



NHNA Student Nurse of the Year Award

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 Nurse

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.



Jordan Lavallee, UNH (left) accepting award of Student Nurse of the Year 2019 from Lyndsay Goss and Carol Allen

NHNA Student Nurse of the Year Award continued on page 15

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!

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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, VHA-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

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Health Nurse Scholarship 5K Run
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Manuscript Format and Submission:

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

Submissions should include the article's title plus author's name, credentials, organization / employer represented, and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments

to office@nhnurses.org with NN Submission in the subject line.

Publication Selection and Rights:

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

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PRESIDENT'S MESSAGE

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 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 from 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. I am inspired by the recently published report, "Activating Nursing to Address Unmet Needs in the 21st Century," (Pittman, 2019.)



Carlene Ferrier

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). There are significant concerns regarding health inequity 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

Pittman, P., (2019). *Activating nursing to address unmet needs in the 21st century*. Princeton NJ: Robert Wood Johnson Foundation

VISION STATEMENT

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

MISSION STATEMENT

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

Adopted 10-20-2010.



Correction: In the March issue of Nursing News, Rivier University was incorrectly noted to be CCNE accredited. Rivier University is accredited by ACEN, the Accreditation Commission for Education in Nursing, formerly the NLNAC. The News regrets the error.



SAINT ANSELM COLLEGE

The Department of Nursing at Saint Anselm College, a Roman Catholic undergraduate liberal arts college in the Benedictine tradition in Manchester, NH invites applications for a part-time clinical position in medical surgical nursing, to begin August 2019.

The successful candidate will instruct nursing students in the clinical setting (2 days a week).

Please submit a letter of interest and resume to the attention of Dr. Maureen O'Reilly, Executive Director of Nursing via the college website at www.anselm.edu/hr. Prior to interview three letters of recommendation and academic transcripts are required. Review of applications will begin **June 1, 2019** and continue until the position is filled.

A Master's degree is required. Candidates should demonstrate a strong commitment to excellence in teaching at the undergraduate level. Teaching experience at the undergraduate level is preferred.

Successful candidates will be able to assist the college to further its strategic goals for institution-wide diversity and inclusiveness.





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FROM THE ED'S DESK

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.



Joan Widmer

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.

MANAGEMENT MINUTE



Decisions are the lifeblood of organizations, and meetings are where important business decisions often happen. Sixty-one percent of executives said that at least half the time they spent making decisions, much of it surely spent in meetings, was ineffective. Nurse managers can make meetings more efficient by using these three tips.

Set the Agenda

It may seem like an obvious requirement, but a lot of meetings start with no clear sense of purpose. The meeting's agenda can be summarized on a handout, written on a whiteboard or discussed explicitly at the outset, but everyone should know why they've gathered and what they're supposed to be accomplishing. The agenda provides a compass for the conversation, so the meeting can get back on track if the discussion wanders

off course. If leaders make sure there is an agenda before a meeting starts, everyone will fall in line quickly.

Start on Time. End on Time.

Nothing can drain the energy from a room quite like waiting for the person in charge to show up. Time is money. Just as important as starting on time is ending on time. A definitive end time will help ensure that you accomplish what's on your agenda and get people back to their work promptly.

End with an Action Plan

Leave the last few minutes of every meeting to discuss the next steps. The discussion should include deciding who is responsible for what, and what the deadlines are. Be clear who will do what by when!



Congratulations to **Mary Scott** Emergency Department BSN, RN, CEN, CPEN, Emergency Department Director at Southern New Hampshire Medical who did an oral presentation at the 2019 ANA Quality Conference in Orlando Florida in April 2019. Her topic "Emergency Department Annex Improves Mental Health Care & Nurse Safety" was well regarded by over 300 nurses in the audience. Scott also presented a poster on the topic at the May, 2019 Research Day at Massachusetts General Hospital.

Patti Ronconne RN BSN represented the Southern New Hampshire Medical Center NICU at the May, 2019 Research Day at Massachusetts General Hospital with her poster "Nurse Driven Hypoglycemia Algorithm Decreases NICU Admissions."

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WELCOME NEW and RETURNING NHNA MEMBERS!

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

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!*

<p>Ashland, NH Wendy Bayless Melody I Gibson</p> <p>Bedford, NH Chong-Ae Donahue Marcy Doyle</p> <p>Bow, NH Zoe Owers Tara T Weckstein Kathleen M Wiley</p> <p>Brentwood, NH Kristin M Andreozzi</p> <p>Brookline, NH Craig Corey</p> <p>Canaan, NH Andrea Allen Christian</p> <p>Candia, NH Rebecca Cronk</p> <p>Charlestown, NH Katherine Brown Lajoie Carol McShane</p> <p>Chester, NH Ashley Daniels Brent Richardson</p> <p>Chesterfield, NH Jacquelyn Ethier</p>	<p>Concord, NH Cynthia Bell Catie Gaudreault Chari Szepanski</p> <p>Derry, NH Sheralin Houlihan</p> <p>Dover, NH Leslie Hale Dawson Jameson Lassor Kelsey Meyerhoff</p> <p>Epping, NH John M Cody Jessica Leigh McCusker</p> <p>Epsom, NH K Erin Field</p> <p>Exeter, NH Kristyn L Reed</p> <p>Franconia, NH Anne Cowles</p> <p>Goffstown, NH Christine Alice Keane Anne Steckowych</p> <p>Greenfield, NH Jenn Langreck</p> <p>Hooksett, NH Michelle T Lincoln</p>	<p>Hudson, NH Rebecca Chacos</p> <p>Lancaster, NH Tammy Rose Lazott</p> <p>Lebanon, NH Elizabeth Leatherman Stephanie Miller Cynthia Jean Tubman-Woodman</p> <p>Litchfield, NH Linda Carter</p> <p>Londonderry, NH Patricia A Countie Mike Gillespie Jennifer Hurley Mary Madelaine Koon Kolleen McNeil Jason J Proulx</p> <p>Lyme, NH Nicole Tadlock</p> <p>Manchester, NH Ilene Natisha Carrasco Jo Ann Faucher Andrea Macomber Linda B Sancetta Justin Keaton Smith Kara Sprangers Megan Sullivan</p>	<p>DD Deurell Travers Richard Williams</p> <p>Merrimack, NH Jennifer Couture Setu Gandhi Kelly Muckenthaler</p> <p>Milford, NH Jennifer L Tate Guthro</p> <p>Mont Vernon, NH Anne Henry</p> <p>Nashua, NH Megan Burnap Laura Parsons Dowling Elizabeth Lauren McCarthy Sarah Richardson Yoly Rivero-Lara</p> <p>Northfield, NH Frederick Colon</p> <p>Northwood, NH Jennifer Mae Bates</p> <p>Portsmouth, NH Thomas Boynton</p> <p>Rindge, NH Annette R Brooks</p> <p>Rochester, NH Noa Bourke</p>	<p>Rye, NH Michelle Ann Mallory</p> <p>Salem, NH Rebecca Collins Kyleigh Niziak</p> <p>Sanbornton, NH Megan Howes</p> <p>Sandown, NH Timothy Wheaton</p> <p>South Acworth, NH Tonia Clare Bowman</p> <p>Strafford, NH Kerry Fiscus</p> <p>Sunapee, NH Eileen Hays-Bonaccolto</p> <p>Temple, NH Catherine Durocher</p> <p>Whitefield, NH Pamela Comeau Carina Heredia</p> <p>Windham, NH Rebecca Vandeventer</p> <p>Woodsville, NH Michelle D Booke</p>
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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.

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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.*

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I Advocate... for Rare Diseases

I was out for a run one autumn after work when, with one particular step, I felt a shift in my pelvis and nearly lost control of my right leg. I thought, "It'll be better tomorrow." The next week I thought, "It'll be better next week." Then it became "next month," then "six months" and eventually "a year." I continued to decline.



Kimberly Pang

As a registered nurse, New Hampshire native and lifetime healthy individual, I never imagined I would experience a sudden, unexplained and rapid decline in mobility at the age of 29. It was a time in my life when I thought everything was coming together nicely. I had been an RN for three years and felt comfortable in my role. I had just married a smart, funny guy who, like me, loved to travel, try new foods and be active. Life was good.

After two years, a Boston orthopedist diagnosed me with a labrum tear in my right hip. He was certain that I would be back to my normal activities in six months after a repair. The six months came and went. I began having problems in my left shoulder, then my left leg, then my right shoulder and then my back. I held on to what I was being told for as long as I could, trying to believe that all of these unexplained joint issues were coincidental and, if I worked hard enough, I'd be back to normal. Eventually, the surgeon told me I had a problem with my collagen and offered me no further referrals or recommendations.

At this point, I had been out of work for a year, was deeply depressed, and had no direction for finding answers. For the next two years, I continued physical therapy, attended counseling sessions, tried medications, attempted suicide three times, spent a total of eight weeks in a psychiatric unit and made absolutely no progress. I just wanted to die but couldn't seem to get from point A to point B. I felt trapped.

On a whim, I booked an appointment with another rheumatologist. By this time, I had succumbed to the idea that I had something rare and incurable and I had a pretty good idea of what it was. The rheumatologist uttered three little words: Ehlers Danlos Syndrome. I agreed with his assessment and a geneticist confirmed the diagnosis.

Ehlers-Danlos syndromes are a group of connective tissue disorders that can lead to problems throughout the body including gastrointestinal, cardiovascular, autonomic nervous system, integumentary and musculoskeletal complications. In my case, I had the hypermobile type which presented as joint instability and pain, mainly in my spine, pelvis and large joints.

With a diagnosis comes some peace. I didn't have to search any longer for the reason I could barely stand or walk. It was time to search for a treatment and for a practitioner who could understand this condition well enough to treat me. I was still depressed, but at least I knew the next steps to take.

My new physical therapist was kind, patient, brilliant and, unlike my previous therapists, she didn't appear to be overwhelmed. She wasn't afraid to change direction if something wasn't working. I finally felt safe and that I wouldn't be deserted. As my mobility improved, my depression began to lift.

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 34 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 (RAN) 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 (RARE) Act does just what its name suggests. I 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's remarkably rewarding. I have the ability, by merging my nursing education with my challenging personal experiences as a rare disease patient, to help others. Making others my focus 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.

Kimberly Pang, BSN, RN has been advocating for her own rare disorder for seven years and is the state ambassador for the National Organization for Rare Disorders' Rare Action Network.



NCLEX Reconsidered Focus on Renal

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

- What characteristics describe a client's shunt used for hemodialysis? (Select all that apply)
 - Is only located in the forearm
 - Is a temporary access device
 - Can be more difficult to access than a fistula
 - Requires more healing time than a fistula
 - Requires sterile dressing technique
- A client admitted to the renal unit is scheduled for a KUB at 12 noon to rule out urolithiasis. How should the nurse prepare the client for this test?
 - Withhold the breakfast tray for clear liquids only
 - Make sure she voids and defecates before the test
 - Verify that there are no allergies to dye or shellfish
 - No special preparation is required
- A client in chronic renal failure is telling you about his dietary regimen. Which menu suggests that he is following a renal diet?
 - Two bananas for breakfast; rice and beans for lunch; fruit salad, green beans and an 8 oz T-bone steak for dinner
 - Bacon and eggs (small portion) for breakfast; hot dogs and sauerkraut for lunch; baked canned ham with corn, and fresh salad for dinner
 - Apple and oatmeal for breakfast, homemade tomato soup with salad for lunch; pasta with fish for dinner
 - Half a melon and two eggs for breakfast; baked potato with broccoli and cheese spread for lunch; chicken, yams and squash for dinner.
- 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?
 - Drain time > Fill Time
 - Drain time > Dwell Time
 - Fill Time > Drain Time
 - Dwell Time > Drain Time
- The oncoming nurse receives an IPASS report on the following four patients. Which patient should the nurse assess first?
 - Patient who is scheduled for the drain phase of a peritoneal dialysis exchange
 - Patient with stage 4 chronic kidney disease who has an elevated phosphate level
 - Patient with stage 5 chronic kidney disease who has a potassium level of 3.4 mEq/L
 - Patient who has just returned from having hemodialysis and has a heart rate of 124/min

Answers on page 12

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National Nurses Week Celebrations 2019



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=FT0MvIq5q9Q

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.



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



Nurses Day smiles at Spear Memorial 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.



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



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



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



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



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.

National Nurses Week Celebrations 2019



(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 MacKenzie Hill, RN, BSN of the Emergency Department.



(L-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 a 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.



Riley Kingsbury relaxes after receiving his award.



Kara McGuire a Notable Novice.

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.



OR nurses treated to an early AM breakfast



Nursing Olympic Gold winner and Olympic Coordinators flank Chief Nursing Officer Cheryl Gagne who holds the flame



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Amy, VA RN



LEGISLATIVE UPDATE

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 *NHNN* 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 Barth 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 are simply 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 (HHS&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 126K: 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-pipes, vaping 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 amendments (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 for Shaken Baby Syndrome as part of their licensure process. NHNA supported HB 555. After listening to the questions proposed by the HHS&EA Committee

and testimony provided by experts, however, it became apparent that this bill had numerous flaws as written. The House HHS&EA Committee voted (19:1) 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

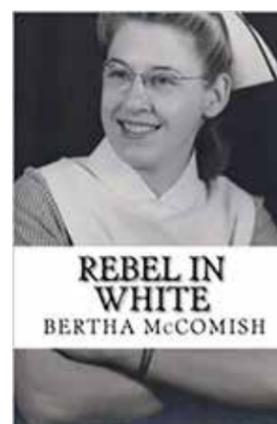
Rebel in White

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 feisty and with a sense of purpose. She knew early on she wanted to be a 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.



For newer 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.

<https://www.goodreads.com/book/show/21484671-rebel-in-white>

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



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LEGISLATIVE UPDATE

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 (LNA) 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*

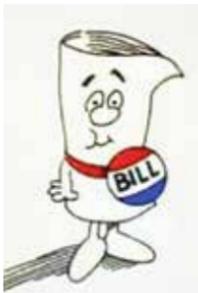
This bill is the outgrowth of a coalition of health care workforce stakeholders and is intended to tackle the health care workforce challenges in 2019. This legislative package combines key policy and budget topics in a single bill intended to be considered as one proposal. NHNA supports the passage 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 CACR1. After public hearings of the House Finance Committee this bill was voted retained in committee on March 14, 2019.

NHNA's Watch List:

- HB 111: Establish a Committee to study effect of opioid crisis as a cause of PTSD. Passed in House; Senate HH&S 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 commission to examine the feasibility of the New England States entering into a compact for a single payer health care program. House HHS&EA Committee voted inexpedient to **legislate**.
- HB 200: Relative to serological testing for Lyme disease. House HHS&EA Committee voted inexpedient to legislate.
- HB 230: Prohibit smoking in motor vehicles when a passenger is under 16. **House** voted inexpedient to legislate.



LENS Neurofeedback involves the attachment of EKG electrodes and the delivery of a micro electromagnetic field. LENS Neurofeedback is not a specific treatment for any one condition, but a general regulation of the central nervous system. New 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 (REDDRESS 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 HHS&EA 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 addition, misuse and abuse to qualifying conditions for therapeutic use of cannabis. House HHS&EA Committee voted to retain in committee.
- HB 422: Relative to certain procedures performed in teaching hospitals. The House HHS&EA 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 5: 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 HHS&EA Committee voted ought to pass.
- SB 258: Relative to telemedicine and telehealth services. Passed in Senate; currently in House HHS&EA Committee.

The NHNA website is updated weekly with the legislative activity with hearings held, voting outcomes, executive sessions, and committee positions. A weekly list of hearings, executive sessions and committee work sessions is provided and the CGA encourages nurses following the legislative session to consider attending these hearings and 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 present 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?

Some things Man was never meant to know. For everything else, there's Google.

2019 Excellence In Nursing Award Winners

On May 29, 2019 nurses gathered at the Radisson Hotel in Manchester for the second annual Excellence in Nursing Awards sponsored by New Hampshire Magazine and the New Hampshire Nurses Association. The evening was a celebration of nurses, the unsung heroes of healthcare in New Hampshire.



**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 as a sexual assault nurse examiner (SANE), which she received in 2013. Currently, she serves as the SANE program coordinator at Concord Hospital, and she is working on her MSN in forensic nursing. Her co-workers and her patients, especially survivors of violence, inspire Poirier. “The courage and strength that they show has truly driven me to do whatever I can to help improve care for survivors,” she says. “People are not what has happened to them, and I believe we can help them move past such a traumatic event by believing and supporting them in any way we can.”



**Bobbie Bagley, RN, MS, MPH, CPH
Public Health Nursing
Nashua Public Health and
Community Services**

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.

EXCELLENCE IN NURSING

It takes “a love for community and meeting people where they are to be able to direct prevention efforts early on, before disease sets in,” says Bagley. Inspiring other nurses to join her in this work has been her goal as a teacher and mentor. She sums up her motivation in two words: “Servant leadership.” She says, “I believe we have all been given gifts by God and the expectation is for us to use those gifts to the best of our abilities.”



**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 at Dartmouth-Hitchcock Medical Center (DHMC) as a dietary host, delivering meal trays to patients, and this confirmed that her childhood dream was her calling. She got her BS in nursing at West Virginia Wesleyan College, then returned to DHMC, starting as licensed nursing assistant on the inpatient orthopedic and trauma unit. After 10 years in the unit, she accepted a nurse manager position within the Children’s Hospital at Dartmouth-Hitchcock pediatric clinics. Bergeron embraced this career change along with the philosophy that her team of 55 achieves “a level of professionalism in every interaction” in order to “create an environment where people are empowered, respected, creative and engaged,” says Bergeron.

After her first year in her new role, a nurse on her team retired after 50 years on the job. As she left, she told Bergeron she felt lucky to have had Bergeron as her last nurse manager, and praised her efforts to make a difference in their clinic. From an 8-year-old with a dream to today, it’s clear that 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 patients 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.”

Years later as a charge nurse, she is now able to be the one with answers and she uses them to de-escalate the situations that arise in a psychiatric unit. “I usually tell patients I hope they are well enough that I never see them here again, but if they are going through a tough time again, they are always welcome back to our unit,” says McCarthy.



**Paul E. Hodgdon, RN, VA-BC
Medical-Surgical Nursing
Dartmouth-Hitchcock Medical
Center**

No one enjoys getting stuck with needles. For Paul Hodgdon, a vascular access nurse at Dartmouth-Hitchcock Medical Center, it’s his job to make an often unpleasant

– but vital – process easier on his patients. His focus is, as his title suggests, accessing veins with ultrasound for blood draws, peripheral IVs or central lines. Before his 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 appreciated when a patient goes home after a monthlong stay in the hospital – during which time they got daily infusions and blood draws – yet has only experienced one needle stick from admission to discharge.”



**Lisa Brown, RN, BSN, PCCN
Cardiovascular Nursing
Concord Hospital**

For anyone who’s dealt with a serious health condition or supported a loved one through such an ordeal, you know that the amount of information you need to learn can be overwhelming. Lisa Brown hopes that when it comes to her patients, she can help make the road to recovery easier to understand.

For a little over two decades, Brown has worked at Concord Hospital, where she is a bedside nurse on a progressive care unit. She cares for patients who have cardiac conditions such as heart failure, rhythm problems or have suffered a heart attack. Some patients may have undergone cardiothoracic surgery or an interventional procedure, such as a cardiac stent. Currently, she’s using her years of experience to complete the last step of Concord Hospital’s Advancement In Nursing program by creating two educational videos for patients who have coronary artery disease.

“I receive great satisfaction from teaching patients about their medical condition, new medications and lifestyle changes they may need to make,” says Brown. When the

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2019 Excellence In Nursing Award Winners

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
Hospice 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 substance misuse disorders, 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 because 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 humbled 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 care provider and training expert. Today, Moran enjoys managing patient care as a primary care provider at Dartmouth-Hitchcock Medical Center and educating 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 was his last stop 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 home."



Kerry Nolte, PhD, FNP-C
Nursing Professor
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. Nolte 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 both of us." 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 develops, supports and promotes policies, practices and programs that reduce the harmful consequences of substance use and misuse.



Laurie Chandler, MSN, RN, CCRN, VA-BC
Ambulatory Care Nursing
COO, New England Vascular Access

"Tears and hugs come to my mind since starting my journey in vascular access," says Laurie Chandler, the chief operating officer of New England Vascular Access (NEVA).

By the time Chandler is called in, a person has typically endured multiple failed IV attempts. Hence, the tears and hugs – "tears of happiness and relief from patients, and hugs from their loved ones after successfully establishing IV 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 met Dan Rice, the co-founder of NEVA, and he asked her to join the newly formed mobile vascular 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 the person nobody was 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 or loved one on the other end of the needle I'm inserting and advocate for them as if they were."



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 as a fairly new 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, because she wanted to do the best she could to protect 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 Berlin Community Technical College in northern 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 good care of themselves despite significant barriers, and deserve everything we can provide to support them," she says.



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 actively present with my patients has a profound effect on their journey," says

Annie Roy. Today, as an inpatient clinical nurse leader and educator, Roy cares for mothers and newborns in Concord Hospital's Special Care Level II Nursery. But that's not the way 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 – when they, as one patient dubbed it, 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, NCSN
Pediatric and School Nursing
NH Department of Education

Nancy Wells started in the healthcare "trenches" as a school nurse, advancing to become 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 Asthma 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 nurse at Garrison School 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 countless 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."

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NH School Nurses Association - Year in Review

by Kathy Barth



**New Hampshire
School Nurses' Association**
Leading ~ Advocating ~ Educating

There are over 500 school nurses in NH, covering over 600 public and private schools. There are 350 New Hampshire school nurses who are NHSNA members! The New Hampshire School Nurses' Association (NHSNA) has 15 dedicated Board Members with a combined 290 years of school nurse experience! These Board members volunteer their time and effort to advocate for school nurses and students across New Hampshire.

NHSNA meetings are held monthly in Concord, during after-school hours. We have an annual Board Member summer retreat, typically held in July. This year we added Zoom, a web-based meeting platform, to allow meetings on snow days, or to include nurses who were 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 retirement as a Board Liaison and Nancy Wells, former NH School Nurse 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 provide resources for school nurses in a timely fashion. For example, we recently posted an *alternative medication* resource on our website. The research for 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 (NHNA), National Association of School Nurses (NASN), Convenient MD, the Department of Education, and the Asthma Collaborative. NHSNA Board members have written and signed many letters of support for partnering organizations seeking grants to address the health and safety needs of NH students, such as grant money for the DHHS oral health program, lead poisoning prevention, the asthma control program, and for the climate and health programs. In addition, the NHNSA Board voted to provide funds for education on Asthma management in schools.

Many of the organizations that NHSNA has partnered with have testified on behalf on legislative bills, such as the School Nurse Coordinator Bill, HB719. For example, New Futures had parents of children with chronic health conditions testify on behalf of the School Nurses when bills were presented in committees.

Other components of our strategic plan include improving communication with our partners and members, and to enhance our marketing and advocacy by "building our brand" on social media. In meeting these goals, the NHSNA Board has:

- Regularly updated resources on the NHSNA website for NH school nurses. Most recently information on progress regarding legislation, as well as resources to answer questions about alternative medications

such as essential oils and CBD products have been posted.

- Sent out regular emails via the member listserv, including a monthly "President's Letter" with Board updates.
- Created a Facebook page, Instagram and Twitter accounts. The NHSNA Board recently voted on a new hashtag #NHSNA strong. Follow us on Facebook: @NHSNA2 On Twitter: @NHSNA1 and on Instagram: @NHSNA1
- Contacted NHPR and joined a panel on the *Exchange with Laura Knoy* to discuss immunizations, particularly in light of the current Measles outbreaks, and the high numbers of exemptions in other states. NHSNA President Kathy Barth represented NH school nurses in this discussion.

Another component of the NHSNA strategic plan is school nurse education. This year the continuing education opportunities included:

- In Fall 2018, Judge Broderick provided a meaningful and powerful presentation on the impact of his son's addiction on his family; 40 nurses attended our annual Essentials program; and in April, we hosted our spring conference titled *Building Connections with the Framework for 21st Century School Nursing Practice*.
- Two NHSNA nurses on the New England School Nurse Conference committee, Pam Murphy and Linda Compton, with the most recent conference held in Burlington, Vermont the first weekend in May. New Hampshire school nurses are excited to host the New England conference in Portsmouth, in 2021.
- Two Board members, Nancy Wells and Martha Judson, provided Asthma training programs for schools through funds from NHSNA.
- Many NH school nurse NHNSA members were trained as trainers in *Stop the Bleed* at the *Essentials* Program. Thanks to a donation from the Elliot Hospital, NHSNA has a kit that can be checked out by NHSNA members to use to teach *Stop the Bleed* in their schools.
- Donations to NHSNA allow the cost for nursing education to be reduced. A projector was donated by Convenient MD, for use at school nurse conferences. Granite State College and ConvenientMD donated funds. Beyond our strategic plan, there are a few other accomplishments I would like to mention:

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. Of note in 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.nhschoolnurses.com

NHNSA Board members are active in legislative advocacy. Board members

have taken advocacy courses on how to work with the legislature and served on the NHNA Council on Government Affairs. NHNA President Kathy Garth 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 resources for students. 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 lot in the news about the MH plan. Both 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.

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 NHNSA 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, as part of the NH 10 year mental health plan. NHSNA advocated for a school nurse to be included on this commission.
- SB 137 on School Nurse Certification, which clarifies the grandfather clause in the current law, as well as adjusts the timeline and pathway to certification.
- HB 275 was put forward to eliminate school nurse certification. NHNSA did not support this bill and asked representatives to vote "no." The bill was laid on the table and will not be moving forward.

Congratulations to School nurses who have received awards. Martha Judson was awarded the Barbara C. French Award for excellence in school nursing, and Nancy Wells was recently awarded Excellence in Nursing in Pediatrics by the *New Hampshire Magazine*. Kathleen Sherman-DeRoche BSN, RN, is the NHNSA 2019 NH School Nurse of the Year. Kathleen is the Pollard School Nurse, and Lead Nurse for the Timberlane Regional School District. She will be honored at the NH Edies awards on June 8, 2019.

New Hampshire School nurses have a voice – we are being heard! Consider joining! #NHSNASTRONG

Kathy Barth BSN, RN, NCSN is the President of the New Hampshire School Nurses' Association

Answers to NCLEX Reconsidered from page 5

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

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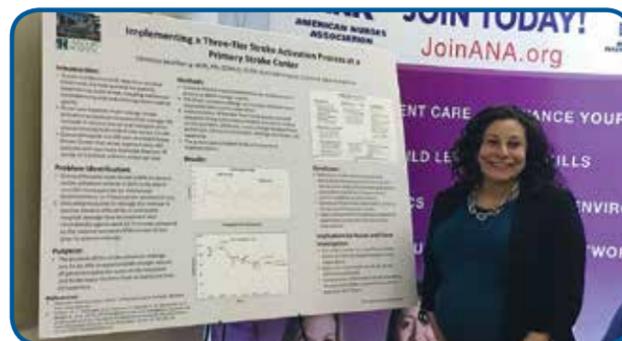
Over 75 New Hampshire nurses had an opportunity to hear from a nationally known innovation and practice leader, Dr. Bonnie Clipper, RN, Vice-president of Innovation at the ANA, at the May 2, 2019 Innovation & Quality Improvement Conference, jointly presented by New Hampshire Nurses Association and Saint 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.



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 distributed to the home without seeing a provider. Clipper encouraged nursing to think and lead through innovation.



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.



Christina Swanberry



Julianne van Kalken and Stephanie Hunt



Andrea Macomber



Jennifer Hill



Kate Collopy



Bonnie Clipper



Emily Bombard



Patricia Roncone



Christian Pratte and Amber Bechard



Jessica Dane

- New Hampshire Nurse Innovators**
- Implementation of Donor Human Milk Program to Improve Exclusive Breastfeeding**
Emily Bombard, DNP, RN, CNL, IBCLC, Exeter Hospital
 - Emergency Department Annex Improves Mental Health Care & Nurse Safety**
Jennifer Hill, MSN, RN and Mary Scott, BSN, RN, CEN, CPEN, Southern New Hampshire Medical Center
 - Ditch the Diff: A Bundled Approach to Reducing Hospital-Onset C-Diff Infections**
Jessica Dane, MSN, RN, CCRN-K, Elliot Hospital
 - Multimodal Teaching Methods and the Effect on Wound Knowledge & Documentation**
Julianne van Kalken, MSN, RN-BC and Stephani Hunt, MSN, RN, WCC, OMS, ONC, Elliot Hospital
 - Integrated Case Management Program**
Andrea Macomber, BS, RN, Manchester VA Medical Center
 - Reducing Assaults towards Nurses**
Stacey Savage, MSN, RN, CPEN, CEN, Wentworth-Douglass Hospital

NHNA Graduating Student Conference & Career Fair

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 Dalrymple, 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 about 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, LRGHealthcare
- 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.



Jan Deziel, Congressman Chris Pappas, Carlene Ferrier, Joan Widmer



UNH students John Domenico, Hazuki Horiuchi and Claire Martidale (L to R) presenting on Nursing Incivility to a full house



Nurse recruiters Ashley Clement and Chelsea Lowe from GOLD Sponsor Southern New Hampshire Medical Center speaking with students.



Students speaking with Brian Strike and Paula Parke from the VA Medical Center in Manchester.

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NHNA Student Nurse of the Year Award
continued from page 1

This year the CNP selected two runner's-up: Bailey Jennings from the University of New Hampshire and Cristina Barbaresi from Great Bay Community College. Bailey and Cristina also made outstanding contributions in the areas of patient advocacy, leadership, community involvement, and professionalism. NHNA is pleased to honor these three outstanding nursing students with a free one-year joint-membership to NHNA and the American Nurses Association.



Bailey Jennings, UNH (center) accepting award as one of two First Runner-Ups for the Student Nurse of the Year 2019 from Lyndsay Goss and Carol Allen



Cristina Barbaresi, Great Bay Community College (left) accepting award as one of two First Runner-Ups for the Student Nurse of the Year 2019 from Lyndsay Goss and Carol Alle

NHNA recognizes all the nominees for their contributions, Valerie Pauer from Saint Anselm College, Christopher Charles from Colby-Sawyer College, Lauren LaMontagne from Plymouth State University, Rachel Perreault from Saint Joseph School of Nursing, Lauren Comeau from Saint Joseph School of Nursing, and Amy Tremblay from NHTI-Concord Community College. Congratulations to all of the nominees!



Nominees for NHNA Student Nurse of the Year Award and NHNA members (L to R): Carol Allen, Carlene Ferrier, Christopher Charles, Lauren Comeau, Lauren Lamontagne, Cristina Barbaresi, Bailey Jennings, Jordan Lavallee, Amy Tremblay, and Lyndsay Goss. Not pictured are Rachel Perreault and Valerie Pauer

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IN MY OPINION

An Unsuitable Alternative

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 long standing 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.’



Susan Fetzer

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.

However, there has been a long standing insistence of physician anesthesiologists that anesthesia is the practice of medicine. The Courts, in many states and in numerous court briefs, have repeatedly stated that what nurses are permitted to do can only be answered by reference to nurse practice acts. The fact that physicians can engage

in a function or an area of practice, such as anesthesia, under medical practice acts does not mean that nurses are excluded from that function.

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 create further havoc in the profession. Should a nurse practitioner with a DNP who administers chemotherapy be called a Nurse Oncologist? A dialysis nurse a Nurse Nephrologist? A pulmonary nurse a Nurse Pulmonologist? Where does it stop?

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. Perhaps, for now, the public should hear “Hi, I am your nurse anesthetist, I will safely provide your anesthesia today, putting you to sleep, waking you up and treating any problems you have including pain.” Isn't that what the public wants to know?

EXHIBITORS

- Association of Women's Health & Neonatal Nurses
- Bedford Nursing & Rehabilitation Center
- Brattleboro Retreat
- Catholic Medical Center
- Dartmouth Hitchcock Medical Center
- Easter Seals
- Genesis HealthCare
- Hurst NCLEX Review Services
- LRGHealthcare
- New England Navy Recruiting
- New Hampshire Hospital
- Northern Light Health
- RiverWoods
- Speare Memorial Hospital
- Saint Joseph Hospital
- University of New Hampshire
- University of Vermont Medical Center
- US Army Recruiting
- VA Medical Center

DNP: What is it and what is it not

Marilyn Daley



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 nurse 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.

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 Nurses (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 doctorally 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).

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.aacnnursing.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.

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 Systems/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).



- Includes an evaluation of processes and/or outcomes (formative or summative). DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research.
- Provides a foundation for future practice scholarship

My Story

After 12 years practicing as an APRN I thought to myself, what next? As a nurse of 35 years I have always enjoyed clinical practice but research always interested me. I knew I wanted to get my doctorate but wasn't sure in what direction I wanted to go in. I thought, where do I want to be in the next 10 years?

I knew I wanted a terminal degree to continue my career trajectory of practice and eventually academia. I knew with the years of experience I had in nursing, and as an advanced practice nurse I wanted to give back by mentoring NP students. I wanted a degree that would prepare me to affect change in patients, the health care system and provide leadership to other nurse practitioners. Thus, I settled on the DNP. My Scholarly Project focused on safely giving intravenous diuretics to volume overloaded heart failure patients in the outpatient setting. With my heart failure team and external expert we were able to validate that not only was intravenous diuretics a safe practice but it was cost effective and improved patients' quality of life. Eight years later, the team continues this practice and the diuretic program continues to evolve.

The success and the decision to get my DNP has led me on a journey that I will never regret. Things have come full circle and now I am fulfilling my path in academia.

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Marilyn Daley, DNP, APRN, AACC is the Director of the DNP Program at Rivier University in Nashua.

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NH Healthy Nurse Scholarship 5K

Sponsored by the New Hampshire Nurses Association
(in association with Rivier University's Student Nurse Association)

SAVE THE DATE

Proceeds from 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/healthynurse5k>

(TI 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

Race Map

Run or walk with your family or co-workers or fellow students

Can register in teams with your co-workers. Team prizes to be awarded.

Health Fair at the Finish Line

FROM THE NHNA ARCHIVES

Nursing, 50 Years Ago: Part 1

Eva 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 was a vacancy. 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.

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 – Mclsaac. Dr. Julia Wallace Russell who founded the Hospital and was the Physician in Charge personally taught Obstetrics. Dietetics was taught by Miss Gannon and Miss Gilmore – outside teachers who taught from their own books and recipes. Later I had two courses under Miss Alice Bradley 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 refuted to be 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 8 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.



N. H. Memorial Hospital for Women and Children.

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

Source: Lyford's History of Concord, p. 957

School of Nursing News

University of New Hampshire senior, Adreinne 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 Mercadante.



Cecilia Mercadante accepts her award from Department Chair **Maureen O'Reilly**

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



Colby-Sawyer College has entered into an enhanced partnership agreement with the Dartmouth Hitchcock system to increase the number of nursing students from the current 30 to 40 nursing undergraduates to 100-150 per cohort over the span of five-to-seven years. Eight-percent of the graduates remain employed at CHMC after graduation. The college is also planning to expand into an associates of health sciences degree, designed for D-HH employees, as well as programs in mental health and substance abuse counseling, a respiratory therapy bachelor's completion program, social work, new focus areas for the Master of Science in nursing program including family nurse practitioners.

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

ED Note: News from nursing schools, faculty, students or alumni are welcome. Please direct submissions to office@nhnurses.org with NHNN in the subject line.



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.

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EOE

IN MEMORY OF

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.

Centarian



Anna (Delaney) Bunting, 100, passed away February 18, 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.

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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" Gallison 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 DeSalvo, 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.

School Nurse



Candace Morrill Hale, 92, passed away on March 4, 2019. She enrolled in the United States Cadet Nurse Corps and the Waltham Hospital School of Nursing, Waltham, 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. (Glennon) 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.

OUR COLLEAGUES



LPN



Rhonda L. (Vario) Stelmack, 52, died March 7, 2019. She received her nursing education in 1986 and was an LPN at St. Joseph Family Medicine in Nashua, NH.

Androscoggin Nurse



Sylvia Poore died April 15th, 2019. She 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.

Concord Grad



Margaret "Marge" Maltisos (Costas) Francoeur, 86, passed May 1, 2019. She was a 1954 diploma graduate of the Concord Hospital School of Nursing.

LPN



Linda Gaffey passed away March 7, 2019. She graduated from Moore General Hospital College for nursing in Goffstown, NH, as a Licensed Practical Nurse in 1965.

Canada Native



Nancy F. (Woronka) Jordan, 76, died 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.

School Nurse



Eileen (Dunmore) Heath, 92, died 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.

MCC Grad



Kathleen E. (Parker) Manning, 69, passed away March 16, 2019. She received her Associate's Degree in Nursing from Manchester Community Technical College.

SNHMC Nurse



Sheila Gail (Lannon) Tymowicz, 70, died 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.

Night Nurse



Mrs. Loretta (Vezina) Petrin, 94, passed away April 6, 2019. 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. She practiced at the Notre Dame de Lourdes Hospital (now CMC) in Manchester as a night supervisor and at Concord Hospital. Loretta also used her nursing skills at 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.



Centarian + 8



Muriel (Smith) Drew, 108, passed away April 20, 2019. Muriel was trained as a nurse and worked at Wentworth Douglass Hospital in her earlier years.

Corrections Pioneer



Margaret M. "Sis" (Kukesh) Colcord, 92, died 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.

Pedi Nurse



Carol Felicia Hogan, 78, died April 8, 2019. She 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.

Frisbie Nurse



Paula Anne (Dallaire) Davis, 82, died April 9, 2019. 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.

Concord Hospital 42 years



S. Loraine McKenzie, 85, passed away on April 9, 2019. She 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.

School Nurse



Joan (Knutson/Wheeler) Lund died April 14. She practiced as a school nurse in the ConVal School district in 1969. She 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.

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With this certification, LRGH and FRH are part of an elite group of only 5% of hospitals nationwide that have achieved ISO 9001 status. The certification is valid for three years and is provided by DNV GL – Business Assurance, part of the DNV GL Group, a world-leading certification body known for its safety and efficiency standards. "We went from prepping for surveys to regulation ready at all times," says Cheryl Gray RN, BSN – Manager of Inpatient Services.

ISO 9001 is most well-known in industries like manufacturing and the airlines. DNV GL, LRGHealthcare's accrediting body, created an ISO model for healthcare taking the required standards for accreditation to a much higher level. In choosing to go for ISO certification and achieving it, LRGHealthcare patients



can be confident that the organization has refined, and will continue to refine its processes to improve quality, safety, and the patient experience. "The goal is better managed, more efficient, patient-centered care," states Sandra Van Gundy, EdD, RN – Director of Quality & Population Health.

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