Governor Appoints First New Jersey Nurse as Commissioner of Health

Susan H. Weaver, PhD, RN, CRNI, NEA-BC

“I am blessed and fortunate to be able to serve the people of New Jersey, a state that I love, and to do it with a Governor who has an agenda that matches my concerns particularly regarding vulnerable populations. It is a privilege to do what I am doing,” explained Judith Persichilli during our conversation this past fall. In the 104-year history of the New Jersey (NJ) Department of Health (DOH), Judith M. Persichilli, RN, BSN, MA, is the FIRST nurse to serve as Commissioner. Persichilli began her new position as the NJ Acting Commissioner of Health on August 5, 2019. Prior to being asked to lead the DOH by Governor Phil Murphy, Persichilli served as the Acting Chief Executive Officer (CEO) of University Hospital in Newark.

Persichilli grew up in Dunellen, NJ and began her career as an ICU staff nurse and then as nurse educator at St. Francis Hospital in Trenton. Her first nursing leadership position was “doing everything” as weekend nursing supervisor, and she then slowly progressed in leadership as she continued her education. After receiving her master’s degree, she returned to St. Francis Hospital to develop a quality assurance program. Persichilli explained that being in quality enabled her to learn what makes a hospital work. “I enjoyed looking at the whole hospital through the lens of quality. It taught me that nursing, although the largest division, is not the only division, that there is a lot more going on in the hospital” stated Persichilli.

When DRGs (Diagnosis Related Groups) came to NJ, the hospital administrator told her she needed a nurse in finance to help the CPAs. Although Persichilli was very reluctant to move from quality to finance she saw something in her that she did not see in herself. This hospital administrator, who was a religious Sister, saw something in Persichilli that she did not see in herself. In her career Persichilli has always tried to look at the multidimensional potential of individuals and when there is an opening, would not hesitate to move people around so they can grow in different ways and fulfill their potential.

The most rewarding experience for Persichilli has been watching nurses reach their career potential, especially when nurses move organizations to build capacity to take better care of people. In contrast balancing the fiscal realities of healthcare with mission imperatives to take care of people who need it the most without much money to pay for it, has been the most challenging. Persichilli recalls the wisdom from a healthcare futurist that the only difference between scarcity and abundance is creativity. She continues to be challenged to bring creativity to her work in order to balance the fiscal realities with the mission imperative of making communities healthier.

While doing some consulting, Persichilli received a call from Governor Murphy’s office asking her to be the Monitor at University Hospital to look at fiscal practices of regulatory adherence. Her name came to the Governor’s attention because she had served the Georgian Court University Board of Directors with an organization she worked with called NursingCares. Based on her own experience, Persichilli’s career advice to nurses is to develop relationships, network and obtain position on boards.

As the first nurse Commissioner, Persichilli believes that, as a nurse, she brings a different perspective to this most important position. “We are one of the few professions that are educated across the full continuum of care and continuum of life. Nurses have a holistic view. We just don’t look at the particular disease state but also look at the family and the implications for the particular patient” stated Persichilli.

According to the Commissioner, the Department of Health has two branches of work: Strategic and Tactical which consist of epidemiological studies, outbreaks, regulation and inspection work. In her position, Persichilli hopes to accomplish the important strategic work of maintaining the DOH mission, with decreasing resources, to have a healthier NJ. While being cognizant of the healthcare needs of the NJ population, she hopes to strategically focus on the beginning of life and end of life. Persichilli is examining maternal and infant morbidity and mortality and working with Nurture NJ. First Lady Tammy Murphy’s initiative, to improve maternal and infant health. For end of life she hopes to work with organizations to improve hospice and palliative care.

Regarding key nursing issues, when reflecting regarding key nursing issues, when reflecting on her career in leadership Persichilli has tried

Judith M. Persichilli, RN, BSN, MA
Current Position: NJ Acting Commissioner of Health
Hometown: Pennington, NJ
Education: Diploma, St. Francis Hospital School of Nursing; BSN, Rutgers, the State University of NJ; MA Administration, Rider University.
Awards: 2006 NJSNA Roll of Honor; 2009 Doctor of Health honorary degree, Georgian Court University; 2019 Rutgers University Outstanding Alumni Award
First job in nursing: ICU staff nurse at St. Francis Hospital, Trenton
Being in a leadership position gives me the opportunity to: Make a difference
Most people don’t know that: I am a Twin – My sister was in medical publishing
My best advice to aspiring leaders: Learn to listen
One thing I want to learn: Listen better
One word to describe me: Blessed
Governor Appoints First New Jersey...continued from page 1
to incorporate the concepts of the healthy work environment in every position she has held. Additionally, the Acting Commissioner supports the National Academy of Medicine, formerly the Institute of Medicine. (2011). Change, Advancing Health

Reference

Judith Schmidt and Judith M. Persichilli

New Jersey Nurse
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Advance the practice of professional nursing by fostering quality outcomes in education, practice and research.

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The New Jersey State Nurses Association and the Institute for Nursing (NJSNA/IFN) had a very successful Professional Summit on October 10, 2019. The Summit was held at the historic Cranbury Inn in Cranbury, New Jersey. The program covered areas specific to nursing practice and the profession. Topics included:

- An update on the New Jersey Board of Nursing, presented by Dr. Barbara Blozen, President of the NJ Board of Nursing.
- Nursing Scope of Practice, presented by Judy Schmidt, CEO of NJSNA/IFN.
- Rules and Regulations that affect nursing practice, presented by Judy Schmidt, CEO of NJSNA/IFN.
- Lobbying: Ways to influence the Law, presented by Sonia Delgado, Princeton Public Affairs, NJSNA Lobbyist.
- Opioids: Things you need to know, presented by Dr. Laura Leahy.

In addition, a few meetings of interest were held during the Summit:

- The New Jersey State Nurses Association Annual General Membership and Business Meeting - Attendees voted to approve the Value Price Dues program inclusion in the bylaws. A resolution on Denouncing Hate and Domestic Terrorism was also approved by the membership. Please check the NJSNA website for specifics on the bylaws and resolution.
- The Task Force for the Licensed Practical Nurse Forum - The task force discussed the value of re-energizing the Forum and appointed LPN Leaders.
- NJSNA Candidates Forum - The candidates running for NJSNA Offices and Committees were able to speak to the members present and make their position statements.

As you can see the day was choked full of education and activity. Please see photos taken during the Professional Summit on page 7 in this New Jersey Nurse issue.

Next year will be the NJSNA/IFN Convention from October 14th-16th. The theme is “Surviving to Thriving: Put Your Oxygen Mask on First... Promoting Resilience in Nursing.” So please save the date and check the NJSNA website for updates.

Mary Ellen Levine, MSN/Ed RN CHPN, Chair
“No act of kindness, no matter how small, is ever wasted.” Aesop

Hello Fellow Nurses,

Many organizations, and rightfully so, speak to supporting nursing, nursing goals, and initiatives for safe and effective practice. The innovation of the nurse is so present at the bedside with promotion of evidence-based practice, attention to the workplace environment, supporting the novice nurse, and the transition of the seasoned nurse who may be transitioning to an area such as the much-needed area of nursing education.

NJSNA is an organization whose mission is to touch all of these areas with the resources and collaboration to speak to the issues affecting nursing and nurses. Legislation is one area where nurses do not always see themselves as being particularly active, yet the very license we practice with is by way of the laws of local, state, and national government. You may ask, what would this have to do with the Institute for Nursing?

Supporting the Institute for Nursing, the not for profit foundation of NJSNA, supports the very important RAMP program, nursing continuing professional development, and research support of our members, future members, and in some way all New Jersey nurses. If you are not a member of NJSNA, please consider the joint membership of ANA/NJSNA for only $15/month or the full ANA/NJSNA membership. Visit NJSNA website, at NJSNA.org, and find out about the benefits being offered by becoming part of your professional organization. Take advantage of this opportunity today and show your support!

The Institute for Nursing has various ways to show your support. If you wish to make a direct donation follow the link below, give us a call or send a check payable to the Institute for Nursing. Donation Link: (https://njsna.org/institute-for-nursing/donate/)

Thank you for your support! I look forward to serving you this upcoming year!

Respectfully,
Mary Ellen Levine

P.S. The Institute for Nursing wishes the scholarship awardees continued success. A past scholarship award recipient? Do you have a story you would like to share of how NJSNA/IFN has impacted your career here in New Jersey? We’d love to hear from you. Send up to 250 words to MaryEllen@NJSNA.org

Since its re-inception earlier this fall, the NJSNA LPN Forum has taken New Jersey LPNs to new heights of education, recognition, and networking. The first meeting of the new LPN Forum was held at the NJNSA 2019 Professional Summit on October 10, 2019 at the Cranbury Inn in Cranbury, NJ. The mission of the LPN Forum was reviewed. To develop and enhance the role of the LPN and ensure the opportunity to practice nursing to the full magnitude of their educational preparation, knowledge, skills, and experience. Participants then engaged in discussion about the next steps and the future endeavors for the LPN Forum were planned to include creating a private LPN Forum Facebook page.

So, if you are an LPN join our “New Jersey State Nurses LPN Forum” private Facebook page. Before the meeting adjourned, LPNs were encouraged to join the “New Jersey State Nurses Healthy Nurse” private Facebook page. The LPNs embraced the newly founded networking opportunities enthusiastically.

“I am joining the NJSNA LPN Forum because I was welcomed SO WARMLY at the 2019 NJNSA Summit. All the nurses I spoke with eagerly listened to my concerns and were truly interested in supporting and embracing LPNs in healthcare and in their careers. I want to share that with other NJ LPNs!” explained Wendy Britt, LPN, CMCN.

Stay tuned. There is more to come from the NJSNA LPN Forum. New Jersey LPNs are excited to become a part of such a well-respected state organization that offers a forum for the voice of the LPN to be heard, and opportunities to learn and network. Beginning in 2020, conference calls will be held every few months to continue the development of the LPN Forum. Please join us for the first LPN Conference Call on January 23, 2020 at 7PM, the call-in phone number is 866-855-1152 with code number 64315020. If you are an LPN interested in more information about the NJSNA’s LPN Forum, please email sweave29@gmail.com.

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Bring your experience and nursing passion to the region’s leading healthcare system. Here your contributions are encouraged and recognized by a collaborative nursing team that’s achieved Magnet® designation for the fourth time. Ready for the next step in your career?

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Mary Ellen Levine

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Region 1

Morris, Passaic, Sussex, Warren

Francesca Nordin, Region 1
VP for Communications

Accolades/Accomplishments:
Congratulations to NJSNA for publishing an article, “When New Nurses Talk, Nursing Organizations Listen,” in the December issue of Nursing 2019 reporting the responses of a survey of nurses new to practice. The former New to Practice Ad Hoc Committee of NJSNA, led by Levine, NJSNA President-Elect, of Region 1, was Chair of the committee conducting the survey. Outreach to new nurses continues at the state and regional level. Are you a new nurse? Mary Ellen would love to hear from you! Contact MaryEllen@njsna.org

World Health Organization designates 2020 Year of the Nurse and Midwife https://www.who.int/hrh/news/2019/2020year-of-nurses/en/ to coincide with the 200th anniversary of Florence Nightingale’s birth in 1820. Honoring our modern nurse pioneer Region 1 has created a Commemorative Florence Nightingale notecard. These are great gifts for your favorite nurse! Please visit our Facebook page to view an image of the notecards and purchase details.

Public Relations & Outreach
Thanks to DeVene Burke, BSN, RN for overseeing NJSNA Region 1’s Facebook Page https://www.facebook.com/NJSNARegion1/ with 739 likes/781 followers!

Events/Meetings
October 26, 2019 our Regional Meeting was held at Hackettstown Medical Center (Warren County). Beth Knox DNP, APN, AOCN, NJSNA Region 4 President & Chair NJSNA Marijuana Task Force spoke to an engaged, lively crowd concerning Marijuana and Nurses Strategies for Best Nursing Practice. Dr. Knox lead an informative discussion on this relevant concerning topic.
NJSNA Region 1 nursing memorabilia display is rotated to our Region 1 meetings and to different libraries for public awareness of NJSNA and nurses/nursing.

Nursing Scholarship
Mr. and Dr. Foley are sponsoring the Region’s Second Annual Nursing Scholarship for $500.00. This Scholarship will be awarded to a NJSNA Region 1 Registered Nurse who is currently a member for one year and enrolled in an educational program. The Scholarship application deadline is February 15, 2020. To apply please see: https://njsna.org/ischolarship/

Community Service
Donations of clean gently used career wear for Warren County’s Wardrobe of Hope Free Clothing Boutique for Women is always welcome. Please bring any donations to our Region 1 events. Thanks to Lauren Krause for connecting Region 1 to this organization.
Region 1 also accepts donations of new socks, disposable diapers and non-perishable food items at ALL Region events. These are distributed to Food Happy Holidays from the Board and Staff of the New Jersey State Nurses Association and Institute for Nursing!
Pantries, Birth Haven and other Shelters in the counties we serve (Morris, Passaic, Sussex and Warren County).

In December 2019 Region 1 nurses participated in food preparation at the Church of the Assumption of the Blessed Virgin Mary Caring Kitchen in Hackettstown (Warren County).

Region 1 Meetings: Please Save these Dates

January 25, 2020, Friday, 11 am - 1pm Patricia Turner, BSN, RN, CW, CWOCN, Innovations in Wound Care at St. Joseph’s Wayne Hospital (Passaic County)

March 21, 2020, Saturday, 11 am - 1pm - Mallory’s, United Together Against Bullying @Morristown Medical Center (Morris County), Brady Shin Board Room

May 12, 2020, Tuesday-Annual Meeting/ Dinner, 6pm Commemorating the 200th Anniversary of Florence Nightingale’s Birth 1820-2020 at Rockaway River Country Club, Denville, NJ

Call for Speakers
Would you like to present some new research or project for professional advancement? Contact Region 1 President, Patricia Baxter at pxturnermp@icloud.com or VP Education, Tafanie Sbriscia at sbrist2@hotmail.com

Region 2

Bergen, Hudson

Fatima Sanchez, RN, MSN, President

Region 2 continues to make strides to meet our commitment of community service and educational awareness about the benefits of joining NJSNA. Our virtual zoom and group meetings discussed the Region agenda for our end year goals to support Bergen and Hudson Counties with community services to give back to our local communities. In addition, we’ve allocated funds to provide gift cards for the holidays to families in need. Region 2 was glad to donate $500.00 to support the Linda Corologino Run with the Lymphoma Association. Linda has continued to keep our region healthy by providing us with two Region healthy activities of running in which the Region will participate.

The largest contribution yet was over 1,500 socks from donated from Bombas. We have continued to collect winter gear donations to provide support to the Bergen and Hudson Region Homeless population.

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We assembled packages with hats, gloves and socks from donated from Bombas. We have continued to collect winter gear donations to provide support to the Bergen and Hudson Region Homeless population.

Region 2 Bylaws were updated twice this year. Thank you to the Bylaws committee, Florence, Erma, Patty, Helen, particularly to Florence Jennes for her dedication to updating the Region Bylaws.

Myla Passaorte reported post card filing for the Region is complete and investigation will continue to meet our commitments of community service and educate future nurses of the importance joining NJSNA.

Region 3

Atlantic, Cape May, Monmouth, Ocean

Kathleen Mullen, DNP, RN, CNE, VP Communications

Region 6 continues the 2019 continuing education focus on increasing political advocacy by nurses with local politicians and within state legislature at the final Region 6 meeting of the year in Monmouth County. Anne Ugrrovics MSN, RN presentation of Political Advocacy and You, the Nurse at Bayshore Medical Center on Saturday, October 5th was very well received and generated robust discussion among members.

In addition to the program, the nominating committee proposed a slate of officers for the upcoming elections for the 2020-2021 term. The term of office is expiring for the Region 6 positions of Treasurer, Vice President Membership, Vice President for the Institute, Nominating Committee, and Chairperson for Atlantic and for Cape May counties. Region 6 elections are conducted online in conjunction with the NJSNA elections. Please contact Colleen Nasta at colleennastad@gmail.com to learn more about leadership positions within the region.

The annual raffle ticket price and cash prizes were set for fundraising for the Beulah Miller Scholarship for Nursing Education. Every year, Region 6 awards four scholarships to a prelicensure 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, 2020. The applicant must meet the following criteria:

1. Current membership in NJSNA Region 6
   a. Candidates enrolled in a prelicensure entry level program exempt
   b. Current enrollment in an accredited program of nursing education
   c. Grade point average (GPA) of 3.0 or better
   d. Complete application including essay and recommendation letters.

A nursing student may only receive an award one time per level of educational program. For more information about the Beulah Miller Scholarship for Nursing Education view the NJSNA website or email the Region 6 Scholarship Committee Chair, Barbara Blozen at bblozen@comcast.net. To purchase a raffle ticket or donate to the fund, contact any member of Region 6 or email Linda Gural, lm9ural@aol.com.

If you are a member of Region 6 and are not receiving email blasts about our Region meetings, please update your profile on the NJSNA website and check the group correspondence box in the Email Preferences section of your account. If you are not a member, join us at an upcoming meeting! In February 2020 a general membership meeting with Installation of Officers and an education session will be held in Ocean County. An educational meeting is planned to follow in the Spring in Atlantic County.

Region 4

Burlington, Camden, Cumberland, Gloucester, Salem

Summer Valenti, BSN, RN-BC President

NJSNA Region 5 is pleased to welcome to our board by appointment: Barbara McCormick, DNP, RN, CEN as President-Elect, Melissa Novella, DNP, RNC-OB, RN-BC as Burlington County Coordinator, Trish Egerton, MSN, RN, NE-BC, CCRN, CEN, as Director of Communication, and Hazel Dennison, DNP, FNP-BC, CPHQ, CNE, as Director of Education. These nurses are filling existing terms and we look forward to their contributions.

On August 20, NJSNA Region 5 had 15 attendees to The Role Transition Characteristics of New RNs presented by Martin Mannino, PhD, RN, ACNS-BC, NEA-BC. At the program, NJSNA Region 5 sponsored four attendees to join ANA/NJSNA and one to attend the Institute for Nursing Professional Summit on October 10 at the Cranbury Inn. Four members of the board attended the Professional Summit and enjoyed networking with members from Region 5 and the state.

The board is enthusiastic about continuing to increase our activity. We recently had a trivia contest on Facebook and the winner was sponsored to attend the Professional Summit. Please look for details on upcoming contests and events via email and on social media. Please connect with us on social media via Facebook and Twitter @NJSNARegion5. If you are not receiving emails from NJSNA Region 5, please log into your account on the NJSNA home page and ensure that the correct email address is listed. Also, check your spam folders for messages from njsnanews@njsna.org since these might be blast emails from NJSNA or Region 5

Region 5

Burlington, Camden, Cumberland, Gloucester, Salem

Summer Valenti, BSN, RN-BC President

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The Nurses’ Role in the Vaping Crisis

Electronic cigarettes (E-cigarettes) are battery-operated devices that transport a nicotine-containing aerosol or vapor by heating the liquid. The liquid usually contains nicotine, propylene glycol or glycerol, chemicals, and a flavoring agent. In addition, e-cigarettes are used to vape illicit substances such as cannabis. When the chemicals are heated, they convert to toxic aldehydes that cause lung disorders, inflammation, and upper airway irritation. Some of the flavorings for e-cigarettes contain chemicals that can cause inflammatory obstruction of the bronchioles. This is called bronchiolitis obliterans (popcorn lungs). Bronchiolitis obliterans is an injury to the small airways. The signs and symptoms of bronchiolitis obliterans are cough, dyspnea, wheezing, and fatigue. The symptoms are usually slow and progressive (Duderstadt, 2015; Gonzalvo, J., Constantine, B., Shrock, N., & Vincent, A. (2016). Electronic Nicotine Delivery Systems and a Suggested Approach to Vaping Abstinence. AADE in Practice, 4(6), 38–42. https://doi.org/10.1177/2325160316666115 Schnur, M. (2019). Vaping Epidemic: A Public Health Crisis. Retrieved from https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems

Nurses should know that the nicotine in e-cigarettes varies from zero to 36 mg/mL. Even the so-called nicotine-free products have been shown to contain nicotine, and heating e-liquid which elevates temperatures increases nicotine release and its negative effects. When nurses are evaluating patients with respiratory issues, they should ask patients if they have used e-cigarette products or vaped in the last three months. If the patients say yes, nurses should ask about the substances used (homemade liquid, re-used old cartridges, commercially purchased liquids, etc.), the brand name, purchased location, whether e-cigarettes were shared with others. The nurse should act accordingly and report to the Department of Health (Schnur, 2019).

The popularity of young people vaping is growing. Young people are vulnerable to social and environmental pressures to use tobacco products. Legislation to prevent the sales, marketing, and use of e-cigarettes can help protect susceptible children from negative long-term health effects (Duderstadt, 2015).

References

On January 5, 2019, I was installed as the 43rd President of NJSNA. It was one of my proudest moments. In February, we had our Board of Directors’ retreat to work on our 2019-2020 Strategic Plan, coming up with many great ideas and action plans to grow and engage our membership.

Membership continues to grow, and in 2019, we increased our members by 13% from this time last year. The Membership Committee has initiated a welcome letter to be sent new members and contact information for their Region. Each Region is coming up with ways to connect with new members and re-engage those who continue to choose to be members of NJSNA. Thank you!

A big shout out to our Healthy Nurse Healthy New Jersey team, which was recognized by the ANA for their efforts in promoting healthy lifestyles for nurses. Join today by visiting njsna.org to find out how you can join the national challenge and learn how to be physically and mentally healthier.

At the state level, we are a strong voice for nursing in NJ and happy to report that the Governor signed the multistate compact bill which will make it easier coming into NJ to obtain your nursing license when seeking employment. The Consumer Access Bill (Removal of the APN joint protocol) was passed through the State Senate Health Committee this past June, and we continue to work hard to see it through the Assembly. We are gaining momentum and will be asking for your support when the time comes to push this bill over the finish line. We continue to meet with legislators and collaborate with other organizations to stay informed and continue advocating for nurses in New Jersey.

On October 10, 2019, NJSNA and IFHN held the Annual Summit, at The Cranbury Inn, Cranbury, NJ, with the theme “It’s your license. Do you know how to influence legislative decision makers?” NJSNA is dedicated to advocating for you, however, we need your voice and encourage you to learn how you can make a difference.

NJSNA has been re-accredited as a provider and approver unit for nursing education contact hours through the American Nurses Credentialing Center (ANCC). Congratulations to all this achievement by NJSNA volunteers and staff.

The World Health Organization and the ANA have announced that 2020 is the “Year of the Nurse”...this is so exciting. In 2019, the NJ legislature has been moving bills that we support. So, going into 2020 we need to keep pushing forward to have nurses recognized as a vital profession and a united voice.
Let’s Hear One Voice for Nursing!

By Mary E. Fortier, EdD, RN, CNL

One voice...can you hear me now? It is easy to ignore such a cryptic question. Ignored it is. Ignored daily, in fact by many nurses in New Jersey. New Jersey is home to over 120,000 registered nurses, yet our professional voice does not reverberate from the tip of Sussex County to the bottom of Cape May County, along the 250 miles of sandy shoreline and across the grassy farmlands that abut New York, Pennsylvania, and Delaware. New Jersey State Nurses Association (NJSNA) leaders have emphasized – One Voice, the Professional Nurse, Membership, the Healthy Nurse. Have these timely goals fallen on unresponsive ears? Did you join your professional organization, NJSNA? Did you look to see which NJSNA Region covers your geographical area? Have you returned to school to complete your BSN or to complete an advanced Degree? Are you aware of the laws that are pending that affect you the professional nurse and your professional practice? Did you share with your peers’ newfound knowledge? Did you mentor a new Registered Nurse?

I know that many of you reading this message are answering yes to at least one of those questions, if not more. Your voice remains unheard/silent unless you decide to move forward, become a member and join the NJSNA. I can hear the whispers: “it is expensive, I don’t need a union, and I don’t want to meet monthly.” Silence those thoughts. It is not expensive. It is not a union – it is a professional organization. Meetings are not monthly nor are they mandatory.

The benefits of belonging to a professional organization are numerous: you have access to one of the largest professional nursing organizations with endless networking opportunities; you can find a mentor; meet our lobbyist; and enjoy the benefit of a professional organization - your professional organization, New Jersey State Nurses Association. Your voice will remain unheard/silent unless you decide to move forward, become a member and join the NJSNA. Your professional voice does not reverberate. Ignored it is. Ignored daily, in fact by many nurses in New Jersey. New Jersey is home to over 120,000 registered nurses, yet our professional voice does not reverberate from the tip of Sussex County to the bottom of Cape May County, along the 250 miles of sandy shoreline and across the grassy farmlands that abut New York, Pennsylvania, and Delaware. New Jersey State Nurses Association (NJSNA) leaders have emphasized – One Voice, the Professional Nurse, Membership, the Healthy Nurse. Have these timely goals fallen on unresponsive ears? Did you join your professional organization, NJSNA? Did you look to see which NJSNA Region covers your geographical area? Have you returned to school to complete your BSN or to complete an advanced Degree? Are you aware of the laws that are pending that affect you the professional nurse and your professional practice? Did you share with your peers’ newfound knowledge? Did you mentor a new Registered Nurse?

As we enter the year 2020, I implore of every Registered Nurse in New Jersey to respond to this call with One Voice. Be heard! Join New Jersey State Nurses Association, your professional organization. The World Health Organization has designated the year 2020 as the “Year of the Nurse and Midwife.” The year 2020 is also the 200th anniversary of Florence Nightingale’s birth.

Let us make 2020 the Year of the Nurse a strong, resolute year, a year that all Registered Nurses in New Jersey join their professional organization, New Jersey State Nurses Association. Let us make the sound of our professional voice reverberate across the state of New Jersey. Let us speak with one voice, let us be heard as the leaders to shape the changing landscape of healthcare.

Can you hear me now?

Reference:
Americans Can Live Healthier Lives Supported By Nurses

Edna Cadmus, PhD, RN, NEA-BC, FAAN and Susan N. Weaver, PhD, RN, CRNI, NEA-BC

Action Coalitions have been formed across the country with nurses as essential partners in providing care and promoting health equity for diverse populations. In October 2019, 22 Action Coalitions from around the country attended a two-day conference in New Jersey (NJ), to learn about the work of the New Jersey Action Coalition (NJAC) and to look at the next level of engagement around policy. The goal of this conference, Pathway to Policy: Nurses driving changes for a Healthier America, was to empower and deploy nurses to build a culture of health. Additional objectives were to:

• Analyze state policies and the role of nursing.
• Improve nurses’ capacity to build multisection partnerships.
• Empower nurses to lead in building multisection partnerships.

The conference was sponsored by the Center to Champion Nursing in America, which is a partnership between the Robert Wood Johnson Foundation and Advancing Healthier Communities. Presentations on the NJAC’s work were moderated by Jennifer Polakowski (Community Liaison), Dr. Edna Cadmus (Co-Lead), Dr. Maria Torchia LoGrippo (Project Director), Nina Vaid Raeli (Communications Liaison), and Dr. Nancy Bohnartzyc. Conference participants learned how NJAC: 1) served as a backbone organization working with partners such as the YMCA State Alliance, AARP in NJ, Mental Health Association in NJ, and CVS Health; 2) built partnerships and capacity across the state working with partners such as NJ State School Nurses Association, veterans, academe, public health, nurse volunteer ambassadors and organizations across the state; 3) empowered nurses to move beyond the walls of hospitals through educational programs on population health and out of hospital residencies for new graduates. The conference encouraged participants to move to upstream solutions on current issues in state. Recognizing that access to care is of major concern for NJ, a panel inclusive of NJSNA, NJCCN, NJ League for Nursing, AARP, CVS Health, and Rutgers Community Health Center, discussed the barriers to practice that exist for Advanced Practice Nurses in NJ and how that impacts our communities. NJAC was established in 2010 and is housed under the umbrella of the New Jersey Collaborating Center for Nursing (NJCCN). The co-lead of NJAC is Dr. Edna Cadmus, the Executive Director for NJCCN. As one of the first five Action Coalitions, NJAC was formed to address the landmark report from the National Academy of Medicine (formerly the Institute of Medicine) The Future of Nursing: Leading Change, Advancing Health (2011). Since then, NJAC has focused on building healthier communities. We need to continue to build up our nursing capacity in the community. Nurses can engage by volunteering to support the health and wellness of their community. Sign up at http://njac.njccn.org/

Significance of Driving RN Psychological Safety in Healthcare

Donna M. Fountain, RN, PhD

Psychological safety refers to employees feeling free to express their opinions and authentic selves without fear of negative consequences (Kahn, 1992). Studies indicate that psychological safety is linked to higher levels of registered nurse (RN) work engagement, productivity, quality of care outcomes, and patient satisfaction (Fountain, 2007; Fountain & Thomas-Hawkins, 2016; Rivera et al., 2011). Similarly, Fountain’s 2016 study of psychosocial factors that drive nurse engagement predicted a positive correlation between psychological safety and work engagement. When tested, psychological safety (r = .33, p < .001) was positively related to work engagement indicating higher levels of safety were significantly associated with higher levels of engagement in a national sample of 227 nurses (2016). Therefore, psychological safety should be a prime goal for diverse healthcare teams. More research is needed to explore the best strategies to improve nurses’ psychological drivers to reach this goal.

In 2017, a Gallup survey revealed that three out of 10 employees strongly agreed that their opinion count at work (Hershey, 2017). Importantly, if this ratio was changed to six out of 10 employees, businesses could realize a 27% reduction in turnover, a 40% reduction in safety incidents and a 12% increase in productivity (2017). Since hospitals are often modeled as hierarchical structures, nurse leaders and managers are in critical positions to create safer RN working conditions. Moreover, the use of RN psychological safety surveys by managers may serve as an essential strategy to improve overall work engagement levels. Also, as senior management embraces best-practice leadership styles, for example transformational and positive interpersonal relationships, they could realize the value of such changes in higher levels of RN engagement and increased job satisfaction.

Thus, fostering effective nursing leadership and supportive relationships between the manager and staff nurses can be used to improve the drivers of engagement, namely, psychological safety among RNs. Likewise, hospital nurse administrators and leaders can provide proactive education programs and promote team-building opportunities to enhance perceived safety at work. Finally, nurse managers, advanced practice clinicians, nurse educators, and nurse researchers can demonstrate a culture of collegiality, collaboration, and interdisciplinary team efforts to promote a climate of safety for all healthcare employees.

References


Organization of Nurse Leaders New Jersey’s Nursing Work Environment and Staffing Council Commission

Under the leadership of the Organization of Nurse Leaders New Jersey (ONL NJ), the Nursing Work Environment and Staffing Council Commission was formed. This Commission worked on the development, education, and implementation for hospital-based Nursing Workplace Environment and Staffing Councils (NWESC) throughout New Jersey. The healthcare institution structure for the NWESC begins with co-chair leadership by the Chief Nursing Officer and direct care staff RN. Each council is comprised of more than 51% direct care RNs and supported by other nurse leaders in the organization to address healthy work environment issues. This model of the interplay between leaders and staff demonstrates authentic leadership in developing high performing teams and a commitment to staff empowerment through active engagement in issues of concern.

The charter vision guiding the ONL NJ NWESC Commission is that “New Jersey will be recognized as a leader in creating and sustaining a healthy workplace environment for its nurses.” This vision is reflected in each hospital-based NWESC as staff and leadership collaborate to educate all stakeholders on the healthy work environment model, resolving workplace issues and promoting shared governance.

New Jersey Statewide Hospital NWESC Implementation

State-wide interest in the NWESC program continues. Presentations of this important, innovative work were made to numerous stakeholders throughout New Jersey, e.g. New Jersey State Nurses Association leaders, New Jersey Hospital Association (NJHA) Board of Trustees, NJHA government relations officers, and the NJHA Chief Nursing Officers’ Coalition. Currently, there are four active cohorts that include 37 hospitals of which 35 are acute care hospitals and two are specialty hospitals; the 35 acute care hospitals represent 49% of New Jersey’s acute care hospitals and over 19,000 of the state’s RNs are represented. Figure 2 represents NWESC Hospitals by County in New Jersey. These facilities are a true representation of New Jersey’s healthcare facility complexities comprised of a varied mix of facilities, e.g. small suburban to large intercity systems; Magnet R and non-Magnet; union and non-union; community and academic medical centers.

Disseminating Information about the NWESC

Improving the nurse work environment is a priority across the United States. Interest is also growing about the New Jersey NWESC project. ONL NJ presented the progress of the NWESC model implementation project throughout New Jersey and across the country, e.g. ONL NJ conferences in 2018 and 2019, Sigma Theta Tau Annual Conference in 2019, AONE Annual Conference in 2019, NYONE Advocacy Conference in 2019.
New Jersey Nurse & Institute for Nursing Newsletter

Why Consider Gerontological Certification

by Summer Valenti, BSN, RN-BC
President NJSNAN Region 5

Did you know that while the US population is getting older and sicker, we are failing to meet the Healthy People 2020 Objective OA-7.3 goal of 10% increase in registered nurses with geriatric certification? In fact, the rate of geriatric certification among registered nurses is falling. In 2004, 1.4% of registered nurses had geriatric certification. The most recent available data (2013) shows only 0.5% of nurses had geriatric certification. According to the 2010 census, 16.1% of New Jersey residents are over 65 years of age. Across the US, older adults account for about 40% of hospital admissions.

Nurses who work in long term care and on elder care units certainly take care of patients over age 65 but so do nurses who work in many other settings. In fact, nurses who work in acute care may find that most of their patients are over the age of 65. These patients need nurses skilled in caring for their multiple and complex issues. For instance, polypharmacy, multiple physician consultants and vital organs that no longer work optimally. Goals of care conversations should not only be left to clinicians consulted just for that purpose but can be supported by education from trusted nurses at the bedside or in case management.

A fantastic (and free) resource to improve your expertise in caring for these vulnerable patients is https://consultgeri.org/ a clinical website of the Hartford Institute for Geriatric Nursing (HIGN). Do you work in the OR, at a surge-center, on med-surg, on a PACU or in a rehab facility? Think about your last shift and the demographics of your patients. How many of them were over age 65? According to Association of periOperative Registered Nurses (AORN), 55% of all operative procedures are performed on older adults. These older adults have increased risk for injury and adverse postoperative effects including urinary retention, delirium delirium, and falls. ConsultGeri has tools which can help improve outcomes for these patients including “Perioperative Assessment of the Older Adult,” “Nursing Standard of Practice: Delirium,” and “Nursing Standard of Practice: Transitional Care.”

Unless you work in pediatrics or maternal health, chances are that you are a nurse who mostly sees older adults as patients. So please consider gerontological certification with American Nurses Credentialing Center (ANCC). For more information, visit https://www.nursingworld.org/ancc-certifications/gerontological-nurse/. ANCC certifications in gerontology are also available for Advanced Practice Nurses and Clinical Nurse Specialists. If you work fulltime taking care of adult patients, you will easily meet the clinical practice hourly requirements for eligibility and American Nurses Association (ANA) offers an interactive review course which meets most of the contact hour requirement. I took my certification exam in 2015 and am currently preparing for my renewal. If you have any questions, please email me summer.valenti@gmail.com.
Developing our Mentorship Strengths
Donna L. Castellani, BSN, MSN.Ed, RN, CNE

Many of us have had the opportunity to have had a strong leader in our past work experiences, but how many of us were fortunate to also form a relationship with someone who was a positive role model and mentor? If you were one of the fortunate ones who found that person, you are well aware of the positive influence your mentor has had in your personal and professional development. Perhaps you are now thinking that you are ready to provide mentorship to others but are unsure if you are qualified to do so. Let’s explore the term “mentoring,” and then look at the characteristics which are important for a mentor to possess.

According to Saletnik, “mentoring is a process of teaching, providing advice and emotional support, and nurturing and maintaining a relationship that extends over time” (2018, para. 2). The Merriam-Webster definition is “a trusted counselor or guide” (2019). Breaking this down into more contemporary terms, mentoring is helping less experienced colleagues develop into capable, confident individuals. Mentor relationships have benefits to the institution as well by increasing job satisfaction and reducing staff turnover (Bean, 2019).

Key characteristics of a good mentor are many; here are ten of the most frequently cited as important (Bean, 2019; Eller, et al., 2004).

1. One who is a role model who leads by example - one who is a guide rather than just a teacher and a boss, who models ethical behavior in all situations.
2. One who is able to give praise when due, but also provide constructive criticism when necessary.
3. One who communicates well, sets clear expectations and provides feedback that helps the mentee.
4. One who is inspirational, and enthusiastic in their own role and career path.
5. One who fosters independence, but also collaboration with members of the healthcare team.
6. One who encourages knowledge expansion by demonstrating the value of mentoring relationships.
7. One who maintains a relationship of mutual respect and trust.
8. One who encourages feedback from their mentee, and receives that feedback well.
9. One who helps the mentee assimilate into the “culture” of the workplace, and provides networking opportunities.
10. One who is trustworthy and keeps their promises.

As nurses, we should look for opportunities to guide and mentor our colleagues, whether it is formally or informally. Mentoring will help strengthen the nursing workforce, create strong future leaders, and lead to better patient care and outcomes (Saletnik, 2018). The value of mentorship is immeasurable, but more mentors are needed. Take a chance, become a mentor and be part of the valuable experiences our nurses need to grow into the future leaders of our profession.


Simulation Technology Promoted at William Paterson University
By Renee F. Pevour, MS, RN

Class today, you will be caring for Mrs. Smitty Van Buren (a William Patterson Univ. patient mannequin) who is status post Fem-pop bypass with complications. These high-fidelity mannequins respond physiologically, talk back to students and are a special interest for nurse faculty, Joset Brown, RN, EdD. Brown states these mannequins are “academic tools.” They build confidence and promote clinical competencies that augment the student’s clinical experience.

Brown began a nursing career assessing a variety of disease conditions at the bedside in Jamaica. Her first professional step was a diploma in nursing. She developed an interest in emergency and trauma nursing and earned a certificate in both. With that she assessed and treated patients in a variety of Emergency Departments. She mentored and helped orient novice nurses to the rigors of emergency department nursing.

A growing desire to educate nurses in several ways led Brown to achieve a baccalaureate in nursing, a master’s in nursing education and most recently a doctorate in nursing education. She says it is like “nursing education chose me.” Now she helps to educate pre-licensure students using theory, clinical practice and simulation experiences.

In the most recent step in her career, Brown is developing research to explore factors that help newly licensed nurses’ transition into practice. Her research is entitled ‘Graduate nurses’ perspective of simulation as a strategy to address the theory-practice gap in nursing.’ This allows a combination of her interests: pre-licensure education and enhancing graduate nurse competence by using simulation technology to integrate theory into clinical practice.

Joset Brown

The Institute for Nursing Celebrates THE YEAR OF THE NURSE

The Institute for Nursing will be hosting the 2020 C.A.R.E.S. Award. This C.A.R.E.S Award for Nursing Excellence honors outstanding nurses who are nominated by their colleagues who have had the opportunity to observe their dedication while forming their profession ahead. Their commitment to nursing and health care through the CARE of people is tribute to our professional founders and an inspiration to the next generation of nurses. The C.A.R.E.S. Awards for Nursing Excellence are made in recognition of nursing excellence in five categories: C – Clinical Practice; A – Administration; R – Research; E – Education; S – Support. For more information contact Debra Harwell, BA, Deputy Director at dbharwell@njrn.org. Thank you.

Erica Edfort, DNP, NVRN-BG, RN-BC, FAHA

March of Dimes Nurse Educator of the Year

Sprint Perks for Healthcare

Get our Unlimited Premium plan for the price of our Unlimited Plus plan. That’s an additional value of $875 line/year ON US.
Medical Mission Trip

Laura Jarufe, RN

Thanks to the NJSNA, I was able to go on my first of many, medical mission trips, which was a five-day trip to the Dominican Republic in May 2019. It was an incredible, humbling and life changing experience. The organization I went with had coordinated special locations with the local nurses, where we were able to establish our mini clinic. We were there to help approximately 500 patients in the rural areas of San Gregorio de Nigua and San Bartolo. Our tasks during the ‘operative medico’ medical mission were to triage to the patient to a physician and then handing out free medications. I went with two NPs, two other nurses, one nursing student and one MD. We were also accompanied by local nurses, physicians, and translators who helped my colleagues who did not speak Spanish.

It was incredible how respectful and giving the appreciation for what we did throughout those days of working with the people due to their warm hearts and great emotional towards the end because I felt a connection that helped my colleagues who did not speak Spanish.

By local nurses, physicians, and translators who helped my colleagues who did not speak Spanish.

It was incredible how respectful and giving the appreciation for what we did throughout those days of working with the people due to their warm hearts and great emotional towards the end because I felt a connection that helped my colleagues who did not speak Spanish. It was also incredible to see how well the parents took care of their children and worried about them, rather than themselves. Some of the parents would not even bother to check themselves, but little did they know that they were suffering from diabetes or high blood pressure. Thankfully, we were able to help.

I will definitely be going on more medical mission trips to be able to provide health care to vulnerable and underprivileged communities in third world countries. These trips enable me to transfer my knowledge and skills to help students gain a better understanding of how to provide health care, and hopefully be able to make a difference, one community at a time. This trip not only gave me a sense of achievement, but it also made me realize that sometimes, the less you have, the happier you are, and blessings and prayers will come your way.

Berkeley College and Experiential Learning

Mary Jane Genuino, DNP RN-BC

Learning is fluid, and it cannot be confined in the classroom alone. Experiential learning plays a vital role in developing not only skills, but it also increases the student’s self-efficacy — hands-on experience reinforces knowledge gained in the didactic setting effectively.

In the Spring of 2019, Berkeley College’s School of Health participated in a medical mission for Healing the Children. The event was the 5th medical mission for the college, and the first time that students were able to attend. A select number of BSN students worked alongside surgeons, anesthesiologists, and other healthcare personnel, and the team successfully performed 39 procedures on children ranging from four months to 18 years of age. Students in the surgical technician and nursing department were supervised by members of the Surgical Technician Department, and Eva Skuza, MD, Dean of the School of Health. Professor Daryl Oclaret, MSN, CCRN, was also on hand to assist the team. It was a humbling and gratifying experience for all who were involved.

The Nursing Department at Berkeley College is building a solid relationship with the community by fostering service learning within our curriculum. In October of 2019, our Practical Nursing students participated in Wanaque Health Center’s Immunization Drive. Together with their instructor, Professor Elena Talavera MSN RN-BC, the students assisted the Public Health Nurse and gave out approximately 2000 vaccinations to the citizens of Wanaque, the graduating BSN class was part of the Philippine Nurses Association of Bergen County’s Health Fair, held in Bergenfield, N.J. Professor Christopher Delavictoria, MSN CEN CMSRN, supervised the students. Together with the member nurses of the organization, they gave vaccinations, provided preventive teachings, and assisted the volunteer medical provider in assessing and treating the patients who came to seek free medical care. The experiences were very positive for the students that the college is actively pursuing affiliation with other public health offices to help with their health promotion and disease prevention initiatives. We are so very proud of our nursing students and faculty for their dedication and ‘give back’ to their communities.

Implicit Bias and Nursing: Let’s Continue the Discussion

By Leslie Wright-Brown, MS, RN-BC, Director, Diversity and Inclusion, Saint Barnabas Medical Center (Cell) 862-368-73

During a cultural competence workshop, a nurse was asked, “Tell me about a time when you made an assumption about a patient. Do you think this assumption affected your ability to care for this patient? If so, how?” L.B. responded, “My six to seven patient assignment typically includes bariatric surgery patients. So in planning my day, I strategize how I will want to miss any ‘pressure injuries present upon admission’. After bedside report the patient requested to go to the bathroom. I told him I would be right back with help. He responded, ‘I can walk by myself. Put the side rail down. I work every day and I don’t have sores on my bottom.” The nurse was stunned. She stated, ‘It was like he was reading my mind. For the rest of the shift I felt as though he did not trust me. And to be honest, I have a hard time engaging the bariatric patients. I just don’t know why.’

Now, let’s re-frame L.B.’s experience through an ‘implicit or unconscious bias lens.’ Implicit bias refers to attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases include both favorable and unfavorable assessments, and are activated involuntarily and without an individual’s awareness or intentional control” (Greenwald and Krieger, 2006). What is intriguing is they typically produce behavior in opposition to one’s values or beliefs, and exists for all aspects of human identity (i.e., race, physical appearance, and disability status). Time constraints and cognitive overload are risk factors, and make it difficult to mitigate the effects of biases. So based on her prior experiences in caring for bariatric patients, L.B. efficiently and automatically reviewed in her head what she assessed as her patient’s minimum care requirements. But the end result was her assessment may have been based on group characteristics she assigned to the patient, as opposed to viewing the patient as a unique, sociocultural member within a group. L.B. stated she felt she lost the patient’s trust, and that concerned her. If a patient does not trust a healthcare professional, he/she may not value or internalize patient teaching, and discharge instructions, for example.

So where do we go from here? The Advisory Board Company (2013) document “Developing Overall Workforce Cultural Competence” outlined helping staff examine their own biases as one of five key strategies. The ‘conversation starter’ the moderator used in L.B.’s workshop was recommended within the Advisory Board document. After the workshop another nurse whispered to the moderator, “She should not be taking care of bariatric patients.” The moderator responded, “I am less worried about her. She just became self-aware of a possible bias that has been impeding her ability to engage a vulnerable patient population. It’s the staff that are ‘dunawere’ that I worry about.”

Reference:
Are we ready for the Vape Generation in Healthcare?

Lisa Ertle, B.A., R.N. and the Healthy Nurse, Healthy New Jersey Team

As healthcare workers and government agencies scramble to control the casualties of the e-cigarette epidemic in our country, nicotine use continues to rise dramatically in the youth population. In 2015 it was reported that e-cigarette use in high school students had doubled from 9.4% to 18.3% between 2011 and 2015 (SSS, 2016). The American Nurses Association (ANA) Healthy Nurse Healthy Nation (HNHN) Grand Challenge states that nicotine is an addictive substance that triggers a surge of dopamine in the brain’s reward center, creating a craving for it, even at the risk of negative health consequences. Some of the withdrawal symptoms of nicotine include agitation and irritability, restlessness, anxiety, depression and a decrease in concentration. We would be naïve to think that it wouldn’t have any impact on the tone of the work environment and the quality of patient care. Gone are the days of ashtrays on nurses’ stations and patient bedside tables or pipes and cigarettes in the mouths of physicians. Smoking has decreased considerably in the physician and registered nurse population since the 1970s. We need to strive to educate the future healthcare workforce on the importance of their role as exemplars of healthy behaviors. In addition, we need to help them to extricate themselves from addictive behaviors before they enter the workforce. The nursing community must lead the way on this issue.

Lisa Ertle, B.A., R.N. and the Healthy Nurse, Healthy New Jersey Team

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References:
“I refuse to have a terrible death”: The Need to Improve End-of-life Care Planning in New Jersey

By Tacy Silverberg-Urian, BSN, RN, CHPN

Did you know that New Jersey patients near the end of life are treated with more aggressive medical care than patients near the end of life in almost any other state in the country? (Dartmouth Atlas of Healthcare 2008-2014). In fact, New Jersey ranked 47th in hospital deaths for seniors at the end-of-life according to the United Health Foundation’s recent Senior Report 2018. Only three states have higher rates of hospital deaths! This high-intensity care is often unwanted and burdensome to both patients and their caregivers. For additional information: http://www.njhcqi.org/wp-content/uploads/2018/06/NJHCQI-EndOfLifeStrategicPlan_2018.pdf

As a Certified Hospice and Palliative Care registered Nurse (CHPN), “I refuse to have a terrible death,” I do not want to die in a windowless hospital room, attached to tubes and monitors dying a clinical death. Instead I want to be in my own hospital room, attached to tubes and monitors dying a clinical death.”

Hospice and Palliative Nursing Association (HPNA) has a newly formed Northern New Jersey Steering Committee which will help develop a Northern NJ Chapter. We understand the importance of local resources and the need to support our evidence-based professional practices. As nurses, we understand the importance of collaboration and want access to a forum where we can “talk through problems with one another, ask clinical questions, learn alternative approaches to complex care options and weave the science with the art of hospice and palliative models.”

HPNA Position Statement

Palliative nurses achieve competencies through a holistic, individualized approach that combines the science and art of professional nursing care; the science of evidence-based nursing practice, expert assessment, symptom management, and critical thinking, along with the art of compassion, openness, mindfulness and skillful communication. When families are facing difficult end-of-life questions related to non-beneficial treatment options, they value the nurses’ knowledge, compassion and communication.

If you are interested in joining our group and have not received a survey, please let us know. President Elect, Tacy Silverberg-Urian, tacy@advancechoices.org

We will use the survey data to prioritize and develop mechanisms for connections as well as activities addressing your specific needs.

Our first membership meeting will be scheduled for early 2020. WATCH FOR AN EMAIL THAT WILL ASSCES BEST DATES FOR THE LARGEST NUMBER OF ATTENDEES!

We will network and view the award-winning film, Defining Hope by Carolyn Jones with contact hours. Please follow and like our “new Facebook Page” at www.facebook.com/NJHPNA to stay informed of our activities.

Why This Jersey Shore School Nurse Went to Summer Camp

Stephanie Faughnan, TAPinto.net

WARETOWN, NJ – For more than a decade, Colleen Nauta, RN has encouraged select students and staff to sign up for Camp Nejeda in Stillwater, New Jersey. This past summer, Nauta decided it was her turn to enjoy the camp experience. Nauta can’t say enough about the positive interactions she saw during just that one week.

Nauta is the school nurse for the Frederic A. Priff Elementary School in the Township of Ocean School District in Ocean County. There’s a commonality in the children Nauta recommends to Camp Nejeda. They all have type 1 diabetes.

“The camp is just for children aged 5-16 who have diabetes,” explained Nauta. “The counselors themselves are also diabetic.”

Other Camp Nejeda staff members are not necessarily diabetic. While Nauta herself is not, it’s more than her nursing background that gave her some insight when she worked at the camp for a week. Nauta also brought a touch of home to some local children.

Two former Priff students were at Camp Nejeda and Nauta made their camp debut together. Seventh grader Jeffrey Sommer, It. was excited to join other campers for his fifth summer.

“When you have a child that has type 1 diabetes, there are many days that your child is in the nurse’s office more than class,” shared Jeffrey’s mother, Nicole Sommer. “Nurse Nauta treats all of the children as though they are her own.”

Ironically, no one planned for the three to be at the camp at the same time. Nauta made a concerted effort to give Jeffrey and Gianna their own time and space. “I tried not to speak to them,” she smiled. “We would give one another up or down hand signals to show if it was a good or a bad day.”

In its mission statement, Camp Nejeda says its purpose is to “enhance the lives of people with type 1 diabetes and their families through education, empowerment, camaraderie, supportive programs, and fun.”

The camp hopes to give children with diabetes the best possible start in their lives. The camp draws from Kean University. Prior to coming to Ocean County, Nauta worked as a school nurse in the Linden School District.

Stephanie A. Faughnan is a local journalist and Director of Writefully Inspired, a professional writing and resume service. Feel free to contact her at stepfaughnan@tapti.net

Congratulations from the Desk of the President-Elect of NJSNA

The former New To Practice (NTP) Ad Hoc Committee of NJSNA, which Mary Ellen Levine was Chair, is happy to announce that the NTP survey results and resulting article, “When New Nurses Talk, Nursing Organizations Listen,” was published in the December issue of Nursing 2019. Outreach to new nurses continues at the state and regional level. Are you a new nurse? Feel free to reach out to MaryEllen@njsna.org

The focus isn’t all on diabetes, although parents find comfort that the staff includes endocrinologists, a resident doctor, and a number of nurses. Campers participate in different sports. They also take advantage of water activities, such as swimming, paddleboats and fishing. Some even go ziplining.

As far as the two Waretown students, they knew when to look for the friendly face from home. If they needed to go to the Health Center, they asked for Nurse Nauta. “They needed that TLC from me,” shared Nauta.
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