November 19, 2012 was a momentous day for healthcare, nursing, and Advanced Practice Nurses (APNs) in New Jersey. The bill, the “Consumer Access to Health Care Act,” introduced by Senator Joseph F. Vitale, is Senate Bill 2354 (S2354), which eliminates the requirement of a joint protocol with a physician for APNs to prescribe medication. Assemblywoman Nancy Munoz introduced the “Consumer Access to Health Care Act” in the NJ Assembly (A3523) on December 3. Munoz is one of two registered professional nurses serving in the Assembly. Nearly a third of the states and the District of Columbia have increased access to APN care by eliminating barriers imposed by requirements for supervision, collaboration, and direction, without any evidence of reduction in patient safety. Currently, in NJ, APNs practice autonomously, however, in order to prescribe medications and medical devices they must have a Joint Protocol with a physician. This Joint Protocol does not make any requirement that the physician examines the patient, participates in the care of the patient, approves of the care the APN gives, or directs the care of the patient. Rather than enhancing patient care, it has served as a legal barrier that has restricted access to healthcare provided by APNs.

The recent Institute of Medicine Report (IOM) on the Future of Nursing recommended that in order to improve access to healthcare in the US, APNs and all nurses must practice to the fullest extent of their educational preparation. For that to happen, restrictive regulatory and legislative barriers must be removed. APNs are not new to NJ; they have been providing safe, cost-effective, and high quality of care to consumers for over 40 years. The IOM report further references studies that compare the care given by APNs and physicians; the research shows when patients have comparable conditions or complaints there are comparable outcomes in the quality of that care.

When discussing the removal of the Joint Protocol, it is often asked – without a collaborative agreement with a physician, what would the APN do if she/he came upon a medical problem with which she was not familiar? The answer is the same as for a physician who comes across a medical problem that he/she is not familiar with – refer to someone who can best address that problem, that is refer the patient to another appropriate practitioner. Nurses have historically been known to be key members of the healthcare team and removal of the JP will not change that. Collaboration between healthcare professionals of all persuasions is the hallmark of high quality, cost-effective care. These relationships do not need to be legislated for APNs, nor for physicians.

The “dropping” of S2354 is just the beginning of a long road to improving access to healthcare for New Jersey’s residents (First Reading). The bill is assigned to a Senate Committee for review. The Committee then considers the bill at a meeting open to the public. The Committee then may vote for the bill, as is, with approval or amendments or it can be referred to another committee for further consideration. It is also possible that the Committee can table the bill (place it on hold) or the Committee can vote to recommend against passage of the bill. The bill then goes to the full Senate for consideration. The Senate then may vote for the bill, as is, with approval or amendments or it can be referred to another committee for further consideration. It is also possible that the Senate can vote to recommend against passage of the bill.
As I am writing this article for the January New Jersey Nurse it is snowing outside. Today is November 7, 2012. We have just survived Superstorm Sandy, the worst weather event on the East Coast that most of us can remember. Now we are having a nor’easter with snow. Hopefully, our lives will have returned to somewhat a “normal” pattern by now.

As I have mentioned many times in the past, the theme of my presidency is “Collaboration and Cooperation.” This message needs to become a continuous mantra for the nurses in New Jersey. I have seen it surface during this trying time. During the storm and the days afterward, the members and the staff at the New Jersey State Nurses Association (NJSNA) reached out beyond their own work environment to assist people in their time of need.

The staff at NJSNA kept our members informed about where they could get assistance from governmental agencies and where to get gas to get to work. They are working with the American Nurses Association (ANA) to get needed grants to help our members that have suffered unimaginable losses to get back on their feet. We thank ANA for their assistance.

Nurses have, in their off time from their regular jobs, volunteered to help neighbors to clean-up and recover what little they have left. Many have volunteered at shelters. Nurses have donated not only their time, but also needed supplies, clothing and money to help with the recovery. Nurses in our healthcare facilities worked through the worst of the storm, many of them “living” at their facilities for days. Nurses in New Jersey are truly “silent heroes.” However, we must continue this momentum.

As I stated in the October New Jersey Nurse, as nurses, we need to come together as one strong voice, just as we came together in the weather event of October 2012. It should not take the winds of a storm for nurses to step out of their comfort zone. Nurses should not just be “silent heroes.” We need to be a voice and a force that moves the winds of healthcare reform. Healthcare needs to change. It needs to be affordable and accessible to all. New Jersey can be a premier state in providing excellence in care for its citizens. Nursing should be a partner in this movement. There are many obstacles out there for us to surmount, but if we join together, anything can be accomplished. “Collaboration and cooperation” of all stakeholders are the keys to success. Let nursing be the best example!

On a lighter note, we had our Annual Meeting and Education Summit on October 24-26, 2012 at Bally’s Atlantic City. The event was extraordinary. The presentations were timely and informative, including a presentation on “disaster planning.” There was something for everyone. I would like to personally thank the Convention Committee, under the leadership of Mary Carroll, on the wonderful job that was done. Also, I would like to thank the NJSNA Staff, who spent many hours working on this event. Deb Harwell, Jamie Smith, Debbra Elko, Jennifer Martin-Stein, Sandy Kerr, Tyea Santiago, and Annemarie Edinger, and Pat for Barnett on her continued leadership.

Again, I invite you to email me at judy@board.njsna.org and let me know your thoughts. I look forward to working with and for the nurses in New Jersey.
Storms Batter Nurses, But Not Nursing Care!

Patricia Barnett, JD, RN, CEO

We are in the cleanup phase post Super Storm (Hurricane) Sandy and anticipate the next big storm, the debate about a bill removing the joint protocol for Advanced Practice Nurses (APNs) “Consumer Access to Care Act” which was introduced by Senator Joseph Vitale (D18) and Assemblywoman Munoz (R21) in the Assembly. During this moment of relative calm between these two major events, I find myself amazed at the tremendous courage and generosity of nurses.

Super Storm Sandy was an unwelcome guest to New Jersey. My sister who lives in Louisiana and has dealt with many hurricanes, including Katrina, phoned me with directions on how to prepare. My job was fairly easy, getting the New Jersey State Nurses Association/Institute for Nursing, our nurses and my home ready, and making sure I had enough supplies to tide everyone over until life got back to “normal.” There is no comparison to the challenges that faced many Chief Nursing Officers, like Mary Ann Donohue at Jersey Shore Medical Center, or the thousands of nurses in the hard hit areas who went to work and stayed only until the storm passed to go home to find their homes gone. Many other nurses responded to the NJSHA Facebook request for volunteers, traveling from areas that were safe to shelters in the affected areas.

The Facebook entries, emails, and phone calls from people who were struggling to locate gas, trying to find out who to call to get help with clean-up, to get medical supplies back in their homes, was amazing. The NJSHA Facebook user jumped +2,408%, as NJSHA used the site to communicate with members and nonmembers about resources available to help recover, or opportunities to volunteer. The Red Cross and the NJ Department of Health asked us to let people know they didn’t need any more volunteers three days after the storm because the response was overwhelming.

Nurses, putting others first working in difficult situations and driving through hazards to get there.

To help our members get through this period of uncertainty and distress the IFN is partnering with the American Nurses Foundation to raise funds to assist NJSHA members and New York ANA IMD members. Not all nurses have flood insurance, and for those who do, it may be months before their insurance companies settle with them. Some temporary housing sites and other vendors are not willing to wait months before being paid. IFN will be awarding grants up to $2,000 based on need and availability of funds.

Our goal is to get resources to nurses quickly to help them recover. Some of the things we will help with include:

- Emergency housing including hotels/motels, rental replacement housing or apartments and relocation costs related to moving into the affected areas.
- Transportation including public transportation tokens/tickets, car rental or down payment to help replace a car damaged in the disaster.
- Purchase generators to enable a nurse to move back into his/her home.
- Expenses incidental to relocation including boarding pets.
- Other emergency needs not listed but which pose a significant hardship for the nurse which may include temporary child care and eldercare.

We will not reimburse for items insurance is paying for, or “minor” damage such as perishables due to power loss.

Please help by making a donation to IFN for the Relief Fund at the NJSHA website, or if you need more information on how to apply for funds, go to the NJSHA website for information on how to apply for funds.

The storm that is coming is the response that will come to the effort to remove barriers to the practice of nursing and do what the Institute of Medicine report, The Future of Nursing, called all policy makers to do – ensure nurses practicing to the full extent of their licensure and training.

NJSHA works with many groups and organizations (has), asked Senator Vitale and Assemblywoman Munoz as sponsors of the legislation to remove the requirement for a joint protocol between an Advanced Practice Nurse (APN) and a collaborating physician. The Joint Protocol is NOT a contract among equals, but an unbalanced requirement, since the APN must have it to be able to write prescriptions and order devices; the physician does not.

This provision was originally created as “training wheels” to allow some oversight for APNs who otherwise practice independently. Twenty one years later that limited oversight has turned into a demand by some physicians that the APN pay anywhere from $600 per month, or up to 50% of the APN’s income for the collaborating agreement.

During those 21 years no evidence has been presented that APNs with prescriptive authority under the joint protocol have injured patients or had questionable practice. Malpractice claims actually show that APNs working independently have much lower incidents than APNs who are supervised by a physician, and significantly lower incidents than physicians.

In a multiyear CNA/NSO national study discussion follows:

- NPs that faced claims (9%) were more likely than NPs who did not face claims (4%) to practice in a state that required physician supervision.
- Of the NPs sued, 89% had physician oversight. Those with no oversight were only 11% of the nursing population.
- NP lawsuits were twice as likely as those who did not face claims to report no prescriptive authority.
- According to a Healthcare Integrity and Protection Data Bank (HIPDB) New Jersey APNs likelihood for having a complaint filed is 1.274, while for physicians and DOs it is 1.12 or 228 times the number of complaints filed against a physician, than an APN.

So why change now? Access to care and cost of care are important considerations.

- New Jersey has 1,400 fewer primary care physicians than the projected need, and the trend is that there will be fewer in the next 10 years, a time that upwards of 800,000 individuals will have access to health insurance under the Affordable Care Act. Without more providers who can offer primary care having insurance will mean nothing. There will be no access to primary care providers.
- According to data from the Medical Expenditure Panel Survey (MEPS), the average cost of a NP or Physician Assistant (PA) visit is between 20 and 35 percent lower than the average cost of an office-based visit with a physician.
- A 2009 analysis by RAND projected a cumulative healthcare savings of $4.2 to $8.4 billion (0.6–1.3%) from 2010 and 2020 for all payers, if Massachusetts were to expand the role of APNs and PAs removing barriers to practice relative to the status quo.11

The reality is APNs need to be able to practice without restrictions to permit many patients to have a primary care provider. Also, healthcare costs are high because too few people have a primary care provider, and nurse-managed clinics offer an alternative where patients have higher rates of generic medication prescriptions filled at pharmacies, and lower rates of hospitalizations when compared to patients of similar providers, thus leading to lower costs.12

We need your help, PATIENTS need your help

To learn more about the bill go to www.njsha.org and click on the tab that says Joint Protocol. To volunteer to support the bill to remove the joint protocol, click on the site or call NJSNA at 609-883-5335. One of the JP removal teams will work with you.

It is both empowering to let legislators know what you as a nurse care about and it is rewarding. I did my first legislative visit 36 year ago and learned how valuable contacts by nurses with their legislators are. Nurses do not get the public recognition they deserve, when a disaster hits or a challenge arises. We do what we do, in day and day out – care for patients and our community without fanfare or big press releases.

Thank you for who you are and what you do – you are members of the most respected profession for a good reason – because you care and you are always there when needed.


10 Online degree programs RN-BSN, MSN, DNP health.usi.edu/certificate

January 2013
New Jersey Nurse & Institute for Nursing Newsletter
Access to Reproductive Health Services: The NJSNA Position Statement

Dorothy Borresen, PhD, RN, APN – COPP Member-at-Large

In the last issue, the Congress on Policy and Practice (COPP) article focused on NJSNA position statements. Just to review, position statements are an explanation, a justification, or a recommendation for a course of action that reflects NJSNA's stand regarding a concern. This month COPP reviewed, but did not revise, the Access to Reproductive Health Services position statement, written in 1989. The references were updated!

COPP is aware that in this current climate there is tremendous controversy and emotion surrounding reproductive health. The position statement is broad and focuses on a woman’s right to fair and equitable healthcare delivery and access to basic health services, including those related to reproductive health. It describes the obligation of health care providers to share with the client relevant information about health choices that are legal and to support them regardless of their decisions without coercion.

As nurses, we need to advocate for patients like Sheila, a 32 year old woman, who has had a history of HPV. She was diagnosed with HPV (Human Papillomavirus) after having a routine screening Pap test. She subsequently had several Pap tests and eventually a colposcopy and then a loop electrosurgical excision procedure or LEEP. She came to a different clinic and saw an APN. She told the APN that she had never followed up with her health care provider after her LEEP procedure because she could not afford the co-pay. She was also concerned that she was pregnant. She had a positive pregnancy test and immediately said that she did not want the pregnancy and wanted an abortion. The APN was non-judgemental and supportive, and chose not to counsel this woman, who has had a history of HPV. She was diagnosed with HPV (Human Papillomavirus) after having a routine screening Pap test. She subsequently had several Pap tests and eventually a colposcopy and then a loop electrosurgical excision procedure or LEEP. She came to a different clinic and saw an APN. She told the APN that she had never followed up with her health care provider after her LEEP procedure because she could not afford the co-pay. She was also concerned that she was pregnant. She had a positive pregnancy test and immediately said that she did not want the pregnancy and wanted an abortion. The APN contacted the clinic that did the patient's LEEP and personally made a referral for her to have counseling regarding her health care choices regarding the pregnancy.

The statement reiterates that nurses have the right to refuse to participate in a particular case on ethical grounds, unless the client's life is in jeopardy. In this case, the nurse is obligated to provide for client safety, avoid abandonment, and withdraw only when they are certain that there are alternative sources of nursing care available to the client. The nurse is obligated to refer to another health care provider if they withdraw from care.

In summary, this statement focuses on nurses advocating for access to reproductive healthcare for women. It addresses the legal and ethical responsibilities of nurses working with these clients and reminds us that we are obligated to consider client safety and make certain, that despite our personal beliefs, we never abandon the client.

The Congress on Policy and Practice wants to hear from NJSNA members. Please send any practice concerns to COPP, Jamie@njsna.org.

American Nurses Advocacy Institute

September 30th through October 2nd, the ANA held the fourth annual American Nurses Advocacy Institute (ANA) in Washington, DC. Nineteen nurses participated from fourteen states. This year long mentored program is designed to develop political leadership skills for growing a cadre of nurses who will influence policy decisions at the state and national levels. Sessions on navigating the legislative process including how to conduct a political environmental scan and messaging for different audiences are examples of topics covered. Calls will be held over the course of the next year to explore related issues and share projects and activities.

Katie Keating, RN, MS, of NTM Information and Research and Brenda Marshall, RN, PhD, of William Paterson University represented the New Jersey State Nurses Association.

Should you be interested in participating in a future program, please contact your state nurses association to seek endorsement. Grassroots experience and demonstrated commitment to support of the association is required for consideration. The program is highly competitive, limited to no more than 24 participants per year. Questions may be directed to Janet Haeblet MSN, RN, Associate Director, ANA State Government Affairs at janet.haeblet@ana.org.
Marra appointed to Greystone Park Psychiatric Hospital Board
Mary Anne Marra, RN, MSN, NEA, BS, East Orange General Hospital Vice President and Chief Nurse Officer, has been appointed to the Greystone Park Psychiatric Hospital Board of Trustees. Previously, Marra served as Bergen Regional Medical Center Chief Nurse Executive. She credits the NJ Action Coalition Leadership initiative headed by Aline Holmes, NJHA, for assisting her in securing her board appointment. Also, she has held management positions over several decades at St. Joseph’s Regional Medical Center, and served on the Northern New Jersey Maternal/Child Health Consortium Board since 2009. Marra holds BS and MS degrees from William Paterson University, and is pursuing a Doctorate of Nursing Practice at Rutgers University, College of Nursing.

Moore appointed to Ancora Psychiatric Hospital Board
David Moore, RN, MSN, BC, South Jersey Healthcare administrative director of mental health services, has been appointed to the Ancora Psychiatric Hospital Board of Trustees. Moore believes that if you want to advance the science of nursing, you must look beyond the day-to-day decisions, and impact the long-range plan as a member of boards of directors. He has developed the Moore Psychiatric Code Analysis Tool that allowed him to identify risk factors associated with each use of restraints and to develop risk reduction programs. Research has shown that restraints can be dangerous, yet nurses may need them to protect themselves from violent behaviors that patients sometimes display. Although on the surface this may appear contradictory, his research is the first step in gaining insight into this challenging area of patient care.

Zastocki appointed to William Paterson Board
Deborah Zastocki, RN, DNP, CNAA, NEA-BC, FACHE, Clifton Hospital President and Chief Executive, has been appointed to the William Paterson University Board of Trustees. She has served on several boards of community and professional organizations, for example: NJHA Health Research and Education Trust (HRET), former Chair, VHA East Coast Board of Directors; NJHA Board of Directors, Secretary; AHA Regional Health Policy Board of Directors, and the Commerce and Industry Association of New Jersey (CIANJ) Board. A recent UMDNJ graduate, where she received a Doctor of Nursing Practice degree, she earned a Master of Arts in Nursing and in Education from Columbia University, and a BSN at University of Rhode Island.

VNA Health Group Nurse Delivers a Baby on the Streets of Newark

Tuesday, November 6, 2012

It’s a Doozie of a Baby!!

While on route to patient visits, Visiting Nurse Association Health Group home care nurse, Mavis Doozie, RN saw a man driving erratically, going the wrong way down a one way street. He got out of the car and began shouting for ‘someone to help.’ The nurse asked what was the matter and the man yelled, “please help me, my wife is having a baby.” The young woman was in the car and the baby was coming. Without hesitation, Doozie moved quickly to the car to assist the mother in the successful delivery of her new baby boy.

The family had called for an ambulance but it had been unable to get through the gridlock of traffic and the nonworking streetlights. When the husband attempted to reach the hospital himself, he could not get through.

Upon delivery, Doozie wrapped the newborn in her coat and directed the father to drive the family to Newark Beth Israel Hospital. At one point, Doozie had to step outside the car with the newborn in her arms and direct the traffic to let the car by and enable the family to make their way to the hospital.

“I was just fortunate to be in the right place at the right time,” said Mrs. Doozie. “As a nurse, we do whatever we have to do, that baby wasn’t waiting to get to the hospital and mom and I knew it.”

At nine pounds, it’s a doozie of a healthy boy baby and for the Florence family, Nurse Doozie’s presence was more than being in the right place – it was a miracle.
Hurricane Sandy began life from a tropical wave in the western Caribbean on October 22, 2012. By the time it made landfall seven days later on October 29 near Atlantic City, NJ, it had developed into a major storm earning a place in history as the most significant hurricane ever to strike the Atlantic Ocean (Sullivan, 2012). So far, economic estimates of the damage inflicted by Hurricane Sandy place it well ahead of nearly all previous hurricanes and instances of severe weather, save for Hurricane Katrina (Trumbull, 2012). As Vice President and Chief Nurse Executive of Jersey Shore University Medical Center, I was at my job when the initial weather reports of what would turn out to be Hurricane Sandy began to emerge. On Thursday, October 25th, leadership at JSUMC and our parent organization, Meridian Health, began scheduling conference calls with the Ocean, Monmouth and New Jersey State Health Emergency Management (OEM) in order to begin full scale storm preparations. Immediately, all departments sprung into action: Materials management began ordering supplies for delivery on Sunday instead of the usual Monday at levels that were “par and pass,” pharmacy ordered sufficient medications to last from Sunday to Wednesday normally held in reserves, and dietary expanded their menu to include enough food for more patients and families, as well as for team members. For example, managers throughout the entire healthcare system agreed to work weekends, received constant weather updates, and discussed their team members’ commuting plans and preliminary needs for hurricane supplies. As the European and North American forecast models, at first diverse in its predictions, began to converge on a similar geographical landfall location on Monday, October 29th, Jersey Shore University Medical Center opened its Command Center. Each of the Vice-Presidents rotated through incident command responsibilities and ordering supplies for delivery on Sunday instead of the usual Monday at levels that were “par and pass,” pharmacy ordered sufficient medications to last from Sunday to Wednesday normally held in reserves, and dietary expanded their menu to include enough food for more patients and families, as well as for team members. For example, managers throughout the entire healthcare system agreed to work weekends, received constant weather updates, and discussed their team members’ commuting plans and preliminary needs for hurricane supplies.

Finally, the outpouring of support and caring have yielded tremendous damage that was reflected in the incredible feat! For team members. For example, managers throughout the entire healthcare system agreed to work weekends, received constant weather updates, and discussed their team members’ commuting plans and preliminary needs for hurricane supplies.

For info call (900) 634-1703 or go to www.frenchwoods.com

Spend The Summer at Camp! Camp Ramah, outstanding co-ed residential camp in Dutchess County, NY, 2 hours north of NYC, seeks RNs to join team of 3-4 nurses and on-site MD from as early as June 17/18 to June 23 or all or part. $1300/week salary, $1500 licensing fees, private room with private bath, all meals, use of facilities, ACA accredited. Call Ari at (203) 871-7662 x202 or email ari@ramaberkshires.org.

Volunteering After Sandy

Terriann Christopher, APN-BC

When I saw the call on Facebook looking for nurses to volunteer at a shelter in Monmouth County New Jersey in the days after Sandy struck, I was eager to help. Part of it might have been survivor guilt. My own home in northern NJ had been unscathed by the storm (we lost power for all of one hour). I’d spent the next four days viewing scenes of all the hardship around me, the homes that were still without power. Houses and whole neighborhoods had been flooded and their residents displaced, not knowing when or if they would ever be able to go back. So I was feeling very blessed and I wanted to do anything that I could to help those who hadn’t been as fortunate.

I was also eager to help because I knew that my training and experience as a nurse had given me knowledge and skills that would be useful during this crisis. I had worked for 10 years as a critical care nurse, and then gone back to school to finish an advanced degree in Psychiatric nursing and had worked for the past 9 years as an Advanced Practice Nurse in a psychiatric hospital. So even though I had never volunteered during a public crisis on this scale, I had been working for over 20 years dealing with people who were dealing with their own individual crises and trauma and I was hopeful that that experience could be useful at the shelter.

I arrived at the shelter at Monmouth University four nights after the storm hit. The Monmouth County Sheriff Department manned the checkpoint at the entrance to the university and then I was checked in by the National Guard, who had set up the shelter. In the immediate aftermath of Sandy, there were over 1200 displaced people who were being housed in the gym. The gym was very large, its walls lined with lockers on three sides. The fourth side of the building was replaced by a temporary wall on Friday evening, some of those people had been able to find places to go, some had been sent to other shelters but there were still about 1200 people sleeping on cots in the gym. I was guided to the makeshift clinic that had been set up in one of the rooms that adjoined the gym and was given an orientation by a Monmouth County public health nurse who had been working almost without rest for the past 4 days and by a medical doctor who had been volunteering. They showed me what resources were available at the clinic and in the surrounding area. There were 2 hospitals within 10 miles of the University with functioning emergency rooms, but they were already overburdened and we wouldn’t be sending any patients to them unless the situation was extremely critical.

Even more important than the medical services, we were available to talk to the residents and to calm and reassure them. These were people with very real problems, people who were frightened, people who were being evicted or who had lost everything and were homeless and who were trying to find somewhere to live, somewhere to sleep. The anxiety and stress was heightened by the anxiety they were experiencing, by the trauma that they had undergone. With Thanksgiving coming up this week, one of the things that I am most thankful for is that my training and experience as an Advanced Practice Nurse in Psychiatry has given me the knowledge and understanding that I need to be of some help.

When Kim, Danielle and I left the shelter on Saturday morning, I think we all felt a sense of pride and fulfillment in the profession that we had chosen. As nurses we not only have the health care knowledge, we have the experience of working closely with patients, of talking to them and listening to them. We take a holistic approach to healthcare, tending to the physical needs and the mental and emotional needs of our patients. We see their everyday lives and help them to integrate their healthcare with the demands of daily life. When we left the shelter on Saturday morning, we felt grateful that we had the opportunity to help people who were going through a very difficult time. We felt that my training and experience in working together as nurses and seeing how we could make a difference to people in a time of need.

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Six NJ Nurses Inducted into American Academy of Nursing

Six NJ Nurses were inducted into the American Academy of Nursing (AAN) at the Annual Conference held on October 13, 2012 in Washington, DC. They were among the 176 fellows to be awarded this most prestigious honor Academy fellows represent the nation’s leading nurse researchers, policymakers, scholars, executives, educators and practitioners. The ceremony this year marked the induction of the largest cohort of new fellows admitted in one year, including nurses from across the nation and globe.

The New Jersey American Academy of Nursing Fellows are:

- Edna Cadmus, PhD, RN, NEA-BC, Rutgers University, School of Nursing
- Deanna Gray-Miceli, PhD, GNP-BC, RN, FAANP, Rutgers University, College of Nursing
- Mary Kamienski, PhD, APRN, FAEN, CEN, University of Medicine and Dentistry of New Jersey, School of Nursing
- Mary Ellen Roberts, DNP, RN, APN, FAANP, Seton Hall University, College of Nursing
- Susan Salmond, EdD, RN, CNE, University of Massachusetts, Boston College of Nursing & Dentistry of New Jersey, School of Nursing
- Maureen White, MBA, RN, NEA-BC, North Shore Long Island Jewish Health System

The AAN is comprised of more than 1,800 nurse leaders; selection criteria include evidence of significant contributions to the field and policy, and sponsorship by two current Academy Fellows. Applicants are reviewed by a panel comprised of elected and appointed Fellows, and selection is based, in part, on what extent nominee’s nursing career influences health policy, and the health and well-being of all. New Fellows are eligible to use the credential “Fellow, American Academy of Nursing (AAN)” after their induction.

The American Academy of Nursing was founded in 1973 under the aegis of the American Nurses Association (ANA); today it is an independent affiliate of the American Academy of Nursing. The Academy members – known as Fellows – are responsible to improving the health of the nation, and making nursing’s contribution visible. The induction of a Fellow is an honor that signifies a professional career influences health policy, and the health and well-being of all. Fellows are eligible to use the credential “Fellow, American Academy of Nursing (AAN)” after their induction.

The Academy of Nursing was founded in 1973 under the aegis of the American Nurses Association (ANA); today it is an independent affiliate of the ANA. The Academy serves the public and the nursing profession by advancing health policy and the health of the public; improving nursing excellence in the care of older adults. A former Project Director of the Geriatric Nursing Education Consortium (GNEC), Dr. Mary Ellen Roberts has made many presentations to interdisciplinary groups on primary and specialty care, as well as nursing care. She has written numerous articles and journal publications. She shaped the initiation of the doctor of nursing practice program, her seminal AANP white paper on nursing practice regulations, and her seminal work on the development of a nurse-managed transdisciplinary primary care model for underserved communities.

Mary Ellen Roberts is an assistant professor and director of the doctor of nursing practice program, her seminal AANP white paper on nursing practice regulations, and her seminal work on the development of a nurse-managed transdisciplinary primary care model for underserved communities.

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Maureen T. White, MBA, RN, NEA-BC, FAAN

In Memoriam

Shirley Mae Riley, of Wheatland PA and former president of NJNSNA’s Region 3, died Tuesday, November 6, 2012 at home. She was 80.

Shirley was born July 7, 1932, in Farrell, to Robinson and Eulah Mae (MacPhaul) Ford. Shirley was a 1950 graduate of Farrell High School and went to Trumbull Nursing School. She received her master’s degree in nursing from Montclair State College, Montclair, N.J.

She was employed as the director of nursing at Beth Israel Hospital in Newark, N.J., retiring in 1997. She was a member of Lambda Kappa Mu sorority and her various positions in the organization.

Shirley returned to the Shenango Valley in 2001 and served as a member of the NAACP and was a Wheatland borough councilwoman for 10 years. She was a devoted member of First Baptist Church, where she served as a member of the choir, the missionary society, and kitchen committee.

Preceded in death by her parents, a sister, Linda Joyce Spires; two brothers, Thomas Miller Ford and Robinson Ford Jr. She leaves to cherish her memory her beloved sister, Beatrice Ford with whom she made her home; four nephews, Thomas Michael Ford of Bloomington, Ind., Eric Ford of Atlanta, Ga., Donald Spries of Boardman, his sister-in-law, Louise Ford of Fla., her brother-in-law, Donald Spries of Boardman; a host of other relatives and dear friends.

Please visit jewashingtonfuneralservices.com to leave condolences and to sign the online guestbook. Condolences may be faxed to 350 782-2050 or emailed to jewashton@aol.com. Interment was at the Hillcrest Memorial Park in Hermitage PA on Friday, November 9, 2012.

Inducted into AAN continued from page 8

a BSN, Salmond received a MSN at Seton Hall University, and EdD at Columbia University, Teachers College.

**Maureen T. White, MBA, RN, NEA-BC, FAAN**

Maureen T. White is Senior Executive for Nursing Services, and Director of the Institute, at North Shore-Long Island Jewish (LIJ) Health System. She is responsible for developing and implementing health system policies, protocols, strategic planning and operational standards.

As the Institute Director, she focuses on nursing education and research, the creation of healthy work environments, and the development of future nursing leaders. She believes that PRECIOUS, White care should be available to all and was a tireless advocate for vulnerable populations including the frail homebound and those with disabilities and chronic illnesses, and persons with severe mental illness – who cannot live independently.

White was a recipient of the American Organization of Executive Nurses (AOEN) Mentorship Award, having previously earned the Department of Health Care Nursing Services.

White was a recipient of the American Organization of Executive Nurses (AOEN) Mentorship Award, having previously earned the Department of Nursing Wide Innovations Award.

White holds a service member at the Institute for Healthcare Improvement.

White holds two undergraduate degrees from Molloy College, and a MBA from Fordham University.

Ruth held two undergraduate degrees from Molloy College, and a MBA from Fordham University.

Ruth was a member of the Board of Trustees at Greystone Park Psychiatric Hospital in 1995. Ruth received a BS degree in nursing from Jersey City College and Medical Center, and a degree in Public Health Administration from New York University. She is the mother of Andrea Belanus Brassard, RN, DSN, APN, Center to Champion Nursing in America, Senior Strategic Policy Advisor, Washington, DC, where she drives down and join me. And this spring, Mom would drive an overnight meeting in Princeton, Mom would drive down and join me. And this spring, Mom would drive down and join me. And this spring, Mom would drive down and join me.

My mother’s goal was the availability and provision of quality health care and human services. She believed that White care should be available to all and was a tireless advocate for vulnerable populations including the frail homebound and those with disabilities and chronic illnesses, and persons with severe mental illness – who cannot live independently.

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Dianne Aroh, RN, MS, NEA-BC, is Executive Vice President, and Chief Nursing and Patient Care Officer at Hackensack University Medical Center. She has achieved and sustained exceptional clinical and management outcomes through exemplary and innovative leadership, in-depth knowledge, and expertise. As a visionary leader she is passionate about healthcare needs of patients’ families and the community she serves. It is her belief that healthcare providers “are privileged to share exceptional moments of the human experience that are unparalleled.”

Adrienne Banavage, RN, MSN, ONC, is a Clinical Nurse Educator at Robert Wood Johnson University Hospital, New Brunswick, NJ. Banavage’s unyielding commitment to advance the nursing profession through her provision of expert patient care, contributions to nursing education, research, evidence-based practice, mentorship, and visionary leadership have contributed to improving nursing practice at all levels. She is an expert with respect to care delivery models and systems, and has served as a key member of the hospital’s Magnet steering committee.

Robyn Begley, RN, DNP, NEA, is AtlanticCare’s Vice President of Nursing and Chief Nursing Officer. Her experience as a Senior Healthcare Executive spans over 25 years in managing clinical operations, nursing, ancillary, and support services across the care continuum. Begley has demonstrated the ability to excel in safety, quality, satisfaction, and fiscal outcomes in resource-sensitive, highly competitive and heavily regulated environments. She is a collaborator, visionary and recognized as an action oriented, innovative, problem solver.

Gloria Boseman, RN, PhD, a tenured Professor at NJ City University, Nursing Department, has taught in and chaired a nursing department that has graduated more than 1000 nurses who entered practice at the baccalaureate level. The program boasts one of the largest minority student bodies in New Jersey. Focusing on health and the delivery of quality care to the community, she has facilitated the nursing staff at East Orange General Hospital to receive invitations to the University of Texas’ Evidence Based Conference for best practices in healthcare delivery.

Maria Brennan, RN, MSN, CPHQ, is the Vice President and Chief Nursing Officer at St. Joseph’s Health Care System in Paterson, NJ. A Senior Executive with extensive experience in Health Care Administration, she is a results-oriented administrator with a proven track record in financial management, performance improvement, patient care redesign, case management, regulatory compliance and program development. She is a creative individual who can lead people and organizations through the change process.

Helene Burns, RN, MSN, NEA-BC, is Vice President of Clinical Services for Kennedy University Hospital in Stratford, NJ. A dynamic and inspiring leader, she is a steward for change and a driving force to advance nursing practice, clinical competence and patient safety at all levels of the organization, but most importantly at the bedside. Her beliefs are deeply rooted in her role as a nursing leader with an approach that is to be visible and engaging with all staff. Many new clinical initiatives have originated from her collaborative efforts.

Susan Castor, RN, MSN, CCRN, NEA-BC, is the Chief Nursing Officer at Health South Rehabilitation Hospital, in Toms River. She has motivated, mentored and transitioned clinical staff and nursing assistants to RN degree programs. She has encouraged nurses to advance their education, to get involved with their professional organization, and attain their specialty certification to foster nurse’s positive image and to contribute significant outcomes in healthcare and society. She is a champion of the Philippine Nurses Association of NJ.

Barbara Chamberlain, RN, PhD, MBA, APRN, is a past president of NJ State Nurses Association and a committed educator who continues to teach at all levels of nursing with the goal of merging business practices and nursing. Chamberlain recently retired as the program director for Transforming Care at the Bedside (TCAB), a Robert Wood Johnson Foundation funded project, at NJ Hospital Association. She exemplifies the characteristics of nurse leaders who have earned respect from their peers, is a role model for professional nurses, and one who excels in her area of expertise, education.

Sharon Donahue Hellwig, RN, EdD, CNE, recently retired from the College of Saint Elizabeth, as Professor and Director of the Graduate Nursing Program, in Morristown, where she formerly serves as adjunct professor. Her career has included positions in nursing education, acute care, community health, and healthcare quality. Hellwig has made important contributions to the ongoing academic programs in nursing and has championed healthcare quality improvement.

Lois Greene, RN, MBA, Vice President of Ambulatory Services at Newark Beth Israel Medical Center, is responsible for on-site departments, including The Fredrick B. Cohen MD Center, and The Center for Breast Health. She focuses on reducing health-care disparities for vulnerable and at-risk populations. Greene is past president of the Board of Trustees for the Susan G. Komen for the Cure, and the National Black Nurses Association’s Concerned Black Nurses of Newark Chapter. She recently participated in a Global Health Missions project bringing life saving surgery to Peru.

Cheryl A. Krause-Parello, RN, PhD, is dedicated to facilitating growth in nursing research at Kean University, as an Associate Professor of Nursing and Director of the Center for Nursing Research. Through the Center, she has created a unique opportunity for faculty and students to collaborate in the research process. Believing that the advancement of knowledge is of absolute importance and significant in patient care and outcomes, she encourages nurses to participate in clinical research, thereby increasing the body of knowledge and ultimately improving patient care.
to the profession of nursing, the Center educates students through mentoring in scholarly activities, and supporting a commitment to research.

Maria Lapid, RN, Med, LPNA, has been the administrator and owner of the Green Acres Manor, Nursing and Rehabilitation Center for the past 23 years; in addition, she established Magnolia Gardens, an assisted living facility. These facilities are located on the same campus and offer a continuum of care for residents, where they and the staff are treated as family. She believes that there is good in everyone and given a chance to succeed, they will take the opportunity. Also, she believes that if you are going to do something make sure you give it your all.

Janet Mahoney, RN, PhD, is Dean and Professor at Monmouth University, Marjorie K. Unterberg School of Nursing and Health Studies. Mahoney led the efforts to establish the first doctoral program at Monmouth University, the Doctor of Nursing Practice (DNP). The DNP program prepares nurses at the highest level of nursing practice to be leaders in applying research to practice and to advance nursing practice. She is Co-Director of the Robert Wood Johnson Foundation, NJ Nursing Initiative grant which supports nurses to become future nursing faculty.

Albert Rundio, RN, PhD, DNP, APRN, NEA-BC, DNAP, is the Associate Dean for Post Licensure Graduate and Doctoral Programs. Not only is Rundio an extraordinary professional, but also he has had a sustained influence on clinical practice, education, administration, and scholarship. Rundio retains the same enthusiasm that so many of us had at the very beginning of our nursing journey, and those who have the privilege to work with him appreciate his enduring enthusiasm and love for nursing.

Raymond Scarpa, RN, DNP, AOCN, APNP-BC, practices as a Supervisory Advanced Practice Nurse in the Department of Otolaryngology Head and Neck Surgery, at the University of Medicine and Dentistry of New Jersey University Hospital. Scarpa’s professional interests include performance assessment for advanced nursing practice, surgical treatment of head and neck disorders, and otolaryngology, as a specialty for advanced nursing practice. He is an exemplary role model and mentor to legions of students at several nursing schools in New Jersey.

Traci Sicurella, RN, BSN, CLNC, is Director of Nursing at Barnegat Rehabilitation and Nursing Center in Barnegat, N.J. Her professional accomplishments at the Center include restructuring the staff development program, designing the new policy and procedure for the educational process on resident elopement, as well as many policy and procedures regarding infection prevention. She is an excellent professional leader whose qualities include compassion, consideration, dedication, and willingness to mentor staff. Her professionalism and commitment to nursing make her an excellent role model to emulate.

Dorothy Carolina, RN, PhD, is an Assistant Professor of Nursing at Seton Hall University, College of Nursing. She educates, mentors and advises undergraduate generic and registered nurse students in Leadership and Management, Community Health, and Nursing Research courses, for example. Carolina possesses a unique background that brings together the best that higher education in nursing has to offer, as a practitioner and an educator. She has also served as a leader in NJ State Nurses’ Association, and as Vice President of Gamma Phi Chapter of Sigma Theta Tau International.

Kenneth Wolski, RN, MPA, Executive Director of the Coalition for Medical Marijuana, is a widely recognized health policy leader whose expertise has positively impacted nursing and health care. As co-founder of the Coalition for Medical Marijuana-New Jersey, Inc, Wolski collaborated with the NJSA leadership and NJ nurses to enact the Compassionate Use of Marijuana Act in 2010. With his leadership, NJSNA led the way in NJ, and also at the national level through the American Nurses Association, to support legislation to legalize medical marijuana.

Deborah Zastocki, RN, DNP, CNA, NEA-BC, FACHE, is President and Chief Executive Officer at Chilton Hospital. In her roles as an accomplished administrator, nurse, teacher, and author, Zastocki has served to advance and lead the profession. A woman of action, she understands the power behind putting her thoughts and feelings into actions that evoke change. Her leadership and mentorship inspire novice nurses, and bring pride to her peers within the nursing profession.

Arnold Arlette, VA RN
Nurses: The Frontline Caregivers for Those Who Have Served

Mary Padden, PhD, RNC, CPT, AN; Diana Pitman, RN, CPT, AN; Kate Gillespie, MSN, RN

In the past decade, 2.7 million Americans served in Iraq and Afghanistan and there are currently over one million Veterans of these wars (Insel, 2012; The White House, 2012). These Veterans are our male and female relatives, neighbors, colleagues, coworkers, college classmates, and patients. On April 11, 2012, First Lady Michelle Obama and Jill Biden announced the commitment from over 150 nursing organizations and 500 schools of nursing to prepare nurses to help meet the needs of Veterans. Nursing has made the commitment to improve the care of Veterans, service members, and families facing post-traumatic stress disorder, traumatic brain injury, depression, and other clinical issues through education, research, and through the dissemination of the most up to date information in the care of these disorders (The White House). Nurses can begin to address this challenge by gaining an understanding of some of the seen and unseen healthcare problems Veterans may be encountering. Since 2003, 126,000 of those who served have been diagnosed with traumatic brain injury (TBI) and 70,000 have been diagnosed with Post Traumatic Stress Disorder (PTSD) and the risk of PTSD is higher in females (Insel, 2012). Of 293,861 Iraq and Afghanistan Veterans who sought health care through the Veterans Administration (VA) health system, psychiatric disorders were identified as the second most prevalent reason for seeking care (Stecker et al., 2010). Despite these staggering numbers, roughly 47% of Veterans do not access the VA system for healthcare (Tarantino, 2011).

Although the incidence of PTSD and TBI is high among Veterans it is important to remember that these diagnoses are not common to all Veterans. Likewise, some Veterans may suffer with both disorders. PTSD and TBI can be challenging because symptoms may not be readily apparent and Veterans may not readily admit to or consciously be aware of either ‘seen’ disorder (Pitman, 2012). Recognition of both disorders is essential for treatment, but PTSD has been linked to an increased risk of substance abuse and suicide making the diagnosis and referral for treatment particularly important (Hudenko & Kremenow, 2011). For nurses, knowledge of the symptoms of these disorders and the resources for referral are necessary to improve the healthcare outcomes for these Veterans.

A Veteran may present with a complaint unrelated to PTSD or TBI, but either disorder may be the underlying purpose for seeking healthcare. The only way to learn more is to ask and Pitman (2012) recommends screening all patients by asking, “Are you currently or have you ever been in the military?” If the answer is yes, then ask about the location and when to refer. To learn more access the following sources:

* http://www ptsd.va.gov/professional/index.asp
* http://www traumaticbraininjury.va.gov/Home.a sp
* http://www nami.org/Template.cfm?Section =Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=58939
* http://www ns.gov/military/vegetnars/

Sources Cited


Jurado Travels to Alaska

Leo-Felix M. Jurado, MSN, RN, ANP, PhD

past president of the American Nurses Association (PNA) traveled to Anchorage, Alaska for the August 11, 2012 induction of Officers and Board of Directors of the Philippine Nurses Association of Alaska, Inc. (PNAAK). The inaugural session was attended by Debbie Thompson, RN, Executive Director of the Alaska Nurses Association who was also a guest speaker. She gave an inspiring message about PNAAK’s role in actively supporting the organization not only with money but also with time and participation, and the importance of collaboration between the two organizations.

Lourdes Nisperos, MSN, RN PNAVA Vice President of the Western Region was also one of the guest speakers who educated and oriented PNAAK about the PNAAA Organization, and also delivered the message of the PNAVA President.

The PNAAK mission is to uphold and unite Filipino nurses in Alaska, promoting fellowship in the continental USA and around the globe thereby uplifting wellbeing.
Commitment to Giving Back...Post Superstorm Sandy
Norma Rodgers, RN, BSN, President

Even the smallest act of caring for another person is like a drop of water—it will make ripples throughout the entire pond...” Jessy and Bryan Matteo. There is tremendous power that comes with giving back to your community and to those who are living a less fortunate lifestyle than yourself. You can lend a hand to help make a difference in someone else’s life. In the aftermath of Superstorm Sandy we will need to pool our resources to help rebuild New Jersey. Volunteers from all over the world have come to New Jersey to help provide some of the necessary services that have been interrupted or completely destroyed as a result of Superstorm Sandy. We can and will rebuild. Many of our members were directly affected by the “super storm” and will require help to rebuild their lives. The Institute for Nursing has been providing assistance to our members and will continue to help make a difference in someone else’s life.

I commend all the nurses and other healthcare providers that spent days providing quality care to their patients and families during and after the storm. Many of you were working under some very stressful circumstances that were complicated by power outages, telephone outages, supply shortages and working long hours. Thank you for the dedication to the profession.

Due to Superstorm Sandy the Annual Wine Tasting event that was scheduled for November 14, 2012, at Rago Arts and Auction Center in Lambertville, NJ was postponed and will be rescheduled for a later date. The annual golf outing in the spring is currently in the planning stage. For more information and registration go to www.njsna.org.

The IFN saluted 19 outstanding nursing leaders that were honored on October 24, 2012 at the DIVA and DON Gala held at Bally’s Atlantic City. The IFN wishes to thank our 2012 DIVA and DON sponsors for their support: Chilton Health Network (Diamond Sponsor) • Hackensack University Medical Center (Diamond Sponsor) • Seton Hall University (Platinum Sponsor) • University of Medicine and Dentistry of New Jersey (Platinum Sponsor) • Monmouth University (Silver Sponsor) • East Orange General Hospital (Platinum Sponsor).

The Institute for Nursing has been providing funding for the nursing community for nearly three decades, and we would like to hear from those that have received support in the past. How has receiving funding from the IFN impacted your life or career? Email your story to norma@ceoard.njnsa.org.

“I have found that among its other benefits, giving liberates the soul of the giver.” —Maya Angelou

Norma Rodgers

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Spring semester begins in January. There is still time to apply, and transfer students are welcome.

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MSN Case Management/ Nursing Administration or Adult Primary Care (Nurse Practitioner)

RN to BSN Express, Evening & Online

Saint Peter’s School of Nursing
We talk about working in silos. For example, the Emergency Department (ED) may be unaware of an initiative by the trauma unit to streamline their admitting process, which directly relates to patient transfer from the ED. Researchers can also develop proposals and conduct their investigation without knowledge of how their study aligns with national research agendas. This awareness ensures that individual research investigations fit into the bigger picture of research developed and recommended by national nursing organizations.

The research agenda applicable across most practice and clinical settings is that of the National Institute of Nursing Research (NINR). The following five board categories capture research focused on patients and families, structure and processes of care, and nurses:

- Enhance health promotion and disease prevention;
- Improve quality of life by managing symptoms of acute and chronic illness;
- Improve palliative and end-of-life care;
- Enhance innovation in science and practice; and,
- Develop the next generation of nurse scientists.

If we were to conduct a research investigation comparing perceptions of palliative care by trauma surgeons, ED trauma nurses, ICU trauma nurses, trauma medical-surgical nurses, and families of trauma patients this topic aligns with NINR’s focus on improving palliative and end-of-life care. In addition, we might look at research agendas of the Emergency Nurses Association (ENA), Society of Trauma Nurses (STN), American Association of Critical Care Nurses (AACN), Academy of Medical-Surgical Nurses (AMSN), and Hospice and Palliative Nurses Association (HPNA). Unfortunately, none were found for ENA, STN, and AMSN, although they all encourage research and provide funding opportunities. AACN has five major categories of research priorities which include:

- Effective and appropriate use of technology to achieve optimal patient assessment, management, and/or interventions;
- Creation of a healing, humane environment;
- Processes and systems that foster the optimal contribution of critical care nurses;
- Effective approaches to symptom management, and;
- Prevention and management of complications.

Our research idea comparing healthcare providers and family perceptions of palliative care with a focus on trauma has the potential to generate knowledge that could 1) contribute to a more healing, humane environment, 2) change processes of care, and nurses.

- Physical aspects: dyspnea, fatigue, and constipation;
- Psychological and psychiatric aspects; and,
- Structure and processes of care.

Once again, our potential investigation has the potential to develop and implement structure and process changes of palliative care for trauma victims and their families as a result of findings. Research agendas or priorities are used by reviewers when evaluating a research proposal against criteria, one of which may be the funding organization’s research agenda or priorities. In my experience as a grant reviewer with AACN, this is the case, and I am asked to determine the degree of relevancy of the research proposal to the agenda/priorities. If you have a Nursing Research Council or Committee at your place of employment where nurses review nursing research proposals, have you included this alignment with national agendas or priorities as one of the criteria? I encourage you to do so, in a way to educate all nurses on this national perspective.

In summary, nurses engaged in research are challenged to generate new knowledge through quantitative investigations or theory through qualitative methodologies, but align their topics and aims with research agendas or priorities from national perspectives. Silos are broken down and synergy between nurses and their clinical inquiry is evident.

Resources:
- http://www.aacn.org/wd/practice/content/research/research-priority-areas
- http://www.aacn.org/wd/practice/content/research/research-priority-areas
- http://www.ninr.nih.gov/AboutNINR/NINRMissionandStrategicPlan/
Region 1 – Morris, Passaic, Sussex, Warren
Francesca A. Nordin, RN VP Communications

NURSE Awardees:
Region 1 is proud to acknowledge these nurses for their outstanding contributions to the nursing profession and for their role in the health of the community. They make a notable difference in the lives of all of us.

Dr. Brenda Marshall, EdD, NNP-BC, Associate Professor and Coordinator of the DNP Program at William Paterson University, received an Award for Excellence in Education in Psychiatric-Mental Health Nursing Practice at the American Psychiatric Nurses Association 26th Annual Conference in November 2012.

Honorees recognized at the Institute for Nursing DNA and DON Gala held at the NJSNA/IFN Summit on October 22, 2012. Deborah K. Zastocki, DNP, RN, President and Chief Executive Officer, Chilton Hospital; Maria L. Brennan, MSN, RN, CPHQ, Chief Nursing Officer, Saint Joseph’s Healthcare System, and Sharon Donahue Hellwig, EdD, RN, CNE, Professor (Retired), College of Saint Elizabeth.

REGION 1 Business Meetings:
There are two vacant positions for the Board of Directors for Region 1. Secretary and Nominating Committee Representative. Please contact President, Jackie Galante at ag956@gmail.com or President-Elect, Dan Misa at dnmisa18@gmail.com for more information.

WHAT IS going on in your area?
Please contact us if you have local news that affects nurses and/or health in our communities. My email is jan.pnp@gmail.com.

REGION 1 Board of Directors:
This is a list of all Board members of the Region 1 of the New Jersey State Nurses Association.

Region 2 – Bergen, Hudson
John Fajvan, RN VP Communications

The next regularly scheduled meeting for Region 2 will be held on Tuesday, February 5, 2013. The meeting will be held at the Panera Bread on Route 4 West in Paramus. New Jersey (in the Kohls Shopping Center) at 6:00 PM. For those of you that are unable to attend, but would still like to be involved, the meeting will be Skype. If you are interested in Skype, please contact Region 2 Director John Fajvan, RN, VP of Communications, at johnfj1966@hotmail.com, in order to register and receive instructions.

Region 3 – Essex, Union
Varsha Singh, RN VP Communications

Region 3 has a dynamic new board with a distinguished leadership of Rose Rosales and guidance from ex-president Norma Rodgers and Dr. Yoovonne Wesley. The first board meeting in September was hosted by East Orange General Hospital and was a great success with attendance of about 12 members. The main agenda of the meeting was to address the membership drive.

NJSNA Region 3 ties up with Viridian in anti-take funding drive
This is a proposal from our own treasurer, Marvin Sauerhoff, who discussed the program with Pat Barnett. After review of the website and other supportive information, it was decided that it would be okay for Region 3 to conditionally launch the program as a pilot member benefit program, with the understanding that, if it works, there may be further interest to offer it on a larger scale to other regions that may qualify as independent 501C organizations.

The benefits are affordable green energy, no sign up fee, flexible product options (variable and/or electric fixed rates where available).

For our organization: Simple, residual fundraising, never ask anyone for money, no sign-up fee, no recurring fees and minimum of $2 per electric customer or $0.67 per natural gas customer per month.

NJSNA President attends the NAINA 3rd Biennial conference
Judith Schmidt attended NAINA 3rd Biennial convention in Tarrytown, New York on Oct 5-6. She received a welcome from National Association of Indian Nurses of America president Solyome Kuruvilla. Judith Schmidt also participated actively in NAINA 3rd biennial convention and was one of the judges judging the best poster presentation. On the Gala Night, Judith participated in the most auspicious Lamp lighting ceremony along with other distinguished guest. She, and others decided that it was the beginning of true collaboration between NJSNA and NAINA.

NJSNA Summit
Region 3 is actively participating in this event and has the privilege to sponsor the president’s reception. Norma Rodgers and Rose Rosales will be playing the keystone role in this educational summit. Norma Rodgers will present the awards.

Philippine Nurses Association of New Jersey, Inc.
(Formed since 1976) held its 36th Annual Nursing Excellence and Scholarship Awards night on September 21, 2012. Rose Rosales is current Corresponding Secretary of PNANJ.

Upcoming activities:
➢ Region 3 Annual Fall Dinner – Date and Venue TBD
➢ Website development for Region 3
➢ Changing the image of NJSNA
➢ Membership drive
➢ Encouraging more participation in the fund raising events.

Partnerships
➢ Developing new collaboration with American Association of Indian Nurses-NJ2.
➢ Continuing strong relationship with Nursing Advisory Board (Chi Eta Phi Sorority), Inc. Tau Chi Chapter
➢ Key relationships with Concerned Black Nurses of Newark, Northern NJ Black Nurses Association.
➢ Continued collaboration and building a stronger relationship with PNANJ especially Essex and Union Subchapters

Region 4 - Hunterdon, Mercer, Middlesex, Somerset
Sandy Quinn, RN President

A Region 4 meeting was held in early October where the following goals were developed for the upcoming year: Goals for 2012-2013 – Update the Region 4 Bylaws, Promote the nursing profession in the community, Increase membership in the region

Several Region 4 members attended the NJSNA Summit in October which was an interesting and enjoyable event.

Please watch your email for the date, time, and location for the next Region 4 meeting. A presentation will be given on September and Procalciom: Early Detection and Improving Standard of Care.

In addition, please email Sandy Quinn at nursesquinn519@gmail.com or contact any of the below Region 4 board members if you are interested in getting involved in Region 4 activities or if you have anyone who is interested in becoming a member of the region.

Board Members: President—Sandy Quinn; President-Elect—Regina Adams; Secretary—Barbara Flood; Treasurer—Barbara Kurkule; Membership—Carolyn Biter; Communications—Marve Trio Cephas; Institute for Nursing—Jovita Solomon-Duarte; Policy and Practice—Solomon Kurvilia; Region 3 Nominations and Elections—Patricia Stevens, Member at Large Somerset—Marc Rogol; Member at Large Mercer—VACANT; Member at Large—Varsha Giospice; Member at Large Hunterdon—Melissa Sherman

Region 5 – Burlington, Camden, Cumberland, Gloucester, Salem
Kate Gillespie, RN President

2012 was a year of rebuiding and reorganization. After many meetings, and getting a better understanding of the needs of our region and our nurses, we were able to obtain great nurses to dedicate their time and become a part of our team.

We now have a full board, and the needed support to run our region. In September, we held our business meeting at The Westin, Mt. Laurel NJ and provided an educational program on “Post Traumatic Stress Disorder.” This program was also offered at Gloucester County College in May for nursing students and area nurses. This topic was a timely subject and one many nurses will be called upon to deal with.

In 2013, Region 5 plans an educational program in May, as well as providing nursing scholarships to nursing students in our region. The region will also be planning to take our meetings on the road so we can reach all our five counties and the nurses that are members. We have high hopes to reach out to more nurses to get them involved and informed.

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

The newly elected Executive Board had their first meeting in August. The Region’s second meeting of the year was revised to accommodate the NJSNA Summit in October. Membership and finances were discussed as well.

At the NJSNA Summit, Region 6 members sold raffle tickets to benefit the Beulah Miller Scholarship for Nursing Education Fund. Cash prizes were awarded when the raffle was drawn.

The Board’s holiday dinner was held at the historic Smithville Inn in southern Ocean County. General membership meetings will be held in January in Monmouth County and in March/April in the Atlantic/Cape May area of the Region. In June, the Annual Nominations meeting will be held in Ocean County. Call for Nominations: contact Barbara Johnstone (bjohnston@ monmouth.edu) to learn more about upcoming positions in Region 6.
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