One of the highlights of the New Hampshire Nurses Association (NHNA) Graduating Student Nurse Conference is honoring the Student Nurse of the Year. The Commission on Nursing Practice (CNP) reviews nominations to select an awardee. Nominations are assessed across four categories including professionalism, patient advocacy, leadership, and involvement in nursing and in community service. Today’s healthcare systems have become quite complicated with ongoing changes in technology, medical advances, an aging population and patients with multiple co-morbidities. Complexity makes it important for nursing graduates to be prepared to meet the needs of a diverse population. The CNP was very impressed with the caliber of 2019 nominees which created a difficult decision.

The winner of the 2019 Student Nurse of the Year award was Jordan Lavallee, a senior nursing student at the University of New Hampshire. Jordan is a member of Sigma Theta Tau International Honor Society of Nursing and the National Student Nurses Association. In addition to being strong academically and clinically, Jordan has a strong connection to the community. While in school she volunteers at the local food pantry and Clean Up UNH. During the summer she is a member of Project Sunshine, an organization that visits children in local hospitals to relieve anxiety, foster courage and coping skills necessary to confront procedures and treatments. Jordan was described by her peers as a role model who embodies all the qualities of a caring, compassionate, and knowledgeable nurse.

**NHNA Student Nurse of the Year Award continued on page 15**

**Manchester VA Celebrates Nurses!**

Every day, the nurses of the U.S. Department of Veterans Affairs (VA) provide exceptional service to Veterans. During Nurses Week 2019, the VA joined their healthcare partners in celebrating the 100,000-strong VA nursing corps for tirelessly serving those who have served and for choosing a career based on giving back.

Bernadette Y. Jao, DNP, MSN, RN-BC has served as the Associate Director Patient/Nursing Services at the Manchester VA since January 2018. Dr. Jao has charged an effort to advance the professional careers of Manchester VA nurses and worked tirelessly to ensure high quality care to New Hampshire’s Veterans. VA Secretary Wilkie named Dr. Jao the Nurse Executive Winner of the 2019 VA Secretary’s Awards for Excellence in Nursing and Advancement of Nursing. “As the Director at Manchester VA and a Veteran I am grateful and extremely proud to be able to work alongside Dr. Jao and our dedicated nursing team. I am in awe of the tremendous improvement work they are doing to modernize the delivery of care and enhance the workforce experience at the medical center,” said Alfred Montoya Jr., MHA, FACHE, VA-CM, Medical Center Director, Manchester VA Medical Center and Assistant Professor of Medicine, Geisel School of Medicine at Dartmouth.

As part of the educational programming focused on nursing at the medical center, Manchester VA welcomed Acting Chief Nursing Officer for the Veterans Health Administration (VHA), Beth Taylor, DHA RN, NEA-BC to participate in local programming. When speaking during Nurses Week Taylor remarked, “When you look at the quality outcomes for our health system, VA nurses make such a strong contribution to improving the health of our Veterans. They are by the bedside providing not only the clinical expertise and knowledge, but also that human compassion that ensures that our Veterans are not only receiving quality healthcare but they’re also comfortable, and they know there’s somebody there who cares for them and is watching over them. I think that’s what makes nurses so special and certainly our VA nurses exemplify that aspect of our profession.”

**Pictured (left to right) Beth Taylor, Alfred Montoya and Bernadette Jao receiving the VA Secretary’s Awards for Excellence in Nursing and Advancement of Nursing during Nurses Week 2019**

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

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

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Manuscript Format and Submission: Articles must be submitted as double spaced WORD documents (.doc format vs. .docx, please) in 12 pt. font without embedded photos. Photos should be attached separately in JPG format and include captions.

Submissions should include the article’s title plus author’s name, credentials, organization / employer and a brief summary (100 words or less). Email as attachments to office@nhnurses.org with NN Submission in the subject line.

Publication Selection and Rights: Articles will be selected for publication based on the topic of interest, adherence to publication deadlines, quality of writing and peer review. When there is space for one article and two of equal interest are under review, preference will be given to NHNA members. NHNA reserves the right to edit articles to meet style and space limitations. Publication and reprint rights are also reserved by NHNA. Fee free to call us any additional questions at 877-810-5972.

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As I draft this message on the eve of Florence Nightingale’s birthday during National Nurses Week, I am proud of the public health roots of nursing and my choice of profession to make it my specialty for over thirty years. Public health and population health will never compete with the glamour of high-tech nursing areas, but the core functions of the beginning of nursing as a profession may finally be recognized as means for reversing the negative epidemiological profile in the United States. This trend has resulted in three consecutive years that life expectancy has dropped. And as reflected in the non-published report “Activating Nursing to Address Unmet Needs in the 1st Century,” (Pittman, 2019),

Having recently worked for four years overseeing nursing services in the NH State prison system, I am intimately familiar with the impact of the social determinants of health on population health, but I hadn’t heard the term “diseases of despair.” This refers to conditions such as substance abuse, mental health, obesity, and asthma which are burdening our nation (Pittman, 2019). Important factors in the definition of diseases of despair such as the maternal mortality rate among black women which is three times higher than that of white women (Pittman, 2019). Life expectancy estimates vary greatly depending on your zip code. This makes the challenges of the future health of our population very different from the past, when medical cures were the primary solutions for reducing morbidity and mortality. Improving the nation’s health will require a much broader approach and skill set from nurses in the future. It is interesting to note the County Health Rankings and Roadmaps have been tracking scientifically supported interventions that improve health in four categories: health behaviors, clinical care, social and economic factors and physical environment. As noted by Pittman, (2019) nurses, or nurse led interventions were engaged in 35 out of 160 interventions tracked.

In the last few messages I have written for Nursing News, I have touted the sheer numbers of nurses (4 Million Reasons to Celebrate) and the workforce challenges due to nursing vacancy rates. I spend much of my energy searching for ways to reduce burnout among nurses. With both the power of nurses and the demand for solutions, nursing as a discipline has an opportunity to build a Culture of Health, a framework for improving health, equity and well-being (RWJF, 2019) by elevating the core functions of nursing, participating in interdisciplinary partnerships and aligning nursing education with this goal (Pittman, 2019). To do this, we must widen the circle. Let’s bring everyone in, nurses at all levels and non-traditional partners who impact the way we live, learn, work and play. With one goal to improve population health, together we can embrace creativity, diversity and our core functions to flourish, achieving population health.

Carlene Ferrier, RN, MPH CPM

Reference

SAINT ANSELM COLLEGE
The Department of Nursing at Saint Anselm College is a candidate for initial accreditation by the Commission on Collegiate Nursing Education (CCNE).

MISSON STATEMENT
NHNA, as a constituent member of the American Nurses Association, exists to promote the practice, development and well being of NH nurses through education, empowerment and healthcare advocacy. Adopted 10-20-2010.

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

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Correction: In the March issue of Nursing News, Rivier University was incorrectly noted to be CCNE accredited. Rivier University is accredited by the Accreditation Commission for Education in Nursing, formerly the NLNAC. The News regrets the error.
As I approach the third anniversary of my role as Nurse Executive Director, I am confident with the increased visibility of the New Hampshire Nurses Association (NHNA) in New Hampshire. Over the past months, NHNA has been contacted by numerous organizations and individuals looking for information or requesting NHNA’s participation in stakeholder groups. I will describe just a few of the contacts we have received.

Congressman Chris Pappas’ office contacted NHNA following an NPR story about a Massachusetts nurse that was denied life insurance. A nurse cared for patients with substance use disorder and had purchased naloxone, per standing pharmacy order, to care for a patient that might experience respiratory arrest while under her care. After working with NH Representative Polly Campion, NHNA discovered that there was no such protection, and it appeared no state offered such legislative protection. As a result of NHNA’s assistance, Congressman Pappas has introduced HR8132, the bipartisan Insurance Fairness for First Responders Act of 2019.

In February, NHNA was asked to participate in the Seat Belts 4 All Coalition. This coalition is meeting regularly to develop a strategy to ensure the passage of passenger restraint legislation for all New Hampshire residents, not just those under 18 years of age. Pam DiNapoli, the Chair of the Commission on Government Affairs, is currently participating in regular coalition meetings.

In March, I appeared with Kristin Stoddard, NH Director of Public Policy, Bi-State Primary Care Association, on WMUR’s NH Business. The program focused on health care workforce shortages and Senate Bill 308.

In April, NHNA was approached about participating in a coalition to develop a strategy to increase the minimum age for smoking to 21 years of age. NHNA is interested in participating in this effort, but an initial meeting has not yet been scheduled.

Also, in April, the New Hampshire Hospital Association asked NHNA to participate in a stakeholders meeting to discuss ways to streamline the credentialing process for foreign educated nurses. Through its contacts with other state nursing associations, NHNA is hoping to identify processes that other states are using to credential these nurses as expeditiously as possible.

A reporter from the Manchester Union Leader contacted NHNA in April for comments on the Alternative Recovery Program for nurses established by legislation that NHNA supported in 2018. NHNA was extensively cited as a source for information in this article appearing in the April 27, 2019 issue.

It is very gratifying to see that NHNA is increasingly being sought as a source of information about nurses and health care in New Hampshire, and that its voice, and that of its members, is sought to support issues impacting health care in this state.
NHNA welcomes these new and returning members. Thank you!!!

What do these 84 nurses and over 1,100 NHNA members know that you don’t? If you are not a member ask your neighbor 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!

Ashland, NH
Wendy Bayless
Melody I Gibson
Bedford, NH
Chong-Ae Donahue
Marcy Doyle
Bow, NH
Zoe Owers
Tara T Weckstein
Kathleen M Wiley
Brentwood, NH
Kristin M Andreozzi
Brookline, NH
Craig Corey
Canaan, NH
Andrea Allen Christian
Candia, NH
Rebecca Crank
Charlestown, NH
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Carol McShane
Chester, NH
Ashley Daniels
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Jacquelyn Ethier
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Jessica Leigh McCusker
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K Erin Field
Exeter, NH
Kristyn L Reed
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Anne Cowles
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Christine Alice Keane
Anne Steckowych
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Jenn Langreck
Hooksett, NH
Michelle T Lincoln
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Megan Howes
Sandown, NH
Timothy Wheaton
South Acworth, NH
Tonia Clare Bowman
Stratford, NH
Kerry Fiscus
Sunapee, NH
Eileen Hays-Bonaccolto
Temple, NH
Catherine Durocher
Whitefield, NH
Pamela Corneau
Carina Heredia
Windham, NH
Rebecca Vandeverenter
Woodsville, NH
Michelle D Booke

One Sky Community Services is currently looking for a part-time Nurse Trainer to join our team!

This is a flexible and office-based position supporting individuals with developmental disabilities and acquired brain disorders that our non-profit serves.

You must be an RN licensed to practice in New Hampshire.

Primary job responsibilities involve trainings and protecting the health and safety of the individuals we serve by monitoring and improving the quality of services and supports provided through One Sky and through our service provider partners.

Prior experience working with individuals with developmental disabilities and/or acquired brain disorder is a significant plus but not a necessity assuming there is a willingness and capacity to do so. You will be required to become a Nurse Trainer through the NH Bureau of Developmental Services.

Email HR@oneskyservices.org for more information or visit OneSkyServices.org for the full job description and our application form.

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I advocate... for Rare Diseases

Kimberly Pang

I advocate for rare diseases because I have lived through the devastating effects of years of not knowing what is wrong, and therefore not knowing how to get better. And, conversely, because I know the profoundly beneficial effects of getting a diagnosis and therefore the correct treatment.

Rare diseases get left behind because they are rare. In a world where there are so many illnesses with so little time and resources to address even those, illnesses that affect larger populations take priority. Researching cures for rare diseases is not good business practice either. Imagine a baker creating their entire bakery around one type of cake that only sells once every six months. They wouldn't stay in business very long. And that cake would be really expensive.

We know that 7,000+ rare diseases affect one in ten people, 30 million Americans. This is not a number that can be ignored. Someone needs to bake those cakes. The Orphan Drug Act (ODA), signed into law by President Ronald Reagan, encourages just that. Before the ODA, only 14 therapies were indicated for rare diseases. Today, there are more than 730. Still, 95 percent of rare diseases do not have an FDA approved treatment. Last year, one of the incentives for creating orphan drugs was cut in half.

In my role as New Hampshire Rare Action Network (NORD) Volunteer Ambassador for the National Organization for Rare Disorders (NORD), these are the types of things that I advocate for. The Open Act incentivizes companies to repurpose already approved drugs for rare diseases. The Precision Medicine Act would reduce barriers for genetic and genomic testing, and the Rare Disease Advancement, Research and Education Act (RARE) Act does just what it says. Rare kids don’t want rare diseases – mine or the other 6,999+ – to get left behind.

Additionally, I co-founded the nonprofit New Hampshire Rare Disorders Association (previously NH EDS Coalition) to make rare disease continuing education programs easily accessible and affordable for New Hampshire healthcare providers. It can be incredibly difficult, if not financially and physically impossible, for a patient to travel from New Hampshire to California while sick and disabled, just because that’s the only provider in the United States that knows about their particular rare disease. We have an incredibly ambitious vision. One step at a time, and we’ll be that much closer.

This type of work doesn’t come with a big paycheck but it is remarkably rewarding. I have been able to merge my nursing education with my challenging personal experiences as a rare disease patient, to help others. I have the privilege of meeting patients, and knowing my efforts will benefit people with rare diseases for generations to come energizes me, physically and mentally. That energy fuels me to continue my own rehab as well as my advocacy work.

For more information on NORD’s New Hampshire Rare Action Network visit RareNH.org.

June, July, August 2019

I Advocate... for Rare Diseases

Kimberly Pang

RN/Clinical Manager

White River Family Practice is a small, primary care practice who has an immediate opening for a permanent part-time RN/Clinical Manager (4 days/week).

The practice is looking for someone with a long-term commitment to provide the highest quality health care to our patients. This is an integral position in the practice and will involve working closely with all providers, staff and patients.

The ideal candidate will have at least 2 years of relevant experience, have excellent patient care skills, and maintain a high level of professionalism in all interactions. The individual will be willing to learn in a professional and supporting environment. Please contact us at the following mailing address or email address:

White River Family Practice
331 Ossont Drive, Suite 13
White River Jct., VT 05001
janey@wrfrpt.com

Please see the following job listing:

Focus on Renal

Reconsidered

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

1. What characteristics describe a client’s shunt used for hemodialysis? (Select all that apply)
   a. It is only located in the forearm
   b. It is a temporary access device
   c. It can be more difficult to access than a fistula
   d. Requires more healing time than a fistula
   e. Requires sterile dressing technique

2. A client admitted to the renal unit is scheduled for a UF. An 12:45 pm to rule out urorhaphitis. How should the nurse prepare the client for this test?
   a. Withhold the breakfast tray for clear liquids only
   b. Make sure she voids and defecates before the test
   c. Verify that there are no allergies to dye or shellfish
   d. No special preparation is required

3. A client in chronic renal failure is telling you about his dietary regimen. Which menu suggests that he is following a renal diet?
   a. Two bananas for breakfast; rice and beans for lunch; fruit salad, green beans and an 8 oz T-bone steak for dinner
   b. Bacon and eggs (small portion) for breakfast; hot dogs and sauerkraut for lunch; baked canned hams with corn and potato salad for dinner
   c. Apple and oatmeal for breakfast; homemade tomato soup with salad for lunch; pasta with fish for dinner
   d. Half a melon and two eggs for breakfast; baked potato with broccoli and cheese spread for lunch; chicken, yams and squash for dinner

4. A client admitted for pneumonia is on maintenance peritoneal dialysis. The hospitalist writes orders for the fill, dwell and drain times. What order should be questioned by the nurse?
   a. Drain time > Fill Time
   b. Drain time > Dwell Time
   c. Fill Time > Drain Time
   d. Dwell Time > Drain Time

5. The oncoming nurse receives an IPASS report on the following four patients. Which patient should the nurse assess first?
   a. Patient who is scheduled for the drainage phase of a peritoneal dialysis exchange
   b. Patient with stage 4 chronic kidney disease who has an elevated phosphate level
   c. Patient with stage 5 chronic kidney disease who has a potassium level of 5.4 mEq/L
   d. Patient who has just returned from having hemodialysis and has a heart rate of 124/min

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Please contact us at the following mailing address or email address:

White River Family Practice
331 Ossont Drive, Suite 13
White River Jct., VT 05001
janey@wrfrpt.com
Concord Hospital hosted a nursing school reunion celebratory event on May 10, 2019. More than 350 graduates of Concord Hospital School of Nursing attended the event. The event featured a video of the 100 year (1889-1989) history of the School of Nursing. Watch the video at https://www.youtube.com/watch?time_continue=483&v=FT0MvJq5q9Q

Catholic Medical Center celebrated with a poster display and recognition of Daisy Award winner Allison Chulada, RN, BSN.

Dartmouth Hitchcock Medical Center presented four nursing awards during Nurses Week activities. Several Seacoast nurses were quoted and highlighted in Foster’s Daily Democrat for Nurses Week including Liz King and Anne Meginnis from Exeter Hospital.

Dartmouth Hitchcock Medical Center presented four nursing awards during Nurses Week activities.

Hemophilia Program Manager Lauren McKernan MSN RN reacts to Deborah Ornstein, Medical Director for the Hemophilia and Thrombosis Center, as she receives the Nurse of the Year award.

Amy Mattie, LPN from Endocrinology in Concord, receives an Arete Award for Nursing Excellence from Chief Nursing Officer, Karen Clements.

Toni-Rose Bailon, LPN, from Urgent Care in Concord, shows the audience her Award for Excellence in LPN Practice.

Keith Fannin, MSN, APRN, from Trauma Surgery in Lebanon, receives the Nurse Practitioner of the Year Award from Chief Nursing Officer, Karen Clements.

Transplant Coordinator Jessica Hazlett, RN, CCTC, receives the Carmen Courage Award from Chief Nursing Officer Karen Clements.

Several Seacoast nurses were quoted and highlighted in Foster’s Daily Democrat for Nurses Week including Liz King and Anne Meginnis from Exeter Hospital.

Liz King practices in the ICU

Anne Meginnis (fourth from left) and Emergency Department colleagues pose for Nurses Week.

Nurses at Wentworth Douglas Hospital were served ice cream, lunch, enjoyed massages and attended presentations on “The Stress Mess.”

Pam Poulin, RN, MS, Executive Director of Critical Care Services (L) and Susan Gallagher, RN, BSN, JD, Assistant VP of Cancer Services served ice cream the staff at WDH.
(L-R) Pam Poulin, RN, MS, Executive Director of Critical Care Services, and Jackie McCourt, APRN, PPCNP-BC, Pediatrics/Magnet Program Coordinator, having a few laughs as chocolate sauce is dished out to Jodi Van Den Huevel, RN, BSN, CEN, CPEN, and and MacKenzie Hill, RN, BSN of the Emergency Department.

(N-R) Cynthia Wyskiel, RN, MSN, CNOR, Clinical Nurse Specialist-Surgical Services, Jessica Crane, CST, CSFA, Surgical Tech Trainer, Sheila Woolley, RN, BSN, NEA-BC, MPH, CNO/VP of Patient Care Services, and Mary Krans, RN, Supportive and Palliative Care Nurse, take a break from enjoying lunch.

Terri Manderville, RN, MS, Director of Education/Organizational Development provides a lunch and learn presentation on “The Stress Mess.”

Diane Barry, LMT, CCAP, provided soothing messages.

Elliot Hospital provided Notable Novice awards to Kara McGuire RN BSN and Riley Kingsbury, RN BSN during Nurses Day activities.

Nurses at Southern New Hampshire Medical Center celebrated by participating in the Nursing Olympics. Nurses “bowled” urinals, untangled IV tubing, stacked medication cups, threw small brown “bean bags” into a bedpan for the ‘poop in the hole’ event, folded a fitted sheet and did an obstacle course after filling a tube from the tube station. All events were timed, and unit teams were awarded gold, silver and bronze Olympic size medals. Breakfast and an ice cream social topped the day, with over 15 gift baskets distributed to lucky winners.

White River Junction, VT VA Medical Center is seeking experienced Nurses for the following clinical areas: Med/Surg • Pain/TBI (Specialty Care) • ICU • OR • Emergency Department Nursing Assistants • LPN (Specialty Care) GI • Night/Weekend Hospital Nursing Supervisor Case Management • Care Coordination/Home Telehealth (CCHT) Assistant Nurse Manager CMI/CCHT • Assistant Nurse Manager/Educator OR Primary Care RNs • Primary Care LPNs • Respiratory Therapist

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I’m not just a nurse.

I’m inventing a new model of health care.
Earlier this year, the New Hampshire Nurses Association’s (NHNA) Commission on Government Affairs (CGA) presented members with 10 bills that had been introduced in the 2019 New Hampshire legislative session. As the NHNA goes to print, the legislature is a few weeks beyond the crossover period, the time when bills that have been passed by the legislative body into which they were introduced transfer to the other legislative body (e.g. Senate to House/House to Senate). The NHNA CGA provides the following update.

HB 237: Establishing the Rare Disease Advisory Council – Ready for the Governor
This bill proposes the establishment of a Rare Disease Advisory Council. This Council will act as an advisory body on rare diseases to the legislature and all other relevant state and private agencies. The council will coordinate with other states rare disease advisory bodies, and organizations. The council will also be responsible for reviewing any data on rare diseases in New Hampshire collected by the department of health and human services and developing strategies to raise public awareness regarding rare diseases in the state. NHNA supports HB 237. This bill has passed in both the House and the Senate and has now been ordered enrolled or ready for Governor Sununu’s signature. NHNA supported this bill. Testimony offered by nurse Kim Pang and others was instrumental in achieving this outcome.

HB 275: Relative to School Nurse Certification – Killed
This bill seeks to remove the N.H. Department of Education certification requirements for School Nurses. The Department of Education completed rules for the implementation of the 2016 legislation and now is in Year II of the certification cycle, requiring a School Nurse to have baccalaureate level education in nursing and have three years of related clinical practice. The NHNA and the New Hampshire School Nurses Association (NHSNA) oppose HB 275. This bill was laid on the table (effectively killing it) by the House on a vote of 214 to 144. Testimony provided by Paula MacKinnon, Carla Smith and Kathy Barh was instrumental in achieving this outcome.

HB 509: Relative to Graduate Physician Pilot Program – Killed
This bill seeks to establish a pilot program for the regulation and licensure of graduate physicians each year by the board of medicine. The practice of a graduate physician is limited to medically underserved areas and rural health clinics. NHNA and the New Hampshire Nurse Practitioner Association oppose HB 509 on the grounds that graduates leaving medical school after four years simply are not prepared to provide appropriate, cost effective, and safe medical care without the residency in which licensed physicians participate. The House Health, Human Services & Elderly Affairs (HHH&EA) Committee voted 17 to two that this bill was inexpedient to legislate, effectively killing the bill.

HB 511: Relative to Vaping – Ought to Pass
This bill aims to add new language to Chapter 126D: Youth Access to and Use of Tobacco Products to include “E-liquid” and “Tetrahydrocannabinol or THC vaporizer” in addition to cigarettes, tobacco products, E-cigarettes, and liquid nicotine. The 2017 New Hampshire Youth Risk Behavior Survey found that:

- 23.8% of high school age youth report having used electronic vapor products (e-cigarettes, e-cigars, e-piping pens, or e-hookah) on at least one day during the 30 days before the survey.
- 37.5% of New Hampshire 12th grade males report using tobacco products.
- “Vaping” among New Hampshire youth is double that of cigarette smoking.

NHNA supports the passage of HB 511, recognizing the growing risk vaping is posing for New Hampshire youth. The House voted this bill ought to pass with an amendment (to change “age 18” to “minor” and expand definition of devices covered). The Senate voted ought to pass with amendment on April 25, 2019.

HB 555: Relative to Shaken Baby Syndrome – Killed
This bill requires hospitals to provide new parents with information on shaken baby syndrome. The bill also requires day care providers to participate in training on shaken baby syndrome. This bill was laid on the table (effectively killing it) by the House on a vote of 214 to 146. NHNA supported this bill. Testimony offered by experts, however, it became apparent that this bill had numerous flaws as written. The House HHH&EA Committee voted (191) inexpedient to legislate. NHNA was pleased to hear that all New Hampshire hospitals currently provide patient teaching on shaken baby syndrome.

HB 719: Establishing the Position of School Nurse Coordinator – Ready for Vote
This bill seeks to establish the position of School Nurse Coordinator in the N.H. Department of Education and appropriate funding for such. This position of resource and coordination has been in place under various titles within the Department of Education for many decades, but has gone unfunded since 2010. The prime sponsor for this bill is Representative Polly Campion, a nurse, and the bill is supported by NHNA and NHSNA. The House voted 198 to 146 ought to pass with amendment (the amendment provides some definition for the School Nurse Coordinator’s responsibilities and establishes a salary for 2020 and 2021). The Senate Education and Work Force Committee voted ought to pass with amendment. A full Senate vote is scheduled for May, 2019.

SB 137: Relative to School Nurse Certification – Under Discussion
This bill seeks to correct an oversight that occurred when the 2016 School Nurse Certification was enacted in particular a clause call for the “grandfathering” of all school nurses employed prior to July 1, 2016. The bill also further clarifies the timeline and pathways for a school nurse to meet the requirements for Department of Education certification. NHNA and NHSNA support SB 137. The Senate voted this bill ought to pass. The bill crossed over to the House in March and the House Education Committee has conducted a public hearing and work sessions.

SB 273: Relative to Regulation of Nursing Assistants – Ready for the Governor
This bill proposes to remove the licensure requirement for nursing assistants and reverting to the prior requirement for certification. Prior to the bill’s introduction to the legislature, NHNA participated in

Continued on page 9

From the Bookshelf

Rebel in White
by Bertha McComish

Reviewed by Anita Pavlidis MSN RN

With honesty, heart, and humor, Rebel in White tells the story of Bertha McComish and her career in nursing that spanned more than half a century. Born in 1927 in rural New Hampshire, Bertha grew up fast and with a sense of purpose. She knew early on she wanted to be nurse and took the lessons she learned growing up on her family’s farm, on Craney Hill in Henniker, New Hampshire, with her throughout her career. Receiving her training through the Cadet Nurse Corps during World War II, Bertha is part of America’s “Greatest Generation.” Rebel In White conveys an unique time and place in history – and chronicles the evolving and critical field of nursing through personal stories and reflections.

The stories and pictures will remind those of you, who were entering practice or were in practice, of familiar times. For those who graduated from the Margaret Pillsbury Hospital School of Nursing (today Concord Hospital), McComish’s reflections will induce memories and testimony provided by experts, however, it became apparent that this bill had numerous flaws as written. The House HHH&EA Committee voted (191) inexpedient to legislate. NHNA was pleased to hear that all New Hampshire hospitals currently provide patient teaching on shaken baby syndrome.

Furthermore, practitioners, it will provide a journey of how much nursing as a profession has evolved and a picture of a pioneer in the field who little by little made decisions that impact on nursing today. It’s interesting to read about some of the nursing practices in the 1940’s and 1950’s and I was thankful my opportunity to practice occurred after that time period.

It’s a short book and easy read, 84 pages, with photographs at the end. The book is primarily a memoir on her professional career and reveals little of her life outside of nursing with the exception of brief mention of her marriage and children. If you are looking for an easy, interesting read about nursing, this is the book for you.


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.
Continued from page 8

several stakeholder meetings and expressed concern that the proposed legislation failed to consider potential unintended consequences. A survey of licensed nursing assistants (LNAs) conducted by NHNA indicated that a majority of responding LNAs did not support the transition to certification. NHNA proposed amending this bill to change it to a study commission to hear from LNAs, LNA employers and evaluate potential unintended consequences; this commission would include key stakeholders. The Senate Executive Departments & Administration (ED&A) Committee voted this bill ought to pass, but amended the bill to form a study committee (composed of legislators only). The House ED&A Committee has held a public hearing and work sessions, and passed the bill to the full House, which approved it as amended with a voice vote.

SB 308: Relative to the Health Care Workforce – Still in Debate

This bill is the outgrowth of a coalition of health care workforce stakeholders and is intended to tackle the health care workforce challenges in 2019. This legislative package combines key policy and budget topics in a single bill intended to be considered as one proposal. NHNA supports the passage of SB 308. The full Senate voted this bill ought to pass with amendment on March 14, 2019. The bill then went to the Senate Finance Committee, which laid the bill on the table with the intention of incorporating its provisions in the budget bill. The fate of this bill is now tied to the fate of the budget bill. NHNA attended a rally, with 49 other health care organizations, in support of SB 308 on May 6, 2019.

CACR 1: Relating to Alcohol & Drug Abuse Prevention – Retained

This constitutional amendment concurrent resolution provides that a portion (5%) of the Liquor Commission Revenue shall be used for alcohol and drug abuse prevention. Historically, the amount allocated to alcohol and drug abuse prevention has varied, and is generally less than the proposed 5%. Given the ongoing alcohol and drug misuse problems in New Hampshire, NHNA supports the passage of CACR 1. After public hearings of the House Finance Committee this bill was voted retained in committee on March 14, 2019.

NHNA’s Watch List:
• HB 311: Establish a Committee to study effect of opioid crisis as a cause of PTSD. Passed in House; Senate Health & Fiscal Committee voted ought to pass.
• HB 118: Requiring a child’s primary care provider be notified of a report of suspected abuse or neglect. Passed in House; Senate Judiciary Committee voted ought to pass.
• HB 131: Establishing a commission on mental health education programs. Passed in House; currently in Senate ED&A Committee.
• HB 180: Establishing a committee to examine the feasibility of the England-based living into compact single payer health care program. House Health & Human Services Committee voted inexpedient to legislate.
• HB 200: Relative to xenonoligical testing for Lyme disease. House Health & Human Services Committee voted inexpedient to legislate.
• HB 230: Prohibit smoking in motor vehicles when a passenger is under 16. House voted inexpedient to legislate.

LENSS Neurofeedback involves the attachment of EEG electrodes and the delivery of a micro electromagnetic field. LENSS Neurofeedback is not a specific treatment for any one condition, but a general regulation of the central nervous system. Now balance in the brain often results in better sleep, focus and moods. The Board of Nursing ruled that a RN cannot do this independently, but can perform this treatment with a licensed independent provider order and certification. An APRN can delegate LENS to a certified RN.

Bowen Therapy is an intervention applied to areas of the body, using thumbs and fingers in a specific process or order. The move is a rolling-type motion and is designed to stimulate nerve pathways which allow a ‘conversation’ to take place between different nervous systems of the body. The Board of Nursing ruled that it is within the scope of practice for RNS and LPNs after completion of approved certification to engage in Bowen Therapy. It is not within the scope of practice for LNAs.

Skin substitutes are tissue-engineered products designed to replace, either temporarily or permanently, the form and function of the skin. Skin substitutes are often used in chronic, non-healing ulcers, such as pressure ulcers, diabetic neuropathic ulcers and vascular insufficiency ulcers. The Board of Nursing ruled that the application of skin substitutes using biological dressing (REDRESS material) is within the scope of practice for RNS and LPNs.

• HB 239: Relative to License Requirements for Certain Mental Health and Drug Counselors. Passed in House; currently in the Senate ED&A Committee.
• HB 240: Establishing a commission to study the causes of high suicide rates of emergency and first responders. House Health & Human Services Committee voted to retain in committee.
• HB 277: Establishing a Commission to study a public option for health insurance. Passed in House; bill has been introduced to the Senate Commerce Committee.
• HB 291: Establishing a committee to study certain findings and other initiatives regarding end-of-life care. Passed in House; bill introduced to the Senate Judiciary Committee.
• HB 349: Relative to second opinion on health care matters for state and county prisoners. Passed in House; bill currently in Senate Judiciary Committee.
• HB 366: Adding opioid addiction, misuse and abuse to qualifying conditions for therapeutic use of cannabis. House Health & Human Services Committee voted to retain in committee.
• HB 422: Relative to certain procedures performed in teaching hospitals. The House Health & Human Services Committee voted inexpedient to legislate.
• HB 621: Establishing a Commission on Aging. Passed in House; Senate ED&A Committee has voted ought to pass.
• HB 691: Relative to blood testing for individuals exposed to perfluorinated chemicals in private or public water supplies. House voted inexpedient to legislate.
• HB 703: Relative to providing notice of the introduction of new high-cost prescription drugs. Passed in House; bill introduced to Senate and referred to Commerce Committee.
• SB 1: Relative to family and medical leave. Passed in Senate and House, vetoed by Governor.
• SB 3: Making an appropriation relative to Medicaid provider rates for mental health and substance misuse. Passed in Senate; House Finance Committee voted ought to pass.
• SB 11: Relative to mental health services and making appropriations therefor. Passed in Senate; House Health & Human Services Committee voted ought to pass.
• SB 258: Relative to telemedicine and telehealth services. Passed in Senate; currently in House Health & Human Services Committee.

The NHNA website is updated weekly with the legislative activity with hearings, bills, committee meetings, and lending their voices to the discussions.

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, we prevent ten one-liners. Submissions are welcome:

1. The worst time to have a heart attack is during a game of charades.
2. As I watched the dog chasing his tail I thought “Dogs are easily amused,” then I realized I was watching the dog chasing his tail.
3. A recent study has found that women who carry a little extra weight live longer than the men who mention it.
4. If you can stay calm while all around you is chaos, then you probably haven’t completely understood the situation.
5. If you’re not supposed to eat at night, why is there a light bulb in the refrigerator?
6. Team work is important; it helps to put the blame on someone else.
7. Women will never be equal to men until they can walk down the street with a bald head and a beer gut, and still think they are sexy.
8. I’m not saying your perfume is too strong. I’m just saying the canary was alive before you got here.
9. Plan ahead – it wasn’t raining when Noah built the ark.
10. How is it that I always seem to buy the plants without the will to live?
Michelle Poirier, RN, BSN, SANE-A
Emergency Nursing
Concord Hospital

Emergencies are stressful – dealing with them day in and day out is daunting, and yet that’s exactly what Michelle Poirier has chosen to do. So how does she deal with such a high-stress environment? Passion, says Poirier, is the key. “As nurses, we are sometimes exposed to the sad or unfair parts of life,” she says. “Being passionate about what you’re doing helps keep you going on the hard days.” In addition to her primary role in the emergency department, Poirier is also specially trained to provide comprehensive, compassionate and uninterrupted care to sexual assault survivors with an emphasis on reducing both physical and psychological trauma, while also ensuring evidence is properly collected.

After becoming a nurse in 2011, she pursued certification in forensic nursing. Her co-workers received in 2013. Currently, she serves as the SANE as a sexual assault nurse examiner (SANE), which she now works in the immigrant-rich neighborhoods of Nashua as city director of the Division of Public Health and Community Services, managing programs and initiatives to prevent the spread of disease and respond to emergencies and emerging health issues.

Ericka Bergeron, MSN, RN
Nurse Leader
Dartmouth-Hitchcock Medical Center

Most kids think they know what they want to be when they grow up – but dreams often fall by the wayside. For eight-year-old Ericka Bergeron, caring for patients was what she longed to do and she stuck with it. She began her RN years of experience to complete the last step of procedure, such as a cardiac stent. Currently, she’s using or have suffered a heart attack. Some patients may have undergone cardiopulmonary resuscitation or an interventional procedure, such as a cardiac stent. Currently, she’s using her years of experience to complete the last step of her career as a nurse, he was a licensed unlimited radar observer. Basically, he says, he could be “the radar guy on any ship in the world.” During that time Hodgdon got used to interpreting the world around him on a two-dimensional screen. “Ultrasound is, essentially, radar. It’s just that my world has shrunk from 72 miles to about one inch,” he says.

When it comes to his job as a nurse, patience and good critical thinking skills are necessary. And, as is the case with all fields of medicine, it requires considerable time and energy. Learning, ultrasound-guided access takes time and practice, he says, which is part of what makes his job so rewarding. The other part? Helping people and providing the best care possible, he says. “I always have a dream to today, saying that what Bergeron is doing exactly what she was meant to do.

Lisa McCarthy, MBA, BSN, RN-BC
Psychiatric and Mental Health Nursing
Southern New Hampshire Medical Center

Lisa McCarthy’s first nursing job, 12-hour shifts on a behavioral health unit, was the kind that tests the resolve of new nurses, usually leading them to a more comfortable career path. McCarthy never left and two decades later, she still works in the 18-bed psychiatric unit at Southern New Hampshire Medical Center caring for patients – adolescent to adult – with acute and chronic psychiatric disorders.

Nursing is about the ability to communicate with people in their most vulnerable and frightened moments, she says. “What is always in the back of my mind is to treat the way I would want them treated if they were my family member.”

As inspiration, McCarthy recalls her own diagnosis of cancer at age 23 and the nursing intervention that helped her through it: “Even though I was unable to verbalize what my need was, my nurses knew.”

That year of nursing school she learned of the transformative efforts of Lillian Wald, a nurse whose work among impoverished immigrants of New York City in the 1890s became the model for public health nursing that aims to heal societal illnesses along with those of individuals. Bagley says. “What is always in the back of my mind is to treat patients with all the giving and support them in any way we can.”

If healthcare mostly seems like a personal matter, Bobbie Bagley has a different perspective. In her last year of nursing school she learned of the transformative efforts of Lillian Wald, a nurse whose work among impoverished immigrants of New York City in the 1890s became the model for public health nursing that aims to heal societal illnesses along with those of individuals. Bagley now works in the immigrant-rich neighborhoods of Nashua as city director of the Division of Public Health and Community Services, managing programs and initiatives to prevent the spread of disease and respond to emergencies and emerging health issues.
time is right, patients can watch the videos, as can their loved ones so they too can help with recovery. “Patients are always very thankful to be provided information, and it is rewarding to help patients realize that their initial setback is the start of a new journey toward improved health,” she says.

Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN Hospitalist and Palliative Care Nursing Dartmouth-Hitchcock Medical Center Palliative care, or simply put, helping to improve the lives of those dealing with serious illnesses, is challenging, and yet rewarding. It requires clinical and communications skills, kindness, and more importantly, the ability to accept the person and their circumstances, says Kathleen Broglio, a nurse practitioner in palliative care at Dartmouth-Hitchcock Medical Center. Broglio possesses all of these qualities, using her considerable skills in her specialty of caring for those who have complex pain and/or suffering, while ensuring their pain and symptoms are well managed. After leaving her successful career as a hairstylist, Broglio was inspired to enter into pain management and palliative care after an experience on an AIDS unit in 1992 in Hawaii. “We had a young man with terrible pain who was only being treated with pain medications that weren’t effective,” says Broglio. “The physician wouldn’t let me give the patient intravenous medication, and it was the turning point for my career. I resolved that none of my patients would ever suffer in pain.”

Patients such as the man she encountered in Hawaii are Broglio’s constant inspiration. “From the early days of working with people with AIDS, to my work with patients with chronic pain, to my volunteer work in India, and now palliative care, I have been struck by the strength and courage these people have had in the face of difficult times.”

Daniel Moran, MSN, APRN Gerontologic and Long-term Care Nursing Dartmouth-Hitchcock Medical Center For most, a career means focusing on one thing. Daniel Moran, however, is used to wearing many hats, going from EMT to paramedic, teacher to oncology nurse, and finally to primary provider and training expert. Today, Moran enjoys managing patient care as a primary care provider at Dartmouth-Hitchcock Medical Center and works with others on how to provide better, interprofessional care to older adults at the Dartmouth Centers for Health and Aging. While teaching college courses in the mid 1990s, Moran discovered how much he enjoyed mentoring and engaging with patients, “Being able to teach complex medical conditions and procedures by breaking them down into simple, easy to understand concepts came natural to me,” Moran says. As his passion for healthcare intensified, Moran decided to get his MS as a family nurse practitioner in 2000. New Hampshire had just opened the door for nurse practitioners and doctors to work together, he says. “When searching for a new place to call home. “When I walked in the front entrance of DHMC and saw the sign, ‘We, the employees, welcome you,’ I knew I found my calling.”

Kerry Nolte, PhD, FNP-C University of New Hampshire Department of Nursing Originally trained as an EMT, Kerry Nolte was no stranger to the skills needed to deal with complex health-related problems. She used her EMT background as inspiration to begin her nursing career at Northeastern University, where she eventually graduated with a PhD. After receiving her degree, Nolte became a family nurse practitioner – it was later on in her career that her focus turned to providing compassionate care to those who misuse drugs.

Throughout her career in nursing, Nolte was aware that the human element of her profession was just as important as the technical skills she had acquired. She credits Barbara Guthrie, her adviser at Northeastern, for developing her passion for nursing by “believing in me wholeheartedly,” she says. Now, Nolte is the assistant professor of nursing at the University of New Hampshire, where she provides the same support to her students that she once received.

One of the most enjoyable parts of her job, she says, is when she gets to interact with students during her research, as it “provides a great learning experience for the students.” In addition to her teaching and research, Nolte is also a founding member and current chair of the New Hampshire Harm Reduction Coalition, a statewide organization that developed policies, practices and programs that reduce the harmful consequences of substance use and misuse.

Daniel Chandler, MSN, RN, CCRN, VA-BC Ambulatory Care Nursing (COO), New England Vascular Access “Tears and hugs come to my mind since since my journey vascular access,” says Chandler, the chief operating officer of New England Vascular Access (NEVA). By the time Chandler first met her mentor, Dr. John A. Gott, a vascular surgeon, her enthusiasm and determination had endured multiple failed IV attempts. Hence, the tears and hugs – “tears of happiness and relief from patients, and hugs from her life-long mentor Dr. Gott.” In addition to her medical school and graduate school, she says, she has loved her career as a vascular access provider, “It was so rewarding to see the patients’ outcomes change when we were able to get them established in vascular access with the appropriate device to meet the patient’s medical needs,” she explains. For the majority of her 14-year career, Chandler provided direct patient care in intensive care and emergency room settings, supervised hospital staff, and worked as an educator for ICU, ER and acute care units. Everything changed two years ago when she joined New England Vascular Access (NEVA), and even more so when she asked her to join the newly formed vascular mobile access company. Now, she says, she feels like she has a mission of “increasing awareness and respect of this overlooked and underutilized specialty, to not only nursing, but to the entire healthcare community.”

Her father’s hospitalization and complications with a PICC line are part of what drives her. “[My father] has been the person on the other side of a healthcare member inserting the needle. He has been successful in getting an IV into,” she says. “Every person I place an IV in is a member of a community, with family and friends who care for them. I always keep in mind that could be my father on the other end of the needle I’m inserting and advocate for them as if they were my father.”

Daisy J. Goodman, DNP, MPH, MSN, APRN, CARN-AP, CNM Advanced Practice Registered Nurse Dartmouth-Hitchcock Medical Center Daisy Goodman often thinks of one patient’s story. While working at a local medical provider at a community hospital, one of Goodman’s prenatal patients was courageous enough to share that she was addicted to opioid painkillers. She asked for help, but the only treatment program was a methadone clinic located two hours from her home. Each day during her pregnancy, says Goodman, her patient made the four-hour trip, even during the New England winter when she needed to work the extra hours to keep her baby. “Her commitment made me go back to school to pursue my doctoral degree, to study how we might be able to better meet the needs of rural pregnant women with opioid use disorders,” says Goodman.

She started her professional career in the nonprofit sector, and chose to go back to school for nursing after the birth of her first child. She received her ADRN from what was then Bedford College in Concord, New Hampshire, and went on to study midwifery and women’s health at the Frontier School of Midwifery and Family Nursing in Kentucky. Today, her work focuses on improving healthcare for vulnerable populations, and specifically on the topic of perinatal substance use disorders. She also provides clinical care as part of Dartmouth-Hitchcock’s Moms in Recovery Program. Like the patient who motivated her to pursue her doctorate, it’s the people she cares for who inspire her every day. “[My patients] are doing their best to take control of themselves despite significant barriers, and deserve everything we can provide to support them,” she says.

One of the most enjoyable parts of her job, she says, is when she gets to interact with students during her research, as it “provides a great learning experience for the students.” In addition to her teaching and research, Nolte is also a founding member and current chair of the New Hampshire Harm Reduction Coalition, a statewide organization that developed policies, practices and programs that reduce the harmful consequences of substance use and misuse.

Annie C. Roy, RNIII, RN-C, Lead NRP Instructor Maternal-Child Health Nursing Concord Hospital “By caring for patients at both ends of the lifespan, I learned that being compassionate and actually present with my patients has a profound effect on their journey,” says Annie Roy. Today, as a school-based and educator, Roy cares for mothers and newborns in Concord Hospital’s Special Care Level II Nursery. But the turning point for Roy’s career began. She started out in Montreal in 1989 as a palliative care nurse – it was three years later she chose to switch specialties. And now, over 30 years later, she still finds the same joy in her job that she felt on day one.

Roy loves when her patient’s success stories become her own. “I see so many of my students graduate from ‘Annie’s Boot Camp.’ She is driven by her unwavering support of and commitment to her patients. “I do my best every day and hope for the best possible outcomes,” she says. “Patient satisfaction and recognition, like hugs, notes and thank-yous, are heartwarming, and renew my purpose and meaning around the importance of support during their special time. I simply love what I do and value all that unfolds every day making me a part of who I am.”

Nancy A. Wells, MS, RN, NCSCN Pediatric and School Nursing NH Department of Education

Nancy Wells started in the healthcare “trenches” as a school nurse. “I did my best every day and worked as a consultant for the NH Department of Education, and now works as an advocate for school nurses and their students through the NH School Nurses Association and the NH Ashma Collaborative.

It was during a volunteer service project at Winnacunnet High School that she realized her calling. “I saw firsthand the full scope of [the nurse’s] role,” says Wells. Then as a nurse at Concord School District in Dover she found herself “supporting students with acute and chronic health conditions, integrating health and education, and coordinating with families, health care providers, and community resources.” Since school is a place where many health challenges are first encountered and where the ravages of poverty, hunger and violence are exposed in the young lives of students, it’s also the place to have the biggest impact on young lives. Best practices taught in school can last a lifetime and can help count less others along the way.

The work is vital and rewarding but Wells says it requires at least two things: “Respect for every child and family – and a sense of humor.”

Reprinted with permission of New Hampshire Magazine.
These goals, the NHSNA Board has:

- “building our brand” on social media. In meeting
- bills were presented in committees.
- lead poisoning prevention, the asthma control program,
- of support for partnering organizations seeking grants
- Martha Judson.
- alternative medication
- NHSNA can provide resources for school nurses in
- unable to travel to meetings in person. An annual Board
- member summer retreat is held in July.
- Consultants were hired by the New Hampshire School Nurses Association in 2018-19. Martha Judson returned from maternity leave as the NH School Nurse President, former NHSNA Board Consultant in the NH DOE, joined as a Liaison. The liaison positions are critical as Executive Board members and committee chairs also have regular school nurse positions. Many of the research needs, or collaborative projects require time and scheduling; our liaisons do the investigation, so NHSNA can develop policy for school nurses in a timely fashion. For example, we recently posted an alternative medication resource on our website. The removal of this document was initiated by our liaison, Martha Judson.

Last summer, a two-year Strategic Plan was created and the Board has been working hard to meet the strategic plan goals, which includes building partnerships with other organizations such as Children’s Behavioral Health Collaborative, New Futures, New Hampshire Nurses Association (NHSNA), National Association of School Nurses (NASN), Convenient MD, the Department of Education, WMCC is seeking clinical adjunct instructors to teach in our Nursing Program.

Qualified candidates must have a master’s degree in nursing, or a baccalaureate in nursing with a master’s degree or doctorate in:
- public health,
- healthcare administration/leadership,
- health promotion; or
- another field related to healthcare or education.

NURSING ADJUNCT FACULTY POSITIONS AVAILABLE

White Mountains Community College | Berlin, NH

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To view all available positions, visit SpauldingYouthCenter.org/NHNA.

Answers to NCLEX Reconsidered from page 5

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A number of our Board members have testified in Concord when School Nurse Bills are presented in the House of Representatives or in the Senate. Legislative Bills NHSNA has advocated include:

- HB 719 for the permanent position of School Nurse Coordinator in the DOE
- HB 131 to establish a commission to develop a K-12 mental health curriculum, and for a hub and spoke model that includes a central area of triage, or a “portal,” and then a referral for care with local counselors and caregivers. Currently, there is a bill in the NH Senate about the same, but the Republicans and Democrats support funding for the plan, but they differ in their priorities as to where the money should be spent. Please see our website to read the 10 year Mental Health Plan, or you can also google it for more info.

Congratulations to School nurses who have received awards. Martha Judson was awarded the Barbara C. French Award for excellence in school nursing, Kathleen is the NH Nurse of the Year, and Nancy Wells was recently awarded Excellence in Nursing in Pediatrics by the New Hampshire School Nurses Association of School Nurses Code of Ethics The Code

In March 2019, NHSNA adopted the National Association of School Nurses Code of Ethics. The Code clearly describes the role and ethical responsibilities of the school nurse. In addition, school nurses are not only bound by the BON code of ethics but also by the Department of Education (DOE) Code of ethics (June 2018), by nature of their school nurse certification. Note of the DOE code is the use of appropriate professional boundaries when using technology to communicate with students, and to consider the ramifications and public perception of using social media. The Codes can be found on the members’ page of the NHSNA website: www.nhsna.org

NHSNA Board members are active in legislative advocacy. Board members have taken advocacy courses on how to work with the legislature and served on the NHSNA Council on Government Affairs. NHSNA President Kathy Barth attended the public comment session regarding New Hampshire’s evolving 10 year mental health plan hearing testimony from many community members on the need for an inpatient psychiatric hospital, other than the prison or emergency rooms, as well as improved community mental health resources. New Hampshire school nurses, in particular, understand the value of accessible mental health programs. The commission is using a hub and spoke model that includes a central area of triage, or a “portal,” and then a referral for care with local counselors and caregivers. Currently, there is a bill in the NH Senate about the same, but the Republicans and Democrats support funding for the plan, but they differ in their priorities as to where the money should be spent. Please see our website to read the 10 year Mental Health Plan, or you can also google it for more info.

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- HB 719 for the permanent position of School Nurse Coordinator in the DOE
- HB 131 to establish a commission to develop a K-12 mental health curriculum, and for a hub and spoke model that includes a central area of triage, or a “portal,” and then a referral for care with local counselors and caregivers. Currently, there is a bill in the NH Senate about the same, but the Republicans and Democrats support funding for the plan, but they differ in their priorities as to where the money should be spent. Please see our website to read the 10 year Mental Health Plan, or you can also google it for more info.
Over 75 New Hampshire nurses had an opportunity to hear from a nationally known innovation and practice leader, Dr. Bonnie Clipper, RN, Vice-president of Innovation at the ANA, at the May 2, 2019 Innovation & Quality Improvement Conference, jointly presented by New Hampshire Nurses Association and Saint Anselm College. Though the weather foretold of a cold wet New England Spring day, inside the St. Anselm’s conference center, nurses were learning how technology would change the environment and activities of nursing. Clipper presented the future of three types of healthcare innovation: technology, using and buying health and business models of health.

Technology innovation will include artificial intelligence where machines with computers will learn patterns and develop algorithms on their own. Providers such as radiologists and pathologists will run the risk of becoming obsolete, as computers with artificial intelligence can analyze pictures of X-rays and specimens quicker and with more accuracy. Virtual Reality interventions, now being tested to relieve chronic pain and chemotherapy-induced nausea and vomiting, will be expanded to include symptoms management of other conditions. Robotics, already in use in the operating room such as the Davinci, will provide better customer service, including become phlebotomists. Technology wearables will expand with point of care laboratory testing. Clipper emphasized that despite the growing application of technology, nursing is safe for the foreseeable future as empathy cannot be taught to a computer or robot.

Using health services will continue to be revolutionized by innovation. Retail health outlets and telehealth will continue to evolve. Patients will be able to take a picture of their wound, upload it from home, have it assessed, and interventions ordered and delivered to the home without seeing a provider. Clipper encouraged nursing to think and lead through innovation.

Dr. Kate Collopy continued the discussion during her presentation “Inspiring Innovation” as did Faith Buker who spoke on “Social Innovation.” Six New Hampshire nurses presented quality improvement projects that highlighted innovation at the state level (see Box). Three posters were also selected for display by the planning committee: Implementing a Three-Tiered Activation Process at a Primary Stroke Center, Reducing CAUTI and Device Utilization in the ICU and Nurse Driven Hypoglycemia Algorithm Decreases NICU Admission. Presenters shared their PowerPoint slides with the New Hampshire Nurses Association and are available on the NHNA.org website.
Over three hundred students and exhibitors gathered at Manchester Community College, on March 29th, at the New Hampshire Nurses Association’s (NHNA) annual Graduating Student Conference and Career Fair. Carlene Ferrier, President of NHNA, opened the event. She shared with the student nurses why it is an amazing time to be a nurse and she welcomed them to the profession. Next, Manchester Community College (MCC) President, Susan Huard, welcomed the audience and shared that MCC was pleased to be the host site for the event. She also introduced Congressman Chris Pappas, who spoke to the students about the importance of their role in providing health care in our state; He pledged his support of nursing and thanked the students for dedicating themselves to the profession. Pappas also touched on the many health care bills in the US house that he supports, including HR 1884: an act Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019.

Next, a team of honor students from the University of New Hampshire, under the direction of Dr. Rosemary Taylor, Associate Professor of Nursing, performed a Ted-Talk like presentation on the issue of incivility in nursing, The students, John Domenico, Claire Martindale, Hazuki Horiuchi, shared insights on this problem, sought the audience’s perspective on the issue and fielded many questions. Not present, but a valuable contributor to the program was student Shannon Murdock.

Teresa Knight, Director of Nursing Programs at Granite State College, presented: Nursing Career Paths and Education. She tried to make sense of the alphabet soup following nursing names; explaining the differences between degrees and certification and providing guidance for the students as they navigate continuing nursing education. Knight emphasized that nursing is a profession of lifelong learning. David Griffiths, Senior Vice President of Nurses Service Organization (NSO), discussed with attendees the importance of protecting their nursing license and the role that nursing liability insurance can play. Griffiths shared some real life case studies of clinical situations that lead to liability law suits or were presented to the Board of Nursing for disciplinary action.

Carlene Ferrier, led a structured question and answer session with nurses from various nursing specialty areas. Panelists included:

- Pamela Kallmerten, Clinical Associate Professor at the University of New Hampshire
- Angela Gray, Home Care Clinical Manager with Home, Health & Hospice
- Carla Dallymple, a nurse at the Farnum Center working with patients with substance use disorder
- Sara Roberts, Same Day Surgery/OR Manager with the VA in Manchester
- Capt. Jill Deanda, nursing recruiter and emergency nurse with the US Army

Each panelist responded to several planned questions, such as what led them to their nursing specialty and what they liked the most about their area of nursing.

After a lunch break and time to speak with the many exhibitors, including nursing employers and nursing educators, the audience learned about the characteristics of stress hardy people from Amy Guthrie, Director of Continuing Nursing Education for Saint Anselm College. Guthrie spoke on resiliency, guiding the audience to explore personal stress reduction and resiliency strategies and the importance of stress management and personal connections. Throughout her interactive presentation, the audience appeared rapt and more than one person was seen furiously scribbling notes.

Jane Delmar, Human Resources Business Partner with Catholic Medical Center, presented Surviving and Thriving during Your Job Search. Delmar’s presentation provided student attendees with tips on how to manage expectations, sharing a list of ten skills most employers are seeking in job candidates and what to do when you land an interview. Delmar’s presentation, as well as all the other presentations, has been posted on NHNA’s website under the Nursing Practice Section, under the Graduating Student Conference tab.

NHNA Board Member, Pamela Kallmerten presented: Creating Your Future: NCLEX Prep for Success. Kallmerten shared information on the structure and types of questions found on the NCLEX exam, the process for applying to sit for the exam, strategies to prepare for the exam and what to expect on exam day. She also provided information on the next generation of the NCLEX exam and what to expect after completing the exam. An engaged audience asked many questions.

Each year, NHNA brings together a panel of nurses that have been in clinical practice for only a year. During another structured question and answer session moderated by Carlene Ferrier, the panelists shared insights on the transition from student nurse to practicing registered nurse. Panelists this year included:

- Mark Gagne RN, Dept. of Corrections
- Ruby Isaac RN BSN, Home Health and Hospice Care
- Mollie Murphy RN BSN, Southern New Hampshire Medical Center
- Samantha Warren RN, LRHealthcare
- Jillian Brouillette RN, St. Joseph’s Hospital

The panel commented on their greatest challenge as a new grad, who helped them acclimate to their new role and what advice they would give a new nurse graduate.

At the end of a packed and dynamic day for the soon to be graduates, Lyndsay Goss, Chair of NHNA’s Commission on Nursing Practice and Commission member Carol Allen presented the Student Nurse of the Year Award.

The event was possible with the support of the sponsors and exhibitors. A special thank you to Manchester Community College for providing the use of their multi-purpose room.
An Unsuitable Alternative

IN MY OPINION

New Hampshire is nationally recognized as having the least restrictive practice acts for advanced practice nurses – nurse practitioners, nurse midwives, and nurse anesthetists. One of the longstanding problems of APRNs is the confusion about their role and responsibilities compared to physicians and physician extenders such as physician assistants. The promotion and rapid proliferation of the clinical doctoral degree – the DNP – has begun to resolve the confusion as patients and clients begin to appreciate the abilities of a ‘nurse-doctor.’

However, a recent proposition has created quite a stir within the 50,000 Certified Registered Nurse Anesthetist (CRNA) members of the American Association of Nurse Anesthetists (AANA). Since 2002 New Hampshire has opted-out of the physician supervision rule for CMS reimbursement. Forty states, including New Hampshire do not even have physician “supervision” requirements for CRNAs in nursing or medical laws or regulations. Thus, nurse anesthetists can determine and provide anesthesia without the direct supervision of a physician. In many of our critical access hospitals, a nurse anesthetist is the sole anesthesia provider for the institution.

There are many functions between nursing and medicine that overlap, and many activities which belong to both the practice of medicine and the practice of nursing. Nurse-provided anesthesia has a long history. The first nurse to administer anesthesia was a nun in 1877 in Erie, Pennsylvania while the AANA was established as a membership organization for nurses in 1931. In 1934 a California Supreme Court case confirmed the legality of nurse anesthesia practice. In 1986 CRNAs became the first nurses to be accorded direct reimbursement rights.

Unfortunately, public awareness of the differences between a physician anesthesiologist and a nurse anesthetist is meager. What goes on behind the closed doors of an operating room is rarely seen or remembered by patients. What patients and families do remember is the pre-operative greeting “Hi, I am your nurse anesthetist and will be with you in the operating room” or “Hi, I am your anesthesiologist and will be putting you to sleep.” The perception of some patients when a nurse anesthetist greets them in this manner is “But who will put me to sleep?”

Thus, some CRNAs have begun to discuss a name change or alternate descriptor to replace the word anesthetist. They are suggesting they refer to their role as Nurse Anesthesiologist. In my opinion, the change will create further confusion among patients and the role of nurses in general. It is a poor descriptor which could go on to further confusion among patients and the role of nurses.

In the February 2019 Board of Nursing meeting minutes it was noted that the Board had voted in November 2018 to support the use of an alternate descriptor for CRNA as “Nurse Anesthesiologist.” Unfortunately the November minutes did not indicate what role the Alternate Descriptor was in reference to. Both the anesthetists and anesthesiologists debated the issue in front of the Board in February. Further discussion was tabled for a later date.

In my opinion, the significance of an alternate descriptor such as Nurse Anesthesiologist requires much additional study and debate in the nursing community. The AANA must come out with a position statement or white paper including risks and benefits of implementation before any regulatory body enacts rulings. "Where does it stop?"
DNP: What is it and what is it not

Marilyn Daley

What It Is

The Doctorate of Nursing Practice (DNP) is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. DNP-prepared nurses are well-equipped to fully implement the science developed by nurses researchers prepared in PhD and other research-focused doctorates.

The DNP is ultimately designed to produce leaders in nursing. Such nurses possess the highest level of nursing expertise and work in a clinical setting, academia or leadership roles. They possess adept knowledge to influence healthcare outcomes through organizational leadership, health policy implementation, and direct patient care.

What It Is Not

A DNP is not a research focused degree such as a PhD. It is not a role such as a Nurse Practitioner, or a Nurse Anesthetist. Obtaining your Doctorate in Nursing Practice does not make you a physician. Anesthetist. Obtaining your Doctorate in Nursing Practice is not a research focused degree such as a PhD. The DNP is not a research focused degree such as a PhD.

What You Can Expect from a DNP Program

In 2004 AACN underwent a two-year consensus-building process to examine the DNP curriculum. In October of 2006 the AACN member institutions voted to endorse the Essentials of Doctoral Education for Advanced Nursing Practice. The link to the full report is available at: https://www.aacn.nursing.org/Portals/42/Publications/DNPessentials.pdf The Essentials define the curricular elements that must be present in Doctor of Nursing Practice (DNP) programs. These Essentials outline the foundational competencies that are core to all advanced nursing practice roles, including the four nationally-recognized Advanced Practice Registered Nursing roles: nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives.

Why Consider a DNP

First, do you want a terminal degree in your profession? If you do, will it be practice or research focused? If a practice degree is your answer, the DNP is for you! The evolution of the DNP degree has been fueled by the changing demands of the nation's complex healthcare environment which requires the highest level of scientific knowledge and practice expertise to assure quality patient outcomes. The American Association of Colleges of Nursing (AACN) developed a task force examining the DNP based on reports from The Institute of Medicine, Joint Commission, Robert Wood Johnson Foundation, and other authorities who had called for reconceptualizing educational programs that prepare today's health professionals.

Doctoral prepared nurses are poised to become nurse leaders that can address national concerns regarding the quality of care and patient safety, evaluate shortages of nursing personnel and fill the gap in the shortage of doctoral prepared nursing faculty.

Lastly, nursing is moving in the direction of other health professions requiring a doctorate as a terminal degree, such as Pharmacy (Pharm D), Psychology (PsyD), Physical Therapy (DPT) and of course Medicine (MD).

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The DNP Essentials

I. Scientific Underpinnings for Practice
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV. Information Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V. Health Care Policy for Advocacy in Health Care
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII. Clinical Prevention and Population Health for Improving the Nation's Health
VIII. Advanced Nursing Practice

After the coursework, focused on the Essentials, the culmination of the DNP program is the successful implementation of a DNP Scholarly Project. AACN defines a scholarly project as:

• Focuses on a change that impacts healthcare outcomes either through direct or indirect care.
• Has a systems (micro-, meso-, or macro- level) or population/aggregate focus.
• Demonstrates implementation in the appropriate arena or area of practice.
• Includes a plan for sustainability (e.g., financial, systems or political realities, not only theoretical abstractions).

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NH Healthy Nurse Scholarship 5K

Sponsored by the New Hampshire Nurses Association

Save the Date

Prospects for this event will be added the NHNA Healthy Nurse Scholarship Fund for members of NHNA that are pursuing nursing education or seeking nursing certifications

Location: Rivier University campus, 420 Main St.
Nashua, NH

Date: September 28, 2019

Bib pick up: Day of Run beginning at 8:30 am

Run Start Time: 10:00 am

Registration via: https://runsignup.com/healthyrnursese5k

(T1 Fitness race organizer; time keeping services)

Adults: $25.00 / $30.00 day of event

Students: $15.00 / $20.00 day of event

Youth (12 and under): FREE
FROM THE NHNA ARCHIVES

Nursing, 50 Years Ago: Part 1

Evra Mae Emery Crosby

A half century seems a long time to look forward to, but it does not seem such a long time to look back to. When a child, I wanted to become a teacher. When in grammar school my older sister entered the training school for nurses, at the Morton Hospital, Taunton, Mass., where we were living at the time. That made me interested in the work and one day I put on my sister’s cap and she said: “Take it off; you have no right to wear it.”

I dutifully took it off but mentally I said, “Some day I will have one of my own.” So I had that in mind but had to wait until I was twenty years old before I could be admitted to any hospital training school. The admission age was from 20-35 years. I know many nurses who entered training between the ages of 25 and 28.

At N.H. Memorial Hospital one entered training when there were vacancies. The course was two years. The first month was on probation. Then the nurse received her cap at a regular trustees’ meeting. The next 23 months we received a stipend of ten dollars per month which barely covered the cost of uniforms.

The Memorial Hospital at that time was called a 30 bed hospital. The Superintendent of the Hospital was a widow of a physician with no nurse’s training.

I was told to report at 6 p.m. January 27th, 1898. The Director of Nurses received me cordially. She told me the regular routine of the Hospital. Breakfast at 7 a.m., dinner at 12 noon, and supper at 5 p.m. with meals for the patients at 10 a.m., 3 p.m., and 8 p.m.

Nurses were on duty from 7 a.m. to 8 p.m. with one hour off duty during the day and four hours off Sundays and holidays, and two weeks vacation in the year. We had to be in bed, lights out at 10 p.m. Late permissions could be obtained very rarely.

Then Miss Ingalls took me to my room on the 3rd floor back in the Downing Building. No flowers — no pictures. The room was lighted by gas, as was the whole hospital. She told me the night nurse would call me at 5:45 a.m. and to be in the dining room at 6:30. The night nurse had to light the kitchen fire which I did my first month on night duty.

The first day I just followed one of the nurses around. Helping to get out trays which were served from the kitchen pantry. Besides the routine care of the patients, we had to dust the patients’ rooms. Wet dust the woodwork and furniture. We also swept the corridor and kept the bathroom clean and in order. When our turn came we had to care for the operating room and keep up the supplies. We were taught to take temperatures and do routine bedside work very quickly.

We began our studies in earnest March 1st. The curriculum was the standard one at the time: Practical Nursing — Clara Weeks; Materia Medica — Lavinia Dock; Bacteriology — McIaac. Dr. Julia Wallace Russell who founded the Hospital and was the Physician in Charge personally taught Obstetrics. Dietetics was taught by Miss Cannon and Miss Gilmore — outside teachers who taught from their own books and recipes. Later I had two courses under Miss Alice Braddy of Miss Farmer’s School of Cookery, Boston. Each course had 10 hours of lectures and 10 hours of practical work. Vitamins had not yet been heard of then.

We had courses each year in massage, also instruction in shampooing and manicuring. We spent as many hours in class rooms and lectures as was required of any Hospital at that time.

In fact Miss Londergan — the oldest nurse in the state — a member of the first class to graduate from the State Hospital said: “We had as good training as there was at the time.” Londergan Hall — new nurses’ home at the State Hospital was named for her.

The nurses in training were sent out to private homes, for which the hospital was paid one dollar per day for a first year student, and $10.50 per week for a second year student. After being in training four months I was sent to Franklin on a case of pneumonia. Dr. Merrill met me at the station. He told me the patient was very ill and going to die. The lady lived about 96 hours and in that time I got four hours of sleep. I was allowed to sleep in my chair but I heard everything that was going on. And when I tried to rest in the afternoon, the housekeeper would continually come to call me. Incidentally, the house to which I went was the first house in Tilton on left side of the road and is referred to the origin of the poem, “The House by the Side of the Road.” After that, I was sent out on three milder cases, all of whom recovered.

After Miss Dart came, on the first of October, to be superintendent and Director of the Training School, we were not sent out on cases. We had two hours off duty, but still worked until 6 p.m. Before long, Miss Dart had a graduate head nurse who taught the practical work and had general oversight of the nurses. These nurses came from the Massachusetts General Hospital.

Part 2 of Eva Mae Emery Crosby’s recollection of nursing will be continued in the next issue of the NH Nursing News.

University of New Hampshire senior, Adrienne Porrazzo, is flanked by her proud parents as the recipient of the Department of Nursing 2019 Academic Scholar Award.

On Saturday, April 27, 69 senior nursing majors received their Saint Anselm College nurse’s pin at the annual pinning ceremony. The Dr. Joanne K. Farley Award that honors Dr. Joanne K. Farley, a 31-year nursing member of the Saint Anselm College community was presented to graduating seniors Cassidy Diaz and Cecilia Mercandate.

Cecilia Mercandate accepts her award from Department Chair Maureen O’Reilly.

Keene State College graduated 18 BSN nursing students in the May 10, 2019 graduation ceremony.

The Accreditation Commission for Education in Nursing (ACEN) has granted Rivier University’s Doctor of Nursing Practice (DNP) program five year approval.

Students, faculty, or alumni are welcome. Please direct submissions to office@nhnurses.org with NHNN in the subject line.
The mission of the Project ECHO Northern New England (NNE) Network is to design and implement a regional network of telehealth services using the Project ECHO model to improve access, care delivery, outcomes and health for Northern New Englanders residing in Maine, New Hampshire and Vermont. The Project ECHO NNE Network supports providers and patients to work effectively together to manage common, emerging and complex conditions safely, effectively and compassionately.

The University of New Hampshire launched the Partnership for Academic-Clinical Telepractice: Medications for Addiction Treatment (PACT-MAT) program on April 17, 2019. This program is a joint effort between the Nursing Department and the Institute for Health Policy and Practice (IHPP), New Hampshire Citizens Health Initiative (NH CHI), specifically to develop a training program for both community medical providers across New Hampshire, as well as, family and psychiatric nurse practitioner students. Eighteen community practice teams are participating in the first cohort.

This ECHO incorporates the UNH Nursing Department Family Nurse Practitioner students and Post-Master’s in Psychiatric Mental Health Nurse Practitioner students into each session. Through the adoption of a comprehensive opioid addiction and treatment curriculum using health information technology the program anticipates training approximately 50 UNH nurse practitioner students per year in MAT prescribing and management.

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.

**Gero Nurse**

**Linda Weir (Crook) Cook,** 78, died on February 8, 2019. She practiced at Greenbriar Nursing Home as a geriatric nurse. In addition, she was a nurse at the Community Council as an outpatient mental health nurse in Nashua.

**Air Force Nurse**

**Joan Marie (Youch) Stevens,** 81, died on February 8, 2019. As a RN she joined the U.S. Air Force Nurses Corp. and served in Alabama, Texas and England. Her nursing career spanned fifty years and her favorites were the babies and the elderly. She practiced for many years at Edgewood Nursing Home and retired from Riverside Rest Home in 2008.

**Berlin Native**

**Patricia (Tilton) Sinibaldi,** 83, died February 12, 2019. A Berlin, N.H., native she was a diploma graduate of the Concord Hospital School of Nursing in 1956 and practiced for many years as an OR Nurse at St Louis Hospital in Berlin.

**St. Joes Grad**

**Doris (Cattabriga) Shaban,** 94, passed away February 15, 2019. A Lebanon, NH native she graduated from St. Joseph's School of Nursing in Nashua NH. Her last and most loved position was at the Centennial Home in Concord.

**Centrian**

**Anna (Delaney) Bunting,** 100, passed away February 16, 2019. Anna was a Registered Nurse and the first Orthoptist in Massachusetts. She was private RN in the seacoast area for most of her career.

**School Nurse**

**Candace Morrill Hale,** 92, passed away March 4, 2019. She enrolled in the United States Cadet Nurse Corps and the Walhham Hospital School of Nursing, Walhham, MA, in September 1944. In consideration of the training provided by the Government, she agreed to be available to serve for the duration of WWII. The war ended before Candace earned her Nursing Diploma in October 1947. She practiced for several years at St. Joseph Hospital in Nashua, and then 20 years as school nurse at Griffin Memorial School in Litchfield.

**Sacred Heart Nurse**

**Madeline T. (Gleennon) Swist,** 93, died March 6, 2019. She practiced as a registered nurse for several years at several New Hampshire hospitals including Sacred Heart Hospital in Manchester.

**in Memory of**

**Concord Grad**

**Elizabeth Schiripowas,** 95, passed away February 19, 2019. She was a graduate of Concord State Hospital School of Nursing in Concord, NH.

**Second Career Nurse**

**Patricia “Patti” Gallion Leclerc,** 71, passed away February 20, 2019. At the age of 58 she graduated from NHTI in Concord 1996 with an associate's degree in nursing. She practiced as a registered nurse at the New Hampshire Veterans Home in Tilton.

**Army Nurse**

**Gertrude Hatfield Parkhurst,** 93, passed away February 22, 2019. Trudy was a graduate of the University of New Hampshire, Class of 1946; Yale University School of Nursing, Class of 1949; and Boston University School of Nursing, Class of 1960, receiving her master’s degree in Nursing Administration. She proudly served her country for over 10 years in the United States Army Nurse Corps, serving during the Korean War. She served for a time at an Army Hospital in Germany.

**Memorial Nurse**

**Phyllis DeSakvo,** 97, died February 24, 2019. As a registered nurse she practiced at Memorial Hospital for many years prior to retirement.

**Keene Graduate**

**Mary T. Derosier,** 70, passed away February 24, 2019 in Great Falls, Montana. She attended Elliot Community Hospital School of Nursing in Keene, NH and practiced as a RN in both Rhode Island and New Hampshire.

**Gero Nurse**

**Phyllis A. (Chase) Manrique,** 67, died March 4, 2019. She practiced as a nurse for many years at the Clipper Home.
### Our Colleagues

<table>
<thead>
<tr>
<th>Category</th>
<th>Name</th>
<th>Years as Nurse</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN</td>
<td>Rhonda L. (Vario) Stelmack</td>
<td>52</td>
<td>Passed away March 7, 1999. Received her nursing education in 1986 and is an LPN at St. Joseph Family Medicine in Nashua, NH.</td>
</tr>
<tr>
<td>MCC Grad</td>
<td>Kathleen E. (Parker) Manning</td>
<td>69</td>
<td>Passed away March 16, 1999. Received her Associate's Degree in Nursing from Manchester Community Technical College.</td>
</tr>
<tr>
<td>Night Nurse</td>
<td>Mrs. Loretta (Vezina) Petrin</td>
<td>94</td>
<td>Passed away April 6, 1999. After graduating from the Notre Dame School of Nursing, she joined the U.S. Cadet Nurse Corp. at the end of World War II for a possible military assignment. Practiced at the Notre Dame de Lourdes Hospital and the Merrimack County Summer Headstart program. In 1976, she began at the State of NH Dept. of Health and Human Services until her retirement in 1991.</td>
</tr>
<tr>
<td>Pedi Nurse</td>
<td>Carol Felicia Hogan</td>
<td>78</td>
<td>Passed away April 8, 2019. Held several nursing positions as well as teaching at many facilities including working for the State of NH for 20 years. After retiring from the State of NH she worked side by side with her daughter at First Choice for Children as Director and Nurse on site.</td>
</tr>
<tr>
<td>Frisbie Nurse</td>
<td>Paula Anne (Dallaire) Davis</td>
<td>82</td>
<td>Passed away April 9, 1999. Her 55 year career as an RN included practicing at Frisbie Memorial Hospital in the Emergency Room, Visiting Nurse Association, Harbour Women's Health, and Families First Prenatal Clinic.</td>
</tr>
<tr>
<td>Concord Hospital 42 years</td>
<td>S. Loraine McKenzie</td>
<td>85</td>
<td>Passed away April 9, 1999. Was a 1954 diploma graduate of the Concord Hospital School of Nursing and continued to be employed by Concord Hospital until her retirement in 1996.</td>
</tr>
<tr>
<td>School Nurse</td>
<td>Joan (Knutson/Wheeler) Lund</td>
<td></td>
<td>Passed away April 14, 1999. Practiced as a school nurse in the ConVal School district in 1969. Earned her Masters of Education in 1991 and continued to work in the district until her retirement in 1996. While working in the ConVal School district, she wrote curriculum to teach middle school students health education.</td>
</tr>
<tr>
<td>Androscoggin Nurse</td>
<td>Sylvia Poore</td>
<td></td>
<td>Passed away April 15th, 2019. Was a diploma graduate of the Saint Louis School of Nursing, and as a native returned to practice at Androscoggin Valley Hospital in Berlin, NH.</td>
</tr>
<tr>
<td>Canada Native</td>
<td>Nancy F. (Woronka) Jordan</td>
<td>76</td>
<td>Passed away April 18, 2019. Born and educated in nursing in Ontario, Canada she practiced as an RN at the Exeter Hospital and later at Exeter Healthcare.</td>
</tr>
<tr>
<td>SNHMC Nurse</td>
<td>Sheila Gail (Lannon) Tyminowicz</td>
<td>70</td>
<td>Passed away April 20, 2019. After obtaining an LPN she graduated from the NHTI with an associate's degree and spent the next 40 years as a RN for Southern New Hampshire Medical Center.</td>
</tr>
<tr>
<td>Centarian + 8</td>
<td>Muriel (Smith) Drew</td>
<td>108</td>
<td>Passed away April 20, 2019. Was trained as a nurse and worked at Wentworth Douglas Hospital in her earlier years.</td>
</tr>
<tr>
<td>Corrections Pioneer</td>
<td>Margaret M. “Sis” (Kukesh) Colcord</td>
<td>92</td>
<td>Passed away May 1, 2019. As an RN she practiced for many years at the Exeter Hospital, Exeter Visiting Nurses, and started the healthcare program at the Rockingham County Jail.</td>
</tr>
<tr>
<td>School Nurse</td>
<td>Eileen (Dunmore) Heath</td>
<td>92</td>
<td>Passed away May 9, 2019. A diploma graduate of the Margaret Pillsbury School of Nursing in Concord, she practiced at Concord Pediatrics for several years and then for the Concord School District as a school nurse at Concord High School.</td>
</tr>
<tr>
<td>Concord Grad</td>
<td>Margaret “Marge” Maltisos (Costas) Francoeur</td>
<td>86</td>
<td>Passed May 1, 2019. Was a 1954 diploma graduate of the Concord Hospital School of Nursing.</td>
</tr>
<tr>
<td>School Nurse</td>
<td>Joan (Knutson/Wheeler) Lund</td>
<td></td>
<td>Passed away April 14, 1999. Practiced as a school nurse in the ConVal School district in 1969. Earned her Masters of Education in 1991 and continued to work in the district until her retirement in 1996. While working in the ConVal School district, she wrote curriculum to teach middle school students health education.</td>
</tr>
<tr>
<td>Frisbie Nurse</td>
<td>Paula Anne (Dallaire) Davis</td>
<td>82</td>
<td>Passed away April 9, 1999. Her 55 year career as an RN included practicing at Frisbie Memorial Hospital in the Emergency Room, Visiting Nurse Association, Harbour Women's Health, and Families First Prenatal Clinic.</td>
</tr>
<tr>
<td>Concord Hospital 42 years</td>
<td>S. Loraine McKenzie</td>
<td>85</td>
<td>Passed away April 9, 1999. Was a 1954 diploma graduate of the Concord Hospital School of Nursing and continued to be employed by Concord Hospital until her retirement in 1996.</td>
</tr>
<tr>
<td>School Nurse</td>
<td>Joan (Knutson/Wheeler) Lund</td>
<td></td>
<td>Passed away April 14, 1999. Practiced as a school nurse in the ConVal School district in 1969. Earned her Masters of Education in 1991 and continued to work in the district until her retirement in 1996. While working in the ConVal School district, she wrote curriculum to teach middle school students health education.</td>
</tr>
</tbody>
</table>
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