A Medical Mission to Costa Rica
The Trip that Almost Wasn’t...

Jennifer Thompson
MS, APRN

The temperature was in the 90’s, the sun was blazing hot, the air was humid, choked with dust from the cars driving by on the dirt road where we had set up our field clinic. We were in the midst of our first clinic day. A constant stream of sweat dripped from my face and I am pretty sure my hair was stuck to my head. I looked towards the front door to see my co-faculty member, Marilyn, taking the blood pressure of a woman in her fifties. The woman was also covered in sweat, hand on her chest, trying to catch her breath. She had taken off a small backpack and set it by her feet. After taking her blood pressure, Marilyn came to me, looking concerned. “We don’t have any more appointments, but need to fit this woman in.” Her words were stuck to my face and I am pretty sure my hair was stuck to my head. I looked towards the front door to see my co-faculty member, Marilyn, taking the blood pressure of a woman in her fifties. The woman was also covered in sweat, hand on her chest, trying to catch her breath. She had taken off a small backpack and set it by her feet. After taking her blood pressure, Marilyn came to me, looking concerned. “We don’t have any more appointments, but need to fit this woman in.” Her words were stuck to my face and I am pretty sure my hair was stuck to my head.

Many months earlier, during a faculty meeting at Rivier University, I learned the Division of Nursing and Health Professions was looking for faculty to lead their next medical mission. The trip would involve taking nursing, nurse practitioner and public health students to Costa Rica. I jumped at the opportunity.

We landed in Newark, NJ, with eight minutes to get to our connecting flight. The passenger sitting next to Marilyn stood up and announced in a booming voice that we needed to deplane first so we could go on our medical mission. Surprisingly, everyone remained seated until all of us were off the plane. We sprinted through the airport to another terminal. One asthma attack and one episode of chest pain later, we made our connecting flight.

Why are you doing this trip?
“I wanted to reconnect to nursing, the compassion aspect of it, that’s why I went into nursing in the first place.”
-Karleny Foley

We landed in Newark, NJ, with eight minutes to get to our connecting flight. The passenger sitting next to Marilyn stood up and announced in a booming voice that we needed to deplane first so we could go on our medical mission. Surprisingly, everyone remained seated until all of us were off the plane. We sprinted through the airport to another terminal. One asthma attack and one episode of chest pain later, we made our connecting flight.

After months of planning by lead faculty, Marilyn Daley, DNP, APRN, and the Office of Global Engagement at Rivier University, we were ready to go in early March, 2018. Then came a snowstorm, shutting down air travel in the Northeast for days. After a three-day delay, Marilyn, myself and 14 students were sitting on the plane in Boston, ready to go. After several more delays, the flight attendant told us we would likely miss our connecting flight to Costa Rica and suggested we deplane and try again tomorrow. Already, our mission trip was cut down by three days. This was not the experience we were hoping for. “Is there any chance we can make the connecting flight?” I asked the flight attendant. She replied, “It’s a very small one.” We decided to go for it.

The learning objectives of this trip were:

1. Expose students to a different culture with the goal of learning customs, beliefs, language, food, and healthcare.
2. Enhance clinical skills, regardless of level of practice.
3. Learn and enhance Spanish language skills.
4. Enhance teamwork skills in challenging environments.
5. Investigate the concept of community assessment, and collect and analyze data about health problems and populations at risk.
6. Expand the students’ focus from the care of individual patients to the care of families, groups, communities, and the global population.
The local and state elections are behind us but the impact of our vote is still ahead. There is an opportunity to learn from our neighbors in Massachusetts who spent significant time and resources on Question 1 to legislate nurse staffing ratios and it appeared quite often to pit nurses against administrators. Everyone knows that when you increase the number of experienced registered nurses providing care, you decrease negative patient outcomes. But it seems counterproductive to mandate a standard that decreases the number of experienced registered nurses providing care, you decrease negative patient outcomes. But it seemscounterproductive to mandate a standard when there are already not enough nurses. In New Hampshire with the second oldest population in the country, our “silver tsunami” is gaining momentum and we need to be thinking about upstream solutions to achieve better patient outcomes and reduce burnout among nurses. Recently governor Sununu made a campaign promise of a $24 million increase in the state’s nursing programs to revitalize the LPN programs, and increase capacity for the community and state nursing programs. The NH Department of Employment Security estimates 1309 RN positions and 1169 LPN positions are open annually. Currently NHNA has two members serving on commissions to help address the shortages: Mary Jean Byer MS, RN is on the Commission to Review and Evaluate Workforce and Job Training Programs and Pamela DiNapoli, PhD, RN CNL, was appointed to the NH Commission on Primary Care Workforce Issues. Should NHNA be doing more? If you need a refresher on the legislative process and/or want to have a voice about bills that impact health, healthcare and the nursing profession, plan to join us at the Legislative Town Hall Forum on January 29, 2019 @ 5:00 - 7:00 pm at locations all over the state. At this event we will also award our first $1000 Advocacy Scholarship to a BSN, MSN, DNP, or PhD student who has been particularly effective as an advocate because of their role as a nurse for their patient, community or population through lobbying, providing testimony or reaching out to educate decision makers. The Fresenius Kabi Scholarship is part of a two-year grant from the American Nurses Foundation.

There is also federal legislation that was proposed on February 15, 2018 in the House of Representatives, H.R. 5052, the Safe Staffing for Nurse and Patient Safety Act of 2018. This would affect Medicare participating hospitals and require convening a staffing committee of not less than 55% of nurses who provide direct patient care. Visit Congress.gov to learn more. Reach out to us if you want NHNA to take the lead in other ways: nhnurses.org. Meanwhile, read what former ANA President Pamela Cipriano had to say about Question 1.

Visiting nurses are one of the more than 700,000 state employees in Pennsylvania. They are on our front lines, providing care for the elderly, nursing home residents, and others in need of assistance. They are paid relatively poorly by comparison to the income of hospital employees and they are often required to work long hours and face significant workloads. Visiting nurses are an essential part of the workforce in Pennsylvania and they need support from their state government. In addition to increased pay, they also need better working conditions and a voice in the decision-making process. These issues are important to the future of the profession and to the health of the state of Pennsylvania.

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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.
The fall was a busy time for the New Hampshire Nurses Association (NHNA). In September, I attended the American Nurses Association (ANA) Institute in Washington DC to learn how to effectively message to legislators and other policy decision makers. Later in the month, I attended ANA’s Lobby Day and visited the offices of Senators Jeanne Shaheen and Maggie Hassan to discuss ANA’s Safe Staffing legislative initiative (H.R. 5052/S. 2446). Along with New Hampshire Technical Institute, NHNA hosted a round table discussion with Representative Annie Kuster, the Opioid Crisis was discussed and how it is impacting nurses in New Hampshire as well as Nursing Workforce issues. Congresswoman Kuster played a key role in securing the passage of H.R. 6 providing comprehensive funding to fight the Opioid Crisis.

In October, we hosted a successful Healthy Nurse Scholarship 5K & Health Fair (see related article), almost doubling the proceeds over last year’s event. We also used this venue to announce the first recipient of scholarships from the Healthy Nurse Scholarship Fund (see related article).

In November we hosted NHNA’s Annual Meeting and Nursing Conference. During the Annual Meeting we discussed NHNA’s activities over the past year, and shared the results of the annual elections and the proposed Bylaw changes, including the question of opening membership to Licensed Practical Nurses. The Nursing Conference: Nursing & Beyond, held in the Dion Center on Rivier University campus was a great success. This was the first day-long conference that NHNA has held in many years. We also recognized the winners of NHNA first Rising Star Award and the winner of the Champion of Nursing Award.

Throughout November and December, the nomination period was open for the Excellence in Nursing Awards. Over the summer, the Excellence in Nursing Task Force developed a rubric for each specialty area nurse award. Check out the Excellence in Nursing website for more information as nominations will remain open until January 11, 2019. (https://www.nhmagazine.com/nursingawards). As a reminder, here are the specialty nursing categories for the 2019 awards:
- Advanced Practice Registered Nurse
- Ambulatory Care Nursing
- Cardiovascular Nursing
- Emergency Nursing
- Gerontologic & Long Term Care Nursing
- Hospice and Palliative Care Nursing
- Maternal-Child Health Nursing
- Medical-Surgical Nursing
- Nurse Educators and Nurse Researchers
- Nurse Leader
- Pediatric & School Nursing
- Psychiatric and Mental Health Nursing
- Public Health Nursing
- Get your nominations in today for one of health care’s unsung heroes.

If you haven’t checked out the NHNA website lately, you might have missed some recent changes.

We have enhanced the Nursing Practice section on the website, providing numerous new resources and links to related resources on the ANA and New Hampshire Board of Nursing websites. We have created an Advocacy Tool Kit and posted these resources under the Advocacy tab. We have added numerous photos from events to our Photo Gallery. We have posted numerous free or low-cost opportunities to earn nursing contact hours to the CNE Offerings page, under the Continuing Education tab. We have posted numerous announcements to share what NHNA is all about. We have posted Board and Commission meeting minutes, as well as our quarterly financial report. We have added promotional banners to our homepage. Our site is kept updated in a timely manner, keep our members current on what we are doing and provide easily accessed, useful resources. So check out the website and see what’s new.

Finally, I want to acknowledge the wonderful work being done by Paula MacKinnon. She has instituted the weekly e-flash to keep our members up to date. She has significantly increased NHNA’s presence on our social media, making 115 posts and 74 tweets during August and September; with a dramatic increase in the number of impressions. She also set up an NHNA Instagram account, which had 34 followers by early October. Paula has also lent her considerable artistic talent to creating the promotional banners on the NHNA website, creating event brochures and promotional pieces. She is now working on developing an NHNA promotion video; we are really excited about this new venture. I am grateful to have Paula on the NHNA team!

ANA URGES MASSACHUSETTS VOTERS TO VOTE “NO”

Ed Note: The following statement by ANA President Pam Cipriano was released on November 1, 2018.

The American Nurses Association (ANA) stands with nurses, nurses’ associations and the public in opposing the recent ballot question in Massachusetts regarding the strict numeric ratio approach to nurse staffing. ANA believes that direct care staffing in all health care settings. We know that nurse staffing makes a critical difference for patients, hospitals, and communities, and that is why ANA urges nurses to reject it.

Given the complexities of nurse staffing, ANA has developed Principles for Nurse Staffing and a recent federal legislative proposal that emphasize the role of nurses’ professional input and decision-making in determining nurse-patient staffing.

ANA’s Principles underscores that:
- Nurse staffing is more than numbers
- One size does not fit all
- Nurses’ experience, as well as other components of the staffing mix, along with patient acuity, workflow such as volume of admissions, transfers, and discharges, and available resources in the delivery of care, all impact the determination of what is appropriate staffing at any given time
- Patient care needs are fluid – and vary between hospitals, among units in a hospital and across shifts
- Nurses work as a team; flexibility and teamwork are essential to effectively meet the ever-changing needs of patients.

We urge nurses, hospitals, and communities in working with ANA as we work with others to establish a strong voice for nurses and patients in Massachusetts.

Joan Widner
ANA President

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The residents of this community were very appreciative that we were there. Many have no access to healthcare. Once word spread that we were in the neighborhood, people began approaching us in the street, requesting to be evaluated. Unfortunately, we had only planned on seeing 20 patients at clinic the next day, so we had to triage the sickest people. How do you tell someone “no” when they are asking for help? Each team struggled with this.

We evaluated and treated over 53 families. We learned about the culture through meeting people in their homes, and having dancing and cooking lessons from local residents. Students learned the true meaning of triage and how difficult it is to decide who does not get care. They learned that even with very limited resources, you can still provide excellent nursing care. Students walked away with an appreciation of all of the resources we have in the US.

Teamwork was another big take-away. We were in unfamiliar and sometimes dangerous areas. Everyone played a role and worked together. Everyone assumed responsibility. There was no hierarchy, no rank. We were a team.

At the end of the trip, I asked Marilyn about the woman with the backpack. She was a mother and a grandmother. She had just bought food for the week that would feed her entire extended family. Their week’s worth of food was in this one small backpack. It was heavy, about 40 pounds, stuffed with rice and beans. The food in this pack was going to feed many people – for one entire week. This looks much different than my trips to the grocery store. While walking up the hill, with her pack on her back, in this very hot weather, the woman began to develop chest pain and shortness of breath. She saw our medical clinic, and walked in, asking for help. After Marilyn saw her blood pressure was over 250 mmHg, she discussed options with the local physician working in our clinic. We recommended that she go to the ER to be treated for hypertensive emergency. She refused. She had to go home and prepare meals for her family.

After resting, she said she felt better. We were able to give her atenolol from our pharmacy of donated medications and dispense a few weeks supply. Her local physician would likely prescribe pressure release for a few minutes to teach students about the symptoms, the exam, the diagnosis and the treatment. One of the toughest lessons for our team was learning that patients could not receive the care we thought they needed. Our team saw a wide range of medical problems such as: hypertensive emergency, urinary tract infection, gunshot wound, sexual abuse, respiratory infection, skin infection, dementia, chest pain and many more. We would treat what we could with our very limited supplies. At one point, the physician attempted to write a prescription for an IV cannula, not very successfully. But, that was the best we could do with what we had.

Marilyn spent a lot of time educating this patient, in Spanish, on the importance of getting her blood pressure under control. She was appreciative of the information, but, this was not her priority. She would likely not make any changes, especially if she felt well. This was a hard lesson for us to learn. However, we did take comfort in knowing we helped her when she needed it, we treated the acute condition, and we provided education and a plan for follow up. We made a difference.

Our students learned to care for families, groups, communities, and the global population. Caring on a medical mission was a life changing experience. It is very rewarding knowing you have a skill set that can help people in a place where the skill set to make a difference is something I will never forget.

For issues that required more than we could do, the physician would write a prescription for the patient to go to the Emergency Room (ER). He told us that in most cases, the patients would not follow this advice. Either they did not have transportation to the ER, or they were afraid it would cost them money they did not have. It was hard for our team to understand this, but our clinician’s knowledge and experience taught us to treat the acute condition, and if the patient had a prescription written for medications and dispense a few weeks supply. Her local physician would likely prescribe pressure release for a few minutes. We never forget the door of the building in which we would make our clinic. It was surrounded with metal fencing and barbed wire. We were let in through the locked fence, then the locked front door of the building that opened to a large, empty, dirty and stillingly hot room. This would be our clinic.

One thing that was striking about our clinic was a lack of diagnosis and treatment. One of the toughest lessons for our team was learning that patients could not receive the care we thought they needed. Our team saw a wide range of medical problems such as: hypertensive emergency, urinary tract infection, gunshot wound, sexual abuse, respiratory infection, skin infection, dementia, chest pain and many more. We would treat what we could with our very limited supplies. At one point, the physician attempted to write a prescription for an IV cannula, not very successfully. But, that was the best we could do with what we had.

With the backpack.

Jennifer Thompson, MS, APRN, is a cardiology nurse practitioner at New England Heart & Vascular Institute at Catholic Medical Center and adjunct faculty in the FNP Program at River University. She is also the Executive Director of New Hampshire Nurse Practitioner Association.

All photos taken by faculty and students and used with permission.
2nd Annual Healthy Nurse Scholarship 5K & Health Fair

On cool and blustery October day, the New Hampshire Nurses Association hosted the second annual Healthy Nurse Scholarship 5K and Health Fair. The event was held on the Rivier University campus with the support of the Rivier University Student Nurses Association. “We are so fortunate to have Rivier’s support in putting on this program,” stated Joan Widmer, NHNA’s Nurse Executive Director. Jan Reale, faculty advisor for the student nurse organization provided invaluable assistance in securing the location for the event and organizing student volunteers. The students helped with set up, clean up and directing race participants along the course.

The 5K even registered 65 participants. Sue Carnirand from Banyan Tree Yoga led the race participants in a pre-run stretch. The race began promptly at 10:00 am when Jennifer Johnson fired the starting gun. The first runner crossed the finish line a mere fifteen minutes later. Most of the runners completed the course by 10:40 when the awards were presented. The top three male finishers were Michael Anderson (15:09), Tim Price (15:22) and Christian Smith (15:35). The top three female finishes were Marin Owens (21:55), Kayleigh Froment (23:43) and Shavane Broderick (25:22).

Race management services, including time keeping, were provided by Ti Events. Chris Lewis and her team did a fabulous job managing the race, as well as, handling the pre-event registration. NHNA thanks event sponsors who make the event possible. This year’s exhibitors included: Splash Financial and Exeter Hospital. NHNA’s core values and how achieving their BSN will help them to exemplify an additional core value.

The youngest participant was Aubrey Dubois (age 7) and the oldest participant was Janine Reale. The team spirit prizes went to the team of Southern New Hampshire Health, Lindsey Dupuis and her daughter Amber.

A special thank you is due to members of the NHNA Board of Directors and Commission on Nursing Practice who added their efforts: Carlene Ferrier, Barbarajo Bochenhauer, Samantha Warren, Jennifer Johnson, Lyndsay Goss, Darby Thomas, Mary Ellen King and Kathie Poplar.

A Health Fair was held at the start/finish line, with 16 exhibitors providing wellness information for the 5K participants. This year’s exhibitors included:
- Adam Rembisz (Elliot Health System’s Trauma Program)
- ANBI
- Carol McIntyre (AWHONN)
- Sue Carnirand and Mariah Ferguson (Banyan Tree Yoga)
- Sue Nordrano (Monarch Health Coaching)
- Melinda Luther (SITH-Epilon Chapter)
- Gail Brown (NH Oral Health Coalition)
- Flavia Martin (Nashua Department of Public Health)
- Melissa Nichol (Amherst Family Chiropractic)
- Cate Lehan & Dr. Greg Rosic (Southern NH Internal Medicine Assoc.)
- Karen Kallie RN, MACP
- Mark Wilson (Splash Financial)
- Terry Malek (Dartmouth-Hitchcock)
- Lindsey Dupuis (Southern New Hampshire Medical Center)

The RN-BSN scholarship was presented to Kristianne Pinard attending Granite State College. In Kristianne’s application she spoke to the importance of collaboration as “Collaboration is the best way to keep our care for the resident-person-centered, improving their quality of life and health outcomes.” Kristianne also shared that receiving her BSN has, “helped her see that evidence-based practice isn’t just something that will pertain to my own nursing practice, but could also make a difference in the way a facility dictates policy, improving health care outcomes.”

Certification applicants were asked to share why certification was important to them and how their certification will impact nursing practice. The Certification scholarship was presented to Leila Volinsky who recently passed the Certified Professional in Patient Safety Exam. Volinsky’s certification is provided through the Institute for Health Improvement. In her application Leila stated that, “achieving this certification demonstrates my high level of knowledge related to patient safety practices”...as a nurse achieving the CPPS certification, I will be able to work with fellow nurses to develop and optimize workflows to improve patient safety and in turn improve outcomes and reduce costs.”

Certification scholarship winners and the Scholarship Task Force (left to right) Kathie Ruel, Lyndsay Goss, Leila Volinsky (Certification winner), Kristianne Pinard (RN-BSN winner) and MaryEllen King. Not pictured: Pattyann Labrie and Juliann Van Kalken

Money raised at the First Annual NHNA Healthy Nurse Scholarship 5K and Health Fair in 2017 was awarded at the Second Annual event in October 2018. A team of New Hampshire nurses, the Scholarship Task Force, worked together to develop the RN-BSN and certification scholarships for licensed registered nurses who are members of the NHNA. The scholarships were developed in appreciation of one of the core values of the American Nurses Association, commitment to life-long learning. They were designed to support nurses who wish to improve their nursing practice through higher education and specialty certification. The task force reviewed 14 applications received for this year’s scholarship awards. The RN-BSN applicants were asked to share how they exemplify one of the NHNA’s core values and how achieving their BSN will help them to exemplify an additional core value.
General John Stark, the revolutionary war hero at the Battles of Lexington and Saratoga was invited to the 22nd anniversary of his most famous success, the Battle of Bennington in 1859. The Battle is still remembered every year in Vermont on August 16th. Unable to attend due to ill health and age (he was 88) he sent a message to the ceremony: “Live free or die: Death is not the worst of evils.” The motto lives on today on our State Emblem, Flag and, of course, the license plate. Could it be that a mere 209 years later, the philosophy of our motto has permeated our neighbors to the south?

New Hampshire nurses have a long history of fighting for higher pay, shorter hours, and better conditions. Unlike Massachusetts, where over 75% of nurses, particularly in acute care facilities rely on unions, particularly the Massachusetts Nurses Association (MNA), to bargain on their behalf. The MNA is not affiliated with the American Nurses Association.

Massachusetts nurses who are members of the MNA pay some pretty stiff dues for the services of the MNA. Depending on their hourly wage and location it can easily be over $1,000.00 from the hard earned dues to fight for legislation this fall to enact mandatory nurse-patient ratios.

Going into the fall 2018 election, the state of Massachusetts did not regulate the number of patients nurses can be assigned in private hospital emergency rooms, surgical units, maternity wards or psychiatric units, though the state did regulate the number of patients a nurse can be assigned in an intensive care unit (2:1). Question 1 on the ballot was to enact ‘safe’ patient limits across all hospital units (see insert). It was not the first time the question had been discussed. In fact, the same language was proposed in 2014 by MNA, with a negotiation to the number of patients a nurse can be assigned in an intensive care unit (2:1). Question 1 on the ballot was to enact ‘safe’ patient limits across all hospital units (see insert). It was not the first time the question had been discussed. In fact, the same language was proposed in 2014 by MNA, with a negotiation to the number of patients a nurse can be assigned in an intensive care unit (2:1). Question 1 on the ballot was to enact ‘safe’ patient limits across all hospital units (see insert).

The campaign was called by the Boston Globe a “bitter campaign” and included some pretty nasty television spots. The Globe editorial came out against the Massachusetts with the 11 million dollars spent by the MNA. Perhaps the “Live free or die” philosophy has ‘leaked’ south. In my opinion, it is a motto worth keeping, nursing unions may be the “worst of all evils.”

Massachusetts Ballot Question 1

Proposal for Nurse Staffing*

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<thead>
<tr>
<th>Step-down/intermediate care</th>
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<tbody>
<tr>
<td>Post-anesthesia care</td>
<td>2:3</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>1:1 if critical; 2:1 if urgent unstable; 3:1 if urgent stable; 5:1 if non-urgent stable</td>
</tr>
<tr>
<td>Maternity</td>
<td>1:3 Active labor during birth, 2 hours post-partum; 2:1 mother and baby; 6:1 post partum; 2:1 babies; 6:1 well babies</td>
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<td>Pediatric, medical, surgical, telemetry, or observational/outpatient treatment patients, or any other unit</td>
<td>4:3</td>
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<tr>
<td>Psychiatric or rehabilitation patients</td>
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*A applies to all licensed hospitals in the state: mandates that facilities are not allowed to reduce the number of nurses on staff in order to comply with the restrictions. Any hospital or facility found to have violated the limits could be fined up to $25,000.

IN MY OPINION

Live Free or Die

Susan Fetzer

A Round Table Discussion with Congresswoman Annie Kuster

Members of New Hampshire Nurses Association (NHNA) participated in a round table discussion with Congresswoman Annie Kuster (D-2) at New Hampshire Technical Institute (NHTI), Concord’s Community College, on September 17, 2018. Kuster discussed the importance of New Hampshire’s healthcare workforce to the local economy and shared information regarding her jobs and Opportunity Agenda. She also discussed the House Opioids package (H.R. 6), the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act; which recently passed the House with her support. “In addition to being a public health emergency, the opioid epidemic is also an economic crisis,” said Kuster, “Granite Staters who otherwise would be making valuable contributions to our economy are unable to do so because they are struggling with substance misuse and often are unable to access the care they need, in part because of the shortage of substance misuse treatment providers.”

Kuster then listened to leaders in the nursing field about best practices and initiatives in workforce development and the impact of substance misuse in the community on their work. The discussion initially focused on the opioid epidemic. Cathy McNamara, Director of Nursing and Clinical Services, Southern New Hampshire Internal Medical Associates and member of NHNA Board of Directors shared information on how the opioid epidemic is impacting primary care practices in New Hampshire. “It has taken and will continue to take an enormous amount of education for patients as well as providers regarding opioid prescriptions and new rules regarding frequency, type and alternative treatment plans,” remarked McNamara. Bobbie Bagley, Director of Public Health & Community Services, City of Nashua, and Immediate Past President NHNA discussed the impact of the opioid epidemic on public health and the role of safe stations and how Federal funding is helping. Cynthia Cohen, Performance Improvement Leader, Catholic Medical Center and member of the Health Care Task Force of the Governor’s Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery and Member of NHNA’s Commission on Government Affairs spoke about the impact of the opioid epidemic on the acute care setting, as well as the work of the Health Care Task Force in combating this problem. “Nurses throughout the state are poised to provide care to patients who struggle with opioids in the inpatient setting. Education targeted at caring for this vulnerable population is necessary to successfully leverage the talent and compassion of nurses throughout our state,” Cohen remarked.

The discussion transitioned to nursing workforce concerns. Mary Jean Byer, Nursing Director at Concord Hospital, NHTI and a member of NHNA shared information on workforce and Job Training in New Hampshire spoke on the planned work of the Commission, as well as the challenges of educating nurses to meet the healthcare needs of New Hampshire. Byer stressed, “We have to focus on the need to prepare more qualified nursing faculty, as well as the need to educate more nurses to help meet the projected nursing shortage and workforce demands of New Hampshire.” Laurie Harding, Chair, Commission on Primary Care Workforce Issues discussed workforce development in the primary care setting and how the Federal government could aid this effort. Sarah Currier, Director of Workforce Development, Dartmouth-Hitchcock Medical Center, shared information on workforce development in the acute care setting, with focus on the northern part of the state, and how the Federal government could aid this effort. She reported on how DHMC works through partnerships and with state resources to enhance their efforts and develop sustainable workforce development programs.

Nursing students from NHTI asked Congresswoman Kuster and the panel questions at the end of the formal presentations. The students were highly engaged and asked insightful questions. New Hampshire nurses are fortunate to have Congressional representation that listens and hears nursing concerns.
Project ECHO is a highly effective, scalable education model, particularly relevant in the field of healthcare training and development, intended to offer better access to and decrease disparities in healthcare globally. It has grown rapidly over the past 15 years and there are now over 180 active ECHO hub partners, with many hundreds of different programs, located in all 50 states of the United States and in 28 countries around the world. The program’s goal is to impact one billion lives by 2025. This program represents a sea change in healthcare through its skill and knowledge amplification of healthcare providers.

The Project ECHO model has proven successful. A prospective cohort study that examined the outcomes of treatment for hepatitis C virus infection by primary care physicians found the sustained viral response of patients treated at Project ECHO sites comparable to patients treated at the University of New Mexico’s HCV clinic with care provided by specialists in gastroenterology. Additionally, patients experience adverse events related to their treatment occurred in 6.9% of Project ECHO sites versus 13.7% of patients at the University of New Mexico’s HCV clinic (Arora et al., 2011).

Through a grant from HRSA Rural Health Network Development Program and the Maine AHEC Network at the University of New England, the first Project ECHO program in New Hampshire was launched in January 2018. The project, Continuity of Care for Substance Use and Exposure during the Perinatal Period, is designed to build capacity by:

- Providing consultation from an experienced team of experts and specialists continuing medical education (CME) credit and teaching;
- Increase understanding of the extent of substance use during pregnancy throughout New Hampshire;
- Outlining how to identify potential substance use problems using screening protocols during pregnancy;
- Helping to support and facilitate the continuity of care for pregnant women with substance use disorders and their newborns through the perinatal period (Tuttle, 2017).

Monthly teleECHO sessions were scheduled through September 2018 with the program currently seeking sustaining funding. Northern New England Project ECHO program in New Hampshire was launched in January 2018. The project, Continuity of Care for Substance Use and Exposure during the Perinatal Period, is designed to build capacity by:

- Providing consultation from an experienced team of experts and specialists continuing medical education (CME) credit and teaching;
- Increase understanding of the extent of substance use during pregnancy throughout New Hampshire;
- Outlining how to identify potential substance use problems using screening protocols during pregnancy;
- Helping to support and facilitate the continuity of care for pregnant women with substance use disorders and their newborns through the perinatal period (Tuttle, 2017).

Reference:


Project ECHO, University of New Mexico Health Sciences Center. 2016. Project ECHO: Right knowledge, right place, right time. [Brochure]. https://echo.unm.edu.


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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).
Colby-Sawyer’s Master of Science in Nursing (MSN) program has been granted full five year accreditation by the Commission on Collegiate Nursing Education (CCNE). The MSN program prepares Clinical Nurse Leaders in a 37 credit graduate program. The first cohort, starting in 2016, graduated in May 2018.

The New Hampshire Board of Nursing has continued “approved on probation” status for nursing programs at Keene State College, Plymouth State College and St. Joseph School of Nursing. Keene and Plymouth were granted one year extensions while St. Joseph was granted a six month extension.

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.

Twenty-four Saint Anselm College nursing students were inducted into the Epsilon Tau at-Large Chapter of Sigma Theta Tau International Honor Society of Nursing on October 21, 2018, in the Roger and Francine Jean Student Center event space. The ceremony was conducted by President and Professor Pamela Preston, Vice President, Professor Carrie E. MacLeod, Faculty Advisor Faculty member Alicia Law, and Chapter Treasurer Amy Guthrie, director of Continuing Nursing Education. Hilary Gorgol, RN, BSN, a 2014 graduate of the Saint Anselm College nursing, spoke at the ceremony.

Better Nursing Careers!

We are excited to announce that we have many new opportunities for nurses throughout the Dartmouth-Hitchcock system and new units will be opening at the Academic Medical Center in 2019. This is a great time for experienced nurses to reach out and talk with us about their career interests and goals. We are hiring for all areas including:

- Medical ICU *
- Neuro ICU *
- Operating Room *
- Pediatric ICU *
- Neuroscience *
- Intensive Care Nursery (NICU) *
- Case Management *

* sign-on incentive available

Visit DHnursing.org to learn more
Leadership requires emotional control. Some people get apoplectic when you suggest they should control their emotions rather than express them. They say something ridiculous like, “It’s not healthy to suppress your feelings.” A leader can feel things that their followers do not need and should not know about.

You aren’t a two-year old who lets everyone know how she feels NOW. You’re a leader and leaders serve the best interest of others. Your team isn’t your therapist. Your colleagues aren’t your counselors. It’s unfair to expect them to manage your emotional health. Yes, you need a friend, spouse, coach, mentor, counselor, or therapist that can hear your issues. But your direct reports deserve better than a leader who spews emotional baggage. Any leader with responsibility knows self-expression can derail positive influence and hinder effectiveness.

Practice emotional control!

1. Having a bad day?
   Tighten your belt. Keep it to yourself.
2. Hate your team right now?
   Find something to love.
3. Ready to blow up at someone?
   Say something kind. (Silence isn’t leadership.)

4. Envious of another’s opportunity or success?
   Find something to honor.
5. Notice and reflect on your feelings.
   What do you really want and what’s the best way to get it?
   Write that nasty email, but don’t send it, ever.
7. Discuss your feelings with someone outside your team.
8. Get some rest.
   You’re never at your best when you’re exhausted.
9. Eat right.
   Exercise. Take walks.
10. Serve the best interest of others even when it’s difficult.
11. Do something for someone who can’t do something for you.
    Generosity recharges your emotional batteries.

Adapted from Dan Rockwell’s blog leadershipfreak.

Sandra Van Gundy, BSN, EdD, RN has accepted a position as the Director of Quality, Patient Safety and Patient Experience at LRGHealthcare. Gundy received a BS from UMass Lowell, a Master’s of Education from Plymouth State University as well as a Doctorate of Education (EdD) from Plymouth State University in 2018. She has 27 years of nursing experience most recently as an Association Clinical Professor at Plymouth State.

Amy Matthews, MS, RN, CEN, CHEP, has been promoted to the Senior Vice President, Patient Care Services (CNO) at Cheshire Medical Center. Matthews is a graduate of New England Deaconess Hospital School of Nursing in Boston, and Excelsior College in New York. Matthews has been with the organization since 2000 serving as the Director of Critical Care and Emergency Services and Senior Director of Patient Care Services. Matthews replaced Cindi Coughlin who held the chief nursing position since 2011.

New Hampshire Nurses Association

Legislative Town Hall Forum

SAVE THE DATE: January 22, 2019

Join us to discuss legislation before the 2019 NH Legislature that can impact health care and nursing practice here in New Hampshire.

This will be presented in a webinar format and we will have groups gathering at locations around the state.

Snow Date: January 29, 2019

Event Sponsors

Granite State College

Dartmouth-Hitchcock

Watch our website for event updates: www.nhnurses.org
Congratulations to Diane Allen, MN RN-BC, NEA-BC, FACHE, who was elected to the American Psychiatric Nurses Association Board of Directors as Member at-Large. Allen assumed her Board position at the 32nd Annual APNA Conference in Columbus, Ohio in October, 2018. The American Psychiatric Nurses Association is a national professional membership organization committed to the specialty practice of psychiatric-mental health nursing and wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric disorders. Allen was formerly the Chief Nursing Officer at the New Hampshire Hospital in Concord.

Hats off to Jeannie Cashin who spent over a week in October, 2018, on an island off the coast of North Carolina to care for victims of Hurricane Michael. Cashin, who is retired, has been part of the Medical Reserve Corps for years. The Reserve Corps received a call from the Red Cross asking for help with hurricane recovery.

Congratulations to John Hanlon, DNP, CRNA, MSNA, APRN on being elected as President-Elect of the American Association of Nurse Anesthetists (AANA). Hanlon has been an active member of the New Hampshire Chapter of AANA. He will begin his fiscal year 2019 term of office at the conclusion of the AANA 2018 Nurse Anesthesia Annual Congress in Boston, Mass. Hanlon practices with the Sleep Safe Anesthesia PLLC, in Hudson, NH providing anesthesia services. The American Association of Nurse Anesthetists (AANA) is the professional association representing nearly 53,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists nationwide.

Cindi Coughlin, RN, formerly the Senior Vice President of Patient Care / Chief Nursing Officer at Cheshire Medical Center, received the Leslie A. Smith President’s Award, bestowed upon an individual who has made an exceptional contribution to the New Hampshire Hospital Association and in recognition of their dedicated service to the affairs, management and growth of the Association and its affiliates. Coughlin was recognized for dedicating herself and her career to enhancing the quality of patient care in her organization and community, and for her tireless service to high quality care throughout the region. The NHHA presented the award at the fall 2018 Annual meeting.

To get details of specific openings.

Northern NH Correctional Facility in Berlin Secure Psychiatric Unit at NH State Prison in Concord RN: $50,065.60-$58,968.00
RN II: $54,350.40-$63,939.20
RN III: $58,968.00-$69,992.00

Provides general nursing care and treatment in an adult residential setting, operating under a registered nurse. Graduates of a program approved by the New Hampshire Department of Education and the Board of Nursing are eligible for licensure in New Hampshire. Includes evaluation of the patient, planning appropriate nursing care, implementing care, monitoring outcomes and making revisions to care plans as needed. Includes patient education and the provision of social and emotional support.

To apply on line at www.nh.gov. Click on the Job Opportunities icon and follow the instructions to Register; create a complete profile and save. Log in and apply. Questions may be directed to Linda McDonald at 603-271-5645 or via e-mail at linda.mcdonald@doc.nh.gov.

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Manchester VA is an Equal Opportunity Employer. For additional information, contact Gil Fernands in Human Resources at Gilbert.Fernandes@va.gov or give him a call at (603)624-4366 extension 1105.

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

1. A patient with DKA has just been admitted to the intermediate care unit. What replacement does the nurse anticipate being ordered by the provider?
   a. Glucose  
   b. Potassium  
   c. Calcium  
   d. Sodium

2. A patient is diagnosed with acute pancreatitis. Which health-care provider’s admitting order should be questioned?
   a. Bed rest with bathroom privileges  
   b. Initiate IV therapy with D4W at 125 mL/hr  
   c. Weight daily  
   d. Low-fat, low-carbohydrate diet

3. When admitting a patient with Addison’s disease what clinical findings would the nurse expect to find? (Select all that apply)
   a. Moon face and buffalo hump  
   b. Hirsutism and exophthalmos  
   c. Bronze pigmentation and anorexia  
   d. Tachycardia and anemia  
   e. Hypotension and fatigue

4. The nurse is planning care for a patient diagnosed with syndrome of inappropriate antidiuretic hormone (SIADH). Which interventions should be included in the plan? (Select all that apply)
   a. Moon face and buffalo hump  
   b. Hirsutism and exophthalmos  
   c. Bronze pigmentation and anorexia  
   d. Hypertension and fatigue

5. The nurse suspects that a patient in the outpatient clinic is experiencing a thyroid storm. What signs or symptoms would confirm this suspicion?
   a. Constipation and hypotensive bowel sounds  
   b. Hyperpyrexia and tachycardia  
   c. Hypertension and hypoxemia  
   d. Anorexia and tachypnea
From the Bookshelf

THE NIGHTINGALE OF MOSUL
A Nurse’s Journey of Service, Struggle, and War
By: Susan Lutz with Marcus Brotherton

Reviewed by Anita Pavlidis, RN, MSN

This is a true story of a female soldier in Iraq who was awarded the Bronze Star—not for fighting, but for caring. She is today’s Florence Nightingale. At age 56, Colonel Susan Luz was deployed to Iraq. By the time she returned home, she had helped save the lives of 30,000 wounded soldiers, contractors, Iraqi civilians, and detainees. But this was not the first time Luz responded to the call of duty: this is the inspirational story of a life dedicated to service and to the ideal of fighting for what truly matters.

As a young woman, Luz served in the Peace Corps in Brazil, where she experienced the brutality of poverty and violence. As a public health nurse, she has worked in jails, psychiatric wards, and a violent inner city high school.

The Nightingale of Mosul is a poignant memoir about a life dedicated to service and to improving the health of others, set against the backdrop of the Iraq war. Colonel Susan Luz has kept the well-being of others as her foremost priority.

The final section, titled “The Nightingale Sings,” details Luz’s life in the war zone. From combating her own and her unit’s battle stress to enduring weather so extreme that eggs literally fried on the sidewalk, Luz’s vignettes serve as continuous reminders of both the fragility of life and the indomitable strength of the human spirit. The intensity of the US military surge in Iraq was matched by the surge in casualties. Luz earned a Bronze Star for her work in Iraq. On her first Veteran’s Day after returning home, she paid tribute to the fallen at their grave sites and heard a bird sing in the clear, brilliant tones of a nightingale.

Luz summarizes her beliefs as clearly as the nightingale’s song: “My aim always is to give myself to the people I meet, to serve others in wholeheartedness. Serving others has been my life’s priority, and the blessing has been mine. The more you give, the more you get.” She has been true to this mantra and to herself. Her story serves as a shining example of what it means to serve.

Although this is an engaging story about a fascinating woman, it took me a long time to finish this book. I wanted to know the story of a nurse serving in Iraq, but 2/3 of the book is back story. Not much depth was given to supporting characters and the story seemed flat, even drawn out. I felt her story could have been more passionate and intense with deeper reflection of her experiences but it was fact based and written in an easy to read straightforward manner.

Nonetheless, it is worth the time to read for it clearly reflects the “call to service” that nurses feel in their lives as care providers and who are always striving to do their best!

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.

References:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947247/

New Hampshire Nurses Association

Graduating Student Conference

SAVE THE DATE: March 29, 2019

All graduating student nurses are invited to participate in NHNA’s Graduating Student Conference & Career Fair.

This event will be held on the campus of Manchester Community College, Manchester, NH

Snow Date: April 5, 2019

Watch our website for event updates: www.nhnurses.org
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.

Littleton Nurse
Barbara J. (Martin) Wiggett, 69, passed away August 1, 2018. A Littleton native she attended the Laconia School of Nursing and graduated in 1969. She began her nursing career at Littleton Hospital and for the past 44 years practiced nursing for Dr. Rodney Felgate at Lin-Wood Medical Center in Lincoln, NH.

Clinic Nurse
Patricia Worcester Blood, 93, died August 8, 2018, in Virginia. She practiced for many years heading up the nursing staff at the LInwood Medical Center.

Keene Nurse

Practiced in Japan
Katherine Marag Richo died August 16, 2018. She received her nursing diploma in Massachusetts, a BSN from the University of New Hampshire and MSN at UMass Boston. Her nursing career included service as an Army nurse including the U.S. Army Hospital in Okinawa, Japan. Back in New Hampshire she did parish nursing at St. Philip Creek Orthodox Church in Nashua, NH and at the CMC Parish Nurse Program in Manchester, NH. She was a member of Sigma Theta Tau, the International Honor Society of Nursing and Emeritus member of the American Association of Critical Care Nurses.

Psych Nurse
Michelle (Bortz) Twyson, 42, passed away unexpectedly on August 17, 2018. She practiced for many years as a registered nurse for the New Hampshire State Hospital.

Ned Lee (Daniels) Boston, 70, died August 20, 2018. A Dover native she graduated from Stratham Vocational Technical College (Great Bay CC). She practiced nursing for 31 years at Wentworth-Douglass Hospital on the medical surgical floors.

Barbara Lee (Sandmann) Johns, 66, passed away August 20, 2018. After receiving her nursing diploma she practiced at a number of hospitals and retired from Exeter Hospital in 2011.

CNOR
Elaine (Beard) Lambert, 79, passed away August 29, 2018. She obtained a nursing diploma, a bachelor's degree in health management and master's degree as well as certifying as a CNOR. Elaine's career included working as a surgical director at Valley Regional and Rutland Medical Center. She went on to start and direct the Orthopedic Surgery Center in Concord, then went on to N.H. HHS in facility administration as a supervisor retiring in 2010.

OB LPN
Lydia M. Polkowicz Pollutini Valiure, 82, passed away September 1, 2018. She received her LPN from Sacred Heart Hospital in Manchester and began her career on the maternity ward at Notre Dame Memorial Hospital in Concord, NH. She practiced for 52 years including CMC ER for 38 years and retiring from Valley St. Jax in 2016.

NHH Grad
Frieda Gilbert Cohen, 90, died September 1, 2018. She graduated from the NH State Hospital SON in Concord and practiced there as a head nurse.

Gero Nurse
Constance "Connie" Drew Wiggins, 95, died September 3, 2018. She practiced as an RN at Frisbie Memorial Hospital in Rochester, The Clinic in Laconia, Belknap County Nursing Home in Laconia and at Mountain View Nursing Home in Osippe.

1938 Grad
Isabelle L. "Toots" (Weigler) Stache, 101, of Goffstown, passed away September 8, 2018. She was a 1938 graduate of the Notre Dame School of Nursing.

NDH Grad
Catherine "Kitty" E. Nichols, 84, died September 23, 2018. She was a diploma graduate of the Mary Hitchcock Memorial Hospital School of Nursing and practiced as an office nurse for Dr. Robert Morin in Franklin for several years.

DDMC Nurse
Alice (Bill) Gaskin, 84, passed away October 1, 2018. She attended St. Joseph's School of Nursing in Nashua, NH and was the director of nursing at Alice Peck Day Hospital in Lebanon for several years. She also practiced at the original Mary Hitchcock Memorial Hospital in Hanover and DHMC.

IN MEMORY OF OUR COLLEAGUES
Barbara Lee (Sandmann) Johns, 66, passed away August 20, 2018. After receiving her nursing diploma she practiced at a number of hospitals and retired from Exeter Hospital in 2011.

Concord Grad
Beverly Bartkus Jillson, 86, passed away September 14, 2018. She was a 1952 diploma graduate of the Concord Hospital School of Nursing. She practiced for many years at both Concord Hospital and the N.H. State Hospital. She retired after practicing at the Hitchcock-Concord Clinic in 1970's.

NHTI Grad
Judith A. Dodge, 57, died September 14th, 2018. She attended Plymouth State College graduating with a B.S. in Elementary Education and got her Special Education certification from Keene State College. She pursued her Master’s in Educational Administration at New England College and later her Associates in Nursing at New Hampshire Technical Institute. She practiced as a breastfeeding counselor at WIC. She was at WIC for 12 years and advanced in the field to become an IBCLC lactation consultant. She had been in private practice for over ten years and served on the NH Breasfeeding Taskforce where she received an award in 2006.

Moore Grad
Shirley M. (O’Donnell) LaRoche, 89, died September 19, 2018. A Connecticut native she attended Saint Anselm College and was graduate of the Moore General Hospital School of Nursing, practicing nursing for over 35 years.

Pedi Nurse
Jean S. (Anderson) Webb, 76, died September 20, 2018 in Massachusetts. She practiced as a RN for 29 years at Monadnock Hospital Pediatrics Department for Dr. Jeff Bower.

Varied Career
Frances Maxfield Evans, 92, passed away September 22, 2018. After obtaining her nursing diploma in Massachusetts she held positions at Memorial Hospital in Concord, as a summer camp nurse at Camp Red Fox in Bristol, N.H., and Camp Takhemauq in Madison, N.H., the Mary Hitchcock Clinic in Hanover, N.H., the Upper Valley Visiting Nurse Association in Norwich, Vt., and was the school nurse in the Granby, Mass., school system.

Elliot Grad
Anne-Marie E. Tucker, 85, died on September 21, 2018. She earned her diploma from the Elliot Hospital School of Nursing in 1954. She practiced at her alma mater, the Elliot Hospital in Manchester, for over 35 years.

DDMC Nurse
Carolyn (Fondick) Kuryla, 82, died October 1, 2018. She was a diploma graduate of the Mary Hitchcock Memorial Hospital.

DHMC Nurse
Alice (Bill) Gaskin, 84, passed away October 1, 2018. She attended St. Joseph’s School of Nursing in Nashua, NH and was the director of nursing at Alice Peck Day Hospital in Lebanon for several years. She also practiced at the original Mary Hitchcock Memorial Hospital in Hanover and DHMC.

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Elliot Grad
Evelyn Q. Shelley, 79, died October 2, 2018. A Keene native she was a graduate of the Elliot Hospital SON in Keene. She practiced for over 30 years with the former Keene Clinic on Main Street, and later with the Cheshire Medical Center, Keene. She also practiced as the school nurse at the Westmoreland Elementary School for several years.

Laconia Grad
Marcia A. (White) DiMambro, 86, died October 4, 2018. She was a 1953 diploma graduate of the Laconia School of Nursing.

ED Nurse
Dolores L. (St. Pierre) Warshall, 82, died October 4, 2018. A diploma graduate, her nursing career was focused as an emergency room nurse and in obstetrics. She practiced at Parkland Hospital, retiring in 1983.

Clinic Nurse
Bette Ann (Wills) Lancaster, 85, passed away on October 7, 2018. She practiced as an RN for thirty years before her retirement from the Hitchcock Clinic in Hanover.

Gero Nurse

CLINICAL CARE

North Country Nurse 50 years
Kathleen Barbara Emerson, 80, died October 9, 2018. She was raised in Montreal, Quebec and obtained her nursing diploma in Massachusetts she spent her first year as a nurse in Massachusetts she was a graduate of the Elliot Hospital SON in Keene until her retirement at the age of 75.

Concord Grad
Mary (Swinnerton) Watterson, 92, died October 22, 2018. She was a proud member of Concord Hospital’s first graduating class of nurses and practiced at Concord Hospital for 40 years.

Community Health Nurse
Mary (Glads-Varney) Timmons, 78, passed away October 20, 2018. After obtaining her nursing diploma in Massachusetts she spent her first year as a nurse at Frisbie and returned there after qualifying and returned there after qualifying for twenty-two years.

WDH-UNH Grad
Theresa F. (Letarte) Smith, 88, passed away October 14, 2018. She obtained her nursing diploma from the Wentworth Hospital SON in 1950. She returned to school, graduating from UNH with a degree as a Nurse Practitioner in 1980. Her practice included numerous positions including employee health at Wentworth-Douglass Hospital retiring in 1999.

Franklin Nurse
Gene Porter Tucker, 99, died October 11, 2018 at home. After obtaining her nursing diploma in Indiana she relocated with her husband to Alexandria, N.H. with the promise if after a year she didn’t like New Hampshire they would move back to Indiana. Gene practiced as a nurse at Franklin Hospital until her retirement.

NHTI Grad
John L. Howlett, 71, passed away October 16, 2018 following a lengthy fight against the effects of exposure to Agent Orange. John proudly served his country in the United States Army, seeing two tours of duty in Vietnam before his honorable discharge. He went on to receive an Associate’s Degree in Science as well as an Associate’s in Nursing from NHTI and a Bachelor’s Degree in Human Services from Springfield College.

Concord Grad
Mary (Swinnerton) Watterson, 92, died October 22, 2018. She was a proud member of Concord Hospital’s first graduating class of nurses and practiced at Concord Hospital for 40 years.

Gero Nurse

Loretta Ann Churney Land, 72, died October 22, 2018. After obtaining a nursing diploma in 1967 in West Virginia, she later obtained a Bachelor of Arts from the School for Lifelong Learning (Granite State). In New Hampshire she practiced at Mary Hitchcock Memorial Hospital in Hanover, where she also taught psychiatric nursing and authored “Hiram Hitchcock’s Legacy,” a history of that institution.

Marjorie A. Nagle, 86, passed away November 1, 2018. She practiced nursing at Frisbie Memorial Hospital for 32 years.

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Dolores L. (St. Pierre) Warshall, 82, died October 4, 2018. A diploma graduate, her nursing career was focused as an emergency room nurse and in obstetrics. She practiced at Parkland Hospital, retiring in 1983.

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Mary (Swinnerton) Watterson, 92, died October 22, 2018. She was a proud member of Concord Hospital’s first graduating class of nurses and practiced at Concord Hospital for 40 years.

Mary (Glads-Varney) Timmons, 78, passed away October 20, 2018. After obtaining her nursing diploma in Massachusetts she spent her first year as a nurse at Frisbie and returned there after raising her family from 1971-1976. In 1976, she joined the Rural District Health Council which later became the Rural District VNA. In her role as a home care nurse, Mary practiced as coordinator of community care, home health nurse, nurse trainer and clinical supervisor. She retired from the VNA in 2006 after 30 years of dedicated service. On December 1, 2015 Mary received the Cornerstone Award for her dedication and commitment to advancing the mission at Cornerstone VNA.

Constance "Connie" Ruth (Cleverly) Sheehan, 95, passed away October 12, 2018. After practicing in Massachusetts she was a RN at the Westwood Center in Keene until her retirement at the age of 75.

Elliot Grad
Evelyn Q. Shelley, 79, died October 2, 2018. A Keene native she was a graduate of the Elliot Hospital SON in Keene. She practiced for over 30 years with the former Keene Clinic on Main Street, and later with the Cheshire Medical Center, Keene. She also practiced as the school nurse at the Westmoreland Elementary School for several years.

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Gero Nurse

North Country Nurse 50 years
Kathleen Barbara Emerson, 80, died October 9, 2018. She was raised in Montreal, Quebec and obtained her nursing diploma from the St. Louis School of Nursing in Berlin, NH. She practiced for over 50 years in different capacities, as a school nurse in Groveton and later in North Stratford for more than 20 years. She also practiced at Weeks Memorial Hospital in Lancaster for over two decades.

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December 2018, January, February 2019

All nurses are eligible for a minimum of 30 transfer credits, and possibly up to 84 towards their degree.

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Accreditation Status: The Bachelor of Science in Nursing at The American Women’s College of Bay Path University is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791. (http://www.ccneaccreditation.org)
The political climate in the United States is volatile. Arguments around freedoms for women, people of color, and the LGBTQQ community are particularly divisive. Nowhere is this clearer than in discussions about the funding of Planned Parenthood. The nonprofit organization is a health care provider which receives monetary support from various sources, including government reimbursements and grants, non-government revenue, and private donations acquired through fundraising (Planned Parenthood, 2018). In the United States, Planned Parenthood has 56 independent affiliates who operate over 600 health centers (Planned Parenthood, 2018). The primary government sources of revenue are Medicaid and Title X, which is the government program which pays for “family planning,” also referred to as birth control (Planned Parenthood, 2018). Objections to the continued funding of Planned Parenthood are typically made by religious conservatives who object not only to abortion but also to birth control of various types.

To understand the issue, it is important to understand the services and clients provided by Planned Parenthood. Planned Parenthood provides many services around reproductive health for a range of individuals across the gender and sexuality spectrum. Services include well-woman gynecology annual exams, breast and cervical cancer screenings, vaccines, HIV testing and treatment, transgender services (in 17 states), and vasectomy, as well as pregnancy counseling (Planned Parenthood, 2018). Only a few clinics provide prenatal services, but all are able to refer patients to other providers for prenatal services as needed. Planned Parenthood employs nurses, doctors, social workers and others to provide a wide variety of support. In 2016, Planned Parenthood served 2.4 million patients, providing 9.5 million services (Planned Parenthood, 2017). In the same year, 47 percent of the services provided were for the diagnosis and treatment of sexually transmitted diseases, 28 percent were for contraception, 14 percent were for other women’s services, 7 percent were cancer screenings and prevention, 3 percent were for abortion, and 1 percent was for other services (Planned Parenthood, 2017).

Planned Parenthood welcomes volunteers with various skill sets, including medical professionals, nurse anesthetists (CRNAs), and Registered Nurses, as well as medical assistants and general administrative staff. Utilizing volunteers allows them to decrease their costs, and also builds support for the organization, who by extending their reach into the communities they serve. They also utilize volunteers to escort women in and out of their offices when there are anti-choice protesters present (Taylor, 2015).

Of the monies received from the federal government, about 75% comes in the form of reimbursement for services provided to patients who are covered by Medicaid (Kurtzleben, 2015). Medicaid is designed to help low income Americans, as does Title X, another source of money for Planned Parenthood. While many of Planned Parenthood’s patients are Medicaid patients, others have private insurance. Still others self-pay using a sliding-scale payment system. In 2012, 79 percent of Planned Parenthood patients were living at or below 150 percent of the federal poverty level, or about $14,500 annually.

Planned Parenthood is not directly “funded” by the government, in that there are not line items in the national or state budget which directs monies to Planned Parenthood. Rather, patients with Medicaid can utilize their insurance program to access care at Planned Parenthood’s health centers for annual gynecological exams, cancer screenings and birth control provision. In fact, these services represents about 60% of Planned Parenthood’s patients, who may not be able to find alternative medical care. The shortage of women’s health providers is a topic of current discussion among providers as well patients, in a area where nurse practitioners are filling a need. Certified nurse-midwives, women’s health, and family nurse practitioners are all able to do well-woman exams and Pap smears.

The American Colleges of Obstetricians and Gynecologists (ACOG’s) position paper “Healthcare Systems for Underserved Women” noted that Title X family planning centers are an intrinsic aspect of providing care to underserved women (2012). Asian and Islander women, Black, American Indian and Native women, and Hispanic women all have notably higher rates of invasive cervical cancer than non-Hispanic women. Increasing access to annual exams including Pap smears are an important tool to preventing invasive cervical cancer, which is not only life-threatening, but also impairs fertility and is costly to the healthcare system. Primary prevention of cervical cancer is possible through the use of condoms as well as the use the vaccine Gardasil, both of which are available through Planned Parenthood centers.

In New Hampshire in 2010, there was $1,548,715 spent in Title X Funds, which helped fund services (fully or partially) for over 25,000 patients, providing 5,300 patients with birth control and thereby preventing unintended pregnancies, nine cases of cervical cancer, seven cases of gonorrhea, and 150 chlamydia cases (National Family Planning and Reproductive Health Association, 2017). Overall, these services prevented a provider cannot bill Medicaid for this service. If a Medicaid patient requests an abortion at Planned Parenthood, she would self-pay utilizing the sliding-scale payment system.

Most objections come from a religious perspective. Expecting one’s own religious beliefs to be represented in federal policy presents significant problems, as it is a minority of religious Americans who feel strongly that Planned Parenthood should not be able to provide care to patients who have Medicaid. It is difficult to find academic or intellectual arguments against the use of Medicare reimbursement in continued support of Planned Parenthood. Torre (2015) refers to the argument as another example of bringing up all the past negative, and legitimately related allegations that Planned Parenthood’s “leader allegedly harvests and sells tiny organs for profit.” The use of the term “allegedly” does not make the accusation true. To the common saying, “he who has nothing to hide.” And even if the allegations are proven false, the article still exists on the internet. Arguments also ignore that Medicaid reimbursement follows the patient where she chooses to be treated. If a woman obtains her care from a federally-qualified health clinic, then the agency will bill Medicaid and be reimbursed. If she goes to Planned Parenthood, then the service will not be covered by Medicaid. The core of the argument is patient choice.

Finally, some conservative evangelical Christians also object to birth control. The American Life

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Samantha Berstein, BSN, RN, IBCLC

The American Life

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Samantha Berstein

The American Life

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The American Life

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League devotes several pages of their website to a discussion titled “Abortion Connection” which claims that the use of oral contraceptives is abortion (accessed April 6, 2018). The description ignores the educated position of the American College of Obstetricians and Gynecologists on when pregnancy begins and also links to websites such as thepillkilts.com, which promotes “bracing Jesus to Planned Parenthood” (accessed on April 7, 2018). The argument is a particularly interesting as the vast majority of Americans utilize birth control. According to the Centers for Disease Control’s (2018) contraception survey from 2011-2015 over 99 percent of women who had used contraception at some point.

Many anti-abortion groups conflate abortion with contraception and use emotional arguments about abortion in their efforts to abolish birth control (Dreweke, 2016). The Guttmacher Institute puts it succinctly “When organizations whose core mission is to ban abortion say that some contraceptives are abortion, then their obvious intent is to eventually ban these methods” (Dreweke, 2016).

Notably, in early 2018, President Trump suggested not only blocking patients’ access to Planned Parenthood, but also recommended an 18 percent decrease in the funding for the Department of Health and Human Services, the agency which funds Title X and community health centers (Ranj, et al., 2017). Such a recommendation implies political motives. Planned Parenthood receives federal monies when a patient chooses to get her healthcare from Planned Parenthood and the organization bills Medicaid for the care provided. If she couldn’t get her care at Planned Parenthood, there would be no bill to Medicaid, no money spent and Federal “saving.” Attacks on Planned Parenthood are occurring alongside budget cuts that imperil other healthcare clinics where they have a vital aspect of women’s financial freedom, as an unplanned and/or undesired pregnancy can derail woman’s educational and employment opportunities. Fertility control has been referred to as a human right (The Guardian, 2016). In 2007, Sinding found that fertility reduction allows families to “improve their prospects for escaping the poverty trap.” It is important for nurses to understand this aspect of women’s lives; that the choice to have additional children has financial as well as health effects. When nurses counsel patients on their birth control choices, there must be a shared understanding of how important this can be to every aspect of a woman’s life. The current political argument begins with an anti-abortion position. When challenged with the fact that federal dollars never support abortion, there is a suggestion that women should receive care somewhere else. But then the same voices attempt to decrease the funding of the alternatives to Planned Parenthood, perhaps motivated by a desire to decrease the use of services to decrease costs.

Providing continued access to Planned Parenthood for Medicaid recipient patients benefits women. Without this access, women will be forced to seek other organizations that provide the same services they had been receiving which may result in a delay in care and certainly in a care transition which is not always seamless. Providing continuing access to Planned Parenthood for these patients is the ethical way forward and supports a patient-centered approach to healthcare.

Samantha Berstein is an obstetric nurse at Monadnock Community Hospital in Peterborough, NH, and is currently pursuing a Master’s of Science (CNL).

References


Grant Promotes Nurse Practitioner Education in Substance Abuse Medications

The University of New Hampshire's (UNH) Nursing Department and New Hampshire Citizens Health Initiative at the Institute for Health Policy and Practice (IHIPP) received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand access to Medications for Addiction Treatment (MAT) across New Hampshire by providing training to family and psychiatric nurse practitioners (NP) students in graduate and post graduate programs. “This Partnership for Academic-Clinical Telepractice (PACT); Medications for Addiction Treatment Program, will build capacity for treating substance use disorder by increasing the number of providers who complete waiver training and subsequently prescribe MAT,” states Gene Harkless, Department Chair at UNH. The grant will focus on training for MAT and managing patients with Opiate Use Disorder (OUD) through the NP curriculum for graduate and post-graduate NPs in the Family Nurse Practitioner and Psychiatric Nurse Practitioner Certificate programs.

“Funding for PACT-MAT will allow the UNH Department of Nursing to adopt a comprehensive opioid addiction and treatment curriculum using innovative health information technology that will train 50 UNH Nurse Practitioner graduates a year to prescribe MAT, creating a sustainable workforce for OUD treatment,” notes Marguerite Corvini, Project Director. In addition to the MAT curriculum, PACT-MAT will implement the Project ECHO® model to link graduate and post-graduate NP students with community-based MAT providers. The linkages will teach and spread best practices in treating OUD and provide outreach through the Project ECHO® model to other DATA-waived providers. Using the ECHO model, community practices will gain knowledge from brief education delivered via short didactics, case-based studies, and knowledge sharing through the learning community.

Community practices with nurse practitioners interested or currently prescribing MAT area eligible to participate in this program with applications being accepted as of November, 2018. The program is offered free to community practices and will be part of the nursing curriculum for students already enrolled in a nursing program at UNH. Training will begin in spring of 2019. Ten to twelve sessions will be offered annually. Space is limited. Interested practices or nurse practitioners can contact Kelsi West at kwest@unh.edu.

As APRNs assume expanding roles in medical care and completion of death certificates, the importance of reporting a cancer case becomes significant. Since enactment of the New Hampshire State Cancer Registry (NHSCR) has tracked cancer incidence and mortality in New Hampshire. Funding for NHSCR comes from the New Hampshire Department of Health and Human Services and the CDC’s National Program of Cancer Registries. The work of NHSCR forms the basis of local and national cancer reports, and the incidence and mortality data are used by local and national researchers.

As the diagnosis and treatment of cancer has changed over the last few years, the role of non-physician health care practitioners in reporting and responding to NHSCR inquiries has become more important. NH Administrative Rules require providers to report a diagnosis of cancer within 180 days of diagnosis or to delegate reporting to their hospital registry. Most cancers in New Hampshire are reported to the state by hospital-based certified tumor registrars who report on behalf of providers – often without your knowledge! In smaller practices, customize reporting methods can be developed to maximize convenience to the practice.

NHSCR is eager to work with APRNs who must report cancer diagnoses. Cancer mortality is an area of particular difficulty, and when a death certificate reports cancer as a cause of death, NHSCR personnel check to see if the cancer was previously reported. Annually, NHSCR sends out forms requesting follow up information on such patients who apparently died of cancer but are not in the registry. The return of these forms with as much information as possible is an important step in helping understand the extent and burden of cancer in New Hampshire. Most importantly, when we write to you about cancers reported via death certificates, the NHSCR is grateful if you can tell us more about the cancer and at the very least, please report which hospital or facility first confirmed the diagnosis.

Additional information about the state cancer registry can be found at: https://geiselmnd.dartmouth.edu/nhscr/

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North Country Hospital is a 25 bed critical access private, nonprofit acute care community hospital with physician practices serving twenty communities in a two-county area in the rural Northeast Kingdom of Vermont.

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- **Surgical Services, Operating Room, RN**- 1 Per Diem
- **Primary Care Newport, LPN Office Nurse**- Full Time

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For additional information contact: Tina Royer, Human Resources (802) 334-3210, ext. 407 • E-Mail: troyer@nchsi.org North Country Hospital, 189 Prouty Drive, Newport, VT 05855 www.northcountryhospital.org

Saline Instillation.

In response to a practice inquiry the Board of Nursing ruled that it is within the RN Scope of Practice to install saline into tissue expanders following mastectomy surgery with the proper training and competency.

Disimpaction

In response to a practice inquiry the Board of Nursing ruled that it is within the RN and LPN scope of practice to disimpact a resident in a long term care facility provided there is proper training and competency. However, it is not within the scope of practice of an LNA and the activity cannot be delegated to unlicensed assistive personnel.

Board of Nursing Changes Meeting Dates

In the September 2018 the Board of Nursing voted to change the dates of monthly meetings starting January 2019. Meetings will be held on the fourth Thursday of the month except in November and December when they will be still be held on the third Thursday of the month. Board of Nursing meetings are open to the public.

Clinical Information Requested

The Board of Nursing now requires all pre-licensure nursing programs to provide data on number of clinical hours that are observational, in the simulation lab, and direct patient care in a healthcare setting. Nursing programs provide the Board with annual reports of activities which include students and faculty.
Welcome New and Returning NHNA Members!

What do these 81 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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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 these comments made by Police Officers, recorded on video cameras during traffic stops, may bring a chuckle. Submissions are welcome.

“You know, stop lights don’t come any redder than the one you just went through.”

“Relax, the handcuffs are tight because they’re new. They’ll stretch after you wear them a while.”

“If you run, you’ll only go jail tired.”

“You don’t know how fast you were going? I guess you’re just going to jail.”

“No sir, you can talk to the shift supervisor, but I don’t think it will help. Oh, did I mention that I’m the shift supervisor?”

“Yes, sir you can talk to the shift supervisor, but I don’t think it will help. Oh, did I mention that I’m the shift supervisor?”

“Warning! You want a warning! O.K. I’m warning you not to do that again or I’ll give you another ticket.”

“The answer to this last question will determine whether you are drunk or not. Was Mickey Mouse a cat or a dog?”

“Yeah, we have a quota. Two more tickets and my shift supervisor?”

“No sir, you don’t have quotas anymore. We used to, but now we’re allowed to write as many tickets as we can.”

Top Ten Reasons for Being a Member in the New Hampshire Nurses Association

1. Nursing Email Flash and Legislative Updates - Members receive a weekly update on the work of NHNA on behalf of its’ members. Included are legislative updates, upcoming events, ANA initiatives and much more.

2. Network - Connect with others in your specialty nursing profession - NHNA members will find numerous opportunities to network with peers through special events, serving on a commission, the NHNA website, and other services. Whenever your nursing career path takes you ... NHNA & ANA give you what you need to provide top-quality patient care to be the best nurse you can be.

3. Loans - Splash Financial helps college graduates save money by refinancing their federal and private student loans to interest rates as low as 3.25% fixed APR. You can quickly see your rates and savings for NHNA members at www.splashfinancial.com/nhna or speak to their friendly customer service team by calling 1-800-349-3538. They will help you review your current loans, understand the difference between federal and private loans, and see what kind of savings are available for you. NHNA members and their families (yes, you can help your grown children refinance their college debt) can be eligible for a cash bonus by refinancing through this link: www.splashfinancial.com/nhna while also supporting the association.

4. Personal Insurance - ANA/NHNA members can get great rates on Nationwide Automobile Insurance. ANA members can save up to 4% off of Nationwide’s great rates, and when you add features like Vanishing Deductible®, you can save $100 off of your deductible for every year of safe driving, for up to $500 in savings. For more information or to get a quote now, call 1-866-633-5747.

Happy New Year
from the Board and Staff of
The New Hampshire Nurses Association

December 2019, January, February 2019

5. Career Center - Connecting nursing talent with opportunity. Healthcare Organizations come to the New England Multi State Division Career Center to recruit nurses working in all areas of health care. Get started today by posting your resume and setting up a job alert to learn about jobs openings in your specific area. https://jobs.nemsd.org

6. Long Term Care - Anchor Health Administrators, LLC, specialists in Long-Term Care Insurance Planning for Medical Field Professionals, has been selected to administer the American Nurses Association Long Term Care Insurance Member Benefit Program nationwide. Nurses know that without proper planning, the costs of long-term care provided services can wipe out a lifetime of savings. Many may feel uncomfortable relying on their children or family members for support and find that Long-Term Care (LTC) insurance would significantly cover these expenses and help to keep them personally in control. ANA has teamed up with Anchor Health Administrators to access special LTC rates through a company that for almost 20 years has only worked with nurses and their families. ANA members will receive a 5% discount on top of any other available discounts, and will have personal access to specialized licensed advocates who help nurse’s every day with their LTC needs. www.anchorhle.com

7. Financial Planning - ANA has partnered with Edelman Financial Services (EFS) to offer ANA members the resources they need to take care of their financial planning needs. EFS offers each ANA member a free individualized financial plan (an $800 value) and access to excellent education and resources — all with absolutely no cost and no obligation. EFS was founded by Ric Edelman, acclaimed financial advisor, bestselling author, award-winning radio talk-show host and benefactor of the Inova Edelman Center for Nursing at Inova Health Foundation.

8. Legislative Advocacy - From state legislatures to the White House, nurses have a unique opportunity to lend their expertise in influencing policy at all levels of government. NHNA & ANA work to educate legislators and the public on a wide variety of health and healthcare issues and advocate on legislation impacting nursing practice, nursing work environments, and the delivery of care. Being the #1 “most trusted profession” in the country allows nurses to truly take charge and make a difference in the policy arena.

9. Professional Insurance - For over 35 years, Nurses Service Organization (NSO) has been safeguarding nursing professionals from medical malpractice lawsuits and state board of nursing inquiries. NSO is pleased to welcome New Hampshire Nurses Association (NHNA), through the Northeast Multi-state Division (NEMSD) as our newest association partner and is the preferred provider of professional liability insurance for 30 state and national professional nursing associations, providing malpractice insurance to more than 550,000 nurses.

10. Your Future - Nurses are professionals, Membership in your state organization tells people you are an active nurse who cares about the future of the profession.

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Answers to NCLEX Reconsidered from page 10

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The Society for Critical Care Medicine (SCCM) launched an ABCDE Bundle campaign with the goal of improving quality outcomes for intensive care unit (ICU) patients and families. Lakes Region Healthcare participated in the ICU Liberation Campaign ABCDE Bundle Improvement Collaborative. The mission of the ICU Liberation campaign was to create lean, sustainable, and highly functioning ICU interdisciplinary teams to partner with patients and families to create a safe and comfortable patient environment by implementing the PAD (pain, agitation, delirium) guidelines utilizing the ABCDE bundle (Byrum, 2017).

The successful implementation of the ABCDE bundle would create an intensive care unit of improved patient outcomes such as reduced time on mechanical ventilation, reduced length of stay and reduced use of restraints. All the components of the ABCDE bundle had been studied in numerous peer-reviewed journals, but never in a “real-world” setting on a broad scale. Stephanie Wheeler, Director of Critical Care Services took on the challenge.

Working with the support of senior management, Wheeler applied to participate in the ICU Liberation Campaign in 2015. LRGH was one of 78 hospitals innumerable challenges in order to implement some of the changes, and we are very proud of our results,” stated Pharmacist Mike Smith.

Nurses worked with the pharmacy to reduce the use of sedation, keeping patients awake and more alert when ventilated. This helped to reduce the incidence of delirium and assisted with early mobility and ambulation. With patients being more alert, the use of wrist restraints was virtually eliminated with staff stating Pharmacist Mike Smith.

Nurses enthusiastically joined the campaign. Nurses worked with physical therapy to ambulate patients early, even if it was just to sit at the side of bed or stand and pivot to a bedside chair. Nurses created posters in each room where families could post pictures and information about the patient, such as a favorite TV show, preferred music, etc. Families appreciated being able to communicate with their loved ones. “It was invaluable for our staff to have the opportunity to participate in this national program. As one of only two NH hospitals participating, it was very rewarding to bring this best-practice care to our community. We overcame these challenges in order to implement some of these changes, and we are very proud of our results,” stated Pharmacist Mike Smith.

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The first task the team undertook was to gather data regarding the status quo, such as patient ventilator days, average length of stays, the incidence of delirium in ICU patients and the use of restraints. The team performed regular chart reviews to ensure requisite data was captured. Requisite education on the ABCDE Bundle was provided to all staff and the program explained to patients and families. The team used a checklist approach the nursing staff found easy to use. Wheeler approached her more recalcitrant nurses first, offering to take one task away in exchange for adding in the Bundle Checklist. “We included these nurses in the process of developing the checklist to make it simple for them to use, but also collect the data we needed – we needed their buy-in,” noted Wheeler. The mantra for the program was ‘Better to try and fail than to not try at all.” For example, attempting to wean a patient from the ventilator and failing is better than not attempting at all. Nurses enthusiastically joined the campaign.

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Since implementing the ICU Liberation Campaign, LRGH reports a reduced length of stay in the ICU from five days to three days. Total length of stay was reduced from an average of eight days to six days, an indication that the ICU reduction was sustained throughout the admission, and reduced use of restraints, from nearly 40% of patient days to less than 5% of patient days. LRGHealthcare received an award for small hospitals for the use of spontaneous breathing trials at 100% and reducing the length of stay by two days. The last case of ventilator acquired pneumonia was over 10 months ago.

Central to the program were the 9:00 am daily rounds in which the entire interdisciplinary team participated. All relevant data was ready for the provider to review so that decisions regarding the plan of care could be made during these rounds. In fact, LRGH is currently embarking on Phase II of the program which adds bedside rounding with physicians and families present.

The successful implementation of the ABCDE Bundle would create an intensive care unit of improved patient outcomes such as reduced time on mechanical ventilation, reduced length of stay and reduced use of restraints. All the components of the ABCDE bundle had been studied in numerous peer-reviewed journals, but never in a “real-world” setting on a broad scale. Stephanie Wheeler, Director of Critical Care Services took on the challenge.

Working with the support of senior management, Wheeler applied to participate in the ICU Liberation Campaign in 2015. LRGH was one of 78 hospitals participating, it was very rewarding to bring this best-practice care to our community. We overcame innumerable challenges in order to implement some of these changes, and we are very proud of our results,” stated Pharmacist Mike Smith.

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Nursing at LRGHealthcare

Nurses are ambassadors of the LRGHealthcare mission to provide quality, compassionate care and to strengthen the well-being of our community. We would like to introduce you to LRGHealthcare nurses and a nurse-driven initiative inspired by passion with each newsletter. Our second feature is a spotlight on one of our nurse leaders and the advocacy she provides for LRGHealthcare nurses.

Maureen Cassidy, MSN, RN served as the Director of Quality and Respiratory Care Services prior to accepting the role of Director of Inpatient Services, a role in which Maureen has repeatedly demonstrated a passion for nursing through her advocacy of all nurses within the LRG/healthcare network both at the individual and collective level.

Preceptor differentials, continuing education, shared governance, nurse empowerment and acknowledgment are among the many examples of her positive impact on LRGHealthcare nursing. Recently, she reserved a table of 10 at the NHNA Annual Meeting and Nursing Conference for those nurses that had been peer nominated to attend on behalf of LRGHealthcare. An LNA Apprenticeship and LNA to RN Bridge program is under development at LRGHealthcare, and Maureen is at the forefront of this initiative to support professional growth, while honoring the work-life balance that many value.

Pam Washburn, longtime LRGHealthcare Family Birthplace nurse and current LRGHealthcare NIC nurse, said it best when she shared, “...one of the highlights of my career has been to have Maureen Cassidy as my leader... Maureen has a style of leadership that is extremely positive...“ We are proud to have Maureen on our team.

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Karissa Frost, Nurse Recruiter
603-527-7009 or kfrost@lrh.org

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<table>
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<th>Contact Hours</th>
<th>Dates</th>
<th>Days Time</th>
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