

NEW JERSEY NURSE

& The Institute for Nursing Newsletter

New Jersey State Nurses Association • 1479 Pennington Road • Trenton, New Jersey 08618 • www.njsna.org • (609) 883-5335

Volume 41 • Number 2

Circulation to 131,000 Registered Nurses and Licensed Practical Nurses in New Jersey

April 2011

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Institute for Nursing Honors DIVAs & DON

The Institute for Nursing held its eighth gala honoring the "DIVAs and DON" of nursing in New Jersey on December 9th at the Hyatt in Princeton. The honorees exemplify the best in our nursing profession. They represented areas from administration, education and practice to work in a wide variety of specialties. The recipients were: Linda Parry-Carney, MA, RN, BC, Education Specialist, Hackensack University Medical Center and NJSNA past president; Patricia Cavanaugh, MSN, RN, Vice President Patient Services, CNO, Capital Health System; Suellen Ellerbe, MSN, RN, NEA-BC, Executive Vice President



of Operations, COO, CNO, Saint Claire's Health System; David Anthony Forrester, PhD, RN, ANEF, Professor, School of Nursing, University of Medicine and Dentistry of NJ; Susan Fowler, PhD, RN, CNRN, FAHA, Director, Education, Research and Practice, Visiting Nurse Association of Central Jersey; Illuminada Jurado, MSN, RN, CNN, Transplant Coordinator, Saint Barnabas Medical Center; Araceli Mendoza, MBA, RN, CNN, CM (c), Director Renal Services, Bayonne Medical Center; Judith Mundie, MEd, MA, RN, BC, Vice President Patient Care Services, Saint Barnabas Health Care System; Susan O'Brien, EdD,

RN, Dean, School of Nursing, Thomas Edison State College; Gayle Pearson, DrPH, RN, Assistant Dean, Rutgers, The State University of NJ and NJSNA past president; Angela Richman, APN-Anes, CRNA, Nurse Anesthetist Jefferson University Hospital; Sheryl Slonim, DNP, RN-BC, NEA-BC, Executive Vice President Patient Care Services, CNO, Holy Name Medical Center; Ann Tritak, EdD, RN, Dean, Saint Peter's College of Nursing; Beverly Whipple, PhD, RN, FAAN, Professor Emerita, Rutgers, The State University of NJ; and Kathleen Ylen, MSN, RN, NE-BC, Clinical Educator, Cooper University Hospital.

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Beck and Hader Appointed to Board of Nursing

Theresa Beck, MPA, RN, CHPN®, and Richard Hader, PhD, RN, NE-BC, FAAN, CHI, CPHQ, were appointed as registered professional nurse members to the NJ State Board of Nursing by Governor Chris Christie in December, 2010. Beck will serve until July, 2013, and Hader until July, 2015.



Theresa Beck



Rich Hader

Beck is Chief Mission Officer and Vice President of Community Initiatives for the Visiting Nurse Association of Central Jersey (VNACJ), a community-based organization which provides comprehensive care to more than 120,000 individuals and families throughout New Jersey. Since 1981 she has played a critical role in the VNACJ's program development and innovations, such as the hospice and palliative care program; home infusion program; and securing funding for a federally qualified health center.

recognized for excellence in nursing by the NJ Department of Health and Senior Services, and received VNACJ's prestigious Judith Stanley Coleman Award for Exceptional Service.

Since 2004, Hader has been Senior Vice President/Chief Nursing Officer at Meridian Health, a comprehensive health care system providing care through three Magnet status acute care hospitals, a community hospital, home care services, long term care facilities, physician practices, and wellness centers. A Meridian staff member for nearly 30 years, he leads 2,000 registered nurses in a 900 bed hospital system, that includes Jersey Shore University Medical Center, through excellence in nursing practices with an emphasis on professional development and research.

Currently, Beck serves on the NJ Department of Health and Senior Services, Office of Cancer Control and Prevention Governor's Task Force, is Co-chair of the Palliative Work Group, and Chair of the Monmouth County Cancer Coalition. She has lectured across the nation on topics such as Palliative Care, Technology in the Home and Community, Mobile Boarding Home Outreach, and Oncologic Emergencies. Beck has been

Hader led Meridian Health Care System as the first "health care system" in the country to achieve the Magnet Award. A fellow of the American Academy of Nursing, the American Nurses Credentialing Center bestowed on him the Certified Specialty Nurse Award for outstanding performance in 2010. For the past seven years, Hader has been editor-in-chief of *Nursing Management*, *The Journal of Excellence in Nursing Leadership* for managers and executives. A prolific author and frequent

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PRESIDENT'S REMARKS

Nursing Workload and the Impact of Technology

Mary Ann T. Donohue, PhD, RN, APN, NEA-BC, President



Dr. Mary Ann T. Donohue

Most of us have seen various descriptions of the responsibilities of nurses, dating back to the mid to late 1800s. As I began to explore the topic of nursing workload recently, I was able to locate several references that seemed particularly compelling. The first is quite possibly familiar in *Duties of the Floor Nurse, 1887*. Though it is quoted frequently and is widely available on the internet, no particular source could be found:

The following job description was given to "floor nurses" by a hospital in 1887:

In addition to caring for your 50 patients, each nurse will follow these regulations:

1. Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.
2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
3. Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week.
4. The nurse's notes are important in aiding the physician's work.
5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m. except on the Sabbath on which day you will be off from 12 noon to 2 p.m.
6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes or two evenings a week if you regularly go to church.
7. Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years so that she will not become a burden. For example, if you earn \$30 a month you should set aside \$15.
8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.
9. The nurse who performs her labors and serves her patients and doctors without fault for five years will be given an increase of five cents a day, providing there are no hospital debts outstanding.

Over time, measuring nursing activities and nursing workload has thus occupied a high degree of interest, particularly with respect to staffing and staffing ratios and quotas. In arguing the case in favor of staffing ratios, most efforts center on the measurement of the acuity levels of patients. While the work of Dr. Linda Aiken and her research collaborators are most often mentioned in both in informal hallway conversations and in the literature to support nurse-patient ratios, actually the research findings support overall improvements in the practice and work environment of the nurse (Aiken, Havens & Sloane, 2000; Friese, Lake, Aiken, Silber & Sochalski, 2008; Aiken, Clarke, Sloane, Lake & Cheney, 2008; Aiken, Havens & Sloan, 2009; Aiken, Clarke, Sloane, Lake & Cheney, 2009). Organizations such as the National Quality Forum (NQF, 2010) have invested research and human resource equity into the support for the recognition and ongoing development of standards for nursing care and nursing system-centered outcomes, such as skill mix, nursing care hours per patient day and voluntary RN turnover. Included in the NQF standards, for example, are outcomes associated with

the Practice Environment Scale – Nursing Work Index, for five subscales:

1. nurse participation in hospital affairs
2. nursing foundations for quality of care
3. nurse manager ability, leadership and support of nurses
4. staffing and resource adequacy
5. collegiality of nurse-physician relations.

However, the fundamental issue of what nurses do with their time while working in the hospital has been raised more recently with the advent of, and widespread use of, technology in the workplace. Technology, when used strategically and when integrated properly, may greatly reduce the need for redundant documentation. However, when there is a lack of coordination, the work of the nurse is increased and time away from the patient suffers. For example, nurses, as well as other members of the health care team, must complete several steps in order to simply enter and exit each data collection system, introducing inefficiencies each time a new tool arrives on the nursing unit. During this time, the nurse is often interrupted and distracted from the immediate task at hand, increasing the likelihood of error and even more time spent on correcting the documentation. Nurses become fearful of having their name appear on an electronic list that is reviewed by managers, for failing to perform according to parameters set by Information Technology administrators.

In many facilities, there is a lack of a single documentation tool that "talks to one another;" a virtual guarantee that nary a caregiver will read, much less access each other's notes. Evolving regulatory and public policy requirements for documentation (such as "present on admission") as well as our litigious society—most certainly work to exacerbate, rather than reduce, these problems. Alarms present another problem. One study, at the prestigious Johns Hopkins Hospital in Baltimore, noted that in one 15-bed critical care unit, an alarm sounded every 90 seconds, precipitating what is called "alarm fatigue" in the nursing staff so that nearly 85% result in simply being ignored (Van Dam, 2011).

In a landmark research investigation, Hendrick, Chow, Skierczynski and Zhengiang (2008) studied how medical surgical nurses across 36 hospitals spent their time, and the results were astounding: Patient care, performing an assessment and obtaining vital signs accounted for 19.3% and 7.2% respectively. Documentation, however, accounted for a whopping 35%. Distressing was the finding that rarely did some activities occur in the patient's room at all; care coordination at only 2.8% and documentation a mere 2.8% of the time. Add to this our aging nurse population and the reality that many of us are still struggling to adapt keyboard skills and other more advanced information technology skills, such as the numerous alarms, bells and whistles that signal critical failures and also must be incorporated in our every day work life.

A recent opinion piece in the *New York Times* bemoaned the fate of the average hospital nurse:

I have joked that the hospital should install video cameras to record everything that nurses do. Having a permanent record of my actions would mean that all the time I spend charting could be time spent on patients instead. Because that's my real concern: the effect on patients of incessant record-keeping. Each of these individual initiatives has merit and is worthwhile, but together they become a mishmash of confusing and oppressive paperwork (Brown, 2011).

At the center of the "confusing and oppressive paperwork," of course, is the patient—presumably the reason for documentation in the first place. Yet, the patient as well as general public would not readily grasp, nor easily forgive, the circumstances that prevent the nurse from being more present or available in the room. That the nurse is focusing on required documentation is not "value-add" in the perception of the patient and his/her family, using the language of Lean Six Sigma (Abilla, 2011). Along those lines, the nurse being physically present performing patient

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Official Publication of the
New Jersey State Nurses Association
1479 Pennington Road
Trenton, New Jersey 08618
Phone: 609-883-5335 or 888-UR-NJSNA
Fax: 609-883-5343
Email: njsna@njsna.org
Webpage: www.njsna.org

Published quarterly every January, April, July and October for the New Jersey State Nurses Association, a constituent member of the American Nurses Association.

NJSNA Mission Statement

Advance the practice of professional nursing by fostering quality outcomes in education, practice and research



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New Jersey Nurse Copy Submission Guidelines:

All NJSNA members are encouraged to submit material for publication that is of interest to nurses. The *New Jersey Nurse* also welcomes unsolicited manuscripts. Article submission is preferred in MS Word format and can be up to 1000 words. When sending pictures, please remember to label pictures clearly since the editors have no way of knowing who persons in the photos might be.
Copy Submissions: Preferred submission is by email to the Managing Editor. Only use MS Word for test submission. Please do not embed photos in Word files, send photos as jpg files.
Submit Materials to: *New Jersey Nurse*, Attention to Sandy Kerr, Managing Editor at sandy@njsna.org

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CEO MESSAGE

Healthcare—The Civil Rights Issue Of The 21st Century

Patricia Barnett, CEO

I grew up in the 60's when there were still White Only signs above water fountains in the south and I marched for ERA in Chicago, Springfield and Washington DC with ANA the day it died. It was easier to define who were the haves and have not's based on race and sex. The issue of haves and have not's is no less serious with health care; in fact it is life and death.



Patricia Barnett

Impact of Being Uninsured

- 50.7 million people were uninsured last year, almost one in six U.S. residentsⁱ
- Those in low-income households were three times as likely to be uninsured as those with incomes above \$75,000.
- Medicaid enrollment exceeded 50 million by June 2010 for the first time in its history, with New Jersey Medicaid enrollment increasing almost 6%ⁱⁱ; there were 1.8 million more children in June of 2010 than June 2009.
- Forty percent of the uninsured are young. Kaiser Family Foundation (KFF) reports that many young people lack insurance because it's not available to them, and people who turn down available insurance tend to be in worse health, not better, according to the Institute of Medicine.
- America's Health Insurance Plans' (AHIP) found

that 72 percent of 2006 applications for health insurance were eventually approved, those who got coverage, 11 percent had to pay a higher rate than requested.

- About 9.7 million of the uninsured are immigrants, both legal and illegal. The National Institute for Health Care Management Foundation estimates that 5.6 million of these are undocumented.
- In 2008 there was \$54.3 billion in uncompensated careⁱⁱⁱ
- Fourteen percent of whites, 23% of Blacks, 28% of American Indians and 34% of Hispanics are uninsured^{iv}
- Uninsured patients are diagnosed with cancer at a later stage and die earlier^v
- Uninsured in auto accidents receive less care and have higher mortality^{vi}
- Uninsured patients are admitted to hospitals sicker, have fewer tests and procedures and are more likely to die in a hospital^{vii}

The Affordable Care Act (ACA) became law in 2010 and it now faces attempts to derail, defund or rescind the law. There is much to love and to dislike in the law but it is designed to insure an additional 36 million people in public and private programs by 2014. The ACA also removes preexisting condition barriers for children and adults; creates mental health parity; increases funding for many delivery care sites that rely on nurse centered care; creates a standard benefit package, and it expands Medicaid to cover all adults under 65 who are below 133% of the federal poverty level. Some of the benefits for New Jersey patients are:

- In 2011, those in the Medicare Part D "doughnut hole" will automatically receive a 50 percent discount on certain name-brand drugs and a 7 percent discount on generic drugs.
- Young adults up to age 26 can now stay on their parent's health plan.

- NJ Protect (state program) is available for adults who have been uninsured for at least 6 months and have been denied coverage because of a pre-existing condition. Also, children up to age 19 can't be denied coverage because of pre-existing conditions. (By 2014, insurance companies will not be able to deny coverage to anyone with pre-existing conditions so this state program will no longer be needed.)
- Some small businesses can get tax credits to help pay for the cost of covering their employees.
- 85,313 New Jersey residents in the Medicare Part D "doughnut hole" received a one-time rebate of \$250 to help pay for their prescriptions. (source: healthcare.gov)
- Insurance companies can't put dollar limits on the care that is covered in your lifetime
- The law provides small businesses with tax credits up to 35% making it more affordable to provide health insurance to employees

For nurses, the ACA creates opportunities for leadership and research through a new Center for Quality Improvement and Patient Safety housed in Agency for Healthcare Research and Quality (AHRQ). It strengthens quality of care through the creation of a national quality strategy; ANA is involved as a member of the National Quality Forum: and, there is support for comparative effectiveness research. The ACA also supports preventative care and chronic disease management. Advanced practice nurses as primary care providers would receive a 10% bonus for managing these difficult patients, which would lead to driving down healthcare costs by preventing use of the emergency rooms, hospitalization for preventable episodes and duplicative services. There are other programs which strengthen nursing including creating nurse based clinics, and funding for nurse

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NJSNA Celebrates Nurses Week at the Ball Park!

Trenton Thunder vs. Reading Phillies
May 11th at Mercer County Waterfront Park
Ticket Price \$8.00



*Before the game the Trenton Thunder will be honoring nurses on the field.
Don't miss the opportunity to cheer on your nursing colleagues!*



Visit www.NJSNA.org for Details & Ticket Order Information

NEW MEMBER BENEFITS

Save on Your Utility Bills

NJSNA is rolling out a new member benefit to provide discounted electric and gas rates. Electric will be .11¢/kw and gas rates will also be heavily discounted. It only takes a 5 minute call to enroll and you get to keep your current provider and receive the discounted rates.

To request the discount have your bill ready. Call 800-805-8586, extension 8021 and ask for Maureen Hudack. You will need to reference Robin Kutney to receive the discount. The line is open Monday to Friday 9am-8pm and Saturday 12pm-8pm.

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speaker, also he serves as a clinical professor at Seton Hall University, and clinical preceptor at Monmouth University. The Georgian Court-Meridian Health School of Nursing and the Ann May Center for Nursing Excellence were established under Hader's leadership.

The NJ State Board of Nursing includes 13 members, seven are registered professional nurses, including one Advanced Practice Nurse; two licensed practical nurses; three public members, and one representative of state government. Luz Ramos, MSN, RN, APN, FNP, is the advanced practice nurse member; in addition to Beck and Hader, Joni Jones, RNBC, CDDN, Patricia A. Murphy, PhD, RN, APN, FAAN, and Saundra Austin-Benn, MSN, RN, APN, are the registered professional nurse members; and one position is vacant. Licensed practical nurse members are Constance Wilson, LPN, and Karen Rodriguez, LPN; Avery Hart, MA, LCSW, PhD, and Jonathan Hess are public members, and one position is vacant. Noreen D'Angelo, MS, RN, is the official representative of state government, designated by the Commissioner of Health and Senior Services.

The NJ State Board of Nursing operates under the executive branch of government, in the Department of Law and Public Safety, Division of Consumer Affairs. The Board licenses more than 113,000 registered professional nurses and 21,000 licensed practical nurses, and regulates the nursing profession in the State; the board certifies advanced practice nurses and homemaker-home health aides. The board accredits nursing schools and approves clinical affiliates. Also, the board certifies sexual assault forensic nurses and massage, bodywork and somatic therapists. Dr. Patricia Murphy is the current President, and George Hebert, MSN, RN, serves as the Executive Director, for the Board of Nursing, with offices located in Newark (<http://www.njconsumeraffairs.gov/nursing/>).

"The mission of the New Jersey State Board of Nursing is to protect the health and safety of the public through effective public policy, competent and ethical nursing practice, and exceptional customer service. The Board accomplishes its mission in an environment characterized by openness, trust and integrity" (<http://www.njconsumeraffairs.gov/nursing/>).

President's Remarks continued from page 2

assessment, patient care activities and medication administration *would be perceived as value-add.*

In high performing hospitals, efforts are mightily extended to increase nurses' time with patients. In order to improve the practice environment, and improve overall patient care, health care systems will need robust processes driven by caregivers in a shared governance environment, in order to improve efficiency and reduce time dedicated to documentation. Dr. Margaret Quinn, Chief Medical Information Officer, and Kathryn Collins, RN, FACHE, Senior Manager of Nursing Innovations at Meridian Health are examples of individuals who are moving beyond information technology as an end to itself, to information technology to support nursing in the art and science of caring. According to Dr. Quinn, "Technology which brings information to the point-of-care, integrates information across systems and allows for real time documentation brings the nurse back to bedside. Wireless connectivity, mobile workstations, single sign-on, robust interfaces and access to databases support communication between the nurse, the patient, family and physician, resulting in quality care, safety and improved patient satisfaction."

Let us revisit the 1890s once again and read the lament of the nurse whose documentation forces him or her to spend an extra hour over shift and ask, how far have we come?

The universal custom is to have only two "shifts" in the twenty-four hours, so that each nurse is on duty for about twelve hours at a time. As a matter of fact, the nurse rarely goes off duty the moment she is relieved, as she has to make up her report and hand over her instructions for the care of the patients to her successor, so that it not uncommonly happens that her twelve hours are extended to thirteen (c. 1890s. p. 4).

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Thank You for Your Service!!

On behalf of the NJSNA Staff, Board, and Members, thank you for your service on the 2010-2011 New Jersey State Nurses Board!

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**NJSNA voting starts
May 1st—
Don't forget to vote**

MEMBER SPOTLIGHT

Ann M. Painter Leads VNA of Somerset Hill as New President and CEO

The Visiting Nurse Association (VNA) of Somerset Hills, Board of Trustees has appointed Ann M. Painter, RN, MS, President and Chief Executive Officer. Painter will assume overall leadership for the VNA's comprehensive program of Community Health, Home Health and Hospice and Adult Day Center services.



Ann Painter

"Painter is an extraordinary addition to the VNA of Somerset Hills' organization and we are very excited with the direction she has already provided since assuming responsibilities several months ago," said Ev Prather, Board of Trustees Chair. "Her depth of experience in home and community health care services is a huge asset in helping the VNA move forward in the changing healthcare landscape."

"The mission of the VNA of Somerset Hills is to provide comprehensive and high quality healthcare services to individuals and families, regardless of ability to pay and is a vision I personally embrace. I thank the Board of Trustees and VNA staff for this opportunity to lead such an outstanding organization and team of dedicated professionals," said Painter.

Most recently, Painter served as Director of Hudson County Visits and Manager of Clinical Leadership for Bayada Nurses. Her 22 year career includes 19 years with the Visiting Nurse Association of Central Jersey. Originally a Staff Nurse, she rose through the organization in diverse positions of increased responsibility including Manager of Staff Development, Assistant Director of Operations and Director of Clinical Operations. Her experience as instructor in the Health Informatics graduate program at Monmouth University exemplifies her valuable knowledge of the technology and communications required in healthcare today. She is a New Jersey State Nurses Association member in Region 6, and a member of Sigma Theta Tau, International Honor Society of Nursing.

Painter remains committed to expanding her professional expertise through education and active participation in national industry conferences. She is a graduate of Ann May School of Nursing, received

a BSN and MSN from Monmouth University, and is currently pursuing a PhD in Nursing at Rutgers University. At the 2010 National Association for Home Care & Hospice 29th Annual Meeting & Exposition, Painter was selected to co-present, "Integration of Evidence-Based Care into Clinical Practice: One Agency's Experience with Development of Best Practice Guidelines for Patients with Heart Failure and Joint Replacement."

MENTORS AMONG US Alexis M. Koenig, RN, MSN St. Francis Medical Center

We have all heard the term over and over again, but can we identify and speak to the characteristics of a mentor? Have we asked ourselves if we mentor? Do we know the roles of a mentor? Have you ever asked anyone to mentor you and if so what would you expect from the relationship? My particular fascination with mentoring is because mentoring is linked to leadership. As nurses, we exemplify leadership qualities in our relationships especially when we assume our roles with patients as advocates. Patients rely on us to lead them to the path of health or well being. In a peer relationship, nurses rely on one another as "information sharers" or at best, someone we collaborate with to get the job done. In our work environments, mentors are natural leaders and have many of the same qualities AND so many more!!! Therefore, I'd like to explore the roles of a mentor.



Alexis Koenig

A mentoring relationship assumes many qualities and roles. The question is, "Are we capable of recognizing those roles?" Let us begin with looking at the roles of a mentor. Throughout the US Department of Health and Human Services' website, mentor roles are identified. Let's see how many we recognize and, hopefully, the exercise will spark a desire to influence your practice in a more respectable and caring way. Honestly, I am hoping you will understand how mentors can transform the profession of nursing. Transformational leaders are born from great mentors...read on to see how many of the roles are characteristic of someone you know or that you possess.

Do you know the "In's and out" of your position? Are you able to determine the needs of a newcomer to your unit? As a seasoned professional, have you shared your experiences with someone with less experience? Are you capable of not only assessing your mentee but also of helping to facilitate and develop the necessary knowledge and skills to perform on the unit? If you answered yes, then you are assuming the role of **TEACHER**. Don't forget to answer your mentee's questions and give scenarios. You don't have to be an expert, but you certainly can guide the mentee on how to get the answers!

The next role that would naturally follow is for you to **GUIDE** your mentee on the inner workings of your unit and of course show "the ropes of the unit." As a guide, you will show the nurse how to succeed and conform to the unspoken words of the unit that make it a success. Showing the mentee the policy and procedure book is an excellent way to make available information on how to function as a nurse within the confines of the facility and unit.

Are you enthusiastic and a cheerleader at heart? Perhaps you are a **MOTIVATOR**. The motivator is excellent at promoting enthusiasm within the unit. Who knows how far you can inspire a mentee to unleash their individual potential? The fact is the motivator encourages individual growth and shares in the delight of enthusiasm on the part of the mentee.

Are you the nurse who tends to counsel others on the unit? Are you able to keep information confidential? Perhaps you are a good listener. Trust is important in the role of the **COUNSELOR**. Who is that nurse on your unit? Are you the one that nurses come to for counsel of a problem or dilemma or even a moral concern?

One personal experience quite memorable to me was the day my nurse manager sponsored me and told me that I should join the Research Committee. My manager and **SPONSOR**, not only stimulated my interest, but once I accepted, she referred me to the committee with full confidence that I could participate and grow from the experience. The manager and mentor, has inspired me to do great things where I presently work. (As a personal aside, thank you Sharon.)

Good nursing leadership facilitates mentoring if indeed the leadership is transformational and not solely transactional in nature. For example, my manager was also a **REFERRAL AGENT** and **DOOR OPENER** for me. A mentor recognizes the qualifications and needs of the mentee and puts the ball in motion. The mentor, leader, is not threatened or afraid to refer a mentee or place the mentee in a position whereby growth of the individual and institution will occur. Transformational leadership does not feel threatened but rather takes pride in the accomplishments of the team members and team! The mentor is already confident in their role and does not fear or compete with colleagues. I can name a couple more nurses who exemplify these traits, can you?

One particular and most important role that a mentor may assume is one of being a **ROLE MODEL**. I must say it is sad to admit that I have heard many nurses say they have no one to look up to. Perhaps the most respected trait by far is being a role model for those all around you. Mentees look up to their mentor. You know you are a role model or mentor when those around you listen to you and respect you. I have always felt the following statement is so true: Imitation is the highest form of flattery. Look around you, and ask yourself who do you want to be like? I am fortunate in that I have several role models. Picking traits from role models that are needed to successfully lead takes courage and introspection along with the desire to learn how to behave like one. Mentors carry themselves with poise and confidence. I only need to look back at my nursing instructors to find a few of my first nursing role models.

I hope I have helped you identify the mentor inside of you. A little bit of introspection may just inspire you to admit that you have it in you to be a mentor at work or even in your personal life. As you have looked up to someone, somebody is either looking up to you OR needs someone to look up to. Don't be afraid to reach out and let yourself lead. Good luck and be **INSPIRED** to **MENTOR**. You can't take it with you, so you might as well pass it down and leave a legacy....good luck!



**Suzanne Drake, RN, PhD, APN,
Director of Public Relations**

Society of Psychiatric Advanced Practice Nurses

LACE and Depression topics of SPAPN Meeting

The Society of Psychiatric Advanced Practice Nurses held its first quarterly meeting of the year on January 29th at the Woodbridge Hilton. The three-hour meeting drew record attendance and high energy discussion. New members were introduced to the Society and future directions of the organization were explored. Richard Pessagno, DNP, RN, PMHNP-BC, a Society member, presented the LACE (Licensure, Accreditation, Certification, and Education) recommendations and their implications for Psychiatric Advanced Practice Nursing. Oliver Lopena, PharmD, Medical Science Liaison for Otsuka America Pharmaceutical, Inc presented the new APA Practice Guidelines for the treatment of depression. Background and meeting highlights follow:

Consensus Model and Proposed recommendations for LACE

After meeting for over 4 years, nursing's leading professional organizations have reached consensus on a model for future advanced practice registered nurse (APRN) regulation. This collaborative work of the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Committee establishes clear expectations for licensure, accreditation, certification, and education (LACE) for all APRNs and will shape future practice of Advanced Practice Nursing.

Dr. Richard Pessagno, presented information on the proposed implementation of the Consensus Model developed by the Joint Task Force of the American Psychiatric Nurses Association and the International Society of Psychiatric Nurses and its specific implications for Psychiatric Advanced Practice Nurses. Intended to streamline the process of licensure, accreditation, certification and education for all APRNs in the country, the report recommends that there should be one educational focus for Psychiatric APRNs: Psychiatric Mental Health Nurse Practitioner. Preparation will be across the lifespan, addressing mental health promotion and mental illness diagnosis and treatment. Curriculum content includes advanced pharmacology, physical assessment pathophysiology

and psychotherapy and will address assessment and diagnosis, age specific interventions and the mental health needs and issues of all age groups.

"The process will improve consumer understanding about Advanced Practice Nursing, as well as improve portability and visibility for APN's," stated Dr. Pessagno who also serves on the APNA Board of Directors. "(T)he Model is for future Psychiatric Advanced Practice Nurses; this will not impact the current practicing APN's. The projected plans will create a professional trajectory that will provide the future Psychiatric APN with a life span approach to patient care services, allowing Psychiatric APNs the ability to care for patients of all ages and in multiple settings based on the personal preference and interest."

Treating Depression:

The American Psychiatric Association has revised its practice guidelines for the treatment of major depression in response to well designed research data such as STAR*D. This federally funded, large-scale, long-term study directly compared different treatment strategies and aimed at defining which subsequent treatment strategies, in what order or sequence, and in what combination(s), are both acceptable to patients and provide the best clinical results with the least side effects. The results point to the urgency of achieving full symptom remission and returning to normal functioning. The sooner symptom remission is achieved, the better the long term prognosis.

"The majority of patients do not achieve adequate depressive symptom resolution after an initial course of monotherapy treatment," said Dr. Oliver Lopena. "After an inadequate or unsatisfactory response to initial antidepressant monotherapy treatment, it is

appropriate to either switch to another antidepressant agent or to augment the first agent with psychotherapy or pharmacotherapy" (including the option of atypical antipsychotics). "The guidelines also now acknowledge the role and importance of measurement-based care," he continued; "(t)he implementation of symptom rating scales in conjunction with a deliberate treatment plan can be associated with improved outcomes. Additionally, the use of symptom rating scales can be yet another means for clinicians to help establish a therapeutic alliance with patients."

The Society of Psychiatric Advanced Practice Nurses is dedicated to advancing the standards of excellence in psychiatric mental health advanced practice nursing and optimizing delivery and access to mental health care in New Jersey. SPAPN provides a forum for the professional development and support of Psychiatric Advanced Practice Nurses. Founded in 1972, the Society is the first professional nursing body in the U.S. to certify Psychiatric APNs.

Psychiatric Advanced Practice Nurses provide comprehensive evaluations, prescribe psychiatric medication, and conduct individual, group, and family psychotherapy in a variety of settings. Members of the Society may be contacted to provide direct clinical service, to speak or to consult within the scope of mental health issues. **For further information contact: <http://www.PsychAPN.org>.**

Members of NJSNA

Thank you for your calls, cards, emails, and get well wishes that you've sent to Mark since his injury. We're taking this bump in our life road one day at a time but we look forward to future events when we may join you.

Barbara Chamberlain



American Nurses Association— Nurses Week

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. In 1998, the National Student Nurses Day was designated to be celebrated annually on May 8th. The National School Nurse Day is celebrated on the Wednesday within the National Nurses Week each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses association promotes the nursing profession at the state and regional levels. Each conducts celebration on these dates to recognize the contribution that all nurses and nursing make to the community.

The ANA/NJSNA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

CEO Report continued from page 3

workforce development to help nurses pursue advanced education to help alleviate the faculty shortage of nurses prepared with master's and doctoral prepared nurses to teach. There are 50,000 potential student nurses turned away each year because of the faculty shortage. ANA and SNA's fought hard to get recognition for all nurses do and the unique role we can fill to care for chronic disease patients and improve access to healthcare in rural and urban areas.

Repealing the bill will not save money but make the deficit worse. The Congressional Budget Office (CBO) states the ACA would have reduced the deficit by \$132 Billion for 2010 – 2019. Repealing the bill would increase the deficit in the same time period by \$119 Billion, a swing to a larger deficit of \$251 Billion. That is an extra \$3,000 for every person in the US.

Many people do not like the ACA as is, but without it patients, OUR patients will be left in a much worse position. Nurses also have a great deal to lose if the law is not implemented. Incentives for nurse faculty, student loans, support for expanding the role of all nurses to meet the needs of patients and quality measures will all

be gone. I will ask my congressmen to support patients and nurses. I hope you will also.

Learn more at

<http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/Health-Care-Law.aspx>

<http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform.aspx>

<http://www.healthcare.gov/news/>

<http://www.cbo.gov/ftpdocs/120xx/doc12069/hr2.pdf>

<http://kff.org/uninsured/index.cfm>

<http://www.healthcareandyou.org/>

(Endnotes)

- i 2010 US Census
- ii Kaiser Commission on Medicaid and Uninsured
- iii ibid
- iv KFF The Uninsured a Primer December 2010
- v ibid
- vi ibid
- vii ibid

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A Day in the Life....Caring for High Cost, High Needs Patients

by **Kathleen J. Jackson, DNP,c, APN**
Director, Care Management Project, Camden
Coalition of Healthcare Providers

Larry (pseudonym) lived close to Cooper University Hospital the Camden Coalition of Healthcare Providers (CCHP) Care Management Team's (CMT) home-base. He was a man in his early 40's who lived in a room in an abandoned house that was partially burned in the back. Larry, a large man, tall and overweight, had Chronic Obstructive Pulmonary Disease, a cardiac dysrhythmia, Type 2 diabetes (T2DM), Obstructive Sleep Apnea and a probable learning disability. The hospital social worker consulted the CMT when he was admitted with an exacerbation of this COPD, as he had no insurance, was homeless, and had no primary care provider.

Larry, when we met with him after discharge, was very worried about his hospital bills. Although he had worked all his life since graduating high school, at gas stations, pumping gas and detailing cars for minimum wage, he had no idea that he might be eligible for Medicaid. We helped him with his application for Medicaid services (which he obtained) and scheduled him for an appointment with the local federally qualified health center for the homeless, Project Hope as well as follow up cardiac and pulmonary appointments. In the meantime, we visited him at home weekly. On nice days the 'home visit' would be on his front porch as it was more pleasant than his room, floor boards were missing on the second floor and his upstairs front room was cluttered with bed, small refrigerator, small table with a hot plate and portable heater. When we met with him we would remind him of his appointments, and basically do a primary care visit. I would find out how he was doing,



Kathleen Jackson

review his medications (which we helped him obtain), and do a focused physical exam including checking his blood glucose. He was started on Metformin, which significantly helped to control his T2DM. Diabetes self care was reviewed including ways he might work with his mostly fast food diet as it was hard to store food and cook in his room. Gradually as he did better overall with his health and saw his nurse practitioner at Project Hope regularly we saw him less frequently.

As we worked and developed a relationship with Larry we learned of his pleasant sense of humor. Larry kept his healthcare appointments and with the help of the team social worker completed applications and had his name on several wait lists for low-income housing. Larry realized one of his goals while we were working with him, which was saving his money to pay off old tickets and reinstate his driver's license then buying himself a big old car. Larry unfortunately continued to have cardiac difficulties and died suddenly about two years after we had begun to see him. Larry is an example of the vulnerable high costs, high needs patients that the CCHP CMT cares for regularly. Mortality is high among this population due to multiple health conditions and socially complex lives. Although this patient died, the CMT considers their care of Larry a success, he received regular health care, and while he lived had improved quality in better diabetes control and an enriched life (both his and ours, we miss him).

The Care Management Team of the Camden Coalition of Healthcare Providers provides services to high cost; high needs patients in Camden City. For the most part these patients and their families live in poverty and have limited resources. Generally our patients have multiple chronic illnesses often coupled with mental health and substance abuse issues. Due to a lack of resources and barriers to accessing primary care these patients often use the emergency department (ED) for care and/or because they are fragile and become so ill before obtaining care, tend to be admitted to the hospital when presenting to the ED.

The CMT is comprised of a nurse practitioner (NP), a social worker (SW), and a community health worker (CHW) who is a bilingual medical assistant. The CMT goes to homes, shelters, hospitals and even the streets to locate these high needs, high costs patients.

The NP provides interim or transitional primary care for this population as well as for poorly controlled patients with diabetes in the city (as part of the Camden Citywide Diabetes Collaborative of the CCHP). The social worker coordinates social services.

The bilingual CHW works directly with the social worker and nurse practitioner in helping patients access appropriate health/social services and can interpret for the team and accompany non-English speaking patients to appointments.

A typical day for the team may involve visiting known patients or meeting new patients in anyone of the cities 3 EDs/hospitals. The team may also visit 4 to 6 patients per day depending on the patient's acuity (the level of care/services needed). Visits to, or ride by if we are attempting to engage our patients, will be to wherever the patient is: their home, medical or mental health day programs, abandoned houses, benches or street corners (for homeless patients), even supervised housing.

Trying to engage patients that are homeless and/or have significant mental health or substance abuse issues is a challenge for the CMT. The team has successfully partnered with two behavioral care organizations: Steininger and South Jersey to help patients with mental illness. Other challenges include dealing with the current health care system, difficulties in access to health care and also the lack of low income housing in Camden (it is difficult for patients to apply and waits can be as long as 1.5 to 2 years).

Having the opportunity to provide respectful quality care to people in Camden, many living in poverty with limited resources and with significant health issues, knowing that as a team we will do whatever it takes to help them improve their health and in doing so reduce the overall cost of healthcare, is rewarding.

REGULATORY UPDATE

by Carolyn Torre RN, MA, APN
Director of Regulatory Affairs

APN/Anesthesia Hospital Licensing Standards Adopted

These rules, which were adopted by the Department of Health and Senior Services (DHSS) on February 22, 2011, contain new language regarding the provision of anesthesia by nurse anesthetists and that language is more restrictive now than when the rule was proposed in August, 2010. The original proposal removed the language requiring that a CRNA be supervised in the administration of anesthesia by an anesthesiologist or a physician credentialed in anesthesia; these changes were consistent with BON rules which do not require APN supervision by a physician and have retired the title CRNA now that all nurse anesthetists in the state are required to be certified as APNs. The August proposal by DHSS replaced existing supervisory language with a proposal that the APN/anesthesia administer anesthesia in accordance with a Joint Protocol (with an anesthesiologist) which JP would be required to "address the presence of an anesthesiologist... during induction, emergence and critical change in status."

Because of a huge outcry by anesthesiologists in the state, DHSS retreated from its original proposal and has replaced the word "address" with the word "require" in all parts of the anesthesia rule, including that covering the provision of both conscious sedation and minor regional blocks by APNs/anesthesia. Whether or not this increasingly restrictive language will be sustained is up in the air; NJSNA is participating in a meeting with the Governor's office to discuss the implications of the adopted language on patient care and hospital costs. In that discussion, NJSNA will also bring up a problem in language which we had asked be fixed after proposal but which DHSS failed to address on adoption. Under administration of minor regional blocks, DHSS removed APNs from a section that allowed PAs, APNs and CNMs to administration same; they then added back a section allowing APNs/anesthesia to so administer, but did not include other APNs in this section; the oversight needs to be corrected. NJSNA is hopeful that by the time this comes to press, the issues described above will have been satisfactorily addressed.

Board of Nursing Rules Adopted:

1. N.J.A.C. 13: 37-5.2 Changes the existing rule to allow a nurse to reinstate an expired license without taking the NCLEX examination or a nursing refresher course if she or he has worked as a nurse in another state while his or her license was administratively suspended for failing to renew the NJ license.
2. N.J.A.C. 13:37-1.8 Requires that all professional nursing programs offer continuing education classes related to organ tissue donation and recovery and must address the clinical aspects of the donation and recovery process.
3. N.J.A.C. 13:37-5.3, corresponding to 1.8, above, requires that all registered professional nurses complete a one hour continuing education program that covers organ and tissue donation and recovery. They must do this within three years of the adoption of the law, that is, by February 7, 2014.

Violence Prevention in Health Care Facilities Rules Proposed:

DHSS has proposed these rules to implement the statute, P.L. 2007, c.236: Violence Prevention in Health Care Facilities Act which was signed into law in January, 2008. They outline specific provisions including the establishment of a violence prevention committee which must be formulated within 3 months of the adoption of the rule and the development of a written violence prevention plan within 6 months of the adoption of the rule. Other requirements of the rule include an annual violence risk assessment of the facility by the Violence Prevention Committee, implementation of methods to reduce identified risks and development of a violence prevention training program.

Safe Patient Handling Rules Proposed:

DHSS has proposed rules to implement the Safe Patient Handling Act, signed by the Governor in January, 2008. These regulations require that all DHSS licensed facilities establish a Safe Patient Handling Committee within 3 months of rule adoption. Additional provisions of the rule include requirements for the development of a safe patient handling program, a written description of the program, a safe

patient handling policy, protocols and procedures for conducting patient assessments throughout the facility, an every 3 years needs assessment of each unit or department of the facility regarding safe patient handling equipment, an implementation plan, a financial plan, a training program and procedures for injury investigation and analysis.

Note that both these rules and the Violence Prevention in the Workplace rules described above apply to all facilities licensed by the Department of Health and Senior Services including general hospitals, special hospitals, county and private psychiatric hospital and nursing homes; State Psychiatric hospitals and State developmental centers are regulated by the Department of Human Services so these rules are not applicable there.

Medicinal Marijuana Rules

Re-proposed for Adoption:

DHSS re-proposed these rules on February 22, 2011 after making a number of amendments in response to public comments and the passage of a December legislative resolution which said that provisions of the rule, published in November, 2010, were inconsistent with the original statute. DHSS has accordingly, changed several aspects of the rule, combining the cultivation and dispensing functions of 6 centers and making it necessary only for those conditions cited in the original statute to meet the requirement of being resistant to conventional medical therapy in order to be considered debilitating medical conditions. NJSNA remains concerned about several areas of the rule that seem to impose greater restrictions than mandated by statute and will so notify DHSS; these concerns include:

- Will medical marijuana that contains only 10% tetrahydrocannabinol (THC) be adequate to meet the pain/symptom-reduction needs of the patients who will be using it? (Other states do not make such a restriction).
- Is it reasonable that an Alternative Treatment Center (ATC) designated for plant cultivation only be able to cultivate three strains of marijuana? It is possible that another strain, beyond the three allowed, may be determined to provide superior symptom-relief, going forward, but be restricted from cultivation by these proposed rules.

REGION NEWS

Region 1—Morris, Passaic, Sussex, Warren Jackie Galante, RN, President

Region 1 had a transformative year attracting seven new members, all of whom are dedicated nurse leaders committed to advancing nursing practice. There are a few vacant positions remaining: VP of Communications, VP of Education, INPAC representatives and 1 NJSNA Committee position, which we hope to fill as our Region continues to grow.

On March 5th, five region members (myself included) served as judges at the Black River Middle School 31st Annual Science Fair in Chester. Nurse Science Awards in project categories of Health and Hygiene, Microbiology and Physiology, were given to students in grades 3-8. Special thanks to our Sussex County Coordinator, **Jayne Kirkpatrick**, and **Dr. Eileen Specchio**, who have been in charge of this event. Special thanks to **Francesca Nordin**, **Linda Wimmer & Lisa Dispenziere**, for their participation as judges in this event.

Dr. Eileen Specchio and **Paula Lefever** were on a mission trip to the Dominican Republic from March 6th-March 13th. Clinical health kits vitamins, Tylenol and Motrin will be given out to the residents.

Our next meeting was at the Convention on March 31st. Region 1 sponsored two Region Board members to attend. Congratulations to **Francesca Nordin**, Treasurer, and **Judy Leonard**, Chair, Nominating Committee! We thank them for their dedication and service to Region 1!

On April 25, 2011, we will participate in the golf outing at Trump National Golf Club sponsored by the IFN. Our Annual Business Meeting/Dinner will be held on May 10, 2011, at Café Navona, in Rockaway. Keynote speaker will be **Dr. Edwina Skiba-King**, Associate Professor, College of Saint Elizabeth, on *Herbal Medicine*. This will be a CE event pending approval. We will award two nursing scholarships for \$500.00 each.

I am honored to partner with my Region, and all Board Members in achieving goals that empower nurses, and continue to advance their practice. I appreciate and thank all of you who have taken the time to mentor me during my transition to this important role. For further information on any Region 1 events, please contact me at jax963@gmail.com, or Paula Lefever at plefever@cse.edu.

Region 3—Essex, Union Rosemarie D. Rosales, RN VP Communications

Marlene McLeod Douse will assume the duties of Nominating Chairperson and we are actively seeking a volunteer from Region 3 to be appointed to assist the nominating committee. Marlene McLeod-Douse, Member of Nominating Committee announced positions opened for Nominations: VP Institute, VP Membership, VP Congress for Policy and Practice, Nominating Committee (3 positions) and, Member-at-Large (Essex and Union County).

New Jersey Nursing Convention Atlantic City: Eileen Fay, NJSNA Treasurer and Norma Rodgers were on the convention planning committee. Norma Rodgers, President-elect, was one of the convention speakers. Wednesday evening was the President's Welcome Reception. Thursday evening was the Region meeting held immediately following the Sylvia Edge Endowment Fundraiser. So after 3 years of conflicts, the problems have been solved! This was a great solution especially since so many members of Region 3 were actively involved in this foundation! It was another great showing at convention for Region 3 members.

Rosemarie Rosales, VP of Communications for Region 3 and NJSNA and IFN Board of Director, and Director of Education & Infection Control at East Orange General Hospital was invited as a speaker at the Leapfrog Meeting sponsored by Horizon Blue Cross and Blue Shield of New Jersey to share best practices on having ZERO Central Line Blood Stream Infections in 2009 for East Orange General Hospital. East Orange General Hospital is one of the five hospitals in New Jersey recognized for this achievement.

Annual Dinner for Region 3 will again be at the Galloping Hill in Union County, June 8, 2010. Speaker will be Grace Reilly, APN. More Details to follow.

Region 4—Hunterdon, Mercer, Middlesex, Somerset Erin Glospe, RN VP Communications

Region 4 met February 22nd at the University Medical Center at Princeton. Cathy Fortenbaugh, MSN, RN, AOCN, APN, Senior Clinical Nurse Liaison for Amgen Oncology presented a lecture entitled "Pathophysiology and Management of Sepsis." All who attended gained valuable insight and information.

Our annual dinner meeting will be held 6:00 pm May 11, 2011 at Stone Terrace in Hamilton, NJ. The annual dinner meeting is a great way to network and learn about our region. Each year there is a guest lecturer and a delicious meal.

We welcome everyone, come have the opportunity to network, and learn how you can be more active in our region.

For more information, contact Sandy Quinn President, Region 4 at squinn@chsnj.org.

Region 5—Burlington, Camden, Cumberland, Gloucester, Salem Cecilia Boyd, RN VP Communications

Planning session conducted on February 23, 2011 at meeting held at UMDNJ to formalize education day. The event will be held May 4, 2011 at Gloucester County College and will begin at 6:00 pm. We will roll out mentoring program for the upcoming year, a report on our pilot efforts this spring will be highlighted and the upcoming larger plan to encourage students, new nurses and nurses planning career changes to utilize our services. Contact hours will be applied for through NJSNA for this event and we anticipate a large turnout for the activities and dinner. Stay tuned for upcoming announcement!

Constance Zarnack has been appointed to VP of Correspondence. Several board positions remain unfilled for the upcoming year and a call to fill the positions of: VP to Institute, President Elect; Secretary, VP Correspondence and Member at Large.

Our January meeting was held via a teleconference due to the inclement weather and was well received! Our meeting for March was held at the Convention.

Our efforts to attract new members and encourage more activity of current members will continue as we formulate our mentoring relationships, several members have stepped up to become mentors and we are looking forward to effort to support senior nursing students, and recent graduates. Our regional Facebook page remains under development please visit us there: www.facebook.com/newjerseystatenursesassociation:regionfive.

Region 6—Atlantic, Cape May, Monmouth, Ocean Kathleen Mullen, RN, VP Communications

Janice Leach dedicated enormous effort and successfully negotiated state and local regulations to obtain a gambling license for Region 6. Members have begun selling \$20 raffle tickets with 1st, 2nd, and 3rd place cash prizes to benefit the Beulah Miller Scholarship for Nursing Education fund. The raffle was drawn on March 31st during the convention.

Every year, Region 6 awards 4 scholarships through the Beulah Miller Scholarship for Nursing Education: to an entry level student (AAS, ADN or BSN), an RN to BSN student, an MSN student, and a doctoral student. The deadline date for this year's scholarship application is April 1, 2011. The applicant must meet the following criteria:

1. Be currently enrolled in an accredited program of nursing education (proof required of current enrollment i.e. Bursar's Receipt or current print out from school/transcript)
2. Be a member of NJSNA Region 6 (except entry level applicants)
3. Provide a letter of reference from a supervisor or instructor.
4. Have earned a GPA of 3.0 or better (transcript required)
5. Submit a typed essay of 300 words to include the following:
 - a. Why do you feel you should receive the award?
 - b. What population or area of practice do you plan to pursue?
 - c. What are your contributions to your community or nursing practice?
 - d. What particular challenges or special circumstances would make you deserving of a scholarship?

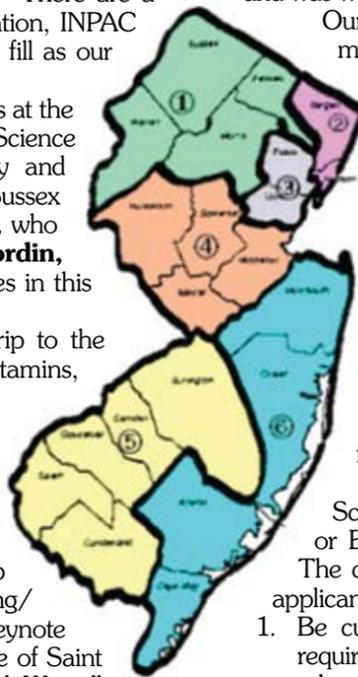
For more information about the Beulah Miller Scholarship for Nursing Education, view the Region 6 page on the NJSNA website and email Marti McGregor at mcnurse@verizon.net.

Region 6 member Sandra Kearns represented NJSNA at the New Jersey Nursing Students convention held February 17th in Atlantic City. Over 1600 nursing students from across the state attended the convention.

Monmouth University hosted a general membership meeting with an educational program "Let's Talk Sexual Health Across the Lifespan" on February 17th. The speaker, Mary Ann Troiano, RN, MSN, FNP, Asst. Professor, SON & Health Studies, Monmouth University, described the physiological and psychological influences on sexuality across the lifespan. She identified strategies for communication and meaningful assessment of sexual health.

A general membership meeting was held in March at the Convention. In June, the Annual Meeting will be in Ocean County.

Call for Nominations: contact Linda Hassler, (lhassler1@verizon.net) to learn more about upcoming positions. The term of office is expiring for the Region 6 positions of Treasurer, Vice President of Membership and Vice President of the Institute.



Andrew Mikhael Designing a New Look for NJSNA/IFN Headquarters

Andrew Mikhael is an award winning architect who has graciously donated his time to redesign the NJSNA/IFN headquarters recognizing the need for the association to adapt the building to work more effectively in an electronic world. "I was impressed with his clean graceful lines and his keen understanding of how to make functional space an artistic statement" said Pat Barnett CEO of NJSNA/IFN. "The Association is very fortunate to own the building at 1479 Pennington Road, but we need to remodel the space to better meet the needs of the members for many years to come," added Judy Schmidt, President of the Institute for Nursing. "Andrew's generous offer to donate his time makes our dream of creating a space that will support the mission of NJSNA/IFN for decades to come achievable." Eleanor Dietrich who serves on the fundraising committee added, "We will be phasing in the changes so it will not disrupt the work of the association and it will be tied into a fundraising campaign that we will be announcing before Nurses Week."

Andrew earned his Bachelor of Architecture from NJIT and his Masters in Architecture from the University of Pennsylvania where he was the recipient of the Chair Merit Scholarship. He holds a LEED AP certifying him as a green design professional. Andrew is a member of Architecture for Humanity's NYC chapter where he creates AFHNY Talks—a program that educates school children on design. Previously he was a team leader with world renowned architect Moshie Safdie on the Marina Bay Sands project in Singapore (below).



Mr. Mikhael's work has been exhibited in the New York ICFF Florence International Biennale of Contemporary Art. Andrew looks at each project with a blank slate working with each individual client to make their project the best it can be. Andrew can be contacted at andrewmikhael.com or at (201) 214-2908.

Valerie Yahn Memorial Scholarship Initiated at the Institute for Nursing

Valerie Yahn, a registered nurse who worked at Allergy and Asthma Care in Haddonfield, died November 7, 2010. She will be remembered not just by her family and friends, but also by high school students in south Jersey who will receive the Valerie Yahn Nursing Scholarship. Mrs. Yahn's family and friends decided to honor her life and her love of nursing by creating an endowment to fund an annual scholarship for high school students seeking a degree in nursing through the Institute for Nursing, the foundation of the New Jersey State Nurses Association.

Valerie Yahn was a nurse for over 40 years, primarily in intensive/critical care including cardiac care, intensive care, and step-down units. Most recently, she worked over 15 years at Allergy and



Valerie Yahn

Asthma Care in Haddonfield where she was a favorite with the patients. Her husband Charles stated that "Valerie could squeeze more living, more tasks into a moment than most people could into a day. She always said, 'the real importance of living is to love and be loved'."

Judy Schmidt, President of the Institute for Nursing, accepted the generous gift of the Yahn family and friends, "Nursing is not a job, it is a passion. Valerie Yahn brought that passion to her role as a nurse touching patients and their families as well as others in her community throughout her life. It is a wonderful tribute to her legacy that the family wants to help high school students embark on the same exciting journey to become a professional nurse."

Contributions can be made to the Valerie Yahn Endowment through the New Jersey State Nurses Association website at njsna.org or by mail to the Institute for Nursing, c/o Valerie Yahn Endowment, 1479 Pennington Road, Ewing, NJ 08618. For questions concerning this endowment or how you can honor a special nurse, please call Debbra Elko at (609) 883-5335 extension 16.

RESEARCH CORNER Making Research FUN and INTERACTIVE

Susan B. Fowler, PhD, RN, CNRN
Research Column Editor

When you mention the word RESEARCH to a nurse, he or she may roll their eyes, grunt, say "I never liked research, even in school," or comment that research is only for those PhD nurses. We are all challenged to overcome these attitudes and barriers. Are there some fun and interactive strategies we can use to spark interest in research? Here are some.

Contests

Everyone likes a challenge and is somewhat competitive. Sponsor a contest for the best PICO (population-intervention-comparison-outcome) or research question. Solicit faculty from the area schools of nursing to serve as judges. Award the 'winners' with a subscription to a research/evidence-based practice journal or throw them a pizza party! Write up the list of PICO/research questions submitted, creatively display them on a poster, and take the poster from unit to unit for everyone to read. The next step is for the Clinical Nurse Researcher to work with the winners in implementing their investigations.

Grand Rounds

Change the format of nursing grand rounds to focus on evidence-based practice. A suggested format might be to focus on a case study that taps adult learning principles, apply best practices to this case, and address outcomes as a result of evidence-based practice. Another twist would be to highlight a particular concept of interest and importance to nursing such as coping, hope, quality of life, pain, dyspnea, self-efficacy, or self-management. Staff would focus on the various definitions of the terms and tools/questionnaires available to investigate the concept; hence, an opportunity to explore theoretical and operational definitions.

Nursing Knowledge Exchange

There is so much knowledge to be exchanged between nurses, but what avenues can nurses use to provide and receive this information? You could create a Nursing Knowledge Exchange section on a nursing home page at your website To trigger this exchange, Advanced Practice Nurses could be solicited to provide information to get the momentum going. This would almost be like a blog with healthy discussion of information pertinent to nursing. Another strategy would be to build this concept in all nursing council agendas. Nursing Research Council members would

exchange information in a round robin fashion, as would members of the practice, education, and quality improvement councils.

Curious George

Every research or evidence-based practice investigation is a result of being curious about something. That curiosity may have come from something you read or an experience you had. Why not tap this curiosity with use of Curious George. Send out an email weekly asking one simple question: What are you, as a registered nurse (RN), curious about this week? See what kind of responses you get and recognize a RN for this curiosity by awarding them a Curious George book or trophy? This could even be a 'roving' book or Curious George trophy that went to unit to unit much like Press Ganey trophies. On their website www.curiousgeorge.com they talk about various themes including adventure, art, science, emotions, environment, and friends and family. One could craft the 'call for curiosity' based on these themes too.

Best Practices Posters

Posters can eloquently articulate the art and science of nursing. Soften the word research or evidence-based practice with the words *best practices*. During Nurses Week in May, have each unit or department put together a best practices poster highlighting best practices used in the care of patients on their unit or department. Encourage creativity, but emphasize the art and science of nursing. Make sure you recognize best posters for creativity, depiction of the art of nursing, depiction of the science of nursing, and reflections on the nursing process, for example.

Research/Evidence Based Practice Jeopardy

Who doesn't like games? And, although Jeopardy can challenge our intellect it still can be fun and interesting. Create a research/EBP jeopardy game that could be played at many council or committee meetings. Categories might be PICO, parts of a research proposal, IRB, Statistics, Evidence, and/or Critique (of a research article). For each right answer distribute a reward, and in the end, a certificate of FUN!

What other ideas to you have to share? Please email me at njfowlers761@msn.com.

Institute for Nursing
the foundation of the New Jersey State Nurses Association

Golf Outing

April 25, 2011
Trump National Golf Club Philadelphia
Pine Hill, New Jersey

Sponsored by NJSNA Capital One® Visa®

Register online: www.NJSNA.org
or call 609.883.5335

The Institute for Nursing is designated as a 501 (c) 3 by the IRS



Judy Schmidt, President

Spring is finally here! The Institute for Nursing has been very active over the snowy winter months. We have busy planning our spring fundraisers, the Ice Cream Social and the Golf Outing both scheduled for the month of April. We hope they will be as successful as the events we have had in December and January.



Judy Schmidt

In January, we were able to launch our first "Professional Journey to Excellence Showcase" continuing nursing education conference. The program focused on sharing the best practices in clinical career ladders, shared governance and professional environments. The conference was based on the principles in the American Nurses Credentialing Center's *Pathway to Excellence* and *Magnet Recognition* programs. These programs recognize quality, collaboration, and excellence in nursing. The purpose of the conference was educate nurses on this principles and empower them to strive for excellence in their practice. Look for future "Journey to Excellence" events on the IFN/NJSNA website or here in the *New Jersey Nurse*.

The Institute is pleased to continue its contract with the New Jersey Board of Nursing for the RAMP (Recovery and Monitoring Programs), as the Alternative to Discipline for impaired nurses in the state. This program has been successful in helping hundreds of nurses get their lives back on track and resume their career in nursing.

The New Jersey Nursing Convention in March gave us an opportunity to network with our fellow nursing professionals. We were able to award to new and experienced nurses scholarships to continue their education. Also, as you know, the economy has decreased the availability of jobs for nurses. We were able through the generosity of fellow nurses to offer scholarships to the nursing convention. We hope that attending the convention opened opportunities for these nurses.

At our annual meeting in March, we were pleased to welcome a new member to our IFN Board of Trustees. Chuck Yahn, who has created an endowment fund in memory of his wife Valerie, joined the Board. Valerie Yahn was a practicing nurse for over 40 years in critical care and outpatient offices. Chuck and Valerie are from Westmont New Jersey which is located in our Region 5. The Valerie Yahn scholarship, beginning in 2012, will be awarded to high school students in Region 5 who are pursuing a career in nursing.

Again, none of this could be accomplished without the generous support of our members and our "friends of nursing." We are also grateful for the support and assistance of the NJSNA/IFN staff.



INSTITUTE FOR NURSING

Institute for Nursing, the Foundation of the New Jersey State Nurses Association

HONOR A NURSE

The Institute for Nursing (IFN), the Foundation of the New Jersey State Nurses Association (NJSNA) welcomes you to publicly recognize a special nurse in your life. With your minimum \$50 tax-deductible donation to IFN, your honored nurse's name will appear in the *New Jersey Nurse* as well as in the designated "Honor A Nurse" section of the NJSNA website. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

This program is available to honor any New Jersey nurse. Honor a friend, family member, or colleague by marking their anniversary, birthday, special event or occasion, or as a memorial.

Your Donation will go toward continued support of the IFN and their work pertaining to scholarships, research awards, and education projects. IFN is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of IFN.

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Include photo of Honored Nurse (if available) with contribution form or email to Sandy@njsna.org

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Remembering Nurses

by Patricia Barnett, CEO

The Institute for Nursing owns the NJSNA headquarters outright thanks to the donations of nurses and friends of nurses. It is a great building, but it is in need of an update including making it ADA compliant and creating an e-learning center. (See article about Andrew Mikhael) In exploring a new floor for the building we have decided to go with customized porcelain tiles by Alicia Tapp Designs. The tiles are 6 inch by 6 inch in a sepia tone and they are durable—there is a life time guarantee.

We are selling the tiles for \$100 per tile to cover the cost of removing the old floor and installing the new one. What is unique about the tiles is they can have a picture or a statement recognizing an individual, a group or an institution. I have already ordered two tiles; one honoring my Grandmother, Louise Church (below 1915) and my Mother Johanna McKinley both nurses. If an organization or a group would like a larger display, (Ms. Grant did the entrance to Lakeland Air Force Base) we would be happy to provide pricing. Because this is donation to the Institute for Nursing a 501 (c)(3), it is tax deductible. If you are interested please go to www.njsna.org and click on "Donate to IFN," click on "Tile Fundraiser."



"Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215 and is available on the internet at: <http://www.state.nj.us/lps/ca/charfrm.htm>. Registration with the Attorney General does not imply endorsement."

NJSNA Partners with Capital One® to Offer Credit Card Options

What's in Your Wallet?®

NJSNA has partnered with Capital One® to offer three great credit card options. Not only will members enjoy solid card benefits, but every time their card is swiped a percentage of each dollar of the purchase will be donated back to the Association. The card launch is scheduled for June, 2011. Watch your emails for more information.

NURSEOPOLY

by Connie Wilson, LPN

What is "Nurseopoly"? Is it a game? Is it a marketing tool? Is it an educational tool? If you answered yes to all the questions, you are correct. Most importantly, it is **"A Tribute to the Nursing Profession!"**

The United States is presently experiencing a critical nursing shortage. This shortage is expected to worsen in the coming years and includes faculty as well as staff nurses. For this reason, I was inspired to come up with an idea that would bring an awareness of the nursing profession to young and old and entice them to enter the nursing field. As you know, nursing is a great profession for males and females, old and young. And, in case you did not know, nursing has once again been voted the "most respected profession in the world" according to a recent Gallup Poll.

I have always loved playing monopoly and came up with the idea of "Nurseopoly." Nurseopoly would not only be a fun tool to encourage men and women of ALL ages to be nurses but also a great teaching tool and/or review for all the people already in this wonderful profession.

The nursing profession has grown by leaps and bounds. It has evolved from a service job to a highly educated, skilled profession that continues to provide a great service to our patients, families and the entire community. Nurses work from dawn to dusk, 24 hours a day, seven days a week, 365 days a year which including holidays and weekends. Yes, of course the players change because not everyone, even nurses, could work forever without rest...but the daily routine goes on and on. In addition to working their regular jobs, nurses continue to go to school, attend meetings, are active members of their professional organizations and perform in their communities such as health

fairs, and inoculations. Why, because that's who they are! They are compassionate, loving, caring and very giving individuals who seldom complain about the job/profession they LOVE. It is not a thankless job, but a job that sometimes goes unnoticed. TV and radio often speak of the "unsung heroes" referring to police and firefighters. Both professions are filled with courageous men and women deserving of such titles. But, so is NURSING! Nurses are on the front lines in wars and peace time. They are sometimes up to their hands and feet in blood and disease. Some diseases, known immediately, and some diseases, are not identified until after the caregiver has been exposed. This does not deter the nurse from carrying out his/her duties or the Florence Nightingale oath. They continue to serve their patients and communities with respect and competency. For these reasons alone, I feel honored to call myself **"NURSE"** and pay **"A Tribute to the Nursing Profession,"** a very **special tribute** through **"NURSEOPOLY."**

This game has the potential of reaching out to thousands of nurses, student nurses, grammar and high school students, as well as friends and families of the nursing profession. This is nursing's way of honoring their profession and nurses throughout the USA and the world. We hope to entice many, many more people to enter this respected profession. "Nurses DO Make a Difference!" Spread the good news and give yourself a well-served pat on the back!

Special "thanks" to Judy Rottkamp, RN, MA, NE-BC for her consultant role and both Judy and the New Jersey State Nurses Association for their encouragement and support of this project.

If you or your association/school are interested in purchasing the game, you may do so by contacting Connie Wilson at connieo_08629@yahoo.com.

The Institute for Nursing would like to "THANK" our 2010 DIVA/DON SPONSORS

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Professional Journey to Excellence Showcase Presented

Professional Journey to Excellence Showcase, an Institute for Nursing Provider Unit continuing education conference, was presented on January 13, 2011. NJSNA President, Mary Ann Donohue launched the program by complimenting the New Jersey Council of Magnet Organizations and the 23 NJ hospitals who have achieved magnet status. Special congratulations to St. Joseph's Medical Center who has been honored three times with the Magnet Award for Nursing Excellence by the American Nurses Credentialing Center and received national recognition at the 2010 annual magnet conference.

Richard Hader, RN, PhD, FAAN, of Meridian Health, led off with a discussion of the critical role that the *Professional Environment for Practice* plays in advancing the quality of nursing care in health care services. Hader stressed the importance of patient care outcomes, and identified transformational leadership; exemplary professional practice; structural improvements; and new knowledge as model elements. He described the contribution of Meridian's Ann May Center for Nursing as a sustaining resource to advance nursing through education, research and scholarships.

Shared Governance was presented by Robyn Begley, DNP, RN, NEA-BC, of AtlantiCare. Following a review of the evolution of shared governance, Begley outlined components of current practice as follows: strong unit forums and participation; councils that interact, connect and communicate; staff nurse leadership as appropriate; and shared decision making between staff and leadership. She identified strategies for maintaining momentum, such as council responsibility, performance monitoring, and formal evaluation. In her experience, interdisciplinary participation can lead to achieving quality outcomes in patient care. Magnet hospital representatives discussed their *Shared Governance* experiences: Maryelena Vargas, Englewood; Beth Quinn-O'Neill, Holy Name; Ann McCartney, South Jersey Healthcare, and Miki Patrick, Raritan Bay Medical Center.

Mary Ann Hozak, MSN, RN, NEA, BC, of St. Joseph's Medical Center, discussed characteristics of a *Clinical Career Ladder Program*. Hozak described the elements of a successful clinical ladder program: responsibility, achievement, professional growth and recognition in practice. It is the leadership that establishes the clinical ladder structure, provides mentorship and coaching, and promotes the program. The responsibility of nurses is their acceptance of the challenge and meeting the criteria. Hozak observed that successful clinical ladders are custom designed for each organization. Magnet hospital representatives described their *Clinical Ladder Programs*: Kathy Easter, Robert Wood Johnson University Hospital (New Brunswick); Monica Sirusas, Hunterdon Medical Center; and Cathy Herrmann, Hackensack Medical Center.

Journey to Excellence conferences will continue with the next one scheduled in June 2011. The program will include the role of leadership, research and evidence based practice in organizations striving for excellence. Please see www.njsna.org for more details.

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