2020 STUDENT NURSE OF THE YEAR

The student nurse of the year award is given to a student nurse in a pre-licensure entry program who embodies the finest qualities of nursing. Unable to celebrate nursing students in the state of New Hampshire with our Annual Student Nursing Conference in the midst of the COVID-19 closure, NHNA felt it was important to recognize excellence. Graduating students were unable to celebrate traditional graduations but will soon be on the front lines caring for New Hampshire citizens and communities.

The Student Nurse Award was bestowed virtually. Five deserving students were nominated and judged by the NHNA Commission on Nursing Practice based on qualities including care, professionalism, advocacy, leadership, and involvement. 2020 nominees were:

- Shadane Davis, St. Joseph School of Nursing
- Devon Fortier, University of New Hampshire
- Emily Galasyn, Rivier University
- Laura Howard, University of New Hampshire
- Shadane Davis, St. Joseph School of Nursing

The recipient of the 2020 Award is Laura Howard from the University of New Hampshire. Laura was described by her professors as mature, curious, responsible, patient, and focused. Early in her schooling Laura began to define her philosophy of nursing which expressed an understanding that nursing was more than just treating an illness but involved, “treating the entirety of a person in body, mind, and spirit.” In addition to her major in nursing, Laura is minoring in Gerontology to improve her readiness to care for this complex population. During her time at UNH, Laura served as both a Student Nurse Ambassador and Student Nurse Mentor. Laura’s peers have described her as compassionate, professional, always on time, and a leader.

NHNA, the Commission on Clinical Practice and the nurses of New Hampshire offer their congratulations to Laura Howard and the excellent nominees.

2020 NURSE PRACTITIONER OF THE YEAR

The New Hampshire Nurse Practitioner of the Year Award is typically announced during the Annual Spring meeting and banquet. This year, the NP Association joined many others in education, religion, and business by celebrating the honorees virtually in an online ceremony on April 9. The recipient of the 2020 honors is Mary Vigant from the University of New Hampshire.

Memorial Hospital Chief Medical Office Dr. Matthew Dunn noted that Mary “serves as a role model to us all for what it means to be dedicated to your profession, your organization, and community. She is tireless in her efforts to continuously improve all of what we do. Mary is an excellent clinician and it is a pleasure to work with her.”

Vigant was recently elected President of the Medical staff by her colleagues, a responsibility that recognizes the role nurse practitioners play at Memorial and honors her ability to lead and represent her medical colleagues. “Years ago, Memorial staffs my entire career.” She says, has an emergency department where one of her research projects was exploring the medical and financial benefits of using nurse practitioners in emergency medicine. St. Luke’s today, she says, has an emergency staff of half medical doctors and half nurse practitioners.

By the late 1990s, Vigant and her husband had a second home in the Conway area. She inquired at Memorial about working as a per diem but Memorial was not interested in hiring nurse practitioners at the time. A few years later, a full-time job was worked out.

In accepting the award Vigant noted “This really is an award to be accepted on behalf of my medical staff. It’s a culture that is warm and welcoming, I’ve been blessed and fortunate to work with wonderful clinicians on medical staffs my entire career.”

In the Next Issue:
- Winners of the 2020 Excellence in Nursing Awards
- Florence Nightingale: The Later Years
Nurses, once again, are asserting their place in history. The past weeks have challenged you and yet, you have remained strong and dedicated, committed to facing the COVID-19 pandemic head-on and with sleeves rolled up. In my role as NHNA president, I’ve had the privilege of seeing the global New Hampshire nursing response to the call to duty and the advocacy of patients and peers. Here is but a snapshot of what the NHNA has seen and heard about what nurses are doing throughout the state:

• Working on the frontlines in Emergency Departments, ICUs, and COVID-19 dedicated units, accepting the risks to themselves and their families.
• Taking care of and protecting the most vulnerable in our population: the elderly and those with special needs.
• Signing up, in large numbers, for volunteer opportunities.
• Coming out of retirement to contribute to the need for nursing expertise.
• Thanking first responders, recognizing that healthcare truly is a team sport.
• Cross-training, learning new skills to take on roles needed to address this novel pandemic.
• Innovating to provide much needed supplies.
• Supporting one another, keeping each other strong.

Witnessing this level of dedication has been awe-inspiring and I thank you for all that you are doing. Information regarding the NHNA activities of the past several weeks is readily available on the website. There is a lot behind the scenes that the NHNA is doing to advocate for the nursing profession. Please read the Executive Director’s column for all the details, activities and accomplishments.

On a national level, the ANA and Johnson & Johnson created a series of podcasts on the nursing profession for 2020, the Year of the Nurse and the Midwife. They have since paused their call to duty and the advocacy of patients and peers. These stories in these podcasts will leave you feeling inspired, humbled, and proud. I encourage you to listen – they are brief yet powerful.

As difficult as the past several weeks have been, never have I seen greater respect for the nursing profession. The collective power that you wield has consistently been used wisely and for the greater good of all people and our world is responding in kind, turning to you for care and guidance. When called upon during the most challenging of times, you have answered without hesitation. You are honorable people with a solid foundation of ethics and a love of your work that serves as your moral compass.

With gratitude for the privilege of being a nurse among you,
Janice Deziel
President, NHNA

GUIDELINES FOR SUBMISSIONS TO NH NURSING NEWS

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MANUSCRIPT FORMAT AND SUBMISSION:

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

Submissions should include the article’s title plus author’s name, credentials, organization / employer represented, and contact information. Authors should state any potential conflict of interest and identify any applicable commercial affiliation. Email as attachments to office@nhnurses.org with NN Submission in the subject line.

PUBLICATION SELECTION AND RIGHTS:

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

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VISION STATEMENT

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

MISSION STATEMENT

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

Do you have a news item to share with the nurses of New Hampshire?
Deadline for the next issue of Nursing News is August 1, 2020
Send all contributions to office@nhna.org with NHNN in the subject.
The world has changed dramatically. How we work, how we learn, how we live has changed markedly over the past three months. And the work of New Hampshire Nurses Association (NHNA) has changed as well.

NHNA’s single largest fund raising event of the year, the Graduating Student Conference & Career Fair, was cancelled in late March due to campus closures and social distancing directives. Meetings of the NHNA Board of Directors and the various Commissions were cancelled between mid-March and mid-April and then transitioned to teleconferencing platforms as the new norm is established.

The day-to-day work of the NHNA staff focuses on addressing issues and concerns related to the COVID-19 pandemic. The number of daily calls to the NHNA office and email outreach has increased significantly. Nurses call with concerns regarding personal protection equipment and spreading the virus to their families; retired nurses seek ways to volunteer to help and media outlets contact NHNA with questions.

During March and April you may have heard NHNA representing the nurses of New Hampshire. NHNA representatives were interviewed and featured on WMUR (March 24, March 25), NHPR (April 3, April 7, April 27), Valley News (March 28), Union Leader (April 2, April 13) and the Keene Sentinel (April 4). These represent more media outreach that I’ve encountered during my four year tenure with NHNA!

NHNA has developed a series of webpages to keep New Hampshire nurses informed about the COVID-19 pandemic with vetted resources from the New Hampshire Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) and the American Nurses Association (ANA). NHNA developed guidance for nurses on steps to take after their shift to minimize risks associated with transmitting COVID-19 which is posted on the NHNA website.

As the weeks wore on, with no signs of the abatement of the healthcare crisis, we developed a webpage of self-care resources to help nurses cope with the prolonged stress of caring for patients during this crisis and coping with the major societal changes impacting their daily lives. As nurses started to experience reduced hours, reduced pay, furloughs and layoffs, we developed a webpage featuring resources to help nurses cope with the financial stressors necessitated by COVID-19 healthcare crisis.

NHNA created a 30-second public service announcement regarding social distancing and handwashing. “You trusted us when your baby was born. You trusted us when your loved one was sick. You trusted us when your child was at school. Please trust us now. We ask you to please stay at home. We ask you to practice social distancing and stay at least six feet apart. We ask you to please wash your hands. We ask you to protect the vulnerable. Trust New Hampshire nurses to help us through this difficult time.”

We sought and received the support of the New Hampshire Association of Nurse Anesthetists, the New Hampshire Nurse Practitioner Association, the New Hampshire chapter of the American Association of Women’s Health and Neonatal Nurses, Southern New Hampshire Oncology Nurses and the New Hampshire School Nurses Association for this Public Service Announcement (PSA). The PSA aired ten times on WMUR between April 10 and April 17. It has over 3,100 views on YouTube (https://www.youtube.com/watch?v=Ab0zgweZ3).

After receiving numerous calls from nurses seeking to volunteer, we asked DHHS if they would find a list of potential volunteers helpful. We were encouraged to proceed so we sent a survey to our members and followers list serve (about 10,000 names) and received over 600 responses in a week. This information was shared with DHHS and 10 nursing organizations around the state, as well as the Nashua Department of Public Health. When state Senator Tom Sherman reached out looking for volunteers to help with a project emanating from MIT to provide a daily check-in with New Hampshire nursing homes, we reached out to these potential volunteers again. Over 120 potential volunteers responded to this request and the Covid Alliance Senior Support Team was founded (https://covidalliance.com/). Past President of NHNA, Dr. Judy A. Joy, assumed the role of Statewide Volunteer Coordinator. Paula MacKinnon developed the online data collection tool and set-up a website for the project. Traci Fairbanks, Carla Smith and Susan Smith are a few of the volunteers serving as Regional Liaison Coordinators.

When the Red Cross reached out seeking volunteers to help with their blood drives, we sent a follow up email to these 600 survey respondents sharing information regarding how to volunteer with the Red Cross.

NHNA has responded to numerous outreaches from New Hampshire’s Congressional delegation, including Senator Jeanne Shaheen, Congresswoman Annie Kuster and Congressmen Chris Pappas. We worked with Senator Shaheen’s office to understand the issues of fingerprinting to register to sit for NCLEX and how to address the closure of the state police office after the stay at home order. The National Council of State Boards of Nursing (NCSBN), which requires an FBI background check to register for NCLEX, issued a waiver for this requirement during the current healthcare crisis.

We spoke with Congresswomen Kuster regarding the issue of hazard pay for frontline workers, particularly nursing staff working in long term care. Congresswoman Kuster indicated she would look into this and shortly after this discussion, Governor Sununu announced his program for a $300 weekly stipend for health care workers in Medicaid approved long term care facilities. The Congress is also considering additional legislation, the Heroes Act, to support essential, frontline workers. We have regularly touched base with Congressman Pappas’s office regarding the ongoing need for PPE.

We have worked with the Board of Nursing and the Office of Professional Licensure and Occupations to address emergent needs related to the COVID-19 pandemic. We discussed issues related to streamlining re-entry into licensure for nurses with retired and lapsed licenses. We discussed the transition of senior nursing students through the licensure process, and encouraging nursing students to seek their LNA license to work in long term care facilities. Nursing students working as LNAs will help ease the dangerous staffing shortages occurring when COVID-19 infections arise in a facility, while giving the students increased experience providing patient care. We worked with a group of stakeholders to develop the Temporary Health Partner role, an unlicensed care aide to work in long term care facilities, while giving the students increased experience in patient care. We worked with a group of stakeholders to develop the Temporary Health Partner role, an unlicensed care aide to work in long term care facilities.

All of us at NHNA are working to support you, our members, during this challenging time. We are all in this together and together we are strong. Together we have a voice.
2020 GRADUATING STUDENT CONFERENCE CANCELLED

The new normal is likely to include more virtual and fewer face-to-face meetings. With technology allowing for many participants, seeing 10 or more faces at the same time can get distracting. When your mind starts to wander, you have no idea what the last person said. Perhaps you pretend to listen while checking your inbox and answer emails. By the end of the meeting, does it seem like a waste of time?

A recent article in the Harvard Review, Gershman (2020) provides five suggestions for more effective virtual meetings.

1. Before the meeting, determine the purpose of the meeting and what you can contribute. If you do not have a critical role, determine what you hope to learn.

2. Before you raise a new topic, reiterate what you just heard or the previous point you are addressing.

Gershman notes that the bigger the group, the less responsibility each person feels to ensure success. One of the best ways to be heard in a virtual meeting is to be an active listener.

The Littleton Regional Healthcare (LRH) Fundraising Committee approved the purchase of high-fidelity training manikins, and investment of $100,000 for a state of the art Simulation Lab. The funding was supported by large and small donors who had not designated their donation other than an area of greatest need. The Sim Lab will be available to new graduate nurses, nursing assistants (LNAs), medical assistants (MAs), respiratory therapists, and physicians.

Littleton Hospital Acquires New Sim Lab

From Left to right: Calyn Brown, LNA; Crystal Kimball, LNA; Susie; Heather Newfield, RN, BSN, CEN, CPAN - Manager of Education and Tammy Liedt, RNC, BSN, DCL - Clinical Coordinator

An adult manikin named “Susie” can be set up to mimic the various stages of pregnancy. The option will be invaluable for many participants, seeing 10 or more faces at the same time can get distracting. When your mind starts to wander, you have no idea what the last person said. Perhaps you pretend to listen while checking your inbox and answer emails. By the end of the meeting, does it seem like a waste of time?

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The 2020 Irony

It is ironic. The 2020 outbreak of COVID-19 parallels the Year of the Nurse commemorating the 200th birthday of Florence Nightingale. Nightingale’s experience during the Crimean War has been repeated exactly 200 years later. Florence felt overwhelmed by the seemingly impossible situation of having only 38 nurses to care for over 2,500 injured and sick men. Florence was frustrated with the lack and inability to obtain needed supplies. Florence felt sorrow at the inability of medical care to cure disease or prevent a death. Florence felt discouraged when necessary medications were not available and men had to undergo amputations without chloroform anesthesia. Florence had to be resourceful to create areas that were safe and clean for her patients. Florence demonstrated quiet heroism, she did not feel the need to exploit her successes. She left a legacy which we commemorate today and still learn about nursing from her writings.

While the celebration of Florence Nightingale’s birthday marks the end of National Nurses Week, this year, National Nurses Month continued with the theme “Nurses Make a Difference.” Even the public service announcements on radio and television have acknowledged nurses’ contributions and the difference we are making. I have never seen as many nurses profiled on media as I have in 2020.

Two hundred years ago Florence used her letters to generate interest about the contributions of nurses. Today, it is technology. Even the use of technology during the past three months has provided a new normal for how individuals communicate. We would have never thought 12 months ago of having a virtual birthday party, a virtual wedding, or a virtual hospital visit. The amount of information available on the internet has exploded, from videos, interviews, opinions and scientific research. I would predict that 2020 will be regarded as the Year of Virtual Communication.

As I do before every issue of the New Hampshire Nursing News, I virtually scan hospital, long term care, school of nursing and specialty organization websites for ‘news’ about nurses and nursing. The results are typically very disappointing. Few organizations have a section of their website dedicated to the nursing department that is available to the public. It is as though nurses are invisible. While press releases are put out about new providers at an institution, there is no press release about new nurse employees and what they will bring to the organization. Websites post newly developed programs or technology, but fail to even mention that nurses will be managing the program or learning and operating the new equipment. In my opinion, this failure to demonstrate how we make a difference reflects on both institutional administrations and the willingness of nurses to allow for virtual invisibility. Nursing departments should invite their Public Relations Department to key meetings and expect a monthly ‘profile’ article. Nurses must step up and inform others of their accomplishments.

The accomplishments in sports, school or non-health care news over the past three months has been replaced by front page health care news. Seemingly to fill newspaper space and television time a few nursing stories related to how the public has honored nurses have been publicized. But nurses in masks and scrubs outside facilities waving to cars or planes going by is not how we make a difference. It only makes one wonder who is left inside to care for patients.

Nurses have demonstrated a Nightingale brand of heroism. While Florence did not accept accolades easily, she did use her accomplishments to further her mission. Heroism is in your story that must be shared. We need to take a lesson from Florence’s play book. She wrote to the politicians, army generals and even the Queen to explain the positive impact of her actions. It is time for nursing to have virtual visibility, and not just on the back page.

IN MY OPINION

Susan Fetzer

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The baccalaureate degree program in Nursing at Granite State College is accredited by the Commission on Collegiate Nursing Education (CCNE). The master’s degree program in Nursing at Granite State College is accredited by the Commission on Collegiate Nursing Education (CCNE). Applying for accreditation does not guarantee that accreditation will be granted.
In an emergency meeting on March 16, 2020 the Board of Nursing passed the rule, which was submitted and accepted by the State of NH, and is now in effect until September 12, 2020. For example a two-year nursing program, with two 16-week terms for each of two years and one 8-week summer term has a total of 72 weeks in the program. If this program changes from in-person instruction to online instruction for six weeks of the 72 weeks only 8.33% of the total curriculum hours are affected. Only a Board of Nursing notification is required if the 10% threshold is not met. The relaxation of in-person clinical experiences have implications for potential employers of Board of Nursing licensees. Licensed Nursing Assistants that were trained during the state of emergency may not have received a comprehensive clinical experience with direct patient care. They may require extended orientation specifically in care needs of patients with dementia or cognitive impairment.

The Board of Nursing Rules have also enacted an amendment to Nur 303.02 (d) pursuant to Emergency Rule on March 23, 2020, to extend the time period for taking the NCLEX exam.

The Governor’s Executive Order called for the temporary authorization for out of state medical providers to provide medically necessary services and provide services through telehealth. The temporary licenses authorized under this emergency order is issued to any healthcare provider who can demonstrate a license in good standing in another State jurisdiction. The temporary licenses are being provided at no charge and remain valid during the declared state of emergency. As of May 1, 2002, 1633 temporary licenses were issued to APRNs, 39 to RNs, four to LPNs and one to an LNA.

The Executive Order declaring a state of emergency concerns meetings of public bodies. Therefore public sessions of the meetings of the New Hampshire Board of Nursing are being conducted by teleconference and/ or video teleconference. Information on how to connect and listen to the Board of Nursing meeting is posted on the website (nhbon.org) under Board Meetings.

Staffing of nursing homes and assisted living facilities has been dramatically impacted by COVID-19 transmission. The New Hampshire Board of Nursing has been working to address the needs of LNA students to become LNAs. Jerry Collier, Interim Director of the Office of Professional Licensure, said the Board of Nursing is aware of the impacts clinical site availability; provided, however, the Board of Nursing has notified within twenty-four (24) hours of such substitution. “Simulation” means a technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. The relaxation of in-person clinical experiences have implications for potential employers of Board of Nursing licensees. Licensed Nursing Assistants that were trained during the state of emergency may not have received a comprehensive clinical experience with direct patient care. They may require extended orientation specifically in care needs of patients with dementia or cognitive impairment.

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A newly formed statewide network of volunteers has now been working for three weeks to provide help and guidance to senior residential facilities in New Hampshire, including assisted living and nursing homes, to enable them to better handle the health crisis caused by COVID-19.

As of May 4, the network, known as the COVID Alliance Senior Support Team (SST), had more than 60 volunteer COVID Response Liaisons serving 65 facilities. The Liaisons are available daily to gather information about the facilities’ needs and connect them with state, federal, and private resources that can help them. The most common issues Liaisons discuss with facility staff are personal protective equipment (PPE), staffing and testing needs.

The effort launched on April 13, after having consulted with residential industry associations, state government officials, university leaders, medical experts and the New Hampshire Nurses Association. The impetus for the program came from the COVID-19 Policy Alliance, founded by faculty at the MIT Sloan School of Management to help reduce the impact of the virus, particularly on the elderly.

SST Chairman and NH State Senator Tom Sherman, who is also a practicing physician, points out that the age, comorbidities and close proximity of the residents of senior residential facilities put them at especially high risk of COVID-19 outbreaks. “Experience in Italy, Spain, Washington State, and a growing list of locations around the world, shows that COVID-19 can spread quickly among the residents and staff of senior residential facilities, and the evidence is clear that older COVID-19 patients are more likely to require hospitalization or die. This makes senior care facilities a critical front line in the fight against COVID-19. The volunteers of the Senior Support Team intend to do everything they can as remote volunteers to support senior care facilities through this crisis.”

Each participating facility began by filling out a survey to evaluate its potential exposure to COVID-19 and to inform the facility’s Liaisons on its risks and needs. The SST also operates an automated text messaging tool, developed by MIT graduate student Jackie Baek, to quickly and easily document new cases and new needs at each participating facility each day. This has become a critical technical tool for the SST and its partners.

The SST first contacted residential facilities to see if they were interested in participating, through a number of associations, including the New Hampshire Association of Residential Care Homes (NHARCH), the New Hampshire Healthcare Association (NHHCA), LeadingAge ME & NH, and the NH Association of County Nursing Homes. The SST collaborates with these associations to share knowledge and resources, advocating for the needs of participating senior living and long-term care providers. With the consent of participating facilities, the SST provides data on facility status to the associations each day.

“Given the nature of this pandemic, our usual support systems have been stretched beyond their capacity. The importance of collaboration with other associations and organizations has increased a great deal. We welcome the Alliance’s expertise in data collection, as well as volunteer coordination, to help our members, and the members of our industry partners,” said Kelly Adams, Vice President of the New Hampshire Association of Residential Care Homes (NHARCH).

Lisa Henderson, Executive Director of LeadingAge Maine & New Hampshire, says “LeadingAge Maine & New Hampshire is grateful for this partnership with the COVID Alliance. Their rapid development and deployment of a daily texting program to help us check in with our members on the frontline is helping us direct resources to them and continue to advocate for their most urgent needs including PPE, staffing and testing.”

The New Hampshire Nurses Association (NHNA) was a critical partner for the SST on volunteer recruitment and organization. “We are proud that NHNA Past President, Dr. Judith Joy, has been appointed the Statewide Coordinator for the COVID Response Liaison volunteers. Paula MacKinnon (President-Elect, School Nurses Association) has also played a critical role developing the team’s data collection tools,” said NHNA Nurse Executive Director Joan Widmer. Nearly all of the volunteer Liaisons of the SST have some level of healthcare training, and a majority are current school nurses or retired nurses recruited by the NHNA. Also represented on the all-volunteer SST team are MIT student EMTs and graduate students, professors and physician assistant students from MCPHS, Dartmouth medical students, political campaign operations and data experts, and volunteers from the NH business and nonprofit sectors.

The SST has developed a menu of resources to ensure the volunteer liaisons are always aware of the latest guidance for their calls. “We’ve worked closely with nurse educators from around New Hampshire to create a searchable FAQ reference site where SST liaisons and senior care facilities alike can quickly find answers to their questions and links to authoritative public health information,” Deb Baker, Library Director at Manchester Community College, who also serves as the Chief Librarian for the SST.

The Medical Advisory Group vetting the materials used by the SST includes State Rep. Dr. Jerry Knirk, Dr. Paul Friedrichs, Dr. Karl Singer, Dr. Apara Dave, SST Chairman Friedrichs, Dr. Karl Singer, Dr. Apara Dave, SST Chairman and NH State Senator Dr. Tom Sherman, Dr. Daniel Stadler, Dr. Bruce Bartoloni, Dr. Kim Perez, and Prof. Linda Martino.

“We intend to be ready to serve all of the over 200 licensed senior care facilities in New Hampshire,” said SST Executive Director Daniel Curtis. “We have the structure and the amazing volunteers that have already made a big impact to help get the senior care facilities of New Hampshire the support they need.” To learn more about the SST, visit our website at covidalliance.com/sst.
Post-Graduate Advanced Practice Training Programs

Jillian Belmont, New Hampshire Nurse Practitioner Association

Advanced practice providers (APPs) are qualified medically-licensed health care providers, who can function independently or alongside a physician, in population-centered care models, disease management, care coordination, and direct patient care. This professional umbrella term includes nurse practitioners (NP) and physician assistants (PA) among several other subgroups of non-physician health care providers. In the United States, there are very few APPs who have undergone formal postgraduate training. Post-graduate APP educational programs are becoming more popular and are typically designed for new graduates and experienced clinicians interested in change of practice specialty.

The Institute Of Medicine (IOM) has recommended that “state boards of nursing, accrediting bodies, the federal government, and healthcare organizations should take actions to support nurses’ completion of a transition-to-practice program (residency) after they have completed a professional advanced practice degree program or when they are transitioned into new clinical practice areas.” Many APPs have limited orientation programs as they enter practice and are expected as new graduates to perform at an advanced level with minimal support. Fellowships and residencies are not required for NPs or PAs as these professionals have met all training requirements needed for licensure during their graduate programs.

Programs to facilitate APP transition-to-practice programs have been developed with continued growing numbers of public and private institutions across the US. Added support and mentoring after graduation is fundamental to an effective transition from new grad to expert. Bush and Lowery's (2016) opinion that postgraduate education has demonstrated statistically significant positive influence on NP job satisfaction. Influence on professional growth, autonomy and more valuable collegiality in early years of NP practice. Residency and Fellowship programs for APP can also have drawbacks and may not be the right path for everyone. More postgraduate APP programs are not widely standardized. However, there are several notable accrediting bodies who have developed guidelines and formal standards which are becoming increasingly appreciated and used. There are no dual-accreditation options available to include both NPs and PAs. The value of accreditation for individual programs is still being evaluated and is unique to each program. Supplemental education is expensive and there is no published evidence supporting improved patient outcomes related to these programs. Post-graduate training programs can cost organizations up to $100,000 per trainee including support needed to supplement lost preceptor productivity. Post-graduate training programs typically offer decreased salaries and have one or two year employment agreement. There are also inconsistencies among titles of programs (i.e. residency vs fellowship) which may obscure trainee choices and contributes to confusion.

As leaders, educators and clinicians, we have a professional obligation to guide our nurse practitioner and physician assistant colleagues with the ongoing development of postgraduate education and training. It is important we avoid terminology that may indicate or promote downstream regulatory implications or mandatory requirements, or suggest APPs are not prepared to enter the workforce upon completion of formal graduate education. Post-graduate training programs help promote creative models to bridge gaps in our rapidly changing health system and add leadership opportunities for NPs and PAs. It is important to be aware of novel and growing programs which may help provide the support and structure a colleague, a graduating student or even yourself, may need for a successful and supported transition in clinical practice.

References:

To every nurse throughout our state and beyond, our gratitude is as deep as your courage, and we thank you for your dedication to keeping our community healthy, and for the bravery, compassion and empathy you provide to your patients every day.

Steve Ahern, President of the New Hampshire Hospital Association, May 2020

Congratulations to UNH Graduate student Susan Gonya RN and faculty mentor Pam DiNapoli, RN, PhD awarded 3rd place for Student Poster by the Eastern Nursing Research Society. The poster was titled: Do We Really Know What’s in Our Food? The Connection between Dietary Mycotoxin Exposure and Pediatric Crohn’s Disease. Unfortunately, the Annual meeting of ENRS, March 26-7, to be held in Boston was cancelled though posters were judged virtually.

Dr. Jillian Belmont was recently elected President of the New Hampshire Nurse Practitioners Association. Belmont received her BSN from St. Anselm’s, MSN from UNH and DNP from Northeastern University. His focus is neurology which she practices as an assistant professor and associate provider at DHMC. Belmont is also serving as President of the Green and White Mt. Chapter for American Academy of Neuroscience Nursing.

Loon Chocolates Deliver Joy to Nurses

Loon Chocolates, the small local chocolate maker in New Hampshire, located at seven different locations in the state is delivering chocolate to health care workers on the front lines of the Covid-19 pandemic. The company has delivered over 500 of their Hero Bars to Healthcare Heroes in the state with a goal of 800 Hero Bars by June 1, 2020.

Loon’s goal is to provide some joy to Healthcare Heroes while fighting the battle for all of us. They have donated chocolate bars at Catholic Medical Center, Parkland Medical Center, Dartmouth Hitchcock Medical Center, Exeter Hospital, Concord Hospital, NH State Hospital, Primary Care of Milford and several retirement communities in southern New Hampshire. Their website provides an avenue for public support of the project.

Nurses always appreciate a little chocolate to sweeten their day.

Jennifer Pitre receives Loon chocolates for Catholic Medical Center Healthcare Heroes

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June, July, August 2020

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To every nurse throughout our state and beyond, our gratitude is as deep as your courage, and we thank you for your dedication to keeping our community healthy, and for the bravery, compassion and empathy you provide to your patients every day.

Steve Ahern, President of the New Hampshire Hospital Association, May 2020

Congratulations to UNH Graduate student Susan Gonya RN and faculty mentor Pam DiNapoli, RN, PhD awarded 3rd place for Student Poster by the Eastern Nursing Research Society. The poster was titled: Do We Really Know What’s in Our Food? The Connection between Dietary Mycotoxin Exposure and Pediatric Crohn’s Disease. Unfortunately, the Annual meeting of ENRS, March 26-7, to be held in Boston was cancelled though posters were judged virtually.

Dr. Jillian Belmont was recently elected President of the New Hampshire Nurse Practitioners Association. Belmont received her BSN from St. Anselm’s, MSN from UNH and DNP from Northeastern University. His focus is neurology which she practices as an assistant professor and associate provider at DHMC. Belmont is also serving as President of the Green and White Mt. Chapter for American Academy of Neuroscience Nursing.

Loon Chocolates Deliver Joy to Nurses

Loon Chocolates, the small local chocolate maker in New Hampshire, located at seven different locations in the state is delivering chocolate to health care workers on the front lines of the Covid-19 pandemic. The company has delivered over 500 of their Hero Bars to Healthcare Heroes in the state with a goal of 800 Hero Bars by June 1, 2020.

Loon’s goal is to provide some joy to Healthcare Heroes while fighting the battle for all of us. They have donated chocolate bars at Catholic Medical Center, Parkland Medical Center, Dartmouth Hitchcock Medical Center, Exeter Hospital, Concord Hospital, NH State Hospital, Primary Care of Milford and several retirement communities in southern New Hampshire. Their website provides an avenue for public support of the project.

Nurses always appreciate a little chocolate to sweeten their day.

Jennifer Pitre receives Loon chocolates for Catholic Medical Center Healthcare Heroes
Family centered maternity care and COVID-19

Since the model of family centered maternity care (FCMC) was first recommended in the late 1970’s, hospitals and birthing centers have moved toward a model of care that focuses on the needs of the family unit as whole during an important life transition. While not always a perfect model, FCMC techniques have been linked to positive outcomes across the spectrum of perinatal and infant care. Supportive family interventions such as the rooming-in of infants with their parents on postpartum care units reduces hospital costs, decreases infant infections, supports early initiation of breastfeeding, encourages bonding, and increases patient satisfaction. Although the mother-infant couplet is often the focus of the provision of inpatient care, maternity nurses are experts at supporting mothers, their partners, and extended family on obstetric and neonatal care units, in the community setting, and in patient’s homes.

Until recently, the FCMC framework was actualized in many ways in New Hampshire hospitals. Family waiting rooms allow supportive friends and family to gather in anticipation and support expectant parents before and after their deliveries. Whenever possible, patient rooms are single rooms, warmly lit and decorated to appear more like a welcoming home environment, with a place for supporting partners to stay overnight. Childbirth preparation classes welcome pregnant patients and their partners to the hospital in the weeks before delivery to tour the unit and learn about their options from nurse childbirth educators. Partners are admitted into the OR for C-section deliveries, a practice not usually seen in surgical settings. Hospitals offer sibling and grandparent preparation classes, recognizing that the family unit extends beyond the parents and provide postpartum care home visits to continue to support families after discharge. Nurses bring infants to bond with their mothers through skin-to-skin on adult ICU units, or help mothers separated due to maternal illness to pump their breastmilk and bring it to the NICU to give to premature or ill neonates. These recommended practices were all flourishing before COVID-19 changed the face of obstetrical care.

The CDC, WHO, and professional organizations have been quick to establish guidelines for safely providing care to patients and families in the time of COVID-19. Family care units and providers across New Hampshire have swiftly put in place protocols to reduce risk to staff and patients. Of primary concern is the transmission of the virus, but also to find ways to provide safe, supportive, and affirming care across the perinatal year. Recommendations include spacing out prenatal visits for low risk pregnant patients and increasing exposure screenings at prenatal visits and hospital intake, as well as increasing testing for women who are symptomatic. Under some circumstances an infant may be separated from their mother, if the birth mother has tested positive for COVID-19 and the status of the infant is unknown. Pregnant women have been encouraged to avoid gatherings and remain physically distanced whenever possible. Other recommendations impact everything from C-section protocols to hospital visitors.

Precautionary measures have resulted in the provision of perinatal and infant care in NH that looks very different than just a few months ago. In many cases, nurses and other care providers are making phone calls or using telepractice visits to provide additional assessments, education, and support. Group prenatal exercise and education classes have been canceled with some organizations recommending online resources or offering virtual classes. During their hospital stay pregnant patients are limited to one support person, support groups have gone virtual. Support partners may not be permitted in the operating room or in other areas of the hospital. These restrictions have required nurses providing perinatal care and education to adapt.

Nurses at Monadnock Community Hospital created a virtual hospital tour and make personal phone calls to all expectant families to establish support and trusting relationships one-on-one with families. Perinatal education at Catholic Medical Center has gone virtual, with overwhelmingly positive responses to Zoom and virtual classes developed by their perinatal education coordinator. Although the use of popular labor support techniques like nitrous oxide are not currently allowed due to guidelines, nurses at Wentworth-Douglass Hospital created shared decision-making documents to use with COVID positive patients and their support partners. They are also using virtual platforms for postpartum support groups.

Patients report that this time feels stressful and uncertain, but they are being well supported by their nurses and providers. For some, the time to bond alone with their newborns without expectations to entertain numerous hospital visitors has been a welcome side-effect of changes to family visiting policies. Although COVID-19 will change FCMC practices in the long term is still unknown, but for now all across New Hampshire perinatal nurses continue to deliver high-quality FCMC to their pregnant and postpartum patients, newborns, and their families.
In this time of extreme uncertainty, the ingenuity and versatility of the nursing profession has never been more important. As COVID-19 ransacks not only our supply lines, but our healthcare staff, nurses have consistently risen to the challenges associated with working during a pandemic. These challenges do not solely revolve around patient care, in fact, some of the greatest challenges have surrounded the uncertainty of personal protective equipment (PPE) and appropriate utilization. PPE shortages, combined with frequent changes in protocols regarding the appropriate levels of PPE, have left all healthcare providers nervous. Despite this concern, nurses everywhere have shown their ability to adapt to these rapidly changing circumstances, and selflessly share information on current best practices when treating COVID-19 patients. Social media has allowed for the quick dissemination of information and has brought into focus the immense value we bring to the healthcare team. This truly is the ‘Year of the Nurse’!

“Patients come to the hospital and stay the night, not because they need a doctor, but because they need a nurse. If they only needed a doctor, they could go to a doctor’s office. They come to the hospital and spend the night because they needed a nurse.” This quote, by Carol Rauen MS, RN-BC, highlights the value of nurses. During the COVID-19 pandemic, nurses have been on the frontlines in many capacities. As units attempt to limit contact with COVID-19 positive patients, bedside nursing assessment is greatly needed. Every member of the nursing community is greatly needed.

Some hospitals do not utilize the CRNA to their fullest potential at a time when this lack of knowledge has created a situation in which sometimes unexpected needs of the patient.

Making. This reflexive thought is what allows a nurse to meet the constant, inundated by data, nursing intuition provides an additional tool for decision making. This is not well understood. This lack of knowledge has created a situation in which sometimes unexpected needs of the patient.

As units attempt to limit contact with COVID-19 positive patients, bedside nursing assessment is greatly needed. Every member of the nursing community is greatly needed.

The value of nurses has never been more appreciated, and once again we have shown our versatility. We do not yet know what the new “normal” will be for us in the community and in the hospital. We have seen a crisis that has changed the very fabric of society and day to day functioning of our nation. Moreover, it has redefined what is meant by “essential” in both service and providers. Although we were able to “flatten the curve” we cannot be fooled into believing we are safe. It is my hope that we, as a nursing community, will use the lessons learned during this pandemic to forge a larger role in our communities, hospitals, and legislation. Our unique perspective will be invaluable, and it is important that we advocate not only to improve patient care, but to secure a future that values all nurses, in every specialty.

References


Janelle Pickering, DNP, CRNA is a nurse anesthetist at Dartmouth Hitchcock in Lebanon, New Hampshire.

Ed Note: The News welcomes NHANA as a NHNA Organizational Affiliate and looks forward to their future contributions to the News.


Home Healthcare, Hospice and Community Services nurse Kristina McGuirk visits patients who have returned from the hospital after battling COVID-19. Staff photo by Ben Conant (reprinted with permission from Monadnock Ledger-Transcript)

TIM GOODWIN

When patients infected with coronavirus first made an appearance on Kristina McGuirk's case load, it was hard not to be concerned.

As a nurse with Home Healthcare, Hospice and Community Services, McGuirk's job is to go into people's homes to provide care for those dealing with a variety of conditions and medical concerns. But the addition of COVID-19 brought on that question of “what if?”

“You have to assume everyone has it and that's really the best way,” McGuirk said. “I obviously don't know what I was expecting, it's something we've never seen before.”

She's worried about being infected herself or bringing it home to her fiance. For those on her weekly caseload who had contracted coronavirus, her visits have so far come after the patient returned home from hospitalization.

“The acute phase has already passed,” McGuirk said. She said that some patients' symptoms stillremain like a cough and shortness of breath.

“Little things like holding a conversation can be difficult,” she said. “They're feeling shortness of breath just talking.”

But as the weeks have gone by, McGuirk said she has seen progress from those patients who tested positive for the disease, like being able to walk up stairs and go outside.

“It's been really nice to see the recovery phase,” she said. “But the weekly progress I've seen was pretty gradual.”

Each trip into someone's home that has been diagnosed with COVID-19 – as well as the patient returned home from hospitalization.

“Sure you think about it when you're at work and on the way to their house for a visit,” she said.

McGuirk said that HCS was unable to supply her with booties or a hair covering due to shortages, but that if they were available, she would wear those too.

Prior to a visit, HCS conducts screening calls, McGuirk said, and a lot of what she has done since the pandemic changed the way of life in New Hampshire has been to answer questions and educate.

“Just doing our best relaying the information,” McGuirk said.

While there is concern, McGuirk knows she has a job to do and can’t let fear or reluctance creep in.

“I'm a nurse and I like helping regardless of their diagnosis,” McGuirk said. “At the end of the day they’re still a patient and need care.”

McGuirk said early on the nurses at HCS were asked if and when they got patients with COVID-19 who would be willing to add them to their case loads.

“I volunteered because they're patients that need a nurse, they need care,” she said.

She did so because she considers herself young and healthy at the age of 27, and knows there are some older nurses on staff that have conditions or are immunocompromised.

When McGuirk goes home for the day, she changes into clothes she leaves in the garage before heading out for her shift, uses hand sanitizer, and washes her hands thoroughly once inside.

Brandon Howe spends two or three days a week going into homes in his role as residential supervisor for Monadnock Worksource. He used to conduct in home visits every day before transitioning into a managerial role.

While the threat of COVID-19 is on Howe's mind, he's more concerned with the individuals he and the staff work with on a weekly basis. After the pandemic, Monadnock Worksource reduced the number of hours it spends with individuals, which ranges from 11 to 30 hours each week, executive director Janis King said.

They put a stop to transportation because “we can't provide that safe distance,” King said, and a number of the places where individuals held jobs or volunteered were suspended for the time being. And that kind of disruption to the routine is concerning for Howe – even more so than the looming threat of coronavirus.

But at the top of his priority list is making sure he takes the proper precautions to keep from getting sick.

“I'm doing everything I can to maintain my health,” Howe said. “Because keeping myself healthy is part of this.”

Howe said in certain instances they would use PPE during in home care, but now it is used with every visit.

“It’s been working, but every day is different and has challenges,” Howe said. But for Howe, it’s just the nature of the job.

“Our job is challenging, but people who do direct care are really invested in the individuals they support,” Howe said.
Cheshire Nurses Interviewed

Ashley Thompson, RN and Chastity Hodgdon, RN in Cheshire’s Emergency Department were interviewed for the Cheshire Medical Center magazine Health and Wellness.

Elliot Nurse Interviewed

Mary Seigle RN, a Resource Nurse, in the CICU at Elliot Health System was interviewed for the Elliot Hospital website. Regarding caring for COVID-19 patients she noted “It’s extremely hard and wonderful all at the same time. I will now forever cry when I hear ‘Here Comes the Sun’ by the Beatles. That song is played when a COVID-19 patient is discharged from the hospital and nurses line the hallway to say goodbye.

Memorial Hospital Pins New Graduates

While the COVID-19 pandemic has caused many school graduations to be cancelled, the nursing staff at Memorial Hospital made sure to honor their graduating student nurses with a traditional ceremony welcoming these new nurses to their profession. “A pinning ceremony is an invitation to graduates to join the nursing profession,” said Shauna Ross, RN, a member of the Memorial staff. “These students have all done their clinical rotations here and have worked hard.” Each of the students was awarded a pin. Usually, the nursing pin represents the student’s nursing school. Since their school pins were not available, Memorial awarded pins usually presented to recognize outstanding service by employees. Students also recited the Nightingale Pledge, promising to “practice my profession faithfully.” Joining them were a dozen or so other hospital nurses gathered to congratulate these new professionals and also reflect on their own service as nurses. Memorial Hospital Chief Nursing Officer Kris Dascoulias noted “Nursing is a profession that requires extreme knowledge and a willingness to put others above yourself. As you start your journey, remember you are not alone. As a nursing graduate, you have earned the right to wear a nursing pin.”

Memorial has extended job offers to all of their graduating student nurses, an acknowledgement of the quality of this class and the way they have handled the extraordinary circumstances of their final semester.

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I’m inventing a new model of health care.

DHMC Nurse

Danielle Finn, RN of DHMC was interviewed by ABC news. She speaks Portuguese and recently translated for a patient in the COVID-19 unit in addition to preparing language signs to assist in communication. Finn, who is originally from Brazil, was living in Germany before she came to the United States in 2004 to be with her late husband. Now, her international roots are playing an instrumental role in caring for her patients.

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Nurses on the Web

Graduates from White Mountains Community College included Nicholas Dukehart, David Frankowski, Amy Fournier, Chelsea Schribner and Michael Kane. Elizabeth Hockenwalsh was a student at the University of Southern Maine:

SNHMC Nurse

Irene Arenvalo BSN RN was recently highlighted on the Rivier University website. An alumna, she practices at Southern New Hampshire Medical Center. “Never would I have thought I would be part of a pandemic let alone working on the very front line. But here we are. I must say we are doing a decent job in New Hampshire flattening the line. The only thing we as healthcare providers can ask is for people to hang tight, continue staying home, and please pray for our frontline workers because although now called heroes, we are people just like you. Working directly with COVID patients has been challenging in many ways, but also rewarding in many ways. I feel that nursing care has become more essential than ever in the care of patients, as things change quickly and unexpectedly. It brings me so much joy when a patient finally begins to improve, especially when we can celebrate the little things such as going for a short walk or taking a much-needed shower on their own. But the biggest cheers come with the discharge paperwork and the wheelchair ride to the car.

Maternity Nurse

Heather Carteret, BSN, RN, a maternity nurse at Elliott Hospital, was profiled on the Rivier University website. “It’s an ever-evolving situation and we are all trying to roll with the punches. I am a nurse and I absolutely love what I do. I adore a scary and emotional time, but in healthcare, we all have each other’s back and we are helping to rally each other. We are a family. We smile with our eyes (because you can’t see our mouths) and continue to care with every bit of our hearts.”

Public Health Nurse

On the Front Line

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CURE COTTAGES OF SARANAC LAKE: Architecture and History of a Pioneer Health Resort

by Philip L. Gallos, 1985

Reviewed by Anita Pavlidis RN MSN

From the Bookshelf

For seventy years the name Saranac Lake was synonymous with tuberculosis. It meant mortal dread and at the same time transcendent hope. The only treatment available for the disease was both researched and dispensed in the isolated village in New York State's Adirondack Mountains.

Between 1873 and 1945, Saranac Lake, New York became a world-renowned center for the treatment of tuberculosis, using a treatment that involved exposure to light and air. Tuberculosis did not respect wealth or position; all levels of society were represented, from the poorest laborer to the wealthiest tycoon. Tuberculosis was framed in to create patient rooms.

The themes of both the book and story of Glenciff Sanatorium are much the same as the COVID-19 world we live in today. Patients experienced isolation, sickness, loneliness, separation from family and friends, fear of never recovering, and loss of income/jobs. For many years, there was no effective treatment and worry about the patients returning to society as their health improved. But this period did end, and people who were diseased with tuberculosis were cured. In 1970, the Glenciff Sanatorium was converted into the Glencliff Home for the Elderly, located in the White Mountains, which opened in the summer of 1909 for New Hampshire residents infected with tuberculosis seeking respite and cure in the fresh mountain air.

Tuberculosis became a world-renowned center for the treatment of the disease in the Adirondack Mountains, spending as much time as possible in the open, and the disease was incurable. In 1873 he moved to Saranac Lake and established a medical practice. In 1882, Trudeau read about success in treating tuberculosis with the "rest cure" in cold, clear mountain air. Following this example, Trudeau founded the Adirondack Cottage Sanatorium in February, 1885.

With the fresh air treatment a whole technology developed and a building type known locally as a "cure cottage" developed. The requirement for fresh air lead Trudeau to avoid large institutional settings, feeling that a cottage-like structure would maximize the patient's exposure to light and air, and avoid the sanitation difficulties of a large institutional setting. Consequently, as the town's increasing fame drew more and more invalids, "cure cottages" began to develop and a building type known locally as a "cure cottage" was created.

As a young man Dr. Edward Livingston Trudeau (1848-1915), watched his elder brother die of tuberculosis and spent three months of his life at the time; the disease was incurable. He subsequently trained as a doctor, and, three years after completing his studies, was himself diagnosed with tuberculosis. Conventional thinking of the time called for a change of climate, and he went to live in the Adirondack Mountains, spending as much time as possible in the open, and he subsequently regained his health. In 1876 he moved to Saranac Lake and established a medical practice. In 1882, Trudeau read about success in treating tuberculosis with the "rest cure" in cold, clear mountain air. Following this example, Trudeau founded the Adirondack Cottage Sanatorium in February, 1885.

The exploits of Saranac Lake parallel those of New Hampshire. The Glenciff Home for the Elderly, located in the White Mountains, was formerly the Glenciff Sanatorium, which opened in the summer of 1909 for New Hampshire residents infected with tuberculosis seeking respite and cure in the fresh mountain air.

The New Hampshire State Sanatorium was located at Glenciff because the site's elevation of 1,650 feet would ensure the patients returning to society as their health improved. For seventy years the name Saranac Lake was synonymous with tuberculosis. It meant mortal dread and at the same time transcendent hope. The only treatment available for the disease was both researched and dispensed in the isolated village in New York State's Adirondack Mountains.

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Anita Pavlidis, RN MSN was the former Director of Nursing at the NHTI, Concord's Community College and Program Specialist at the New Hampshire Board of Nursing.
the needs of the geriatric patient. “The idea behind is responsible for developing Manager at DHMC. Hawkins Emergency Department for geriatric patients in northern innovative approach to caring in the development of this telemedicine. A key player in their communities through keeping most geriatric patients Center (DHMC), in partnership by geriatric patients, including the need for additional GED nurses are aware of the nuances in care required and for that reason it’s absolutely imperative that we have positive impact on our patients and our communities, Nursing Officer. “This investment will have a lasting and expertise so tightly woven into the development of Nursing Association, the leading professional organization developing the care protocols the GED will use has been a multidisciplinary team approach based on evidence. These disciplines include and are not limited to pharmacists, nurses, physicians, care managers, social workers, physical therapists, occupation therapists, as well as community resources and experts in the area of aging. Additionally, the team is developing a robust data analysis process that will guide much of the work going forward and help to identify quality measures and understand related outcomes. “The Geriatric Team at DHMC is still working on developing and refining their processes and the application,” comments Hawkins. The spoke and hub implementation has slowed down as resources are needed to focus on COVID-19. The Geriatric Team continues to be a presence in the ED during the pandemic and is live-time providing support to our older families. The Geriatric Team is also adding their collective experience to the Nursing Home Collaborative which is meeting to discuss how nursing facilities can maximize the use of their resources in the best interest of all patients, and still protect their residents who are some of our most vulnerable.

Nurse in Key Role in New Geriatric Program

Hilary Hawkins, BSN, RN, Geriatric Emergency Department Manager at DHMC.

GED (the hub) has many resources such as case managers, social workers, pharmacists and geriatricians that can help community hospitals (spokes) with the geriatric population, to keep them in their community hospitals or their homes,” states Hawkins. The goal of the GED is to recognize those patients who will benefit from inpatient care, and to effectively implement outpatient care to those who do not require inpatient resources. The GED utilizes additional staffing, equipment, education, policies and procedures, follow-up care, and performance improvement measures. When implemented collectively, the GED hopes to see improvements in patient care, customer service, and staff satisfaction. Improved attention to the needs of this challenging population has the opportunity to more effectively allocate health care resources, optimize admission and readmission rates, while simultaneously decreasing iatrogenic complications and the resultant increased length-of-stay and decreased reimbursement.

Developing the care protocols the GED will use has been a multidisciplinary team approach based on evidence. These disciplines include and are not limited to pharmacists, nurses, physicians, care managers, social workers, physical therapists, occupation therapists, as well as community resources and experts in the area of aging. Additionally, the team is developing a robust data analysis process that will guide much of the work going forward and help to identify quality measures and understand related outcomes. “The Geriatric Team at DHMC is still working on developing and refining their processes and the application,” comments Hawkins. The spoke and hub implementation has slowed down as resources are needed to focus on COVID-19. The Geriatric Team continues to be a presence in the ED during the pandemic and is live-time providing support to our older families. The Geriatric Team is also adding their collective experience to the Nursing Home Collaborative which is meeting to discuss how nursing facilities can maximize the use of their resources in the best interest of all patients, and still protect their residents who are some of our most vulnerable.
5. A patient is receiving an infusion of lactated ringer’s solution at 100 mL/hr. The IV site appears red with moderate swelling. The infusion is sluggish as the pump keeps alarming. The nurse recognizes these findings as:
A. Extravasation
B. Infiltration
C. Phlebitis
D. Occluded catheter

2. The nurse reports a patient’s central venous pressure as 1mmHg. Which provider order for fluids should be questioned by the nurse? (Select all that apply).
A. 0.9% NaCl
B. 0.45% NaCl
C. 3% NaCl
D. Lactated Ringers
E. D5LR

3. For which patient would a colloid be administered?
A. A patient with chronic heart failure with slight JVD and BP 96/50
B. A patient with chronic anemia and Hg/Hct report of 80 ml/hr has been cleared to begin a liquid diet. The nurse expects that which of the following orders?
A. Decrease parenteral nutrition to 40ml/hr.
B. Start 0.9% normal saline at 30 ml/hr.
C. Maintain the present infusion rate.
D. Discontinue the parenteral nutrition.

A socially-distant but unified volunteer crew has taken over AR Workshop on Elm Street to make the gowns. (Photo courtesy Elliot Hospital)

Once the teams landed on a design and material that met the necessary clinical standards, Kukla reached out to fellow ICU nurse, Stephanie Joyce who had a strong connection with the "stay at home" order. McKelligan was more than happy to open her doors and transformed the crafting workshop into a gown-making shop. SolutionHealth purchased materials for the group to create more gowns to be used at Elliot Hospital and Southern New Hampshire Health, and McKelligan was able to bring back some of her staff to help.

“Stephanie asked if the space was being used, and I told her they were more than welcome. One day turned into a weekend, and now we are planning for the whole week,” McKelligan said on Monday. Kukla says the disposable gowns will cost less than 25 cents/each and the washable gowns will cost about $10/ each. She says volunteer labor was key to keeping costs down. The group spent the weekend cranking out gowns at the AR Workshop.

Could it be COPD?

More than 16 million people in the U.S. have been diagnosed with COPD, and millions more do not realize they may have it. If you have patients who are experiencing any of the following symptoms, consider a spirometry test:

- ongoing cough
- shortness of breath
- wheezing
- chest tightness
- excess mucus production

Talk to your patients about their risk for COPD.
Due to the coronavirus pandemic, Plymouth State University (PSU) senior nursing students quickly adjusted to virtual simulations and other alternative methods to complete their final semester of clinical training. The nursing students graduated early—a full month ahead of schedule. The combination of earlier graduation and the New Hampshire Board of Nursing issuing temporary licenses to new graduate nurses allowed healthcare facilities to start the onboarding process weeks earlier than usual. "This is especially important now," said Kim Force, Clinical Director of Inpatient Services at Littleton Regional Hospital. Seventy percent of PSU’s nursing graduates expect to become licensed in New Hampshire, and many will begin working at the hospitals where they completed their senior capstone semesters.

Shannon Murdock, a graduating senior nursing student at the University of New Hampshire, was honored as a 2019-20 America East Winter Scholar-Athlete. This was Murdock’s second year as a Scholar-Athlete. She earned her BSN with a 4.0 GPA in nursing and a 3.72 GPA overall. Murdock won the 5,000 meter track event at the America East Championship and also placed second in the mile.

The Salter School which offers a program to prepare practice nurses among other non-licensed health careers was renamed the American School of Nursing and Medical Careers. The campus remains in Manchester, New Hampshire. The American School of Nursing and Medical Careers is owned by Premier Education Group, L.P., registered limited partnership in the Commonwealth of Pennsylvania.

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The Salter School which offers a program to prepare practice nurses among other non-licensed health careers was renamed the American School of Nursing and Medical Careers. The campus remains in Manchester, New Hampshire. The American School of Nursing and Medical Careers is owned by Premier Education Group, L.P., registered limited partnership in the Commonwealth of Pennsylvania.

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Ed Note: This is the third in a four part series celebrating the 200th birthday of Florence Nightingale and the Year of the Nurse

Sue Fetzner

In March 1854, England, France and Turkey declared war on Russia to protect themselves against the Russian expansion, marking the beginning of the Crimean War. England had not been in a foreign war for 40 years and the 27,000 English troops had gone to Turkey with little support from a Medical Department. After accepting, Sidney Herbert’s request, Florence recruited nurses from the Irish Catholic Sisters of Mercy (10), Anglican Sisters of Mercy (8), St. John’s House of the Church of England (6) and 14 lay nurses from hospitals around London. Together with Florence and her housekeeper from Upper Harley Street and Mr. and Mrs. Bracebridge, 41 members of her group departed London on October 21, 1854. The travelled to Paris then to Marseilles where they boarded the ship Vectis. Despite nearly all developing seasickness, they arrived at Constantnopol (today known as Istanbul) on November 4. Constantnopol is divided by the Bosporus, a strait of water connecting the Black Sea to the Mediterranean and Atlantic Oceans. The French Hospitals were on the west side, while the British wounded had been taken to Scutari, on the Asiatic, or east side of the Bosporus.

Florence was given the nursing responsibility of Superintendent of Hospitals in the East of eight hospitals, but she spent most of her time at the Barracks Hospital on the hill overlooking the town of Scutari. The hospital had been created out of a Turkish army barracks, and the large square building was nearly a mile in circumference, three stories tall with towers on each corner. In the large square building was nearly a mile in circumference, three stories tall with towers on each corner. In the central court up to 12,000 men could exercise. There were no laundry facilities as the boiler had broken. She wrote home, to the English newspaper Times and to the officials that had sent her, proclaiming the lack of supplies and conditions. Soon, supplies were sent to her directly, and she maintained a ‘warehouse’ in the tower.

The winter of 1855 recorded temperatures at Scutari of –10 degrees C. The hospital was full of cases of 40% patient mortality. There were nearly 3,000 per 1,174 men. Nightingale’s letters to her benefactor in England, Sidney Herbert, were shared with Queen Victoria who responded. Nightingale was administrate the hospital during the day and make rounds after the surgeons had retired for the night. She would carry a small lamp in her hand and would pause for anyone in need. The practice would be responsible for her reputation as the “Lady with the Lamp.”

Turkish lamp of style used by Nightingale

Nightingale’s hair has been cropped to show the difference in length at the time she left Scutari.

From the beginning, Florence kept track of the patient suffering from disease, and the dead. She hunted down cleaning supplies, created kitchens, got the boilers fixed and created a laundry. An oft repeated story relates that one night, the surgeons threw five soldiers aside to die, deeming their condition hopeless. Nightingale got ‘permission’ to care for the men through the night and by morning they were fit for surgery. She would reply: ‘we must’ to medical officers who would say ‘we can’t.’

The Florence Nightingale brooch bestowed by Queen Victoria in 1855 served as the inspiration for the current nursing pin bestowed on nursing schools graduates.

Despite her success during 20 months in Scutari, Florence Nightingale had failed to reform the Medical Department of the Army. Although, she was comforted in the thought that she met her calling to do “God’s work.” At 36 years old, she saw her achievements as starting point for her future work.

On May 1855, Florence set out across the Black Sea for Balalchiva to determine how the sick and wounded were cared for near the fighting front and to inspect the hospitals. Arriving at the dock was a much different scene than when she arrived in Scutari six months previously. Her successes at the Barracks Hospital were well known, and some of the men she had cared for had returned to the front lines. While on this trip, Florence is stricken with Crimean Fever. While historians have debated the cause, it was most likely brucellosis, a bacterial infection transmitted from animals by ingestion of raw milk, infected food or contact with an infected animal. Symptoms include fever, sweats, headaches, back pains, and physical weakness. One form of the illness may also cause long-lasting symptoms, including recurrent fevers, joint pain, and fatigue, complaints that Florence would manifest for the rest of her life.

After a month being cared for by her own nurses, Nightingale returned to Scutari for additional recuperation, by August she was back administering the Barracks Hospital. Her recovery was heralded in England as a hero. In November, Florence received a letter and gift from Queen Victoria. Designed by Prince Albert, the brooch with the inscription “Blessed are the merciful,” the word “Crimza” and a St. George cross surmounted by a crown of diamonds. A Crimean Peace was declared in March, 1856, but the hospitals did not close until the summer. Florence left Turkey late in July traveling as ‘Miss Smith,’ she arrived at Lea Hurst unnoticed.

Next issue: Florence Nightingale – Shaping the Profession

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Sash worn by one of the Nightingale nurses.
IN MEMORY OF OUR COLLEAGUES

The New Hampshire Nurses Association honors the memory of and acknowledges the work of deceased nurses who have graduated from New Hampshire nursing schools or who have actively practiced in New Hampshire during their career. Sharing the names and information about these nurses is one way we honor their contribution to the profession. Brief submissions are welcome.

Navy Nurse

Barbara A. Cirincione, 86, formerly of Manchester and Holderness, died on February 14, 2020. She proudly served in the U.S. Navy as a nurse. Before retiring, Barbara worked as an APRN for Elliot Hospital. She was especially proud to serve as the parish nurse at her local church for many years. Barbara was also a camp nurse for the American Diabetes Association.

Insurance Nurse

Louise A. Fesl, 85, of Dover, passed away on February 10, 2020. After graduating from the University of New Hampshire with her BSN degree in 1962, she worked at the national level managing nurses. In 1976, she earned her National Case Management Certification, becoming an administrative insurance nurse first at the New Hampshire Hospital and Concord Hospital in Concord, NH. She retired from nursing in 2004 and devoted her time to her family and volunteer work in the community. She is survived by her husband, Booth, and daughter, Christina (Barbara) Hagenbuch of Concord, NH.

Public Health Expert

Maryanna (Casey) Commerford, 85, passed away on March 15, 2020. She was a New Hampshire native and a RN graduate of the University of New Hampshire. She served in the U.S. Navy as a nurse. Before retiring, Barbara worked as an APRN for Elliot Hospital. She was especially proud to serve as the parish nurse at her local church for many years. Barbara was also a camp nurse for the American Diabetes Association.

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IN MEMORY OF OUR COLLEAGUES

School of Nursing in Keene. She practiced as a head nurse in the Emergency Department at Cheshire Medical Center.

Day Surgery Pioneer

Joan (Jamrog) McCann, 85, died on March 27, 2020, after a period of declining health. She received her nursing diploma from the Elliot Hospital School of Nursing in Manchester and practiced as a registered nurse at the New Hampshire State Hospital and Concord Hospital. Joan also provided private duty nursing care and in the mid-1970s, she was asked to open the Day Surgery Unit at Concord Hospital. Joan successfully took on the challenge ran the unit with another nurse. Upon her retirement, Joan worked for the Department of Health and Human Services for the State of New Hampshire, using her nursing skills to oversee the Katie Beckett Medicaid program and the Children’s Prosthetics Program.

Seacoast Nurse

Nancy Jean (Collopy) Ferris, 76, passed away March 29, 2020 at home surrounded by family. After obtaining a nursing diploma in 1964 she practiced in Connecticut and New Hampshire.

Mary Hitchcock Grad

Hazel Howe McNamara, 95, passed away on April 1, 2020. She graduated from Green Mountain College in Vermont and went on to pursue her nursing degree at Mary Hitchcock School of Nursing, graduating in 1947. She had a long nursing career, finishing it as a visiting nurse for the town of Hanover.

Nurse Educator

Nancy Bradley Chandler, 85, died May 5, 2020. She obtained her BSN and MSN from Boston College. She practiced in Boston, and New York and taught nursing in Massachusetts including as the Director of Lawrence General Hospital School of Nursing. Relocating to New Hampshire she taught nursing at St. Anselm College and NHTI. She was a pioneer in childbirth education, teaching classes in Laconia, and Franklin, NH. She established Prenatal Programs at Concord and Franklin Hospitals. Later in life she found great joy as a school nurse in Winnisquam and Warren schools and then as a camp nurse at Camp Walt Whitman and Camp Moosilauke.

Nurse Educator

Marjorie Lillian Allen, 87, passed away April 2, 2020. She obtained a BA from Fitchburg State University and then her nursing diploma. She taught nursing at St. Joseph Hospital in Nashua. She also practiced at the Derry Medical Center for nearly eight years and coordinated the community’s visiting nurse and home-makers program.

North Country Nurse

Cynthia L. (Brown) Griffin, 61, of Berlin, died on April 10, 2020. She was a diploma graduate of the Concord Hospital School of Nursing. She practiced for many years at Littleton Hospital, North Country Home Health and Coos County Family Health Services.

UNH Grad

Rhonda Irene (Knapp) Hebert, 69, passed away in Texas April 29, 2020. She graduated Cum Laude from the University of New Hampshire with a Bachelor of Science degree in Nursing.
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