursing diploma from the New Hampshire State Hospital School of Nursing.

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



Anthie (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/GYN 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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Second Annual Nursing Research Symposium



Dr. Richard Zourcha speaking at the Second Annual Nursing Research Symposium.



Dr. Pamela Kallmerten facilitating the breakout session on the Transfer of Research.

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 nursing 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 PhD 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 transferor, the practitioner and the leader/decision maker. Each of these groups 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 prepared by many of the attendees that shared their research and related findings. Posters presentations included:

- Increasing Pain Reassessment Documentation Compliance on an Inpatient Labor and Delivery



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.

Unit, Bethany Alrecht (Clinical Supervisor ICCU/CSCU Dartmouth-Hitchcock) **(Poster winner)**

- Plan of Safe Care for Substance-exposed Infants, Jane Eaton
- 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 Fogg
- Improving Patient Flow and Communication between PACU and 2 West, Jenna Parsons
- Standardization of Daily Rounds, Kim Hill
- Interprofessional Education in the Cardiovascular Critical Care Unit, Leslie Burke
- Plan of Care Discussions, Indie LeClair
- Decreasing Indwelling Urethral Catheter Utilization and CAUTI on 2 and 3 East Medical Specialties, Erica Leonard
- Early Progressive Mobility in the SICU, Brianna Poulin
- Improving Interdisciplinary Communication on a Medical Specialties Unit, Lindsey Thompson
- Rolling Refresher Emergency Department Pediatric Code Cart Training Program, Nichole Torrey
- Enhancing Bone Marrow Transplant (BMT) Care and Survivorship through the Patient Experience, Lisa Wesinger
- Multipronged Approach to Improve Hand Hygiene in Acute Care Nurses, Karen Britt
- Interprofessional Collaboration as an Approach to Understand and Address Failure to Rescue, Krystal McGovern
- An Inpatient Rehabilitation Interprofessional Care Pathway for Traumatic Hip Fracture: A Pilot Study, Sarah Plante
- Development of a Supportive Care Intervention for Caregivers of Patients Undergoing Hematopoietic Stem Cell Transplantations, Lynn Root (Blood and Marrow Transplant Nurse Coordinator, Section of Hematology/Oncology, Dartmouth-Hitchcock) **(Poster Winner)**
- Does a "Track and Trigger" System Promote Timely Intervention? Heather Nolette
- Developing Nurse Scientists of the Future: A Unique Clinical Academic Partnership, Jacob Pushee (Student Nurse, Colby Sawyer College) **(Poster Winner)**

HUMOR ME

Regularly exercising our sense of humor improves resiliency, positivity and balances anti-negativity. Laughter may not solve problems but can change your chemistry allowing you to face them anew. In this issue "Humor Me" 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, how is it possible that you told me the human race was created by God, and dad said they developed from monkeys?" The mother answered, "Well dear, it is 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 evils of liquor, so he set up 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, putting the first worm 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 blonde, 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 brunette 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 weeeeeeeeeeeeeee.

A man in his mid-sixties bought a new BMW and was out for a drive on the interstate. The top was down, the breeze was blowing through what was left of his hair and he decided to see what the engine had. As the needle jumped up to 80 mph, he suddenly saw flashing red and blue lights behind him. "There is no way they can catch a BMW," he thought to himself and opened her up further. The needle hit 90, then 100, and finally reality hit him and he knew he shouldn't run from the police so he slowed down and pulled over. The cop came up to him, took his license without a word, and examined it and the car. "It's been a long day, it is the end of my shift and it is Friday the 13th. I don't feel like more paperwork, so if you can give me an excuse for your driving that I haven't heard before then I will let you go." The guys thinks for a few seconds and says "Last week my wife ran off with a cop. I was afraid you were trying to give her back." "Have a nice weekend," said the officer and he walked away.

Answers to NCLEX Reconsidered from page 12

1. d 2. b 3. a, c, e 4. b 5. c

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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."



Lorraine Gaddis,
PhD, RN, FNP-BC

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 never completely overcome 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 perfectly healthy life when my son fought so hard for his. 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 psychic pain 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

Even after we have worked on our own healing, we need 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 someplace 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 ourselves. Staying in the moment immediately relieves an enormous amount of internal pressure. We are free to focus on the task at hand without reacting to our previous experiences. Purposefully fixed in the present, we can find compassion for almost any patient. We don't take others' behaviors personally, because our histories don't interfere with our current responses. We use active listening skills to hear the patient's message of fear and pain instead of thinking "This ungrateful man is a demanding hypochondriac." We find understanding for the foster teen who is pregnant for the second time, realizing that she is desperately seeking love instead of saying "How dare she have another on tax dollars!"

As Melody told me, "Once I was able to get in the moment, to remove myself from my former encounters with drug addiction, my intolerance disappeared and I actually heard the patient's story. It turns out she was once a successful attorney who got addicted to narcotics after a horrible accident. She had chronic pain, and slipped off into the abyss. I see how easily it could all happen to me, too. I wish I could say that my authentic presence changed her. It didn't. But it

changed me. I don't get caught up in the drama inside my own head when I focus and stay in the moment."

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 interactions 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 am always hardest on!"

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Nutrition Message – How Bad is Chocolate, Really?

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Chocolate is enjoyed by people of all ages, ethnicities, religious groups and since the conception of human civilization (more than likely). Chocolate companies do target different age groups. Children enjoy sweets, so candies are made colorful and appealing to the eye. Adults enjoy chocolate just as much, but chocolate companies create nicely colored boxes and wrappings to appeal to a specific holiday or ones birthday. For example, Valentine's Day (red wrappings 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). Companies even appeal to people that are a little bit more health conscious by using dark chocolate.

The Hershey's Company makes no health claims. However, it does state "Natural Source of Flavanol Antioxidants" on its Special Dark Chocolate Bar. This is not completely wrong; being that dark chocolate is a rich source of flavanols. Cocoa Powder (usually made from cocoa beans) is 100% cocoa and it is full of flavanols. Flavanols are a sub-class of flavanoids that are supposed to have positive effects on health in human beings. The flavanols found in dark chocolate/cocoa powder are epicatechin, catechin and procyanidins (an oligomers).

These flavanols have been studied and results show they have protective factors against Cardiovascular Disease and possibly Type II Diabetes. As stated "the composition of cocoa flavanol-containing foods products can improve endothelial function, platelet reactivity, and reduce blood pressure"(1). However, current recommendations of these snack items 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 consume 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/AHA also puts "Milk Chocolate ...in a listing of foods categorized as "decrease, limit, avoid" (3). The excessive intakes of these nutrients are linked to the aforementioned diseases, obesity and some cancers.

Another recommendation to fight heart disease and diabetes from health professionals is; eat at least 5 fruits and vegetables a day (two fruit and three vegetables). They have other flavanoids (that act as antioxidants), vitamins 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 flavanols found in chocolate are red wine and black tea. However, "dark chocolate contains catechins at an average of 0.535mg/g, 4 times that of tea (139mg/L)" (6). Cocoa Powder contains "phenols that inhibit LDL oxidation by 75%, whereas red wines inhibited LDL oxidation by 37-65%" (6). As was stated earlier, they are a source of saturated fatty acid; but it is mostly stearic acid. This fatty acid is metabolized into oleic acid and mono-unsaturated fatty acid. Unsaturated fatty acids are healthy fats, good for the heart.

A study was done where subjects were given a high-carb snack (a fig bar or graham cracker and juice) at first 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 developed by the NCEP/AHA contained a balance between fruits and veggies, 29% of energy from fat, 55% of energy from carbs and 16% energy from protein.

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 a "high-carbohydrate (eg, low-fat) diet, lowers HDL cholesterol whereas a high-fat (eg, high in monounsaturated fatty acids) does not" (3). Other studies were done, where subjects ate both a typical American diet (total fat 33-34%, and saturated fat 15-16%) free of foods that contain the flavanols found in

dark chocolate and cocoa and a typical American diet plus dark chocolate and cocoa powder. Subjects were given a total of 38g of flavanols from dark chocolate and cocoa powder. These were dispersed over the course of a day in the form of cookies, brownies etc. They were switched from one diet to the next and the results showed LDL oxidation slowed significantly. This means LDL-cholesterol had time to perform its function and return to the liver before it was oxidized by free radicals increasing your chances for heart disease.

Another study administered 100g of dark chocolate and 90g of white chocolate to 15 healthy subjects. The dark chocolate had 500mg of flavanols and white chocolate did not. An increase of nitric oxide was observed with dilated blood vessels and caused endothelial cells to become more insulin sensitive. White chocolate had none of the aforementioned effects.

In light of these effects I would recommend incorporating dark chocolate, cocoa powder, and even milk chocolate into a well-balanced diet. These individuals were given one to two pieces of a chocolate product a day, not an excessive amount (anything over two pieces of a chocolate product). Keeping in mind too much of anything can cause harm to one's health. A diet full of fruits and veggies, lean sources of protein, and whole grains combined with exercise will benefit an individual in the long run.

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Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

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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 staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for "safe harbor" and/or peer review.

8. Can I take the assignment in good faith?

If not you will need to get the assignment modified or refuse the assignment. Consult your individual state's nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked

'Right to Try' Laws – An Ethical Dilemma for Nursing

Donna Casey, DNP, MA, RN, NE-BC, FABC

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Terminally ill and dying patients and families are more technologically savvy than previous generations using internet resources to research treatment options (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 (Lowe, 2017). Do patients have a 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 and compassionate use are the common routes. Right to Try legislation empowers patients to bypass the FDA and go directly to drug manufacturers and currently it exists in 36 states.

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 physician obtains informed consent for compassionate use (Zettler & Greely, 2014).

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 assuring access to the active agent. Drug developers and manufacturers are reluctant to provide access to the investigational treatments. Concerns 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).

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 (Lowe, 2017). Compassionate use FDA regulations limit what manufacturers can charge. Patients who participate in clinical trials do not pay for investigational treatments or associated testing. This 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 obligation to not cause harm. 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 religious, spiritual, and cultural values and right to self-determination would seem to require nurses to advocate for and assist patients to obtain investigational treatments if the request is consistent with their values and the patient and family are fully informed. Provision 2 states that "The nurses' primary commitment is to the patient..." This would also indicate the nurse would be required to advocate for access to investigational treatments above concerns for the clinical trials process. This is somewhat conflicting as Provision 2 also identifies the patient as a population and community. There is a risk to the population of patients in need of safe and effective treatments when the clinical trials process is subverted for individual, unapproved use. Provision 3: "The nurse promotes, advocates for and protects the rights, health and safety of the patient" addresses

the importance of informed consent for participation in research. This would seemingly apply for access to investigational treatments outside the research process as well. Special concern for vulnerable patients is also addressed in provision 3 (ANA, 2015). Terminally ill, desperate patients would be considered vulnerable, raising the bar for assuring fully informed consent to receive investigational treatments. Zettler and Greely (2017) proposed IRB oversight as another layer of protection for informed consent processes. Protection for health and safety addressed in provision 3 seems to indicate that investigational treatments should not be provided. Scientifically complex treatments should be proven through the rigorous clinical trials and FDA approval process (Zettler & Greely, 2014). Provision 4 states "The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care." Nurses bearing primary responsibility for the nursing care provided to patients, their judgments, decisions, and actions require reflection on the provision of unapproved investigational treatments because the harm that can result are unknown. Creating false hope for terminally ill patients and families can be harmful when it prevents preparation for the dying process.

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 an ethical foundation. The ANA Code of Ethics provides the ethical framework to support nurses in these discussions and deliberations in balancing ethical obligations to support self-determination and autonomy while also maintaining patient safety.

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to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or -policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.

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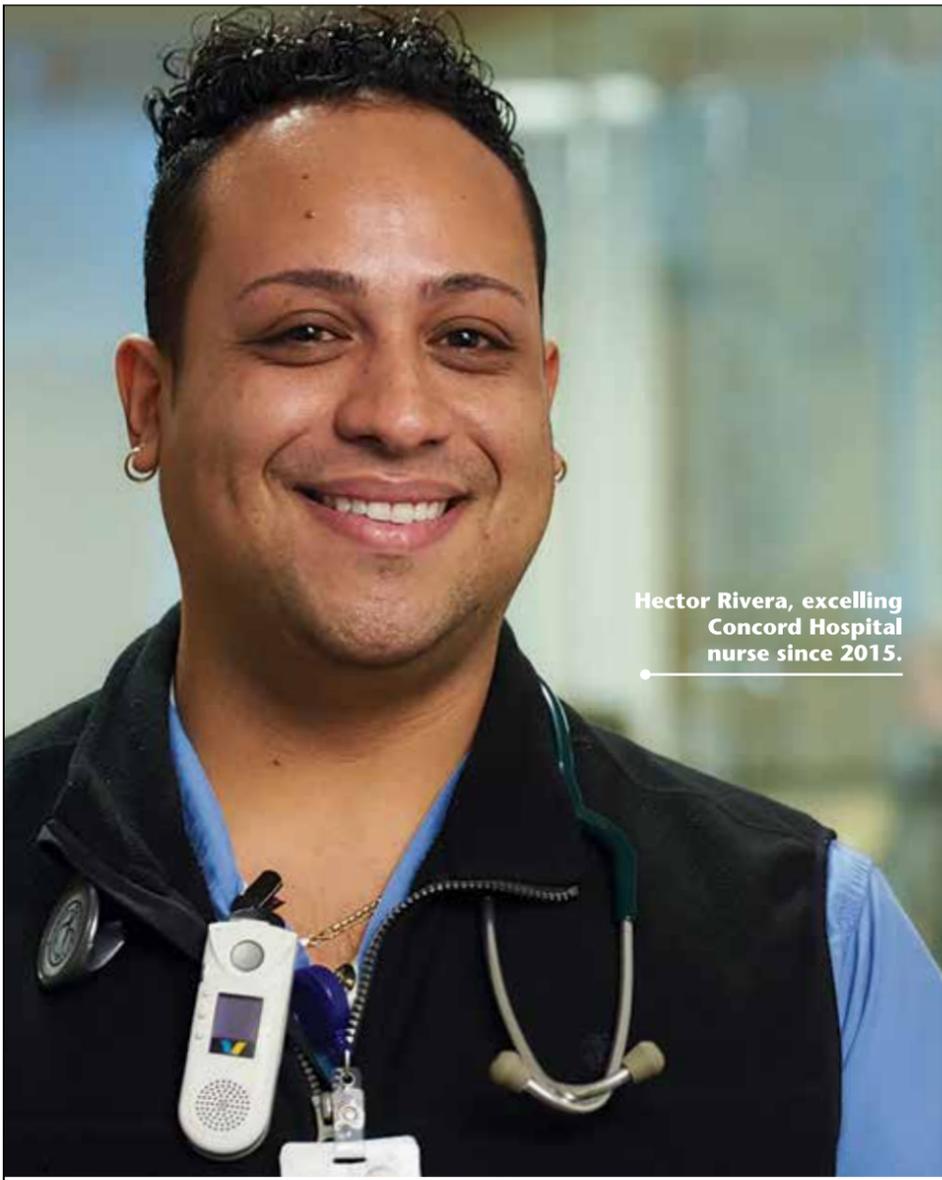
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