Donohue Becomes NJSNA 43rd President

Mary Ann T. Donohue, PhD, RN, APN, NEA-BC, was sworn into office as the 43rd President of the New Jersey State Nurses Association on August 1. Dr. Donohue currently is Vice President, Clinical Care Services at Jersey Shore University Medical Center, in Neptune, NJ. For the past two years, Donohue served as NJSNA President-Elect, and the President of the Institute for Nursing, NJSNA’s Foundation. She has a long record of involvement in leadership positions both with NJSNA and the American Nurses Association, previously as NJSNA Board of Directors member, and as a delegate to the American Nurses Association. Also, Donohue has served on the American Nurses Credentialing Center, Institute for Credentialing Innovation Governing Council, as a member of the Annual Magnet Conference Planning Committee and the Abstract Selection Subcommittee.

Dr. Donohue is a nationally recognized nursing leader, known for the depth of her knowledge and experience in establishing magnet recognition programs; she has made presentations throughout the country, and has numerous publications based on her work. She has held nursing leadership positions at Clara Maass Medical Center, Affiliate of St. Barnabas Medical Center, where her participation led to the hospital receiving the magnet award three times. Donohue received her PhD at Adelphi University, Post-Master’s Certificate in Psychiatric-Mental Health Nursing at Columbia University, MA at New York University, BS in at Jersey City State College, and Diploma at St. Francis Hospital, Jersey City. A resident of River Vale, NJ, she is the mother of a daughter and a son.

Nurse Anesthetists Face Legislative and Regulatory Challenge to APN Role

In 2009 the Board of Nursing regulations recognized that nurse anesthetists are advanced practice nurses under the state laws and regulations so it is no longer appropriate that they be supervised by anesthesiologist, however, they should have a joint protocol to address medication questions. They are no longer known as CRNA’s but APN Anesthesia. New Jersey State Nurses Association (NJSNA) supported this change.

The hospital regulations will sunset this year and these regulations have the old CRNA language and require supervision by anesthesiologists. The NJ Association of Nurse Anesthetists petitioned the Department of Health to reconcile the new BON regulations with the hospital regulations and recognize nurse anesthetists as advanced practice nurses and remove the supervision requirements. As required by law and regulations the Board of Health did release the new rules. Because of the confusion about the new rules and misinformation we have heard being shared with the Commissioner of Health, the Governor’s office and state legislators, we are providing a fact sheet, and the letter we sent to the Board of Health in support of the new regulations (on the NJSNA website). Please read these and share them with your legislators, the Commissioner of Health and the Governor’s office. Contact information for you legislators, the Commissioner and the Governor’s office are provided below. We are meeting with the New Jersey Association of Nurse Anesthetists, the Medical Society of New Jersey, the New Jersey Anesthesiologists, the New Jersey Hospital Association and others to work on a solution. I believe if we work together to benefit patients and ensure access to care we can come to a solution.

This is an exciting time for nurses as health care reform evolves. As the saying goes “what is old is new again.” As my grandmother and my two great aunts’ did 95 years ago, nurses will be in the forefront of providing care to many people who be coming into the health care system. It’s good to be back in the front lines!

Contact information:
Governor, State of New Jersey
P.O. Box 001
Trenton, New Jersey 08625-0001
609-292-6000

Department of Health & Senior Services
Dr. Puonam Alaigh, Commissioner of Health
P.O. Box 360
Trenton, New Jersey 08625-0360
609-292-7837

To find your legislator visit: http://www.njleg.state.nj.us

Visit us on the web anytime . . .
anywhere . . .
www.njsna.org
Good Afternoon. I am very pleased and feel enormously privileged to be here before you today. I would first like to acknowledge our immediate past President of NJSNA, Dr. Barbara Chamberlain and again thank her for her years of service and professional commitment and dedication to the membership of NJSNA.

I would like also to extend a welcome to our Board of Directors of NJSNA, the Board of Trustees of the Institute for Nursing, Past Presidents, the wonderful staff of NJSNA, distinguished guests and esteemed colleagues, and of course, the friends and families of our newly installed officers here with us today.

It is a sincere pleasure to be here because it’s terrific to be surrounded by so many amazing nursing colleagues and to be able to share this special day with you. Many of you, I have known for nearly as many of the 33 years that I’ve been a nurse. I stand before you today. Many of you, I have known for nearly as many of the 33 years that I’ve been a nurse. I stand before you many of you, I have known for nearly as many of the 33 years that I’ve been a nurse. I stand before you

The NJ delegation, as we headed back out of the auditorium after hearing President Obama speak that evening in June, we all remember thinking: Who would have known that at the beginning of the year 2010, just about 3 months ago that this President of the United States would have sought the President's Remarks continued on page 5

Dr. Mary Ann T. Donohue
Health Reform and NJ Nurses

Patricia Barnett, CEO

Nursing is facing a unique and historic opportunity that has been created by the Affordable Care Act—health care reform—that passed this year and changes at the state level. These changes create the opportunity for nurses to become the primary health providers as APNs and through case management and chronic care management.

At the federal level ANA worked closely with the Affordable Care Act sponsors to ensure that nursing would not be ignored or treated as a second class citizen as we have been frequently in the past. “In order to meet our nation’s healthcare needs, an integrated national healthcare workforce that looks beyond physicians must be put into action. Advanced Practice Nurses (APNs), in particular Nurse Practitioners and Certified Nurse-Midwives, are proven providers of high-quality, cost effective primary care. ANA has been advocating for the use of provider neutral language throughout the House and Senate bills. We also believe that any type of demonstration or pilot project that focuses on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care.”

The key Affordable Care Act nursing provisions include:

- Nurses and APNs being part of the medical home team. It also creates a state option under Medicaid to provide coordinated care through a “health home” for individuals with chronic conditions. Under this option, states could receive 90 percent FMAP funding to support a Medicaid enrollee who designates a provider or a team of professionals as their health home.
- APNs being eligible for incentive pay for quality performance.
- A 10 percent bonus payment under Medicare for fiscal years 2011 through 2016 to primary care practitioners, including nurse practitioners and clinical nurse specialists, practicing in health professional shortage areas.
- Increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65 percent of the rate that would be paid were a physician performing a service to the full rate. Effective January 1, 2011.
- The bill created the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician- and nurse practitioner-directed home-based primary care teams. (page 287) “Nothing in this section shall be construed to prevent a nurse practitioner … from participating in, or leading, a home-based primary care team as part of an independence at home medical practice…”
- Authorizes states, with federal grant support and after conducting a mandatory assessment of needs, to establish evidence-based nurse home visitation programs for maternal, infant, and early childhood purposes.
- Appropriates $50 million per year for FY2012 through FY2015 to establish a graduate nurse education demonstration program in Medicare.
- Establishes a new program to support nurse-managed health centers (centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations). It also authorizes to be appropriated $50 million for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014.
- Establishes two new grant programs for school-based health centers. The first program will authorize grants to provide for construction of, and equipment for, new school-based health centers. The statute appropriates $50 million in each of fiscal years 2010 through 2013 to carry out this grant program. School-based health centers that serve a large population of Medicaid eligible children will have priority for grant consideration. The second grant program provides funding to existing school-based health centers for operation, equipment acquisition, training, and salaries of personnel. US Dept. of Health & Human Services may give priority under this program to communities that have a shortage of primary care for children or a high per capita number of children who are uninsured.

CEO Message continued on page 5
American Nurses Association House of Delegates 2010

Barbara Chamberlain  
PhD, APN, MBA, CCRN, WCC  
Immediate Past President NJSNA

New Jersey State Nurses Association (NJSNA) was well represented at the American Nurses Association (ANA) House of Delegates (HOD) held in Washington, DC, June 16th through 19th. Our delegation included Barbara Chamberlain, Mary Ann Donohue, Sally Leeds, Eileen Toughill, Martha McGregor, Jo Anne Penn, Bernie Gerard, Barbara Egger, Minnie Campbell, Eleanor Dietrich, Rosemarie Rosales, Norma Rodgers, Marilyn Samuels, and Margaret Hurek who served as an alternate. Several members of NJSNA also attended including Pat Barnett, Chief Executive Officer, Judy Schmidt, Jamie and Barbara Smith, Kathy Brack, Lucille Joel, and Barbara Wright.  

Prior to the official start of the HOD, there were several days of activities. I attended the opening meeting of the ANA board and the Constituent Assembly meeting with Pat Barnett. Constituent Assembly, held several times a year in both virtual and face-to-face formats, provides a forum for presidents and executive directors to discuss issues and topics relevant to the constituent member associations (CMA).  

The ANA staff oriented us to the important issues to address when we made our visits to Capitol Hill on Lobby Day. Norma, Pat, Linda Gural, Harvey and Carol Andersen, and I boarded buses for the Hill where we had the opportunity to meet with several of our representatives’ staff members and educate them on important senate and house bills that impact nurses.  

Prior to the opening of the HOD, there was much buzz and many emails about the “special guest” who would be attending. Security was high and everyone had to be screened and seated before President Barak Obama and the special guest went into the room. The room was charged with electricity and excitement! He thanked the ANA and all nurses for their help in passing the healthcare reform bill, outlined the process where folks go from the classroom to the workplace, health literacy, and working toward the safety and effectiveness of reprocessed single-use devices in health care. The dues escalation and healthcare for undocumented immigrants proved to be two controversial references. The body voted to eliminate the sunset rule, allowing ANA to raise its dues for the CMAs if it deemed necessary, but stated that the board would come back to the HOD prior to implementation. ANA reaffirmed its position that all people living in the United States, including documented and undocumented immigrants, were entitled to access to healthcare and endorsed educating nurses about the social, economic, and political ramifications of undocumented immigrants’ lack of healthcare services.

Adopted bylaw amendments now allow for staggered terms for the Congress on Nursing Policy and Economics (CNPE) so that the entire congress does not turn over every four years; members may serve two consecutive terms. Another bylaw amendment gives the ANA board the option to implement pilot programs on membership options, dues rates, and payment categories. The one bylaw amendment that did not pass would have allowed for terms of elected directors to be changed from two to four years to prevent the possible turnover of the board every two years.  

Before the HOD was adjourned, we learned that Karen Daley had been elected president of ANA for the 2010/2011 term. Karen comes with a wealth of educational, practice, and legislative experience that will move the organization forward. In addition, Jamie Smith, from Region 6, was elected to a four-year term on the Council on Nursing Practice and Economics (CNPE) and Barbara Chamberlain, from Region 5, was elected to a two-year term on the CNPE. Linda Gurul, from Region 6, will remain on the ANA board until 2012. Unlike the last HOD when several CMAs walked out, this HOD had a collegial feel that brought nurses together for the good of the organization and the good of nursing. It was an awesome experience to see a room of 600 nurses come together to work toward the best possible care for all concerned.  

Note: Consider running as a delegate for the 2012 HOD. Contact Sandy Kerr at NJSNA at sandy@njsna.org or at 609-883-5335 x11.

Board of Directors UPDATE  

The NJSNA Board of Directors met on May 25, 2010 in Trenton. In attendance were, Barbara Chamberlain, President; Mary Ann Donohue, President, Elect; Benjamin Evans, Secretary, Muriel Shore (chair) and Jo Anne Penn, Region President—Mary Ellen Jacobs, Mary A. Carroll, Jo Anne Penn, Sally Leeds, Joyce Herin, Kathleen Brack, Region Presidents—Paula Lefever, Linda Wolfson, Nora Krick, Sandy Quinn, June Brandes Chu, NJSNA Staff Pat Barnett, CEO, Sandy Kerr, Executive Assistant, Debrah Elko, Chief Financial Officer  

EXCUSED: Ruth Hutchison, Tya Fields-Gary, Mary Wachter, Eleanor Dietrich, Aleesa Mobley  

BOARD ACTIONS!  

• Motion to recommend to Institute for Nursing Board of Trustees to sell the Bradway Student Nurse House and to get back to the NJSNA Board within 30 days on the disposition of the house. Passed  
• Motion to accept the NJSNA Budget for fiscal year 2011. Passed  
• Motion to accept the NJSNA/IFN Severance Policy with edit to specify “Full Time Employees”. Passed  
• Motion to accept the Center for American Nurses Bylaws changes. Passed  
• Motion to review memorandum of agreement with the Center for American Nurses to determine ability to withdraw & investigate why other CMAs have not joined. Passed  
• Motion to try new Membership Programs for a 3-year pilot. Passed
The law offers support for patient-centered medical homes, bundling payments, preventive services, Medicare/Medicaid integrated care, and other—"innovative reforms.

It also expands opportunities for states and communities to participate in demonstration and pilot projects to test quality improvement and value-based purchasing strategies. Some of the demonstration projects fit squarely within nursing’s "sweet spot" among these categories:

1. Medicaid health home for chronic conditions
2. Pediatric Accountable Care Organization Demonstration Project

Beyond demonstration projects, there is a restructuring of health care to address the fragmented approach we now face. 

“Care coordination and disease management have emerged in recent years as promising strategies to reduce fragmented care, improve health care quality, and reduce costs. However, it can be difficult to forge a coherent strategy that all key stakeholders agree on, particularly when we challenge the interests of strong provider groups.”

Nurses have a significant impact on this fragmentation. The NGA report cited the Guided Care program developed at Johns Hopkins University which uses specially trained nurses based in primary care offices to provide comprehensive care coordination to high-risk patients with multiple chronic conditions or complex health care needs. The program improved the quality of care, reduced caregiver strain and the use of expensive medical care purchasing leading to a savings of $1,360 per patient per year. v

As the president of the National Governors Association, I have cited the Guided Care model as a key example of the value of new ways to organize health care in containing costs and improving quality. In addition, the use of nurses as care managers reduces the fragmentation of care and improves patient engagement and satisfaction.

The NGA report cited the Guided Care project at Johns Hopkins as an example of how nurses can have a significant impact on health care quality and costs. The Guided Care model uses specially trained nurses based in primary care offices to provide comprehensive care coordination to high-risk patients with multiple chronic conditions or complex health care needs. The program improved the quality of care, reduced caregiver strain and the use of expensive medical care purchasing leading to a savings of $1,360 per patient per year.

The Hurt and wounded I pacify with soothing hand;
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I recall the experience sweet and sad
as a nurse during the Civil War. And the hurt and wounded I pacify with soothing hand,
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I thank you for celebrating with us this morning. In particular, I would like to take this opportunity to thank the Board of Trustees, the executive and medical leadership of Meridian Health and in particular my mother, Hazel Ann Dennison, and my grandmother, Dorothy Carolina, who was recently named chief nursing officer and vice president for the University of Medicine and Dentistry of New Jersey School of Nursing, Stratford, NJ among other positions.

Several nurses at Shore Memorial Hospital, Somers Point, NJ recently earned specialty certifications. Donna Byrnes, RN, ONC and Lloyd Crawley, RN-BC, ONC—orthopedic nursing certifications; Kathy Ionomy, RN-BC—cardiac vascular nursing certification; Joan M. Newman, RN, CNOR—operating room nursing certification, and Maureen Deely, MSN, RN, CHPN, CEN— hospice and palliative care nursing certification. In addition, Roseanne Onofrio, BSN, RN, earned a BSN from Richard Stockton College of New Jersey.

One of America’s greatest poets, Walt Whitman, also served as a nurse during the Civil War. And the hurt and wounded I pacify with soothing hand,
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I recall the experience sweet and sad
as a nurse during the Civil War. And the hurt and wounded I pacify with soothing hand,
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I thank you for celebrating with us this morning. In particular, I would like to take this opportunity to thank the Board of Trustees, the executive and medical leadership of Meridian Health and in particular my mother, Hazel Ann Dennison, and my grandmother, Dorothy Carolina, who was recently named chief nursing officer and vice president for the University of Medicine and Dentistry of New Jersey School of Nursing, Stratford, NJ among other positions.

Several nurses at Shore Memorial Hospital, Somers Point, NJ recently earned specialty certifications. Donna Byrnes, RN, ONC and Lloyd Crawley, RN-BC, ONC—orthopedic nursing certifications; Kathy Ionomy, RN-BC—cardiac vascular nursing certification; Joan M. Newman, RN, CNOR—operating room nursing certification, and Maureen Deely, MSN, RN, CHPN, CEN— hospice and palliative care nursing certification. In addition, Roseanne Onofrio, BSN, RN, earned a BSN from Richard Stockton College of New Jersey.

Nurse managed clinics in public schools. NJNSA has worked closely with the NJ School Nurses Association to fight cuts in school nurses. As schools face cuts, they first look at cutting RNs instead of teachers or other staff without looking at the impact these cuts may have on child health care and that for some kids the school nurse is the only health professional they regularly see. We need to work with the Governor’s staff to urge the state to agree to these programs.

Finally, there are suggestions by some at the federal level to repeal the bill or take out substantial portions to make it better. The proponents of making these changes are not strong supporters of advancing the role of nurses.

So my challenge to you is to face these issues head on. Let your state and federal legislators know that you do not want role of nurses to be diminished, either through attempts to limit APN practice, replacing nurses with unlicensed personnel in schools or gutting key provisions of the health reform law. I urge you to read the quote below and act to help nursing move healthcare into the 21st century.

"I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results."

Florence Nightingale

---


National Governors Association, State Roles in Delivery, System Reform, http://www.nga.org/Files/pdf/100DELIVERYSYSTEMREFORMPDF_2010.pdf pag922

Ibid pg25


One of America’s greatest poets, Walt Whitman, also served as a nurse during the Civil War. And the hurt and wounded I pacify with soothing hand,
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I recall the experience sweet and sad
as a nurse during the Civil War. And the hurt and wounded I pacify with soothing hand,
I thread my way through the hospitals, the wards and the quivers;
I thread my way through the hospitals, the operating rooms and the quivers;
I thread my way through the hospitals, the emergency rooms and the quivers.

I thank you for celebrating with us this morning. In particular, I would like to take this opportunity to thank the Board of Trustees, the executive and medical leadership of Meridian Health and in particular my mother, Hazel Ann Dennison, and my grandmother, Dorothy Carolina, who was recently named chief nursing officer and vice president for the University of Medicine and Dentistry of New Jersey School of Nursing, Stratford, NJ among other positions.

Several nurses at Shore Memorial Hospital, Somers Point, NJ recently earned specialty certifications. Donna Byrnes, RN, ONC and Lloyd Crawley, RN-BC, ONC—orthopedic nursing certifications; Kathy Ionomy, RN-BC—cardiac vascular nursing certification; Joan M. Newman, RN, CNOR—operating room nursing certification, and Maureen Deely, MSN, RN, CHPN, CEN—hospice and palliative care nursing certification. In addition, Roseanne Onofrio, BSN, RN, earned a BSN from Richard Stockton College of New Jersey.

Ann Baiada, RN, CRRN, director of Bayada Nurses, Moorestown, NJ, was recently named to the Best 50 Women in Business list sponsored by the New Jersey business publication NJBIZ.

Marjorie Forfang, RN, MSN Chief Nursing Officer of the Visiting Nurses Association of Central Jersey, Red Bank, NJ received the Administrative Manager of the Year Award presented by the Visiting Nurses Association of America during a ceremony in Orlando Florida on April 22, 2010.

Congratulations to everyone from the New Jersey State Nurses Association.
Calling ALL Advanced Practice Nurses

Growing the membership in NJSNA FNAP is so important for the future of APNs in NJ. Unfortunately, many APNs are not aware of how important this organization is. Grace Reilly, past president, and I have attended meetings from all over NJ and the most common comment is, “I already belong to a specialty group” (ex. ER APN group, Geriatric APN group, Cardiology). The most important reason (to me) for joining an organization is. "I already belong to a specialty group" (ex. ER APN group, Geriatric APN group, Cardiology). The most important reason (to me) for joining an organization is. "I already belong to a specialty group" (ex. ER APN group, Geriatric APN group, Cardiology). The most important reason (to me) for joining an organization is. "I already belong to a specialty group" (ex. ER APN group, Geriatric APN group, Cardiology). The most important reason (to me) for joining an organization is.
Dr. Peter Buerhaus’ Perspective on the Short- and Long-term Outlook for Registered Nurses in the US

Both the near and long-term outlooks for the stability and growth of the nursing workforce are dominated by the aging of RNs and by uncertainty over key economic factors. In the near-term (next couple of years) we can expect that, until there is a strong jobs recovery, most hospitals and other employers will continue to find that they can employ all the RNs they want at prevailing wages. To some observers, this situation might understandably suggest that it would be wise to decrease the production of new nurses and thereby avoid enlarging what might already be an excess supply of RNs. The danger of this strategy is, of course, that once the jobs recovery begins and RNs’ spouses return to work, many currently employed RNs could leave the workforce. Because hospital employment of RNs over the age of 50 increased by more than 100,000 in 2007 and 2008, the exit could be swift and deep as many of these RNs seek to resume (or begin) their retirement once their spouses’ rejoin the labor market. And just as fast as the current great recession unfolded, we could find ourselves facing yet another nursing shortage. Because of the uncertainty about how soon a jobs recovery will unfold, uncertainty over whether it will be a slow or fast jobs recovery, and because of uncertainty over how fast and intensely RNs will respond to the eventual jobs recovery, slowing the production of nurses is not without significant near-term risk.

The risk grows even more consequential when shifting the time horizon out over the longer-term. Over the next 15 years, it is reasonable to assume that demand for RNs will grow considerably due to a number of factors, including (but not limited to): the increasing size of the population; the expansion of health insurance coverage to tens of millions of currently uninsured Americans via the enactment of health reform; the changing age composition of the population marked primarily by the estimated 65 million baby boomers, the first of whom reach 65 years of age in 2011 (those over the age of 65 consume much more healthcare services compared to those under 65); advances in technology; and the expected shortage of physicians that will shift more work onto nurses. How much demand will grow is uncertain, but there is little doubt that it will outpace the growth of the size of the nursing workforce. Currently, nearly 900,000 RNs (out of an estimated 2.6 million working RNs) are over the age of 50, and large numbers of these RNs are expected to retire in the years ahead (independent of the pace and intensity of a jobs recovery). Thus, the long-term task before the profession is twofold: replace these aging baby boom RNs, and beyond that, increase the total supply of RNs to meet the increasing demand.

Given the magnitude of these long-term challenges, it is important to resist the short-term urge to curtail the production of RNs. If nursing education capacity is decreased now, the ability to respond to the longer-term, yet more predictable challenges will be hampered, as well as responding to the unpredictable near-term challenges should a strong and swift jobs recovery develop. Meeting both short- and long-term challenges is vital for the healthcare system, the health of society, and for the advancement of the nursing profession over the next two decades. The costs of failing to meet these challenges must be weighed against the benefits of reducing the current capacity of nursing education programs. Rather than decrease education capacity and output of new nurses and become caught up with the distraction that such a policy could ignite, now is the time to intensify the search for novel and effective ways to engage new graduates into the nursing profession so that we will be ready to respond successfully for both near- and longer-term challenges.

Given the magnitude of these long-term challenges, both the near and long-term outlooks for the stability and growth of the nursing workforce are dominated by the aging of RNs and by uncertainty over key economic factors. In the near-term (next couple of years) we can expect that, until there is a strong jobs recovery, most hospitals and other employers will continue to find that they can employ all the RNs they want at prevailing wages. To some observers, this situation might understandably suggest that it would be wise to decrease the production of new nurses and thereby avoid enlarging what might already be an excess supply of RNs. The danger of this strategy is, of course, that once the jobs recovery begins and RNs’ spouses return to work, many currently employed RNs could leave the workforce. Because hospital employment of RNs over the age of 50 increased by more than 100,000 in 2007 and 2008, the exit could be swift and deep as many of these RNs seek to resume (or begin) their retirement once their spouses’ rejoin the labor market. And just as fast as the current great recession unfolded, we could find ourselves facing yet another nursing shortage. Because of the uncertainty about how soon a jobs recovery will unfold, uncertainty over whether it will be a slow or fast jobs recovery, and because of uncertainty over how fast and intensely RNs will respond to the eventual jobs recovery, slowing the production of nurses is not without significant near-term risk.

The risk grows even more consequential when shifting the time horizon out over the longer-term. Over the next 15 years, it is reasonable to assume that demand for RNs will grow considerably due to a number of factors, including (but not limited to): the increasing size of the population; the expansion of health insurance coverage to tens of millions of currently uninsured Americans via the enactment of health reform; the changing age composition of the population marked primarily by the estimated 65 million baby boomers, the first of whom reach 65 years of age in 2011 (those over the age of 65 consume much more healthcare services compared to those under 65); advances in technology; and the expected shortage of physicians that will shift more work onto nurses. How much demand will grow is uncertain, but there is little doubt that it will outpace the growth of the size of the nursing workforce. Currently, nearly 900,000 RNs (out of an estimated 2.6 million working RNs) are over the age of 50, and large numbers of these RNs are expected to retire in the years ahead (independent of the pace and intensity of a jobs recovery). Thus, the long-term task before the profession is twofold: replace these aging baby boom RNs, and beyond that, increase the total supply of RNs to meet the increasing demand.

Given the magnitude of these long-term challenges, it is important to resist the short-term urge to curtail the production of RNs. If nursing education capacity is decreased now, the ability to respond to the longer-term, yet more predictable challenges will be hampered, as well as responding to the unpredictable near-term challenges should a strong and swift jobs recovery develop. Meeting both short- and long-term challenges is vital for the healthcare system, the health of society, and for the advancement of the nursing profession over the next two decades. The costs of failing to meet these challenges must be weighed against the benefits of reducing the current capacity of nursing education programs. Rather than decrease education capacity and output of new nurses and become caught up with the distraction that such a policy could ignite, now is the time to intensify the search for novel and effective ways to engage new graduates into the nursing profession so that we will be ready to respond successfully for both near- and longer-term challenges.

The New York State Nurses Association applauds the Assembly’s passage of legislation to increase the penalty for assaulting a nurse (A3103/S4018). This legislation makes it a felony to physically attack a registered nurse, and licensed practical nurse in New York State.

For many nurses, violence is regularly viewed as “just part of the job.” In constant contact with the public, nurses must often practice in dangerous settings. Factors such as unrestricted access by the general public to healthcare facilities, the presence of gang members and drug and alcohol abusers in the emergency department, and distraught family members all contribute to increased violence in the workplace.

“On behalf of New York’s nurses, I thank the Senate and Assembly for caring about the registered nurses who care for them. This legislation signals to the public that violence against nurses will no longer be tolerated,” said Tina Gerardi, MS, RN, CAE, NYSNA CEO.

The Nurses Association urges Governor Paterson to swiftly sign this legislation into law.

The Nurses Association urges Governor Paterson to swiftly sign this legislation into law.
A. ADOPTED REGULATIONS:

1. Board of Nursing: The New Jersey BON adopted new regulations regarding requirements for reapplying for licensure. For more information, see the publication in the New Jersey Register, May 17, 2010. At Subchapter 5, 5.2:

   (j) A person seeking reinstatement after more than five years who wishes to return to the practice of nursing shall:
   - Reapply for licensure by fulfilling all of the initial licensure requirements found in N.J.A.C. 13:37-1.7 (note: this includes retaining the NCLEX exam) and
   - Successfully complete a refresher course consisting of 30 hours of didactic and clinical education conducted by a qualified instructor within the meaning of N.J.A.C. 12:37-1.7.

   NJSNA urges nurses who have any intention of continuing to work in NJ not to let licenses remain in an administratively suspended or inactive state for more than 5 years because the requirements for reinstatement of licensure or returning to active status are onerous and likely to be more expensive than if the license is simply biennially renewed.

2. Department of Health and Senior Services:

   The DOHSS Childhood Lead Poisoning: State Standards for Hospitals, are asked to write a letter to: Ruth (vs. old 24)

   3. Board of Health and Senior Services:

   The DOHSS Childhood Lead Poisoning: State Sanitary Code Chapter XIII rules. N.J.A.C. 8:51 were re-adopted upon publication in the NJ Register July 19, 2010. At the request of NJSNA when the rule was proposed, the department recognized that APNs have a statutory authority role in the area of immunization. Therefore, an advanced practice nurse could be the primary care provider of a lead-burdened child. The Department will (also) revise the proposed rules throughout to reflect the above and no rule change will be proposed. This will mean that consumers continue to be able to receive immunization services from APNs in NJ.

   NJSNA strongly supports these proposed modifications in the DOHSS rule.

B. PUBLIC NOTICES:

1. Board of Medical Examiners: The NJ Board of Medical Examiners denied the petition for rule-making described above and no rule change will be proposed. This will mean that consumers continue to be able to receive immunization services from APNs in NJ.

   NJSNA strongly supports these proposed modifications in the DOHSS rule.

2. Department of Health and Senior Services:

   The NJ Board of Medical Examiners denied the petition for rule-making described above and no rule change will be proposed. This will mean that consumers continue to be able to receive immunization services from APNs in NJ.

   NJSNA strongly supports these proposed modifications in the DOHSS rule.

C. PROPOSED REGULATIONS:

1. The NJ Board of Medical Examiners (BOME) re-adopted its rules in their entirety upon publication in the New Jersey Register, July 6, 2010. In commenting on the proposal NJSNA is respectfully requesting that at N.J.A.C. 13:35-4.5A. Standards for performing surgery and special procedures (Section 4.12 Language which now reads that a history of physical examination be performed within the 30 days preceding the date of surgery. This will change from the previous [14] days) by a physician performing the procedure or by another physician or anesthesiologist. This will allow the physician, to be certified by the phrase, ‘or an APN, consistent with N.J.S.A. 45:11-23 et seq’ the APN statutes. There is every reason to expect that an APN could be the provider performing a pre-surgical history and PE to be completed in a physician’s office setting, just as the APN may do (and is authorized by Hospital Licensing Standards to perform) before surgery done in the hospital or an outpatient setting.

2. The New Jersey BON has proposed re-adoption of its rules, in their entirety on publication in the New Jersey Register, July 19, 2010. Since June 16, 2009 all APN’s having been required to complete a 6 contact hour course in controlled substance prescribing has now passed, the language related to said completion has been deleted from BON rules and the language re. CNE requirements for APNs now simply reads:

   “Every biennial period, an advanced practice nurse shall complete the continuing education requirements for the practice of a registered professional nurses license pursuant to N.J.A.C. 13: 37-5.3 and the continuing education requirements of the nation al certifying agency whose examination the advanced practice nurse successfully passed pursuant to N.J.A.C. 13:37-74.5 or 7.5.

   Note: that all APNs certified by the NJ BON are, by virtue of statutory law: N.J.S.A. 45:11-23 et seq, required to have completed the content equivalent of a 6 contact hour pharmacology course relating to the controlled substances either folded into their graduate APN program or in a continuing education program designed for the practice of nursing in this state, that are not reprinted here, for more information, check their respective websites for current information regarding future classes.

3. The New Jersey Department of Health and Senior Services has proposed re-adoption of its rules:

   N.J.A.C. 8:43G with amendments and deletions, upon publication in the NJ Register, August 16, 2010. Of greatest significance to nurses are rule changes that propose to:

   • Delete all language referring to nurse anesthetists as CRNAs, replacing the phrase with APN/anesthesia
   • Delete language requiring that APNs/ anesthesia be supervised by an anesthesiologist or physician credentialed in anesthesia, replacing a requirement that APNs/anesthesia must provide anesthesia in accordance with a joint protocol developed by the APN and a collaborating physician who is an anesthesiologist.

   Note: Both the title change and the removal of the supervisory rule are consistent with BON rules where Subchapter 13 (related to CRNAs) has been deleted from the rule having expired on June 16, 2009. All nurse anesthetists now practicing in NJ are required to be certified by the BON as APNs and to have met the requirements at N.J.S.A. Subchapter 7 dealing with APN certification and practice. NJSNA strongly supports these modified proposals in the DOPHS rule.

   • Add language regarding the visitation and medical records rights of civil union/domestic partners.
   • Modify the requirement for a patient admitted to the hospital to have a medical history (Hx) and physical examination (PE) that includes a diagnostic procedure to be performed by a clinical practitioner (defined as physician, advanced practice nurse or physician assistant) to include APN/anesthesia.
   • Modify the requirement for a patient to have met the requirements at N.J.S.A. Subchapter 7 dealing with APN certification and practice. NJSNA strongly supports these modified proposals in the DOPHS rule.

   • Add new language regarding infection control based on CDC standards.
   • Add new language regarding detection and control of transmission of Mycobacterium tuberculosis including the use of either two-step Mantoux test (2TMT) or interferon-gamma release assay (IGRA) for screening.
   • Add a definition of hospitalist under Subchapter 7A: Stroke Centers. The definition proposed includes only physicians. NJSNA will respectively propose the definition be expanded to include APNs as increasingly APNs who are board certified in acute care, family, and hospitalist and being employed by facilities as hospitalists.
REGION NEWS

REGION 2 NEWS – Morris, Passaic, Sussex and Warren

Paula LeFever, RN President and Jackie Galante, RN President-Elect

Transition, Recruitment, and Mentoring are the prevailing themes that define our Regional Goals this year.

In August 2010, we discussed how to address several vacancies. It is with mixed emotions that I will be resigning as President of Region 1. I am resigning as President to teach at the College of Saint Elizabeth in September 2010. I have had the opportunity of serving as the Region 1 President, and will remain an active NJSNA member.

I am pleased to announce that Jackie Galante, RN, BSN, will become our current President-Elect, and transition to the President role in the near future. Jackie has been a Med-Surg nurse at Saint Clare’s Health System for 7 years. She has previously worked as a Paralegal in the law and insurance fields. She is very committed to growing our Region, and, has partnered with me to develop an exciting Agenda for the upcoming year.

We are also pleased to announce the election of Sue Weaver, RN, MSN, CRNI, NEA-BC to the position of Congress on Policy/Practice. Sue works at Saint Clare’s Health System as a Shift Administrator/Education Specialist. Jackie and Sue are active members of their Nurse Research Council.

Ari Palermo has resigned from the position of Secretary. Dr. Eileen Specchio, VP of Communications, is currently on sabbatical. We are pleased to announce that she will leave her position to start teaching a new Nursing Program in September 2010! She will return in December 2010. We are certain she will be delighted to be our “Resident Speaker” to share her experiences at a future meeting.

Elizabeth Berger resigned as Treasurer. She had Senior Nurses speak about the importance of transitioning/mentoring our new nurses. By closely mentoring our new nurses, she envisioned increasing the development and diversity of Regional membership.

On September 27th, we invited a few new graduate nurses talk about their experiences. We also had Senior Nurses speak about the importance of transitioning/mentoring our new nurses. By closely mentoring our new nurses, we envision increasing the development and diversity of Regional membership.

On October 13, 2010, we will have the 5th Annual Nurse Research Day at the College of Saint Elizabeth. Region 2 has been appointed as a review panelist for a four year event with ANCC. For future events, meetings, and our most recent newsletter please refer to the NJSNA website located under Region 2 (www.njsna.org), also watch your email for e-blast information. You can also search for Region 2 on Facebook to find upcoming events and blog with members.

If you have any news you would like to share, please send information to Victoria Correale VP communications at victoria07054@yahoo.com.

REGION 3 - ESSEX, UNION

Rosemarie Rosales, RN VP Communications

August 1, 2010 was the NJSNA installation of officers held at the NJSNA headquarters in Trenton, NJ. The event was well attended. Region 3 members Eileen Fay, MSN, RN was installed as NJSNA Treasurer and Rosemarie D. Rosales, BSN, MPA, RN, CCN, CPHQ was installed as Director for NJSNA. Other officers that were installed as Region 3 officers were Norma Rodgers as President Elect, Claire Castron as Secretary, Marvin Sauerhoff as Treasurer, Rosemarie D. Rosales, as VP Communications, Marsha Smith as member Nominating Committee, Kim Stanton as NEA-BC chairperson Nominating Committee, Grace Beaumont Brownlee as Essex County Member at Large, Bettye Ingram as Union Co. Member at Large. Nora Krick is on her second year as President of Region 3.

On August 26, 2010, Region 3 held its Board transitional meeting at Torino North Restaurant at 435 Kingwood St. Nutley, NJ. The date for Region 3 Board next meeting is November 15, 2010 at the VA Auditorium in East Orange. More details to follow as the event gets closer.

Other News:
Franklin Hickey, RN, MSN, CPHQ, member of Region 3 has been named as the new Chief Nursing Officer of East Orange General Hospital. He started his new position on August 2, 2010.

REGION 4 – HUNTERDON, MERCER, MIDDLESEX, SOMERSET

Erin Glospie, RN VP Communications

Our region would like to recognize the following members for their accomplishments: Carolyn Bitzer, RN, MSN, APN, BC, FNP, David Clark, RN and Robin Laco, RN from the University Medical Center at Princeton were named 2010 Nursing Spectrum Nursing Excellence Facility Honorees. Cheryl Prall, MSN, RN Manager of the Center for Training and Development at RWJ Hamilton was named Management - Most Valuable Performer of the year at the hospital’s employee dinner this past June.

Capital Health Systems will be hosting some interesting continuing education events including a Psychiatric Conference - Unraveling the Secrets of the Mind - Understanding and Treating Challenging Disorders, Capital Health at Hamilton, November 3, 2010, 8:00 am - 3:30 pm.

RWJ Hamilton physicians will be hosting an informal, interactive, free CE dinner program designed for nurses to help answer their questions about the link between childhood obesity and Type II Diabetes. The program entitled Identifying Youth at Risk, will be held Tuesday, November 2; 6 to 8:30 p.m. at the Center for Health and Wellness, Conference Rooms A & B. Advance registration is required through Health Connection, (609) 884-5900.

RWJ Hamilton hosted a tricky tray fundraiser, raised $2500 for the American Heart Association, and kept the momentum going with employee participation at this year’s Start! Heart Walk, which took place on Sunday, September 12 at in Mercer County Park.

REGION 5 – BURLINGTON, CAMDEN, CUMBERLAND, GLoucester, Salem

President’s Message
Aleesa Mobley, RN

I want to thank each of you for the work you have done as nurses and the support you have provided as
NEW JERSEY'S NURSING FACULTY WORKFORCE: A TECHNICAL REPORT FOR THE ROBERT WOOD JOHNSON FOUNDATION

The shortage. The 111,440 actively licensed RNs in the year 2000, for each of our five counties, are part-time have sought more hours. These personal of-work spouses have returned to work and those who are part of New Jersey.

As many nurse professors approach retirement, the crisis continues. With budgets cuts to higher education and limited new faculty appointments, qualified nursing students are being turned away from the profession. In addition, the current state of the economy has caused some nurses and nurse faculty to postpone their retirement. The nurse workforce is aging and increases health-related absenteeism. The annual cost to businesses of poor health care quality per covered employee is as much as $1,900.

As President of Region 5, I hope to foster a learning atmosphere that engages nursing students, empowers professional nurses, motivates diploma and associate degree nurses to pursue higher levels of nursing education, and promotes thinking-provoking discourse about needed changes in the workplace through my efforts to sustain the leadership for nurses in the southern part of New Jersey.

References

Cecilia Boyd, RN VP COMMUNICATIONS
President Aleesa Molloy, MSN, RN, President Elect Rita Marseille, MSN, RN, Cecilia A. Boyd, MSN, RN, MBA VP Communications

2010 NJSNA Region 5 Election Results:

As the newly elected VP of Communications, I am excited to be active in Region 5 activities and I am looking forward to being involved in the new vision of increased viability through a variety of active programs.

Region 5 congratulates Rita Marseille, MSN, RN for her presentation at the NJSNA Convention “Disaster Nursing” which was very well attended, and to Cecilia Boyd, MSN, RN, MBA for the co-developed poster presentation “Using Handheld Technology in the Clinical Setting.”

Scholarly themes for the 2010-2011 year will be creation and support of learning environments in Professional Development, Mentoring through the development of Mentoring Relationships and Community involvement. Multiple professional presentations and educational offerings will be developed and presented throughout the region along with a variety of community programs.

Region 5 meetings will be hosted by the School of Nursing at UMDNJ’s Stratford Campus.40 East Laurel Road, Room 2081, Stratford, NJ. The scholarly environment supported in collegiate settings, as well as the enthusiasm associated with students and faculty, is a fitting setting for regional meetings in southern NJ.

Meeting schedule:
• Wednesdays 7pm-9pm 9/29, 10/13, 11/10, 12/1, March meeting at NJSNA Convention, 4/6, 5/4, 6/1. Meetings are open to all members.
• Presently the first educational offering will be held during the October meeting, and a second educational day for will be held on a Saturday. For information on Region 5 activities and news please contact Cecilia Boyd 609-334-0493 or email at caboyd01@gmail.com.

REGION 6 – ATLANTIC, CAPE MAY, MONMOUTH, OCEAN

Judy Schmidt, RN VP Communications

The Annual Meeting of Region 6 was held on June 10th at the Captain’s Inn in Forked River. We had over 70 attendees, the largest response we have had in many years.

The meeting began with the board meeting held. Highlights of the meeting included:

• Results of the Region 6 Election were: Kathy Brack, President Elect; Mary Georgides, Secretary; Kathleen Mullen, Vice President Communications; Joe Krafft, Vice President Congress; Heather Zenesney, Chairperson Ocean County; Donna Gurdgiel, Chairperson Cape May County, Barbara Johnson, Nominating Committee Ocean County. Several write-in candidates for the Ocean County Board were reviewed and two have accepted the position: Mary Bertiero and Jamie Smith both for Ocean County.
• Recipients of the $1000 Region 6 Beulah Miller Scholarships were announced: Kimberly Dudas, Doctoral Degree; Robin Torpey, MSN, Wendy Massaro, MSN, Susan Dowd, AAS.
• Bylaws revisions were presented and unanimously approved. Our organizational year will change to the year 2010-11. A new membership meeting date was approved. This was needed to obtain a raffle license in Atlantic County. We are not dissolving!
• Eileen Toughill, President will be hosting the region’s reorganization meeting in August. At this meeting, plans for meeting dates and events for the remainder of 2010 and the first half of 2011 will be discussed.

Following the meeting, dinner was served and a CE presentation was given. The topic was “Diabetes: A Comprehensive Treatment.”

Several Region 6 members were elected delegates to the American Nurses Association House of Delegates: Eileen Toughill, Eleanor Dietrich, Sally Leeds, and Marty McGregor. The House was the held end of June in Washington DC. In addition to moving the business of the organization, they were able to witness and participate in the election of Jamie Smith, MSN, RN, CCRN to ANA’s Congress on Nursing Practice and Economics. Jamie is a member of NJSNA and Region 6 and works as a critical care nurse in Philadelphia. Jamie is also the daughter of Barbara Smith our Region 6 representative to INPAC. We are very proud of Jamie and with her great success in her new role.

We are also pleased to announce that a former Region 6 INPAC Representative Theresa Campo, DNP, APN, NP-C will be releasing a 45 chapter procedural book titled ‘Essential Procedures for Practitioners in the Emergency, Urgent, and Primary Care Settings. A Compilations of Clinical’. The book was compiled with Dr. Keith Laferty and will be released by Springer Publishing this Fall.

2010-2011 Region Meetings:

REGION 1

October 13, 2010: CSE 5th Annual Nursing Research Day (Announcement Center – College of Saint Elizabeth 4:00-7:00 PM)

December 9, 2010: Nurses Give Back - Holiday Party at the Soup Kitchen Trinity Lutheran Church, Dover

March 30, 2011: New Jersey Nursing Convention at the Tropicana in Atlantic City

May 17, 2011: Board Member planning meeting FY 2011-2012

REGION 5

March 23, 2011: 3-1 April 1, 2011 New Jersey Nursing Convention, Tropicana in Atlantic City

April 6, 2011

May 4, 2011

June 1, 2011

All meetings will run from 7:00PM to 9:00 PM unless otherwise notified and will be held at the UMDNJ School of Allied Health Professional (SRHP), 40 East Laurel Road, Room 2081, Stratford, New Jersey 08084. Upon entering the building the room will be on your immediate right.

REGION 6

November 1—Board meeting

December 6—Board dinner meeting

February—Monmouth County membership meeting w/ CE program (date TBD)

March 2—Board meeting

March 30—Membership meeting at the New Jersey Nursing Convention

June 9—Annual membership meeting at Captain’s Inn, Forked River

Locations to be announced. Please contact Jackie Galante at jlg053@gmail.com or Paula Lefever at plefever@cse.edu for details.
The summer went quicker than expected and another year of nursing school is upon us. Nursing students around New Jersey are gearing up for the rigors of nursing school. Some students have expressed concerns about the current job market affecting new graduates. The New Jersey Nursing Students, Inc. board members have been working on upcoming programs that will ease the stress of the current job market.

The NJNS, Inc. meet every second Saturday of every month. Save the date for our annual meeting:

- New Jersey Nursing Student’s Annual State Convention - Thursday and Friday, February 17-18, 2011 at Bally’s Atlantic City 1900 Pacific Ave, Atlantic City, NJ 08401

Please visit our newly designed website for all upcoming events. To ensure that you receive emails and the Pulsebeat publication, please update your contact information at www.njsna.org. I look forward to seeing everyone at the upcoming events. If you have any questions or comments, please contact me at president@njnsinc.org.

Opportunity For Meaningful Contribution

By Dr. Ruth Gage
Peer Assistance Consultant

Are you interested in assisting troubled colleagues? Are you a nurse who has experience in leading education groups? Do you have time that you would like to contribute to a worthy cause? The Institute for Nursing wants you! Due the rapid expansion of the Recovery And Monitoring Program (RAMP), we are always looking for new facilitators for our Nurse Support Groups. At the present time we are urgently in need of additional leadership for already existing groups which meet on a weekly basis. If you live in Morris County near the Boonton area, we have a group that would welcome a second facilitator for an active, highly motivated group.

Other locations which would benefit from a second leader are Montclair in Essex County, Bayonne in Hudson County, Passaic in Passaic County, and New Brunswick in Middlesex County. In addition, locations further south include Flemington in Hunterdon County, Toms River in Ocean County, and Blackwood in Burlington County. All of these groups already have a seasoned facilitator with much experience who would welcome a colleague to work with them.

New Jersey Nursing Students News

by Regina Adams, RN President

The summer went quicker than expected and another year of nursing school is upon us. Nursing students around New Jersey are gearing up for the rigors of nursing school. Some students have expressed concerns about the current job market affecting new graduates. The New Jersey Nursing Students, Inc. board members have been working on upcoming programs that will ease the stress of the current job market.

The NJNS, Inc. meet every second Saturday of every month. Save the date for our annual meeting:

- New Jersey Nursing Student’s Annual State Convention - Thursday and Friday, February 17-18, 2011 at Bally’s Atlantic City 1900 Pacific Ave, Atlantic City, NJ 08401

Please visit our newly designed website for all upcoming events. To ensure that you receive emails and the Pulsebeat publication, please update your contact information at www.njsna.org. I look forward to seeing everyone at the upcoming events. If you have any questions or comments, please contact me at president@njnsinc.org.
Judy Schmidt, President

Change is a way of life but something most of us don’t like to experience. Often we feel change is chaotic or not necessary. “This is the way we have always done it.” “Don’t change it if it’s not broken.” “This will never last.” Viva La Status Quo!

Change is inevitable without change the human race would not have survived. As your recently elected President of the Institute for Nursing of the New Jersey State Nurses’ Association, I will be undergoing a considerable amount of change. When I speak I will not only be representing myself but all of nursing in the State of New Jersey. This is both an honorable and daunting task. As with my predecessors before me, I must think before I speak and realize my words must be strong and clear. This will be a challenge for me as these days I often find myself fumbling for just the right words.

To a larger degree the Profession of Nursing is going through a drastic change. Due to our continuing downturn in economics, our new entrants in to healthcare are finding it harder and harder to find the traditional jobs in acute care. Our new graduates will find themselves in areas which will require them to be more independent and with less human resource for guidance. The future may have nurses utilizing virtual technology to assess and plan care. Are they prepared for this change?

Judy Schmidt

The Institute for Medicine will be releasing this fall a report which, according to Dr. Beverly Malone CEO of the National League for Nursing, will have a tremendous impact on how we educate nurses. As I see it, nurses will need to attain higher levels of education to deal with changing science and technology. Technology demands may indeed cause the Profession of Nursing to put to bed the ‘entry into practice’ issue once and for all.

The Institute for Nursing is positioned for change and will be able to reposition as needed. The Institute for Nursing’s Board of Trustees and Staff are monitoring this ever changing healthcare environment. We will proactively develop and generate “programs of meaning” and utilize current technology to get these programs to nurses in New Jersey. We are looking beyond our traditional methods of education and information sharing to the ever evolving communication strategies. The Institute will also continue its mission of support for research, support for nurses in recovery from impaired practice and support in the form of fundraising to generate scholarship monies. Join with me in wishing the current Institute Board of Trustees and Staff good luck on our road to “change for the future.”

If you truly want to understand something try to change it—Kurt Lewin

References:
Lewin, Kurt retrieved from internet 8/25/10
quotegarden.com

Scholarship Application

The 2011 Scholarship Application will be available on-line until January 15, 2011. To go to the NJSNA website (www.njsna.org) click on the link and fill out the application on-line.

To request an application by mail, contact Sandy Kerr by email – sandy@njsna.org.

Are Good Leaders Born or Are They Cultivated?

Donna Cardillo, RN, MA

While some individuals may demonstrate good leadership potential, no one comes by the required skills and insights naturally. Good leaders are developed through education and training, mentoring, communication strategies. The Institute will also change and will be able to reposition as needed.

Leadership is both an art and a science that must be learned and practiced—and that practice is ongoing. It is not something that can be “perfected” because good leaders must constantly be moving forward, changing and evolving with their environment.

Experience alone is not the best teacher where leadership is concerned. A study of leadership practices, principles, theories and styles along with core leadership concepts such as delegation, decision-making, problem-solving, inspiring, planning, persuading, teaching, initiating self-managing, etc. are vital components of a comprehensive leadership training/development program. Once learned, new leaders must be given the opportunity to put knowledge into practice in a supportive environment that includes feedback and advice.

But in addition to learning and practicing leadership skills, new leaders must learn to successfully make the transition from staff nurse to nurse leader. Many new leaders fail because they have not experienced a fundamental shift in perspective and stay rooted in their old role, unable to embrace the new. Transition strategies are equally as important as core concepts and may include journaling exercises, involvement in nurse leadership associations such as ONE-NJ, understanding expectations, and doing a self-assessment.

We often put heavy emphasis on clinical education in nursing, professional development, including leadership training for all nurses is just as valuable. When you invest in your staff, you invest in the future of nursing and healthcare.

Donna Cardillo, RN, MA is The Career Guru for Nurses and the Dear Donna columnist for Nursing Spectrum magazine and at nurse.com. She is also the facilitator of the Institute for Nursing’s Transition to Success leadership training program. To bring Donna and this program to your facility contact Randi Basnight, Administrative Assistant at 609-883-5335 ext. 12.
PROFESSIONAL JOURNEY TO EXCELLENCE SHOWCASE
Thursday, January 13, 2011
8:30 a.m.-8:45 a.m.—Registration
9:00 a.m.-3:00 p.m.—Program

$100—Members (Lunch included)
$150—Non-Members (Lunch included)

GOAL: To educate nurses who are based within organizations on their journey to excellence.

PROGRAM OBJECTIVES:
• Describe the value of a professional nursing practice environment
• Contrast the components of shared governance
• Compare characteristics that contribute to career ladder advancement

TARGET AUDIENCE: Professional Nurses from Acute Care Hospitals, Ambulatory Care Facilities, Long Term Care Institutions and Community Health Agencies

CONTACT HOURS: 5.25
The Institute for Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s COA.

SPEAKERS:
Professional Environments for Practice
Richard Hader, RN, PhD, FAAN
Senior Vice President/Chief Nursing Officer, Jersey Shore University Medical Center, Meridian Health

Shared Governance
Robyn Begley, DNP, RN, CNEA-BC (invited)
Vice President of Nursing/Chief Nursing Officer, AtlantiCare Regional Medical Center

Clinical Career Ladders
Mary Ann Hozak, MSN, RN, NEA-BC
Magnet Program Manager, St. Joseph’s Regional Medical Center

Speakers have declared that they have nothing to disclose.
There is no commercial support for this activity.
Accredited status does not imply endorsement by the Institute for Nursing or ANCC of any commercial products or services.

For more information, please contact Debra Harwell, Associate Director, at 609-883-5335 x19 or by email at deb@njsna.org or Randi Basnight, Administrative Assistant, at 609-883-5335 x12 or by email at randi@njsna.org

Clinical Update for the Staff Nurse 2011
Wednesday November 10th
Institute for Nursing
1479 Pennington Road, Trenton, NJ 08618
8:30 a.m.-8:45 a.m.—Registration
8:45 a.m.-3:00 p.m.—Program

$75—NJSNA Members  $100—Non-members

GOAL: To update professional nurses in clinical practice focusing on the areas of stroke care, bariatric and diabetic education and treatment.

PROGRAM OBJECTIVES:
1. Explain advances in the prevention of and care for persons experiencing stroke
2. Recognize factors that lead to bariatric treatment practices.
3. Determine the benefits of varied treatment modalities for diabetes.

TARGET AUDIENCE: Professional nurses

CONTACT HOURS: 5.25
The Institute for Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s COA.

SPEAKERS:
Stroke in Young People
Barbara Chamberlain, PhD, APN, CCRN, WCC, American Heart Association Stroke Council

Obesity and Bariatric Treatment
Valerie Batezel, RN, MSN, CRNP, FNP, BC, Certified Bariatric Nurse

Diabetes Update
Patricia Patsaros, RN, MSN, APN, Certified Diabetes Educator

Speakers have declared that they have nothing to disclose.
There is no commercial support for this activity.
Accredited status does not imply endorsement by the Institute for Nursing or ANCC of any commercial products or services.

For more information, please contact Debra Harwell, Associate Director, at 609-883-5335 x19 or by email at deb@njsna.org or Randi Basnight, Administrative Assistant, at 609-883-5335 x12 or by email at randi@njsna.org

Save the date to honor those who help advance health care in New Jersey!

December 9, 2010

Visit www.NJSNA.org to order tickets & for sponsorship opportunities.
Voices from the Field: Nurses’ Perceptions of Nursing Research

By Nurses at the Visiting Nurse Association of Central Jersey (VNACJ) and Robert Wood Johnson Visiting Nurses

Susan Fowler, PhD, RN, CNRN Editor Research Column, has solicited comments, “Voices from the Field: Nurses’ Perception of Nursing Research,” from nurses practicing at the Visiting Nurse Association of Central Jersey, and Robert Wood Johnson Visiting Nurses.

Kimberly Mora, RN, BSN
Staff Nurse VNACJ

When in Nursing School my goals, and the goals of my colleagues, were to immerse ourselves in the latest research and evidence based practice throughout our careers. The reality of the profession makes this a difficult pursuit. During my first year as an RN at a Magnet hospital, there was a designated nurse educator to our floor consisting of three units. She was accessible at almost any moment of the day, and was dedicated to nursing research. The staff nurses, often overwhelmed with work, were able to maintain a level of knowledge based on the culture of the environment. I never knew how lucky we were. When I moved out of state I moved to another hospital. The workload was overwhelming and the nurses were rarely exposed to any valuable education in EBP by the institution. Education was limited to in-services provided by vendors, and largely resented by the staff, as no efforts were made to cover the staff nurses during any presentation. I believe the culture was one which slowly defeated the most dedicated RN’s enthusiasm for Nursing Research. I feel that the sheer workload of today’s nurse contributes to defeating our desire to advance our practice and that the healthcare institutions that we serve rarely allocate the support necessary for nurses to advance their knowledge.

In my experience, nurses seem intimidated at the idea of conducting research. The statistical language and the science can be daunting. Given the opportunity and the time to learn, I believe most nurses are willing to discard “old ways” for EBP. However I believe that most staff nurses perceive conducting research to be tedious and “boring.”

Wendy Massaro-Johnson, RN, BSN, BC
Community Health Nurse-VNACJ

Nursing research is challenging! It is a necessary component of health care which enables health care workers to provide up-to-date, current care. As a staff nurse, I found research somewhat intimidating because there is so much information available. Therefore, a nurse must be educated about how to look at a study for its integrity and applicability to practice. Validating that the information being researched is accurate is essential. Not all research is necessarily done with rigor. Even though I have furthered my education and have almost completed my MSN, I am still growing in my confidence in evaluating and using research in practice.

Wendy Ebner, RN, CRRN, COS-C
Acting Clinical Manager
Robert Wood Johnson Visiting Nurses

My perception of research focused on the Nursing Research Council. This forum raises the standard of professionalism of nursing within our organization. I find this council to be very welcoming and not nearly as intimidating as the name might imply. It is very interesting to note the different perspectives the members all bring to the table. Some are quite academic, some are more hands on, and many are somewhere in between. Regardless of members past experience and opinions though, all are joined by common goals and evidenced based approaches. Using evidence based research helps achieve a common ground efficiently and helps everyone keep a certain balance. I find the Research Council to be a very valuable asset to our agency.

Peggy Lasoff, RN
Staff Nurse/Preceptor
Hospice/Palliative Care-VNACJ

Nursing research sounds exciting and intimidating at the same time. It’s exciting to have information gathered and analyzed by fellow nurses, and intimidating when interpreting the data. Implementing findings that are nurse driven does feel empowering. Our expertise does matter, as a group, we finally have a say, and others are listening!

Eileen Mazzei, RN, CRRN
Staff Nurse/Preceptor
Robert Wood Johnson Visiting Nurses

When I became a nurse twenty years ago I never thought much about research. I never questioned that there might be better ways to do wound care or manage diseases. Nursing, after all, knew what was best. As I matured, so did my understanding of nursing. Now I am always thinking and ask myself the following questions: Does the research support what I am doing? Would further research give me a better understanding of the situation? Does more research need to be done on this topic/subject? I, now, understand how research empowers nurses and enables us to give the best care possible. It’s all about best practices!

Lisa Dillion Zwerding, RN, BC
Staff Nurse/Preceptor-VNACJ

As a staff nurse, I feel nursing research is essential to good practice and also allows others to recognize the importance of nurses and their contribution to the healthcare team. I rely on nursing research in my everyday practice to enhance my knowledge and to benefit the patients I care for. Although I find it very interesting to work on a research project, I must admit that doing research brings a mind an overwhelming task and can be very intimidating to me.
The Institute for Nursing, the charitable and educational arm of the New Jersey State Nurses' Association is delighted to announce it will be hosting its fall fundraiser at Villa Milagro Vineyards, in Finesville NJ, October 30, 2010 from 4-7:00 PM. Also to be included is a silent auction to be held during the event. All proceeds from the event will be used to assist in the mission of the Institute for Nursing (IFN), a 501(c)3 organization. This past year, the IFN awarded 21 undergraduate and graduate scholarships to nursing students; provided and subsidized the cost of over 16,000 continuing nursing education contact hours for nurses which are required by New Jersey relicensure and to enhance their practice of nursing, administered the Recovery And Monitoring Program (RAMP) which ensures that nurses who are actively seeking treatment for their drug or alcohol addiction return to work only when they can provide safe, competent nursing care, and promoting nursing research to improve quality patient care.

The event is open to the general public and tickets may be purchased by contacting Debbra Elko, Chief Financial Officer, Institute for Nursing 1479 Pennington Road, Trenton, New Jersey 08618 no later than October 25, 2010. For more information on the sponsorship opportunities, Debbra may be reached at (609) 883-5335 ext 16. Donations and sponsorships for the event are also welcomed.

Benjamin Evans, DD, DNP, RN, APN
Secretary to the Institute for Nursing

Debbra Elko
Chief Financial Officer

SPONSORSHIP OPPORTUNITIES STILL AVAILABLE
THANK YOU TO THE FOLLOWING SPONSORS:

- Sangre del Toro
  Karl Crytser Financial
- Merlot Sponsor
  Holy Name Medical Center
- Chianti Sponsors
  Robert Wood Johnson Hospital, New Brunswick
  Atlantic Care
  NJSNA Region 3

SILENT AUCTION DONATIONS:
- Jets Football Team - signed football
- Giants Football Team – Signed Eli Manning Poster
- Liberty Science Center – 2 tickets
- State Theater – 2 tickets – choice of 21 shows
- Patriots Theater – War Memorial – 4 tickets
- Nutcracker Ballet
- George Street Playhouse – 2 tickets – choice of 2010-2011 show
- NJ PAC – 2 tickets Chieftans

Become a member of NJSNA

NJSNA
1479 Pennington Road
Trenton, NJ 08618
www.njsna.org

DIRECTIONS TO THE FACILITY:
- Follow signs to Route 27 exit
- Take Route 27 North to Route 9 South
- Take Route 9 North to Trenton
- Proceed 1/4 mile on Northampton Street
- Turn left onto Pennington Road
- Drive 1 mile

Membership Application

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Membership Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct (State Only)</td>
<td>$134.00</td>
</tr>
<tr>
<td>Dual (State &amp; National)</td>
<td>$304.00</td>
</tr>
</tbody>
</table>

Voluntary Institute for Nursing Donation

- $25.00
- $50.00

Dues Payment Options:

- Check Enclosed
- Money Order Enclosed
- Credit Card
  - Visa
  - MasterCard
  - Discover
  - American Express

Credit Card Authorization

Card No.
Security Code
Expiration

Signature
Printed Name

By signing on the line, I authorize NJSNA to charge the credit card listed for the annual membership dues.