



NURSING NEWS

Quarterly Circulation 19,000 to Registered Nurses, LPNs, LNAs, and Student Nurses in New Hampshire.

January 2008

Official Newsletter of New Hampshire Nurses Association

Vol. 32 No. 1



NHNA Fall Conference and Annual Meeting

On October 3rd the Grappone Center in Concord was filled with over 150 nurses and nursing students—all anxious to learn about **“Changing Technology and its Impact on Nursing.”** The technology theme was a new one for NHNA, and is likely to be repeated.

Dr. Paul Clark, Information Technology Physician Advisor at Concord Hospital, kicked off the day with a detailed overview on the importance of **Integrating Technology** in clinical care settings—and how such technology can help improve quality of care and avoid medical errors.

Next we moved into **“Electronic Medical Records—What Nurses Need to Know,”** presented by **Denise Purington**, BSN and VP, CIO Information Technology for Elliot Healthcare System. She emphasized the importance of nursing involvement in the selection and design of EMR systems and discussed pitfalls to avoid in implementation.

After lunch, **John Ryder**, VP from Skyscape, spoke about the emerging role of **“Point of Care Technology”**—particularly new medical PDA devices which bring large volumes of critical reference material right to the bedside to assist decision-making for patient care.

While all our speakers were well received—the standing ovation of the day went to **Mary Chambers**—veteran RN who works in the CICU at Elliot Hospital. Her talk entitled, **“HELP! The COW died!”** (computer on wheels, that is...) focused on the importance of remembering “back to basics” nursing skills when various high-tech systems are not available—for whatever reason. Laced with wonderful wit, Mary’s personal stories reminded every nurse in the room why they had chosen a career in nursing. Thanks, Mary!

We were pleased to have many technology companies at the event (see exhibitor list). Attendees experienced demonstrations of everything from patient bar coding systems, to COWS, to high tech hospital beds, and SimMan—advanced patient simulator manikin used for team training.

Three special door prizes were drawn at the end of the day (see winner photo). Fely Matillano won a gift certificate for a computer class at NH Technical Institute; Suzanne Rouleau won a free one-year NHNA membership, and the grand prize, a \$500 value PDA donated by Skyscape, went to Rob Beaudry—student at NHCTC.

In addition to this being an educational conference, it was also Annual Meeting day for NHNA membership. Susan Fetzer, Board President, reported on the events and accomplishments of the past year—and put forth a plea for more members to step forward into active roles on either the Board of Directors or any of the four working Commissions of the organization. She explained the need to postpone the normal October election until we had a full slate of nominees for which to vote. (Happily, after that meeting, several people did self-nominate for these roles.)



Ann Kelley experiences a smart bed.



Dr. Paul Clark on integrating technology.

NHNA Fall Conference cont. on pg. 2

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VISION STATEMENT

To be the premier resource for professional practice and advocacy for nurses in New Hampshire.

Adopted: 11/15/99

MISSION STATEMENT

The New Hampshire Nurses' Association, as a constituent member of the American Nurses Association, exists to promote the practice of professional nursing, advance the development of professional nurses, and improve health standards and availability of health care services for all people of New Hampshire.

Adopted: 10/16/97

PHILOSOPHY

Membership and participation in the professional organization affords each nurse the opportunity to make a unique and significant contribution to the profession of nursing. The membership of the New Hampshire Nurses' Association, individually and collectively, has an obligation to address issues related to the development and maintenance of high standards of nursing practice, education and research. We participate in the proceedings of the American Nurses Association (ANA) and support and promote ANA Standards and its Code of Ethics.

We believe that the profession of nursing is responsible for ensuring quality nursing practice and that continuing education in nursing is essential to the advancement of the profession and the practice of nursing.

We believe that nurses function independently and collaboratively with other professionals to enhance and promote the health status of individuals, families and communities. We have an obligation to initiate legislative strategies to improve the quality of health and the delivery of health care services while promoting quality practice environments that advocate for the economic and general welfare of nurses.

Adopted: 5/80

Revised: 1991

Revised: 12/4/97

NHNA Fall Conference cont. from pg. 1



Just some of the 150 attendees.



Conference vendors converse.



Contact hours plus SHOPPING! What a great conference!



Door prize winner, Ann Kelley, retired RN and former NHNA President.



Students observe SimMan demo.



Chatting between speakers.



Ginny Blackmer observes a mobile computing demo.

NHNA Fall Conference cont. on pg. 3

NHNA Fall Conference cont. on pg. 3

NHNA Fall Conference cont. from pg. 2



Motion Computing demo.



Prize winners Fely Matillano, Suzanne Rouleau and Rob Beaudry.



Fall conference attendees.



Glad to see our male nurse population represented!



John Colbath and Anita Pavlidis enjoying the event.

MANY THANKS TO OUR EXHIBITORS:

PRESIDENT'S MESSAGE

by Susan Fetzer, RN, PhD, President

For the past 5 ½ years, I have had the privilege and honor of representing the nurses of New Hampshire as President of the New Hampshire Nurses Association. I have served 4 ½ years as your elected leader, and another year as President when no one stepped forward to assume the position. As I write this, my final President's message; It is early December. By the time you read this, it will be early January. NHNA will have had elections for Board members, Officers, committee members and ANA delegates. After our annual membership meeting in October, individuals stepped forward to serve the organization, and guide the future and perhaps chart a new course. Great news! So, it seems fitting to reflect on the past, describe the present and consider the future of nursing in New Hampshire and the role of the NHNA.



Susan Fetzer

In my first President's Message for the NH Nursing News, five years ago, I put forth an agenda of Voice and Visibility. I saw the organization as a quiet, sleeping giant. We have woken up! The Board hired a professional lobbyist, and Bob Dunn has done an exceptional job making us visible in the legislature. In the past three years we have had major victories and proposed legislation unheard of in the 100+ year history of the organization. NHNA now receives calls from law makers and lobbyists! We have been recognized as the voice of nursing!

The New Hampshire Nursing News was redesigned and now focuses on NH nurses across the state. NHNA members and non-members comment on the articles both in writing and in person. Thanks to those of you who offered comments, in agreement and disagreement on my President's Messages. It is exciting to know that something you write is read and stimulates thought and discussion.

In the past 5 ½ years I have been on 3 television and 5 radio programs. I can honestly say that nothing prepares you for these challenges! But the opportunity to represent NHNA is boundless! To say nothing of a learning opportunity! I have lost count of the press interviews, in person and by phone that gave me the opportunity to spread your message: the importance of nurses and nursing to the health of the state's residents.

In an attempt to better communicate with our members using technology, NHNA has redesigned its website twice in the past 5 years. The number of "hits" clearly reflects that NHNA is the source for nursing information in the state.

NHNA has been very visible in promoting educational opportunities. Three educational conferences a year, the Town Hall Forum, and Health Care Policy Day provide nurses with opportunities to increase their knowledge of practice and nursing issues. What other state organization is this active?

NHNA has been visible in many other ways. Board members serve on related task forces and organizations: New Hampshire Organization of Nurse Leaders, Center for Nursing, and Disaster Preparedness, just to name a few! NHNA has brought issues to the Board of Nursing through public testimony on the Practice Act and Rules revisions.

All of these actions to increase your nursing voice and your nursing visibility are coordinated by an organization infrastructure. The people behind the scenes in the NHNA office are integral to the organization's successes. I am delighted to leave the office in the capable hands of Avery Morgan, NHNA Executive Director since May. Avery and I spent a weekend together at the Constituent Assembly meeting of the American Nurses Association in November. Avery was excited at the new ideas that could be brought back to New Hampshire and had the Association's interest in mind with every new conversation.

The organization is not without its future challenges. Voice and visibility can only be promoted by an organization that has

human and financial resources. The declining membership, despite the increase in visibility is of concern. Only one out of every 5 nurses is a member of ANY professional nursing organization. There are literally thousands of nurses reading this issue of NH Nursing News who are not members. I am at a loss to understand why RNs do not want to be a part of shaping their professional future.

- Have you not been asked? If so, then considered this your invitation!
- Do you not understand the organization? If so, start by exploring our website—particularly the "About Us", Mission and Commissions sections which detail our Mission and much of our ongoing activities. Call our office and ask questions.
- Do you not have a talent to offer? Every nurse has talents in team work, teaching, communicating, designing systems and networking; we can find a place to use your talent!
- Do you not have time? If so, then just joining and paying dues supports the work of the organization.
- Do you not have the money? New Hampshire Nurses Association dues are \$125. per year or \$10. per month, \$2.50 a week. Less per week than a latte from Dunkin' Donuts or Starbucks! Less than a gallon of gas! Less than one 8 hour shift a year! Isn't your professional future worth one shift?

One of the most common questions I have heard from other nurses when I tell them of my involvement in NHNA is: "Where do you get the time?" I don't have any more hours in the day than anyone else. It is just how I choose to spend that time. The pay for being NHNA President is not in a check, nor is it in accolades. The benefits in networking and learning how to be a better nurse, a better leader and a better communicator are, as the commercial says, priceless. The opportunities for growth are there for the taking!

I have enjoyed being involved in NHNA and have enjoyed the ride! Whether the organization is in a better position will be left up to the future leaders to determine. It is certainly in a different position, with voice, visibility and viability. I challenge all of you to continue to be involved, or begin your involvement with your professional organization. The future of health care in New Hampshire is in your hands.

Happy New Year! I'll be in touch!
Sue

EXECUTIVE DIRECTOR

Recap & Resolutions

by Avery Morgan, Executive Director

By the time you read this, the hustle and bustle of the holidays will have passed—so I don't have the opportunity to put on my former stress management trainer hat and impart ideas on how to create a "stress-less Yule." However, we can explore the time honored tradition of the New Year's Resolution—and I will come back to that later in this column. But first—let's do a quick "year in review"...



Avery Morgan

2007 was the 101st year of NHNA—and, turning that century mark—it was certainly a time of change. With change comes some upheaval and uncertainty—perhaps even chaos for a time—but also great opportunity to reassess, reorganize / regroup, refocus and recommit. The 'Cliffnotes' version of events would be:

- January: Town Hall Forum on legislative issues; selection of new website designer
- February: successful winter conference on Pediatrics
- March: Health Policy Day—more registrants than room—increase to two days for 2008
- April: staffing search for new Director
- May: new Executive Director (yes, that would be me); NHNA strategic plan revisited
- June: Board decision to downsize office and put 48 West St. 'home' on the market
- July: property sale negotiations; search for new office; sorting 30 years of records & 'stuff' begins
- August: new location for the annual Summer conference (Lakes Region vs. Seacoast)
- September: property closing & move to new office; goodbye and best wishes to Peggy Danis for her new career; new website launched

- October: new 'technology' theme for the Annual Meeting Conference; recruiting new staff—and volunteers for the Fall ballot
- November: new Office Manager, Gail Deshaies begins; planning new events for '08; new connections made with several specialty nursing associations to explore collaboration
- December: election of some new Board/Commission members; new email newsletter launched

Something else in the 'new' column for me personally was my first ANA conference in early November which gave me the opportunity to meet ANA leadership and learn more about the impressive work of our national organization—as well as its rather complex structure. It was also a wonderful week of meeting many Director counterparts and their Board Presidents from other states and U.S Territories. There were loads of exciting ideas and resources shared—some of which we are already implementing here in New Hampshire (see the articles in this issue on our new Online Education courses and Career Center in particular).

Moving on now to those Resolutions I mentioned...

You've probably already made your personal list of commitments to diet, health, fitness, relationship and financial goals for 2008. (You may have already broken a couple!) But what did you include in the arena of professional resolutions? I'm just going to list possibilities—some of which I'm borrowing from various other sources... ("Appropriating ideas from one source is plagiarism—from many it's research.") Think about which one(s) you might be able to adopt.

- ◆ Learn a new nursing skill—or refresh/improve your knowledge in at least one area.
- ◆ Encourage at least one person to enter the field of nursing.
- ◆ If you have not already joined a professional nursing organization—be that ANA, NHNA or your specialty nursing association, ACT NOW. Putting it off even until "next month" or "after the holiday bills are paid" will just put it on the far back burner and 2008 will whiz by.
- ◆ Similarly—if you let a membership lapse—RENEW NOW.

- ◆ If you ARE already a card-carrying member but have not been actively involved in the workings of your chosen group—make this the year that you participate in at least ONE area such as:
 - Responding to legislative alerts by writing, calling or emailing your local and state officials on healthcare issues.
 - Learn about workplace advocacy—and employ those skills to diffuse/resolve situations in your own work setting.
 - Suggesting to your nursing colleagues that they become members.
 - Organize a "semi social" nursing event in your area and invite a speaker from your chosen association. It can be a wine and cheese evening at a home or restaurant—or even just a 'brown bag lunch' at your work location. (After all—we do it for Tupperware, home décor, and jewelry!)
 - Find out more about the active Commissions or committees of the organization and pick one for which to volunteer.
 - Volunteer some time to help with administrative projects of the association office.
 - If you have not taken the time to recognize an outstanding colleague, submit his or her name for an appropriate award.
- ◆ If you are concerned about the future of nursing—encourage any student nurses you know to become involved with the National Student Nurse Association.
 - Give a gift of an association membership to a graduating student.
 - Think about becoming a mentor or preceptor yourself.
- ◆ And last but certainly not least—do something to renew and replenish YOURSELF every week. *You can't be an effective caregiver without some basic self care.*

Best wishes for a very happy, healthy, prosperous and productive NEW YEAR to you and yours!

Avery

16th Annual Mud Season Nursing Symposium



Pursuing Excellence in Nursing

April 4 & 5, 2008

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CE Online Learning Now Available Through NHNA!

Need more CE contact hours for your license renewal? Just want a refresher or updated information in a particular topic? Hard to find time to get to traditional classes or seminars? NHNA is very pleased to now offer access to over 90 highly affordable online courses designed for busy healthcare professionals. (Prices range from roughly \$8 to \$25—with some free offerings! NHNA/ANA members receive a 15% discount in the 'checkout' process.)

These convenient online sessions have been created by experienced educators who specialize in healthcare CE. All courses are awarded nursing contact hours by the NY State Nurses Association—an ANCC approver—and therefore accepted by the NH Board of Nursing.

Primary categories include: clinical; emergency; geriatrics; holistic nursing; infectious diseases; management and nursing administration; mental health; nurse educator courses; occupational health and safety; palliative care; pediatrics; professional/legal issues, and research.

For first time users, it's easy to register. From the Continuing Education section of our website—www.nhnurses.org—click on the link to this new E-learning section. Then go to "Login/My Account;" create a user name and password, and then complete the "Edit Profile" page to create an account.

Once you have an account, you're ready to purchase courses, review your CE history, print out certificates, and view your grades. You don't have to complete your course in one sitting. You'll have 60 days to log in and out as often as necessary to complete the course.

We encourage your use of this new resource and would appreciate your feedback about the experience. Email your comments/input to: ExecDir@nhnurses.org

Nurses Take Up Quality Mantle New Initiatives Move Them into Quality Reporting

by *Melanie Evans*
Modern Healthcare

Story posted: October 22, 2007

Nurses, lauded as the front-line of hospital care, are increasingly at the forefront of healthcare's push to improve quality.

In two states, Massachusetts and Maine, efforts are under way to expand hospitals' publicly reported quality measures to include those that research has linked to nurses' performance. In Massachusetts, hospitals last week voluntarily posted online statistics on patients' falls and falls that caused injuries, two of 15 measures identified by the National Quality Forum as "nurse sensitive." Bay State hospitals hope to post data for a third measure, bed sores, by January, officials said in announcing the effort. Meanwhile, Maine officials are expected to launch a Web site with a dozen such measures before year-end.

Healthcare's push to wipe out costly and harmful medical errors has fueled closer scrutiny of providers' performance, though reporting efforts have largely focused on hospitals and physicians. Now it appears the nation's estimated 2.4 million working nurses may share the spotlight. Proponents contend an emerging body of evidence suggests the industry's largest occupation plays an influential role in curbing avoidable medical complications or preventing injuries.

The National Quality Forum, a Washington-based not-for-profit, first endorsed 15 nurse-influenced quality measures in 2003. Among them are common but preventable illness and injuries, including three-bed sores, urinary catheter-associated urinary tract infections, and falls—that federal officials have said Medicare will no longer pay providers to treat in cases where the condition was avoidable, starting in 2009.

Mary Naylor, a University of Pennsylvania professor and director of a \$10 million Robert Wood Johnson Foundation effort to study nursing and quality, called the 15 measures "the beginning" and said additional research is needed. Naylor said researchers should explore how nurses can best be educated and employed to boost quality, be held accountable for outcomes, and how such measures can be adopted into the industry's pay-for-performance efforts. She said public reporting of quality data is central to improving healthcare outcomes.

In Maine, state lawmakers mandated such reporting in 2005, but the effort stalled as officials and hospitals struggled to clearly define measures and uniformly collect data—"the part everybody thought would be easy and it wasn't," said Sandra Parker, a vice president and general counsel for the Maine Hospital Association. The state worked with the American Nurses Association and the Joint Commission to set standards, but ultimately, trial and error ironed out confusion, she said.

The American Nurses Association first began collecting its own set of nurse-sensitive measures from 30 hospitals in 1998. By the end of the year, nearly 1,200 hospitals will submit data on 16 measures—including 11 endorsed by the NQF—to the ANA's National Database of Nursing Quality Indicators (NDNQI), said Isis Montalvo, the ANA's manager of nursing practice and policy. The data is not publicly reported.

In Massachusetts, hospitals reported 4,573 falls and 1,005 falls with injuries from October 2006 through last March, said Rich Copp, a spokesman for the MHA. The hospital-by-hospital statistics will be updated quarterly, he said. The figures were posted on a Web site with hospitals' nurse staffing data and CMS quality measures, which also include quality measures endorsed by the NQF: smoking cessation counseling for heart attack, heart failure and pneumonia patients.

SAVE THE DATE: June 23–24, 2008

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Network with nurse leaders from across the country who **share your passion** for creating optimal environments for patient care and for nurses.

Early Bird Registration began November 20th. Register early for discounted pricing!

2007 LEAD Summit Testimonial from NH delegate:

"I have been to numerous conferences during my nursing career, but I have never been to one that so eloquently acknowledged and embraced the heart of nursing practice."

James Biernat

Nursing Director, Dartmouth Hitchcock Medical Center
NHNA Board Member

Center for American Nurses: Creating healthy work environments through research, education and advocacy www.Centerforamericannurses.org

ANCC News

According to the American Nurses Credentialing Center (ANCC) there was one less Magnet application in 2007 than 2006. In 2007, 125 facilities applied for Magnet designation, with 20 receiving initial recognition and 9 redesignations. Eleven facilities that were originally designated as Magnet were decertified. As of November 1, 2007 256 hospitals carry the Magnet designation.

The 2007 National Magnet Conference was held in Atlanta, Georgia on October 3-5. The conference attracted nearly 5,000 participants and included an exhibit hall with 140 booths. The three Magnet facilities in New Hampshire: Dartmouth-Hitchcock Medical Center, St. Josephs' Hospital and Southern New Hampshire Medical Center, were well represented providing both oral presentations and poster presentations.

The Texas Nurses Association transferred their **Nurse Friendly** program to ANCC. The Nurse Friendly program was developed to recognize rural hospitals that exhibited excellence in working environments for nursing but were unable to achieve Magnet designation because of financial or human resource issues. The ANCC has renamed the program "**Pathway to Excellence**" and will be refining the criteria to recognize nursing services on the Journey to Excellence and Magnet Status.

Center Unveils New Online Forum for Nurses: Ask Amanda RN

Every Wednesday at 2:00 p.m. EST through Dec. 19, the Center for American Nurses invites all nurses to participate in its new interactive online forum, Ask Amanda RN, where nurses will get resources and discuss topics impacting their daily work and their careers. Get the facts and share your views about lateral violence in the workplace and the use of agency nurses, or learn the latest about technology at the bedside, nurse fatigue or securing your financial future. Visit www.centerforamericannurses.org and click on the Ask Amanda RN link for more information.

Center for Nursing Convenes Summit

John Colbath and Margaret Franckhauser



Center Summit

Breaking into workgroups

Over 30 nursing leaders and stakeholders from across New Hampshire met on October 26 to discuss and plan for the future of the New Hampshire nursing workforce. The meeting convened by the Center for Nursing Workforce included staff nurses, nurse educators, nurse administrators and nurse employers from a wide spectrum of acute, long term and community care areas. Center President Judy Evans opened the summit by presenting an overview of the Center for Nursing. The Center was established for the purpose of gathering, analyzing and reporting statistics related to the nursing workforce projections in New Hampshire in order to develop recommendations for augmenting the New Hampshire nursing workforce. The mission of the Center is to ensure that future nurses are prepared for the workforce in sufficient numbers and in a manner that allows them to meet the health care demands of the future.

Notes from the Minutes of the Summit

Judy Evans, outgoing President, provided a review of the Center. The main focus of the Center is to rectify the "data poor" situation in the State for which to make decisions to move forward. The goal is for the Center to become the data repository. The first objective of the Center is to get a data snapshot of the nursing workforce. The Center started in 2002 and is still a work in progress. It has been slow due to financial support. When the Center Board met last Spring, it was attempting to add a data questionnaire onto the electronic licensing system, required by the National Council of State Board of Nursing. Margaret Walker, ED board of Nursing, noted that the National Council's

new licensure data base will not be available until late in 2008. The system's automation upgrade from the State OIT (Office of information Technology), which is used by each department in the state, implements new systems. The Center's questions will be going to OIT within the next month. Additional questions are fee based.

The issue of Compact nurses was raised, and noted that this would impact data results as Compact nurses will not be surveyed. The delay in data returning from the National Council was discussed, as data owners there is a delay in data analysis. An important piece of data missing in the state is educational data, as this is not collected on licensure information. There is no information available on post licensure education of nurses.

Margaret Frankhauser noted that we can still act without perfect data sets. North Carolina used national data. The Center may need a memorandum of agreement with the Board of Nursing, to say that in the future, data can be accessed from the BON without cost.

Raelene Shippee-Rice noted that we need to determine the issues that the Center needs to look at and how we want to address them. That the number of NH nurses per population is not as severe as other states, but there are issues related to education, specialty pockets, and demographics.

Participants were invited to recommend issues or information that the Center needed to consider.

1. Margaret Walker: Criminal background checks—FBI has slowed down the endorsement processes. Endorsement should be rapid. Over 2/3s of nurses licensed in NH come from another state. Of the nurse graduates, we lose about 20% immediately following graduation, most are BSN. Numbers of LPN graduates are increasing fivefold, with less increase in RNs.

2. John Cobath: Entry level safe practitioner versus expectations of staff nurse who is tired of precepting; and new graduates entry into critical care. Incongruence between practice and education.

3. Jeanne Hayes: Confirmed that there is a trend to decrease specialty education for entry level.

4. Cynthia Gray: Questioned if nursing is meeting new grad expectations, or are they leaving because expectations of the profession are not being met. Noted that some new graduates are not going for their license exams after graduation.

5. Judy Evans: Noted that the educational reports provided by schools of nursing were not mined for important trends. Perhaps this data can be analyzed by the Center.

6. Margaret Frankhauser: New Hampshire needs a white paper about status of nursing.

7. Raelene Shippee-Rice: Discussed issue of student burn-out and reception on the units. Discussion ensued related to preceptors, orientation periods, and practice environment during senior year and entry level.

8. Joan Iarrobino: From a practice area, every nurse cannot be preceptor. Efforts on how do you identify and support preceptors are needed. Experienced nurse becomes marketable in the workforce, especially Massachusetts for salary increases. From a management perspective, information on it takes to retain employees is needed.

9. Jeanne Hayes: Issue of filling educator positions with adjuncts because of no benefits for adjuncts. Propensity of state educational programs not to want to fill full time positions with benefits.

10. Joanne Walsh: Supporting students requires faculty who are doing clinical practice at institutions to be familiar with the facility and unit.

11. Judy Evans: The Center is the only forum to mix Education and Practice: perhaps this is another role for the Center.

12. Alice Muh: Lack of preparation for nurse managers seems to be an issue.

13. Beverly Rankin: Issue of competency and training in specialty areas, e.g. Labor and Delivery is an issue.

14. Eileen Hayes: The turn away rate from nursing programs is an issue.

After considering the morning discussion, the summit participants volunteered for three Task Forces: Education, Center Infrastructure, and Workforce Analysis. **The Center will reconvene the Summit on January 25, 9:00 AM at the New Hampshire Hospital Association Building, Airport Road, Concord.** All interested nurses are invited, particularly leaders of nursing specialty organizations. Please reserve your seat by email to Gail@nhnurses.org.

Anyone interested in joining the Center in a leadership position including President, Treasurer, and Board of Directors is encouraged to self-nominate by sending an email to avery@nhnurses.org.

Cheshire Medical Center/Dartmouth-Hitchcock Keene Presents Quarterly Leadership Awards

Kathy North, RN, was one of 2 recipients of a coveted Leadership Award given to those who exemplify the five C's of leadership (competence, caring, commitment, character and communication). Kathy has done an outstanding job as a new leader driving the process for chronic disease management as it pertains to congestive heart failure.

North has demonstrated her ability to take a process that crosses both acute and ambulatory settings and implement it. She has been instrumental in reinvigorating inpatient guidelines related to congestive heart failure care and enable a team she was working with to produce a workable ambulatory work process. Writes one physician with whom she works, "Kathy was able to coordinate the experience of a very disparate group and have them develop a formulaic product that will lead to much better care for our patients with congestive heart failure. Kathy is very deserving of the Leadership Award."



Kathy North

Cheshire Medical Center/Dartmouth-Hitchcock Keene Welcomes Felicia Robinson, Certified Nurse Midwife

Felicia Robinson brings more than 20 years of midwifery experience to Keene. Most recently, she worked at South Shore Regional Hospital in Bridgewater, Nova Scotia. Robinson also provided care at Full Circle Midwifery Care, a full-scope, hospital-owned practice through St. Joseph Hospital in Nashua, NH, and at the Neighborhood Health Center for Greater Nashua, Inc., an independent health center for low-income women. She was co-director of The Cambridge Hospital Midwifery Practice in Cambridge, MA, a busy practice of nine midwives, and was staff certified nurse midwife at Boston City Hospital Midwifery Service in Boston, MA.

Robinson earned a Master of Science in Nursing at Yale University School of Nursing in New Haven, CT, a Bachelor of Science in Nursing at Boston University School of Nursing in Boston, MA, and a Bachelor of Arts in French Literature from Brown University, Providence, RI. Education and experience also includes training in homeopathy, stress management, and yoga.

An advocate for breastfeeding, Robinson has spearheaded implementation of the World Health Organization's "Baby Friendly" designation for breastfeeding promotion. She has also been practice coordinator for student nurse-midwives from Yale University, Baystate and Case Western Reserve midwifery programs. Robinson assisted many women with gynecological and family planning at Planned Parenthood of Northern New England sites in rural Vermont and New Hampshire.



March 19 Designated Certified Nurse Day

The American Nurses Association and the American Nursing Credentialing Center (ANCC) has designated March 19 as "International Certified Nurse Day." The selection of March 19th is in remembrance of Dr. Margareta Madden Styles, former ANA President and former President of the International Council of Nurses (ICN). Styles was a staunch advocate of certification and advanced practice who died in 2006.

In honor of Styles and Certified Nurse Day, the New Hampshire Nursing News will publish names of members who are certified with their employer in the Spring 2008 issue. Submit your name, certification credential and practice environment to: Gail@nhnurses.org

Concord Regional VNA Hospice Partners with Hackett Hill

Concord Regional Visiting Nurse Association's Hospice Program recently partnered with Hackett Hill nursing home in order to provide hospice care at the facility, according to Mary B. DeVeau, President/CEO of Concord Regional VNA.

Concord Regional VNA hospice nurses provide care at many nursing homes and assisted living facilities in the region, including Merrimack County Nursing Home in Boscawen, Epsom Health Care Center in Epsom, and Presidential Oaks in Concord.

Concord Regional VNA has been providing hospice services since 1981 and opened its Hospice House, on the Concord Hospital campus, in 1994. The Hospice Program is Medicare certified and licensed by the State of New Hampshire.

Concord Regional Visiting Nurse Association and Hackett Hill work together so that residents, when needed, are able to have the benefit of hospice care in the environment that they have come to call home. Hospice services are offered in a team approach that includes nursing, spiritual care, social work, personal care, and volunteer support. Bereavement services are also available for families up to one year after their loved one passes on. In order to provide quality hospice care to the residents of Hackett Hill, Concord Regional VNA has dedicated a hospice liaison to work with Hackett Hill staff to coordinate hospice care for the residents, to coordinate hospice in-service education, and to be available as a hospice resource for patients and families.

As a part of the collaboration, Concord Regional VNA provides hospice education workshops for the staff of nursing home facilities. Topics include: What is Hospice Care?, Medications at End Of Life, Dementia and End of Life, Grief and Loss, and Enhancing the Quality of End of Life Care.

Hospice is a philosophy of care that focuses on the quality of life remaining, not just the length of time. This unique approach offers physical, emotional and spiritual comfort to terminally ill individuals and their families.

For more info, contact: M. Eileen Male (603) 224-4093, ext. 2334

HEALTHCARE & ELECTION 2008—ANA Questions the Candidates

At this writing we Granite Staters have only just learned that our Primary will be held Jan 8th. Hopefully this issue will reach you by then!

We all know that healthcare is one of the top issues for the '08 election. The ANA Department of Government Affairs has been actively soliciting position statements from each of the Presidential candidates—prefaced by their own position:

“The American Nurses Association holds a fundamental belief that healthcare is a basic human right and supports restructuring healthcare in order to provide access to affordable essential healthcare services to all residents of the United States, regardless of pre-existing conditions. ANA further believes that healthcare services should be reorganized to concentrate on community-based primary care and preventative care while also focusing on better control of rising healthcare costs.”

The very specific questions asked of each candidate include:

1. How do you plan to address the issue of providing adequate healthcare coverage for the uninsured and underinsured?

- a.) Describe what benefits and services you believe should be included in healthcare coverage.
- b.) Describe the mechanism you believe would best finance such coverage.
- c.) What is your position on coverage of mental health services?

2. What policy initiatives would you propose to ensure that Americans receive safe, cost-effective, comprehensive, quality comprehensive healthcare services?

- a.) What is your position on legislation or regulations that would require healthcare facilities to develop and implement systems that ensure appropriate and safe registered nurse staffing levels?

3. How would you seek to address the severe nursing shortage facing the country?

- a.) What is your position on measures that address working conditions for registered nurses and the safety of their patients, such as legislation prohibiting the use of mandatory overtime as a staffing tool, and the “whistleblower protections” that would support nurses’ right to speak without reprisal about activities, practices, or conditions that threaten the health and safety of their patients or the environment?
- b.) What measures would you support to encourage more people to enter and stay in the field of nursing? What level of federal funding would you provide for the Title VIII programs and the Nurse Reinvestment Act to ensure sufficient numbers of qualified nurses are available to provide a full range of nursing services in all geographic areas?

4. Advanced Practice Registered Nurses (APRNs) play a crucial role in providing healthcare services in our nation’s most underserved areas. These nurses typically hold degrees at the highest levels of education and receive advanced training in specialty areas of practice (i.e. Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists, among others). Despite the resolution of many practice and reimbursement issues, APRNs still experience discrimination and barriers to practice in our healthcare system. **What is your position on full utilization of APRNs?**

- a.) Given that APRNs typically serve underserved communities, what is your position regarding APRNs as primary care providers in community settings?

5. On-the-job injuries caused by the strain of lifting and repositioning patients cause 12% of nurses to leave the profession annually. The average nurse working an 8 hour shift is currently required to lift [a total of] 1.8 tons. **If elected, how would you require healthcare facilities to invest in safe patient lifting technology to reduce the risk of workplace injuries to nurses?**

6. The Center for Disease Control has confirmed the presence of hundreds of potentially harmful chemicals in the blood, urine, and breast milk of the U.S. population. Even more, toxic chemicals have also been detected in umbilical cord blood, indicating the ability of these chemicals to cross the placenta and reach the fetus. The incidence of diseases thought to have an environmental component are on the rise: Asthma prevalence has doubled in ten years; autism has increased more than tenfold; 1 in 6 children are born with a developmental disability; and a woman’s lifetime risk of breast cancer is now 1 in

7. What is your plan to create a healthy environment in order to reduce the rates of environmental causes of illness?

To see candidate responses to these questions—go: www.NursingWorld.org—click on Government Affairs—then ‘Election 2008 Action Center’—then ‘Road to the White House’—then ‘Meet the Candidates’ (which also links to each candidate website).

In addition, the ‘Election 2008 Action Center’ will also be home to ANA’s “Virtual Voting Booth” where members are given the opportunity to voice their preferred candidate in the race for the White House. ANA Members are encouraged to exercise your voice by casting a vote for the presidential contender you feel most deserves ANA endorsement. Online voting results will be factored into this endorsement decision—along with examination of candidate voting records; responses to the above questionnaire; personal interviews, and input from the state organizations.

Littleton Nurse Settles Suit

In the months leading to years of legal debate including lengthy depositions and pre-trial motions registered nurse Jill Davidson held firm. She got her day in court, albeit a shortened version which ended the way it should have started—with an agreement. Davidson filed a lawsuit along with nurse colleague Nina Brown against Littleton Regional Hospital citing unfair and unsafe management practices that were affecting nurses’ ability to deliver care.

Employed from 2001 to 2004 as the nursing supervisor and house coordinator, Davidson repeatedly reported her concerns to upper management about the manner in which the medical surgical nurse manager was coordinating care, treating nursing staff and the overall poor working conditions that were affecting patients. Davidson recounted one incident when she arrived at work and there were only 2 nurses, including one new hire, assigned for 18 patients. Davidson stated that she was barred from performing patient care. The problem escalated when the nurse manager reportedly responded with a “campaign

of intimidation and harassment.” In July 2004, Davidson was fired for reassigning an elderly patient to a more appropriately staffed nursing unit. Davidson filed suit alleging that she was fired because she spoke out against “unfair treatment of nursing staff.”

After over two years of pre-trials motions and attempts by the hospital to get the suit dismissed, Davidson was allowed to tell her story in court. After reading accolades of Davidson’s accomplishments during her tenure at Littleton Regional, including nomination as employee of the year, her attorney told the jury that the hospital administrators had “lost their way.” Since the suit was filed, the hospital administrator and Chief Nursing Officer have resigned and the nurse manager has been reassigned. Nina Brown was able to settle her suit, but Davidson was unimpressed with the actions the hospital presented up to the trial date. However, after two days of testimony an agreement was reached, although Davidson is prohibited from commenting on the details of that agreement.

Letter to the Editor



November 9, 2007

To the Editor—

The article in your October/November/December issue of New Hampshire Nursing News had an article entitled "Beacon Hospice has Disease Specific Programs Such as Deep Harbors...". The article has no author listed. There was a lot of information left out of the article which I think is important for all health care professionals to be aware of.

Beacon Hospice is a for profit hospice with corporate offices in Massachusetts. Like the big box stores which have moved into our New Hampshire communities and put our local small businesses out of business, Beacon Hospice has that same motive. Their real mission is to make a profit for their shareholders.

I am a registered nurse. Our local not-for-profit health agency provides hospice services to any one regardless of their ability to pay. We visit people in the very rural areas of New Hampshire as well as those in nursing homes, assisted care facilities etc.

Beacon Hospice has come into our area and taken the 'easy' patients (i.e. those located in nursing homes who are covered by the hospice medicare benefit). I think it is very important that all health care professionals understand that this will undermine **their** local non-profit health care agency. All non-profit agencies have been put

in the role of defining for the patient the difference of a for profit and a not for profit hospice agency. Our patients, at the most vulnerable time in their lives, cannot begin to understand what that really means, since many healthcare professionals do not.

I look to New Hampshire Nursing News to provide education. The lack of an author for the article is of concern to me. I also question how a for-profit agency got an article in your publication without it being a paid advertisement. I hope New Hampshire News will address these issues. Thank you for your consideration.

Yours truly,
Mrs. Jeanie M. Sy, RN
Westmoreland, NH

NHNN Responds:

The omission of an author of the article was not intentional and missed in the proofreading. The article was provided by Beacon at the request of the New Hampshire Nursing News to inform nurse readers of a potential new service and employer of nurses. There is no intent on the part of NHNA to discriminate based on financial status of the facility or organization.

Susan Fetzter, RN, PhD
Associate Professor
Department of Nursing—University of New Hampshire

Director Welcomed to Cancer Center

(Keene, NH, 10/4/07)—The Kingsbury Cancer Center at Cheshire Medical Center/Dartmouth-Hitchcock Keene welcomes **Jennifer Michelson, RN, BSN**, as Director for Kingsbury Cancer Center.

As director, Michelson oversees patient care services at the regional community-based center for diagnosis, treatment and support for cancer. "One of my initial goals as director," said Michelson, "is to bring peace of mind to this community by letting people know that Kingsbury Cancer Center is a sophisticated, comprehensive, oncology center that is not only equipped with the latest technology for diagnosis, but also distinct for the exceptional caliber of its clinical staff.

Michelson comes to Cheshire Medical Center/Dartmouth-Hitchcock Keene from Highland Hospital, Rochester, NY, where she was manager of the Medical Oncology and Infusion Center. As a clinical administrator, Michelson helps to advance the quality of patient care by implementing, monitoring, and improving practices using recommendations demonstrated most effective through clinical research and analysis.

"My utmost concern is for excellence in patient care," said Michelson, "for me excellence that means identifying, monitoring and exceeding the highest standards for quality, safety, and satisfaction. There is nothing more personal, private, and frightening than cancer for patients and families. We know that every single person expects



Jennifer Michelson

only the best in diagnosis and treatment and that's what we're uniquely equipped to offer right here in our own community."

By training, Michelson is an oncology nurse with clinical experience in bone marrow transplant. She received a B.S. in nursing at Nazareth College and an A.S. in nursing at Monroe Community College, both in Rochester New York. She has additional postgraduate coursework in health system administration from the Rochester Institute of Technology, Rochester, NY. She is a member of the Oncology Nurses Society and Sigma Theta Tau International.

Jennifer Michelson, RN, BSN, resides in Keene with her husband and two children.

IN MEMORIAM— FALL 2007

WWII Nurse

Margaret "Peggy" (Neilson) Damon died September 27, 2007 at New London Hospital. Peggy always wanted to be a nurse and after graduating from Mount Holyoke College, went on to receive a master's in nursing from the Yale School of Nursing in 1940. She served in the US Army in New Zealand, New Caledonia and Saipan from 1942 to 1945. After the war she relocated to New Hampshire and worked at Memorial Hospital in Conway for 30 years. She served as the Director of Nursing at Memorial for several years. After her retirement she practiced as a substitute community health nurse and volunteer at New London Hospital.

Wound Specialist

June (Underhill) A. Downing died October 1, 2007 at Concord Hospital following a 40 year nursing career. She practiced in Manchester and Concord and before her retirement was a certified wound specialist at Wentworth Douglas in Dover.

Concord Graduate

Ruth Lela (Bickford) Knapp died October 4, 2007 at Speare Memorial Hospital in Plymouth. Born in New Hampshire she graduated from the Margaret Pillsbury Nursing School in Concord (now the home of the State Board of Nursing) and did an internship at Bellevue Hospital in New York. She practiced at the New Hampton School. After her retirement she was a volunteer in the medical records department of Speare Memorial.

Keene Graduate

Trina (Marden) Townley-Tilson died October 27, 2007 at the National Institutes of Health in Maryland. In 1966, she graduate from the Elliot Community Hospital School of Nursing in Keene, New Hampshire and practiced as a office nurse in Concord.

Psychiatric Nurse

Margaret V. Levesque died October 25, 2007. She was a 1935 graduate of the Concord Memorial Hospital School of Nursing in Concord. She practiced in Boston and then in California where she was a Director of Psychiatric nursing. She retired after 35 years of nursing practice.



SAVE THESE DATES FOR OUR

NHNA NEEDS YOUR INPUT!

Come join the discussion about proposed legislation which impacts nurses and/ or patient care.
Help us determine NHNA lobbying focus for the 2008 term.



Town Hall Forum

January 15, 2008

Concord Hospital

5:30 - 8:00 p.m.

**FREE AND OPEN TO ALL – BUT SEATING IS LIMITED
BE SURE TO RESERVE YOUR SPACE!**

Email: Gail@NHNurses.org

Watch www.NHNurses.org for additional details & directions

HEALTH POLICY DAYS - 2008

TWO OPTIONS THIS YEAR TO MEET POPULAR DEMAND!



Join us:
March 18 or April 3
St. Paul's Church
Concord, NH
8:30 a.m. - 1:00 p.m.
Members & Students \$ 10
All others: \$ 15

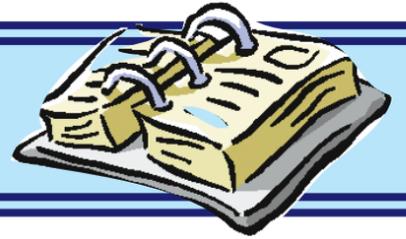
Health Policy Day is an annual event to increase awareness among nurses about the process of political advocacy.

The event focuses on legislative lobbying relative to important issues for nursing and healthcare - and how to effectively contact your own legislators on these issues.

Tours of the state house, an overview of the legislative process, and an opportunity to meet with selected legislators are included.

TO REGISTER - SEE
WWW.NHNURSES.ORG

WINTER-SPRING EVENTS!



March 25, 2008

8:00 a.m. to 4:00 p.m. (subject to slight adjustment)
 Southern NH University - Manchester Campus



TOPICS in NURSING

EVENT IN PLANNING STAGE AT PRESS TIME
 Watch our website for presentation / speaker details
 and registration instructions:
www.NHNurses.org



REGISTRATION FEES

| | EARLY BIRD | AFTER 3/1/08 |
|-----------------|------------|--------------|
| Member | \$75 | \$100 |
| Non-Member | \$99 | \$125 |
| Retired RN | \$50 | \$75 |
| Nursing Student | \$30 | \$40 |

Continental breakfast and lunch included.

For those of you looking for the Winter Conference on Pediatrics offered in the past - we decided to do something different this year that would incorporate multiple areas.

Note: the Emergency Nurses Assoc. of NH is planning a pediatric event. Consult www.NHENA.org

NATIONAL NURSES' WEEK 2008

SUNDAY, MAY 4th

Come out to kick off the week at the NHNA

Walk for Nurses

New Hampshire Hospital - Concord, NH

And then wrap it up at:



"Champagne and Scrubs"

MONDAY, MAY 12th

A special evening to celebrate nursing.

**Capitol Center for the Arts
 Concord, NH**

Watch our website for details!



Kimberley Leets, RN, OCN, CHPN, Earns Recognition as ONS Cancer Chemotherapy Course Trainer

Nashua, NH—Kimberley Leets, RN, BSN, OCN, CHPN, of St. Joseph Hospital has been appointed as an official trainer for the Oncology Nursing Society (ONS) Cancer Chemotherapy and Biotherapy Course, a comprehensive review for nurses who administer chemotherapy.

Ms. Leets is also St. Joseph Hospital's Oncology Nurse Navigator, assisting cancer patients and their families with care coordination during their cancer journey. The key role of the Oncology Nurse Navigator is to, work with patients at high stress points to offer psychosocial support; facilitate patient access to support systems and resources; educate patient regarding treatment decisions; be a liaison between specialists and family physicians and streamline care and logistical issues.

The ONS Cancer Chemotherapy & Biotherapy course is an in-depth program that provides registered nurses with the information they need to safely administer chemotherapy. The ONS Cancer Chemotherapy & Biotherapy Course is taught throughout the United States and Canada by approximately 900 trainers. More than 80,000 nurses have attended this course since 1998.

To become an ONS Cancer Chemotherapy & Biotherapy Course Trainer, registered nurses must be currently certified in oncology, hold a bachelor's degree or higher in a health related field and have a minimum of two years experience in administering chemotherapy, and complete a trainer course. These highly qualified trainers assist ONS in setting standards of excellence in cancer care.

Trainers are required to present at least one ONS Cancer Chemotherapy & Biotherapy Course per year, maintain a specified average on course evaluations, and comply with other course standards. To ensure the integrity of the program, trainers and courses are periodically audited by ONS.

The Oncology Nursing Society is a national organization of more than 35,000 oncology nurses and other healthcare professionals committed to promoting excellence in oncology nursing and quality cancer care. ONS is the largest professional membership oncology association in the world.

Nurse Navigators Help Patients Battle Cancer

A cancer diagnosis creates a series of challenges for patients and their families. With access to newer and more complex treatments, patients diagnosed with cancer are often overwhelmed with information and choices. Timely treatment and appropriate support services are important in improving the outcomes of cancer treatment and enhancing the quality of life for individuals fighting cancer. As a leading provider of comprehensive cancer care in the region, St. Joseph Hospital has implemented an **Oncology Nurse Navigator** program to help ease patients and families through the complicated maze of information and treatments options.

Oncology Nurse Navigators are a new way to assist patients during the stressful times surrounding diagnosis and treatment. They serve as personal guides to patients in the health care system and function as a liaison between health care providers, services, and patients, enhancing both the quality and continuity of their care.

Oncology Nurse Navigators ease the burden of a cancer diagnosis and treatment by:

- Coordinating patient care services with other health care providers including oncologists, surgeons, radiation oncologists, hospitalists, primary care providers, nurses, social workers, pharmacists, dieticians, and clergy.
- Educating patients about their diagnosis and treatment options.
- Facilitating decision-making by patients and their families.
- Individualizing the process to meet the needs of each patient and family.
- Referring patients and their family to support and social services in the community.
- Ensuring continuity of care in both the inpatient and outpatient settings.
- Advocating for patients regarding financial issues.
- Educating staff members about cancer treatment regimens for each patient.
- Monitoring for adverse events during and after treatment.

With over 25 years of experience in nursing and extensive experience working with oncology patients, **Kim Leets, BS, RN, OCN, CHPN**, launched the Oncology Nurse Navigator program at St. Joseph Hospital. A certified oncology nurse as well as hospice and palliative care nurse, Kim is familiar with the experiences and concerns of cancer patients and their family and understands firsthand how she can improve their experience. She emphasizes that, "Our main focus is listening to the patient, because they know themselves and they know what they have been through."



Kimberley Leets

Recently, Kim cared for a gentleman in his 60's who learned that he had been diagnosed with multiple myeloma. Overwhelmed by his diagnosis, this patient was concerned about his future, and how his diagnosis and treatments would affect his life. Kim spent hours educating both him and his family about his condition. The patient explored his treatment options through St. Joseph Hospital's affiliation with the Dana-Farber/Partners Cancer Care, and Kim coordinated his appointments and helped him gather all his medical information. Kim makes herself available by phone, pager and email to her patients knowing that important questions and concerns don't always arise during normal business hours. Her myeloma patient relied on her availability during this intense phase. Later, he would call Kim his "lifeline."

The Oncology Nurse Navigator also facilitates shorter hospital stays. The same patient was hospitalized recently with a compression fracture requiring a procedure to stabilize the bone. Kim served as a resource to the staff, informing the hospitalist and the nursing staff of his current treatment regimen and possible side effects. Because of the complexity of his course of therapy, Kim coordinated his medication schedule and paperwork with the nurses, social worker, and pharmacy. With Kim facilitating the continuation of his outpatient treatments in the inpatient setting, the patient was able to continue with his necessary treatment and not miss any doses of his medication. As he improved and was ready for discharge, Kim coordinated the necessary services to continue his care on an outpatient basis. With an emphasis on preparing the patients and families for discharge, the Nurse Navigator can institute referrals, arrange for the delivery of medical supplies, and educate the family about care.

Since cancer treatment may be stressful for the entire family, the Oncology Nurse Navigator may also refer patients and other family members, such as spouses and children, to different social support, hospital, and community resources. These services may include counseling, support groups, or programs such as "Look Good, Feel Better," developed by the American Cancer Society.

The Oncology Nurse Navigator Program is one more way that St. Joseph Hospital is leading the way in comprehensive cancer care for residents in the region. By coordinating services, working with patients and families, and educating health care providers, the Oncology Nurse Navigator serves as an important resource in an individual's fight against cancer.

If you would like to learn more about this program, please contact the Oncology Center at St. Joseph Hospital at (603) 880.3408.

And the Emmy Goes to...

Saint Anselm College Nursing Professor Margaret Carson attended the *News and Documentary Emmy Awards* in New York City on September 24, 2007. The documentary which she inspired, *Vietnam Nurses With Dana Delaney*, which originally aired on WE TV, was nominated for two awards: Outstanding Historical Programming—Long Form, and also for Outstanding Editing. She did not walk away disappointed, as her documentary received the Emmy for editing.



Margaret Carson

Professor Carson spent more than a decade researching the stories of Vietnam nurses. She felt it was important that these stories would not be lost to history.

"Vietnam Nurses" recounts the story of nurses who experienced post-traumatic stress disorder after serving in the Vietnam War. The production is based on interviews with 160 nurses across the country—conducted by Carson when she worked at the Veterans Administration Hospital in Manchester.

"As happy as I am that the documentary was nominated for an Emmy, it pales in comparison to how happy I am that the documentary was made," Carson said. "When you hear in the news about people who contribute, you see teachers who contribute, you see musicians who contribute, but there is never anything about the contribution nurses make." Margaret has also co-authored a book on the subject, *The Fine Art of Nursing Care: Lessons in Healing from War and Art*.

NHNA has begun discussion with Professor Carson about a theater showing of the film as a special event for NH nurses—possibly in late May. Watch our website—and the next edition of Nursing News—for the details!

See related article on Maureen Adducci—one of the NH nurses interviewed for the film.



Nursing Professor Margaret Carson of St. Anselm College holds her Emmy award. She is pictured with nurses whose stories were included in "Vietnam Nurses with Dana Delaney."

NHNA Welcomes New Office Manager

It has taken us a while to find the right addition to the NHNA staff after the departure of Peggy Danis in September—so we're very pleased to announce that Gail Deshaies has jumped into that role as of Thanksgiving week.



Gail Deshaies

Originally from southeastern MA, and educated in Medical / Business administration at UMASS Dartmouth, Gail gained experience as an Office Manager & Recruiter in the medical staffing industry in RI & MA. She then moved into a Territory Manager position, specializing in new business development in that field.

"I was excited to join NHNA because I too want to make a positive difference—and work with nurses again! I look forward to helping increase awareness of the organization within the NH nursing community," says Gail. In her free time she volunteers with Catholic Charities, local food banks, and hosts clothing drives for those in need. Gail lives in Webster with her husband Joe (who has already employed his "handyman skills" here at the office!) and her beloved ragdoll cat, Rocky.

WELCOME, GAIL!

Manchester Magazine Cover Story Features Nurse

Parable Magazine, a publication of the Diocese of Manchester, featured **Claudia Mahar** for its 2007 November—December issue. The cover pictures Mahar, a New Hampshire nurse for over 40 years, while the story features her personal and professional life with a "Common Thread of Faith."

Growing up in Nashua, Mahar attended New Hampshire Hospital School of Nursing in the early 60's and proudly recalls she was one of the seven students out of a class of 22 classmates who graduated. She joined the Air Force Reserves flying medical evacuation missions as Vietnam veterans returned home after receiving care in Germany. In the late 60's she began a long career at St. Joseph Hospital in Nashua eventually becoming Vice President of Hospital Services.

The complete article can be accessed at [http:// www.parablemag.com](http://www.parablemag.com)

Quilter's Guild... Part of the "Fabric" of Our Community

For years, quilts have adorned the walls and provided warmth and comfort to patients being treated in the Kingsbury Cancer Center at Cheshire Medical Center/ Dartmouth-Hitchcock Keene. The quilts are hand crafted by members of the Cheshire Quilters' Guild and are changed with the seasons. These gorgeous, colorful quilts represent the love of the craft and the care for the residents of our community that the Guild pursues as their mission.

The guild was started in 1988 in donated space at the Genesis Center in Keene. It has grown since that time to a membership today of about 90 members who meet at the Keene Recreation Center. The Guild is a member of the New England Quilt Museum Auxiliary. It was established to share the joy and art of quilting both with its members and the community through workshops and shows and to service the community through quilt-related projects. This community service is still an integral part of the guild today.



Members of the Cheshire Quilters' Guild donated and hung newly crafted quilts in the Kingsbury Cancer Center in August for the change of seasons.



CAREER CENTER

NHNA Career Center



The New Hampshire Nurses Association is proud to announce the launch of our 'new and improved' online Career Center. Although our new website offered a Job Posting section, we have recently acquired access to a more comprehensive option which should be functional before you receive this newsletter.

This easy to use service will allow job seekers to submit resumes, search job openings and receive new job alerts via email. Employers also benefit by gaining access to New Hampshire's most qualified nursing professionals and staff. Thank you in advance for supporting the NHNA Career Center. Your participation will allow us to continue meeting our goals in best serving our members and advancing our nursing community.

JOB SEEKERS:

- **POST YOUR RESUME TODAY**
- **ACCESS PREMIER JOB POSTINGS**
- **RECEIVE JOBS VIA EMAIL**
- **LAND THE PERFECT JOB**

EMPLOYERS:

- **POST JOBS**
- **RECEIVE RESUMES VIA EMAIL**
- **SCREEN RESUMES**
- **HIRE QUALIFIED TALENT**



Finding the perfect job has never been easier. **The NHNA Career Center** is custom tailored to our business.

To advertise, contact us at:

NHNA.AssociationCareerNetwork.com

Or call us at: **(866) 376-0949**

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Psychiatric Comorbidities in Heart Failure Patients Associated with Higher Hospital Stays and Increased Costs

(Philadelphia)—More than 15 percent of the 5 million plus older Americans with heart failure suffer from additional psychiatric disorders that increase hospitalization by an average of 1.4 days and cost more than \$1 billion, annually, according to a recently published partnership study between the University of Pennsylvania School of Nursing and the Veterans Affairs Medical Center.

The study examined 21,429 Medicare beneficiaries, aged 65 or older, with at least one hospitalization in 1999 for congestive heart failure and found 15.8 percent of patients had two or more psychiatric diagnoses, which increased patient stays and per-patient costs by \$1,843 to \$7,763. The results of the study were published in the *Journal of the American Geriatrics Society*.

“All forms of psychiatric comorbidity were associated with a 39 percent greater risk of hospitalization on average. Depression and Bipolar Disorder with congestive heart failure had the highest risk for more hospitalizations, longer lengths of stay, and higher costs congestive heart failure. These figures suggest that individuals with congestive heart failure suffer more with the addition of a mental illness” said Penn Nursing Assistant Professor Dr. Nancy Hanrahan, PhD, RN, who led the Penn team.

The authors defined psychiatric comorbidity as including alcohol abuse, drug abuse, psychosis, depression, bipolar disorders, anxiety disorders and other psychiatric conditions.

The study found that in patients with heart failure:

- More white patients had psychiatric diagnoses than non-white patients (15.8% vs. 12.4%), and black patients had fewer psychiatric diagnoses than white patients or all other races combined (12.5% vs. 15.7%).
- More low-income patients had psychiatric diagnoses than higher-income patients (18.7% vs. 14.4%).
- Women were more likely than men to have a comorbid psychiatric diagnosis (16.8% vs. 13.3%)
- Depression and anxiety disorders were more common in women than men (10% vs. 6.3%).
- Men were more likely to have an alcohol abuse diagnosis than women (2.5% vs. 0.5%).

Heart failure is responsible for \$33.2 billion in healthcare costs, with hospitalizations accounting for 65 percent of the costs of treating heart failure.

The study was funded by the American Heart Association, the National Institute of Health, the Kynett Foundation and the Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, under National Institute for Nursing Research grants “Center for Nursing Outcomes Research” (P30-NR-005043, Linda H. Aiken, PI) and “Advanced Training in Nursing Outcomes Research” (T32-NR-007104, Linda H. Aiken, PI).

NHNA and Political Endorsement

The political signs rival forgotten Christmas decorations for attention. One section of each newspaper is devoted to political speeches, locations of campaign stops and just the political “dirt.” The New Hampshire Nurses Association is frequently asked to attend campaign events, invited to candidate press conferences and questioned about the endorsement process. As a non-profit organization the NHNA maintains a neutral position. Some non-profit organizations organize a Political Action Committee (PAC) which must be financially separated from the main organization. A PAC can accept political contributions from members and disperse political contributions to selected campaigns. The New Hampshire Nurses Association does not have a PAC, and therefore must remain politically neutral.

Distinct from the New Hampshire Nurses Association, the American Nurses Association sponsors a PAC which is active in soliciting donations to support nurse friendly candidates that support a nursing agenda. Donations to the ANA-PAC can be made directly. ANA membership dues are not used to support individual candidates. Candidates that are supported by the ANA-PAC are determined by a task force that analyzes each candidate’s platform and conducts candidate interviews. Candidates are evaluated based on their advocacy history, campaign accessibility, receptiveness to ANA, polling results and fundraising levels. ANA members are also allowed to participate in the Presidential Endorsement Process by casting one vote through an online Virtual Voting Booth (see related ANA articles in this issue). Each season the ANA-PAC awards up to a million dollars in contributions to campaigns.

The NHNA urges all nurses to learn about local, state and national candidates. One of every 40 voters in the state is a nurse!

New York and New Jersey Pioneer Education Legislation

It has been over 40 years since the contentious action by the American Nurses Association House of Delegates supporting the Baccalaureate degree in nursing as entry into practice. The 1965 Resolution continues to be debated, discussed and analyzed. Over the years however, there has been limited activity on the part of individual states to initiate and pass legislation to support the ANA recommendation. The New Hampshire Nurses Association has not taken a position. Recently, two states, New York and New Jersey, have taken up the effort to create a mechanism to phase in the 1965 Resolution by proposing and supporting legislation that requires the RN to acquire a BSN within ten years of graduation.

Recent research reports have provided evidence for the need for a greater level of education for the practicing RN. The level of complexity of patients in all settings, the challenges of planning realistic patient centered care and anticipating patients' responses to treatment and interventions require highly educated and experienced RNs who think critically and are mobilized to seek timely modifications in care. Currently, the majority of nurses in the US are educated within Associate degree programs. In

New Hampshire the ratio of AD to BSN nurse graduates is 85 to 15. **New Hampshire ranks 49th in the availability of BSN nurses.**

The ANA recognizes that there are barriers for successful completion of a BSN which must be addressed by the profession. However, without significant increases in Baccalaureate prepared nurses, the advancement of nurses to higher levels of education becomes problematic. The ANA has taken the position encouraging nurse employers to support the practicing nurse to advance his/her education via support for tuition, books, release time and scheduling of courses to facilitate attendance.

The New York and New Jersey "BSN in 10" legislation (requiring that RNs earn a bachelor's degree in nursing within ten years of initial licensure) can be accessed online at www.rneducationadvancenj.org. Both bills include language around grandfathering those already licensed.

Ed Note: NHNA is interested in your opinion! Should the New Hampshire Nurses Association support "BSN in 10" legislation? Email Gail@nhnurses.org

Nursing is a Work of Heart...

Dear readers—in the past two issues we have asked people to write and submit short essays on their nursing experiences in hopes of compiling a large collection and create our own NH version of "Chicken Soup for the Nurses' Soul." I'm sorry to say that we are not exactly besieged with submissions thus far...so I'd like to share the following story we received and perhaps it will inspire the 'inner author' in all of you. We can at least make it a regular column here in Nursing News.

Will she or won't she?

She is just beautiful, twirling around the kitchen, with her pigtails, glasses and braces. So happy to be around, insisting she 'needs' a pink cell phone.

Striving and smart if I had to describe her, I wonder what she will become? What college will she attend? Will she be distracted by a boy?

What I really wonder is, *will she go into nursing?*

She has seen me in my scrubs countless times. Giving her kisses as I leave for work. Does it bother her with all the weekends and holidays? She will never complain.

The next day, I try not to tell her the bad things from the night before, so she will never consider nursing. But, I don't want to make it sound too rosy in case she does.

Intuitive as can be. When I am upset about a tragedy at work, she looks at me and says, "Mom, why are you acting so strange?" How can I explain the experience from yesterday to someone so innocent?

Do I really want my baby girl to be exposed to all the things I have been exposed to in nursing? The death, the addiction, the mental illness? How can I tell her nursing has taught me more than anything else in the world, nothing has touched me like caring for others. Nursing has taught me to really, really appreciate what I have in this world.

So, maybe the deeper question is, *will my daughter choose to be like me?*

Carol Anne Standish, RN, BSN
Exeter, NH

NOTE: send your own stories to Avery@nhnurses.org
THANK YOU!

Presidential Quote

In her address to the 2007 Constituent Assembly, the gathering of representatives from every State Nurses Association and constituent organizations, ANA President Becky Patton stated:

"We don't have a shortage of nurses—we have a shortage of places that nurses want to work."

Nurstoons



www.nurstoon.com

Nursing Scholarship Recipients Named

The Iola M. Hubbard/Cheshire Health Foundation Scholarship Fund supports students from Cheshire and Sullivan Counties in New Hampshire, and Windham County Vermont, who are pursuing a four-year undergraduate degree in Nursing. The Cheshire Health Foundation is the philanthropic arm of the Cheshire Medical Center. We congratulate the following scholarship recipients—all entering college in the Fall of 2007:



Rachel Butterfield of Richmond and a graduate of Monadnock Regional High School will attend the University of New Hampshire.

Rachel Butterfield

Amanda Ericson of Keene and a graduate of Keene High School will attend Rivier College.



Amanda Ericson



Laura Mazzola of Keene and a graduate of Keene High School will attend Russell Sage College.

Laura Mazzola

Lindsey McGill of Walpole and a graduate of Fall Mountain Regional High School will attend the University of New Hampshire.



Lindsey McGill

Molly Rice of Sunapee and a graduate of Sunapee Middle High School will attend Norwich University.



Molly Rice



Jessica Roemmelt

Jessica Roemmelt of Wilmington and a graduate of Twin Valley High School will attend Elmira College.

Tessa Marie Short of Dummerston and a graduate of Brattleboro Union High School will attend Carson-Newman College.



Tessa Marie Short



Samantha Willis

Samantha Willis of Keene and a graduate of Keene High School will attend Quinnipiac University.

Ellen Fontaine graduated from Keene High School and will attend Rivier College in Nashua.



Ellen Fontaine

Rhode Island Joins Compact

The Rhode Island legislature has voted to allow the Rhode Island Board of Nursing to join the multistate Compact. Rhode Island's membership in the Compact will become effective July 2008. Rhode Island is the third New England state, following New Hampshire and Maine to join the compact. Nurses who are residents of Compact states can practice in another Compact state without any additional application or licensure requirements. Compact nurses are required, however, to practice within the Nurse Practice Act of the state in which they are practicing nursing.

Research Consortium Formed

An organizational meeting of nurses interested in promoting nursing excellence through research and evidence based practice was held October 25th in Nashua. Nurse researchers and those interested in exploring ways to infuse evidence based practice initiatives throughout the nursing community were invited by convener Roseann Barrett, RN, PhD to join the consortium. Barrett described the mission of the consortium to foster networks for mutual sharing, innovative thinking and creative problem solving. Several states have established forums facilitating research collaboration. Barrett reported on her investigation into the Connecticut Nursing Research Alliance formed in 1994 and the Arizona Consortium formed in 2005.

Over 20 researchers, educators, and clinical experts attended the meeting. Future activities for the consortium were discussed including research roundtables, EBP Workshops, mentoring opportunities and a list serve. The consortium will be meeting four times a year at different venues.

The next meeting of the Southern New Hampshire Consortium for Nursing Excellence will be held January 8, hosted by St. Anselm's Department of Nursing. For more information on the Consortium contact Roseann Barrett, Director of Nursing Research, St. Joseph Hospital, Nashua.

PO Box Costs Nurse License

Imagine getting home from work and finding a letter from the Board of Nursing that you no longer have a nursing license. And then it gets better—when you find out that you have not had a license for over a month! But wait, you received your postcard from the Board of Nursing reminding you to renew 3 months earlier. (License renewal is now electronic, so you no longer get a license application or the license card in the mail.) So, conscientious nurse that you are, you log on to the Board of Nursing website, go to the license renewal page and complete the renewal application form. You provide a credit card number to pay the license fee, click submit, and feel good that you have renewed 8 weeks early. The next month you check your credit card statement, and yes, there it is, your credit card has been processed and the amount debited. A week before your birthday you go back to the Board of Nursing website to verify that your license is current. You type in your name and yes, there it is, ACTIVE, appears. You have a great time on your birthday and return to work the next day. Your employer has access to the Board of Nursing website, so no longer do you have to bring in your little white nursing license card to show an employer. Weeks go by, and then you get the letter that you are not licensed. A joke? A computer snafu? 'No' says the Board. You did not complete the on-line form correctly!

Could this happen? It did and was reported by a nurse at the Public Hearing at the Board of Nursing at its October 2007 meeting.

The details for renewal are in the fine print of the renewal instructions. Because New Hampshire is a member of the Interstate Compact, actual residential addresses are required on the renewal application. The compact determines the state of licensure by residence. A post-office box does not qualify as meeting the Compact requirements for determining state of licensure. For example, both Maine and New Hampshire are Compact states. If you physically live in New Hampshire but work in Maine, you are required to have a New Hampshire multi-state Compact license. The New Hampshire license allows you to work in Maine with no additional licensure requirements. But if you physically live in New Hampshire, and have a post office address in Maine, it is impossible to determine your legal residence. Therefore, the Board of Nursing requires your physical residence on the renewal application as well as mailing address. It is part of the fine print!

Unlike some of the more sophisticated computer programs which will reject your submission if a field entry does not meet specific criteria, the Board of Nursing and the State of New Hampshire programs are basic. If all the computer fields have entries, the credit card information is accepted. The current licensure online system does not include a human check of information appropriateness. The system is also programmed to report the status of the license up to the last day of the previous renewal. Your renewal date and new license does not start until the day after your current license expires. Had the nurse in the example above checked her license status the morning *after* her birthday, she would have found that her license was *inactive*.

Clearly, these are systems errors. Not unlike the systems errors that result in medication errors in today's health care facilities. The Board of Nursing thoughtfully deliberated on the information they received from the distressed and offended licensee. She has obtained an active license, though not without paying the late fee and fines. At the time of this writing, it is not known whether the Board will make the renewed license retroactive. Until the Board corrects the systems issue you can avoid this potential licensure nightmare scenario by:

1. Using a residential address for your renewal application.
2. Confirming an active license the day after your expiration date.
3. Printing a copy of your license renewal application for your files.
4. Printing a copy of your active license the day after your expiration date.
5. But most importantly—DON'T FORGET TO RENEW! We need every NH nurse!

Handwashing More Useful than Drugs in Virus Control

HONG KONG (Reuters)—Physical barriers, such as regular handwashing and wearing masks, gloves and gowns, may be more effective than drugs to prevent the spread of respiratory viruses such as influenza and SARS, a study has found.

The findings, published in the British Medical Journal, came as Britain announced it was doubling its stockpile of antiviral medicines in preparation for any future flu pandemic.

Trawling through 51 studies, the researchers found that simple, low-cost physical measures should be given higher priority in national pandemic contingency plans.

"Mounting evidence suggests that the use of vaccines and antiviral drugs will be insufficient to interrupt the spread of influenza," they wrote in the report.

The 51 studies compared any intervention to prevent animal-to-human or human-to-human transmission of respiratory viruses, such as isolation, quarantine, social distancing, barriers, personal protection and hygiene, to doing nothing or to other types of intervention. They excluded vaccines and antiviral drugs.

They found that handwashing and wearing masks, gloves and gowns were effective individually in preventing the spread of respiratory viruses, and were even more effective when combined.

"This systematic review of available research does provide some important insights... There is therefore a clear mandate to carry out further large trials to evaluate the best combinations," the international team of scientists wrote.

Another study, published in the Cochrane Library journal last month, found handwashing with just soap and water to be a simple and effective way to curb the spread of respiratory viruses, from everyday cold viruses to deadly pandemic strains.

Researchers have long warned that the world is due for another pandemic but they cannot say which strain will strike. The H5N1 avian flu virus that has killed more than 200 people globally since 2003 is considered a prime suspect.

(Reporting by Tan Ee Lyn; editing by Roger Crabb)

Reprinted from Reuters—ANA Smart Brief

New U.S. Vaccine Guidelines for Adults Released

NEW YORK (Reuters Health)—The Advisory Committee on Immunization Practices, a division of the Centers for Disease Control and Prevention, has released the 2007-2008 recommended immunization schedules for adults in the US, according to a report in the *Annals of Internal Medicine*.

The schedule, which is established each year by the CDC, has been endorsed by the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the American College of Physicians (ACP).

Key changes in this year's schedule include:

—Varicella (chickenpox) vaccination is recommended for all adults with no apparent immunity to the virus.

—Zoster (shingles) vaccination is advised for all adults 60 years of age and older, regardless of whether they have had a prior shingles episode.

Other points in the report highlight the licensing in 2006 of a vaccine shown to prevent cervical cancer and a pertussis (whooping cough) vaccine for adults, new indications for flu vaccination, and recommendation of a second dose of mumps vaccine for adults working in a health care facility.

"Physicians should be aware of the schedule, know that it has been recently updated and advise their patients of the appropriate vaccines. Patients should ask their physician about adult immunization and what vaccines are appropriate for them," Dr. Sandra Fryhofer, a member of the ACP Adult Immunization Advisory Board, said in a statement.

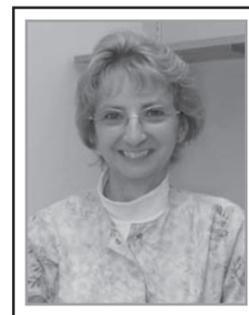
In an accompanying editorial, Dr. Gregory A. Poland, from the Mayo Clinic in Rochester, Minnesota, and Dr. William Schaffner, from Vanderbilt University in Nashville, Tennessee, comment that "the US childhood immunization program is a remarkable success. Achieving the same level of success in adult immunization will be very difficult and will require hard work at every level from professional organizations... to the individual practice."

SOURCE: *Annals of Internal Medicine*, October 18th online issue, 2007.

REPRINTED FROM REUTERS 10/18/07

St. Joseph Healthcare Celebrates October Employee of the Month

Nashua, NH—"It's my goal to make sure people have the best experience they possibly can at St. Joseph Hospital," says Diane Radziewicz, RN. Diane is a registered nurse for the pre-admission testing department at St. Joseph Hospital. Diane first joined St. Joseph Hospital as a candy striper before going to nursing school. She has now been with the hospital for 33 years; 26 of those years were spent in the recovery department, and the past six years in pre-admission testing. Diane takes great pleasure in being there for patients when they come in for surgery. When patients are faced with intimidating procedures, Diane serves as a shoulder to lean on and offers a hand to hold.



Diane Radziewicz

When you think of nursing at St. Joseph Hospital, you think of caring, intelligence, compassion and collaboration. These are all qualities that Diane embodies, but she is most known by her patients and their families for the impact she has made on their lives. Diane goes above and beyond the call of duty on a daily basis.

The Pre-Admission Team states, "Diane has always been a model nurse by assisting patients, families, co-workers and physicians alike. She is always on top of things, keeping a well-run department. Diane always gives the impression that the person she is dealing with is the most important person in the world. She always takes time to answer questions and to make sure everyone understands. There is never a problem too big for Diane to handle. She is one of the main reasons the department runs so smoothly."

Diane and her husband of 29 years, Butch, reside in Londonderry. They have two daughters; Anne and her husband Dan reside in Hudson. Julie is a senior at Stonehill College in Easton, MA. Diane enjoys reading any spare chance she gets. She also loves NASCAR.

Health Care is Destined for Overhaul November 25, 2007

by Dan Nowicki
Arizona Republic

As medical costs soar and 47 million Americans remain uninsured, the political momentum for national health-care reform appears unstoppable.

Democrats and Republicans are readying for a philosophical battle over how to handle what could prove to be the No. 1 domestic policy issue of the 2008 presidential race.

More than a dozen years after then-first lady Hillary Clinton's health-care initiative collapsed, the Democratic push for universal health care has achieved such critical mass that Republican White House candidates are touting their own reform plans, which rely more on free-market dynamics than expanding government regulation.

Co-ops and subsidies

An October poll by the nonpartisan Henry J. Kaiser Family Foundation indicated that health care ranks second behind the Iraq war as the public's most pressing issue.

Although the public tends to associate health-care reform with Democrats, the fact that GOP contenders have signaled they intend to compete on the issue indicates how the political landscape has changed.

"It's not a Democrat issue. It's a conservative Republican issue," GOP presidential candidate Mitt Romney said.

Hillary Clinton, now a senator from New York and the 2008 Democratic front-runner, is offering a plan that, experts say, is far less complicated than her failed 1993-94 initiative. She and former Sen. John Edwards, D-N.C., would mandate universal coverage.

Sen. Barack Obama, D-Ill., would mandate coverage for children but hopes to achieve universal coverage voluntarily.

The major Democratic proposals seek to preserve customer choices and would create purchasing co-ops that give small businesses and individuals some of the bargaining leverage enjoyed by large employers. Employers likely would have to provide health coverage or help pay for it, and expanded government programs and subsidies would try to keep their costs in control.

Competition and tax credits

On the Republican side, the major candidates are proposing plans that oppose government-mandated insurance, stress the need for competition and favor tax credits and deductions to help pay for insurance.

"I don't think any of the Republicans are really aiming for universal coverage," said Larry Levitt, a vice president of the Kaiser foundation. "Their goal is deregulation of the insurance market."

Sen. John McCain, R-Ariz., whose market-oriented health plan has won kudos from some conservative writers, bristles at Clinton's mandated coverage.

"Look, I want every American to have an education, but I'm not going to mandate that they have one," McCain said. "I want every American to own a home, but I'm not going to mandate that they own a home. I want them to have both of those affordable and available, and I feel same the way about health insurance."

Romney can boast of practical experience in working with a Democrat-controlled Legislature to set up a comprehensive health plan. Massachusetts, where he was governor, is the first and only state to mandate insurance coverage for individuals.

REPRINTED FROM THE ARIZONA REPUBLIC

Working Overnight Shift Linked to Cancer

by **THE ASSOCIATED PRESS**
Published: November 29, 2007

LONDON (AP)—Like UV rays and diesel exhaust fumes, working the graveyard shift will soon be listed as a "probable" cause of cancer. It is a surprising step validating a concept once considered wacky. And it is based on research that finds higher rates of breast and prostate cancer among women and men whose work day starts after dark.

Next month, the International Agency for Research on Cancer, the cancer arm of the World Health Organization, will add overnight shift work as a probable carcinogen. The American Cancer Society says it will likely follow. Up to now, the U.S. organization has considered the work-cancer link to be "uncertain, controversial or unproven."

The higher cancer rates don't prove working overnight can cause cancer. There may be other factors common among graveyard shift workers that raise their risk for cancer. However, scientists suspect that overnight work is dangerous because it disrupts the circadian rhythm, the body's biological clock. The hormone melatonin, which can suppress tumor development, is normally produced at night.

If the graveyard shift theory eventually proves correct, millions of people worldwide could be affected. Experts estimate that nearly 20 percent of the working population in developed countries work night shifts.

Among the first to spot the night shift-cancer connection was Richard Stevens, a cancer epidemiologist and professor at the University of Connecticut Health Center. In 1987, Stevens published a paper suggesting a link between light at night and breast cancer.

Back then, he was trying to figure out why breast cancer incidence suddenly shot up starting in the 1930s in industrialized societies, where nighttime work was considered a hallmark of progress. Most scientists were bewildered by his proposal.

But in recent years, several studies have found that women

working at night over many years were indeed more prone to breast cancer. Also, animals that have their light-dark schedules switched develop more cancerous tumors and die earlier.

Some research also suggests that men working at night may have a higher rate of prostate cancer. Because these studies mostly focused on nurses and airline crews, bigger studies in different populations are needed to confirm or disprove the findings.

There are still plenty of skeptics. And to put the risk in perspective, the "probable carcinogen" tag means that the link between overnight work and cancer is merely plausible.

Among the long list of agents that are listed as "known" carcinogens are alcoholic beverages and birth control pills. Such lists say nothing about exposure amount or length of time or how likely they are to cause cancer. The American Cancer Society Web site notes that carcinogens do not cause cancer at all times.

Still, many doubters of the night shift link may be won over by the IARC's analysis to be published in the December issue of the journal *Lancet Oncology*.

"The indications are positive," said Vincent Coglian, who heads up the agency's carcinogen classifications unit. "There was enough of a pattern in people who do shift work to recognize that there's an increase in cancer, but we can't rule out the possibility of other factors."

Scientists believe having lower melatonin levels can raise the risk of developing cancer. Light shuts down melatonin production, so people working in artificial light at night may have lower melatonin levels.

Melatonin can be taken as a supplement, but experts don't recommend it long-term, since that could ruin the body's ability to produce it naturally.

Sleep deprivation may be another factor in cancer risk. People who work at night are not usually able to completely reverse their day and night cycles.

"Night shift people tend to be day shift people who are trying to stay awake at night," said Mark Rea, director of the Light Research Center at Rensselaer Polytechnic Institute in New York, who is not connected with the IARC analysis.

Not getting enough sleep makes your immune system vulnerable to attack, and less able to fight off potentially cancerous cells.

Confusing your body's natural rhythm can also lead to a breakdown of other essential tasks. "Timing is very important," Rea said. Certain processes like cell division and DNA repair happen at regular times. Even worse than working an overnight shift is flipping between daytime and overnight work. "The problem is re-setting your body's clock," said Aaron Blair, of the United States' National Cancer Institute, who chaired IARC's recent meeting on shift work. "If you worked at night and stayed on it, that would be less disruptive than constantly changing shifts."

Anyone whose light and dark schedule is often disrupted—including frequent long-haul travelers or insomniacs—could theoretically face the same increased cancer risk, Stevens said. He advises workers to sleep in a darkened room once they get off work. "The balance between light and dark is very important for your body. Just get a dark night's sleep."

Meanwhile, scientists are trying to come up with ways to reduce night workers' cancer risk. And some companies are experimenting with different lighting, seeking a type that doesn't affect melatonin production.

So far, the color that seems to have the least effect on melatonin is one that few people would enjoy working under: red.

American Cancer Society's list of known and probable carcinogens from IARC and National Toxicology Program: <http://tinyurl.com/2k15ab>

International Agency for Research on Cancer: <http://www.iarc.fr>

ANA Launches New Safe Staffing Website Education, Resources for Nurses

SILVER SPRING, MD—The American Nurses Association (ANA) has launched a new web site dedicated to the issue of safe staffing. The new site educates nurses about ANA's history of advocacy on the issue, provides updates on the newest information and developments, and gives nurses tools to get involved.

The site allows nurses to share their own stories and concerns and invites them to help strengthen the case for safe staffing legislation by completing a survey. Through the site, nurses can also stay informed about the latest developments on Capitol Hill and contact their members of Congress to urge their support.

"ANA has been a persistent driving force in the efforts to make safe staffing legislation a reality," said Linda J. Stierle, MSN, RN, CNAA, BC, CEO of the American Nurses Association. "This site gives nurses a stronger voice, and empowers them to take an active role in impacting their workplace environment."

"Safe staffing saves lives," added Rebecca M. Patton, MSN, RN, CNOR, President, American Nurses Association. "There is a growing body of evidence that demonstrates adequate nurse staffing improves the health outcomes of patients, resulting in fewer inpatient days, complications and deaths. Implementing safe staffing levels should be seen as a critical investment in quality, cost effective care, and ANA's goal with this web site is to establish staffing levels that promote a safe and healthy working environment for nurses, and ensure the highest possible patient care."

See www.safestaffingsaveslives.org to get involved in ANA's safe staffing campaign.



ATTENTION INTERNET SHOPPERS!

Please remember to do your shopping through the NHNA Marketplace at www.NHNurses.org
Good deals for you -
Donations for NHNA!



Download this little icon to your desktop to make that easier!

Professional Memberships... Are Nurses Just Not “Joiners”?

Quoting from a 2006 article on the value of professional associations, published by Park University International Center for Civic Engagement, “*The specific purpose of an association is to “promote the interest, welfare, or common good of an industry, a profession, a field of interest or endeavor, or a group of members. To promote industry, provide education, foster professional conduct, gather and disseminate information, develop standards, etc.”*

“*The phenomenon of individuals formally associating to support their common interest or profession has its roots in the ancient times of China, Greece and Rome, the craft guilds of medieval times, as well as the mercantile systems of colonial America. In more modern times, trade and professional associations have grown in number, stature, and effectiveness. The importance of the association movement to members, government, and society is unquestioned. Associations today are truly powerful and enlightened members of the community working for goals common to all citizens.*”

“*The desire for those of common interest to “associate” for the advancement of a cause, profession, or ideal will continue as a human phenomenon. Historically associations have developed, adapted and transformed to meet the need of a changing society. Unencumbered by profit motives and constraints of government, associations can focus on value and relevance.*”

The same article gives the following statistic—derived from an AARP survey: “**Nine out of ten adult Americans belong to one association, and one out of four belong to four or more associations.**”

Yet in 2005, then President of ANA, Barbara Blakeney, MS, RN, reported: “ANA recognizes that **nearly 80 percent of nurses do not belong to any professional nursing organization**—mainly because of time and budget constraints.” Wow... that’s quite a different ratio. Let’s look at those 2 factors.

“**Time**” is an elusive thing...and we never seem to think there is enough of it. Note this interesting quote by Florence Nightingale—more than a century and a half ago:

- ‘Women never have a half-hour in all their lives (excepting before or after anybody is up in the house) that they can call their own, without fear of offending or of hurting someone. Why do people sit up so late, or, more rarely, get up so early? Not because the day is not long enough, but because they have 'no time in the day to themselves.' [1852]

So “time” is an age-old issue—especially for women/caregivers. But then—we all have the same 24 hours in a day. We just make different choices on how to spend them. Imagine for just a moment where the field of nursing might be today if Florence had decided she didn’t have enough time to become an activist for better hospital conditions...or to found a ground breaking nursing school? *Don’t worry...we’re not asking anyone to be another Florence Nightingale. As an NHNA member there are really no set time commitments. You can be as active as you choose to be... from answering an occasional email to contact your legislators on a particular issue—to attending quarterly conferences—to volunteering on active monthly committees*

In response to the budget concern, ANA allowed Constituent states to create reduced

rate, state-only membership options. And now—to make things even easier on personal budgets, we are able to offer a **Painless Pay system** of minimal monthly installments. (See details below and sign up at www.nhnurses.org.)

Now let’s get back to that “less than 80%” statistic for a moment... As someone coming to NHNA from outside the nursing field, I admit to being surprised by that figure. With roughly **2.9 MILLION nurses in the U.S. (outnumbering MD’s by about 4 to 1, by the way)**...it seemed to me that by virtue of sheer numbers, nurses could absolutely **RULE** healthcare in this country if they truly wanted to ...and united for change. (And no, I’m not talking about ‘uniting’ as in ‘unionizing’... but by joining forces/voices through the umbrella of professional associations—like ANA, NHNA and all the nursing specialty organizations.) Working daily on the ‘front lines’ of healthcare—nurses know what’s working and what’s not...what needs to be changed—and probably just how to do it.

What do you suppose is holding back this potentially mammoth movement??

Is it a wide-spread expectation that “someone else will take care of that”? (To all your co-workers ...YOU are “someone else”.)

Is it a feeling of “my opinion doesn’t matter”...or “what can I do as one person”? (That’s the very “strength in numbers” benefit of joining a like-minded organization.)

Is it a distaste and avoidance for all things that seem “political”—like lobbying on healthcare policy? (Please tell me we are not reverting to 19th century ideas that women don’t get involved in politics.)

The ‘time and budget’ concerns relative to organization membership we’ve already discussed...

Are nurses just not “joiners”?? Or do they not believe there is real “value and relevance” in such organizations?

Please tell us...really. Send us your thoughts on why:

- 1) The majority of nurses have not felt the need to be part of their professional organizations
- 2) Nurses have not (yet) become a major force in directing healthcare reform

Email to Avery@NHNurses.org We’ll report back in a future issue. THANK YOU!

WELCOME NEW NHNA MEMBERS

Bobbie Bagley, Londonderry, NH
 Holly Bergeron, Nashua, NH
 Deborah Bourcier, Derry, NH
 Karen Ditta, Sandia Park, NM
 Patricia Chandler, Hopkinton, NH
 Bethany Dowse, Guildhall, VT
 Gail Anthony Dunn, Derry, NH
 Maria Glorioso, Andover, NH
 Kathleen McMahon-Brown, Vernon, CT

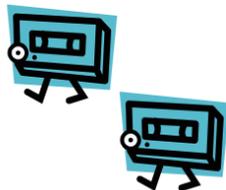
Julie O’Brien, Topsfield, MA
 Theresa Posani, Portsmouth, NH
 Lisa Powers, Manchester, NH
 Lisa Richards, Candia, NH
 Suzanne Rouleau, Manchester, NH
 Timothy Small, Durham, NH
 Marianne Stone, Hollis, NH
 Phyllis Wark, Newmarket, NH

HOW WILL YOU SPEND \$10 THIS MONTH?

ONE PIZZA?



TWO MOVIE RENTALS?



THREE SMALL LATTES?



OR...



MEMBERSHIP IN A PROFESSIONAL ASSOCIATION that can help you:

- Expand your knowledge & clinical skills through continuing education
- Increase your leadership and advocacy skills
- Network with nursing colleagues around the state
- Be part of changing healthcare policy
- Get discounts on conferences, online classes, and lots of services... enough to more than pay for the membership itself...

ANNOUNCING THE MONTHLY PAYMENT OPTION FOR NHNA DUES!!

“Painless Pay Membership”

If you haven’t already become part of NHNA because you resisted writing out a \$125 check for state dues... we’ve eliminated that issue.

You can now pay just \$10.41 each month - via credit card or checking account deduction!

What could be easier?

Shortly after the first of the year, our website will be equipped with a link for secure online registration that gives you those payment options. (If you’d prefer, you can still use a paper application.)

NOTE: this option has always been available for DUAL membership (ANA & NHNA). \$20.75 / month will get you all rights and privileges of national as well as state membership.

SO - why wait? SIGN UP TODAY! Join the Voice of Nursing in New Hampshire.

VOICE & VISIBILITY

Add your voice to Our Voice! Join NHNA Today

Check One

MEMBERSHIP

- NHNA Membership \$125/yr** **Effective 10/4/07** (State only - no ANA benefits or voting rights)
- ANA Membership \$171/yr** (Membership in ANA only - no NHNA voting rights or ability to hold office)

DUAL ANA & NHNA MEMBERSHIP **Effective 10/4/07** (Full benefits and privileges of both organizations)

- Full Membership \$249/yr** (RNs only - employed full or part time)
- Reduced Membership \$124.50/yr** (Nursing Students, New Graduates, or RN's not employed)
- Special Membership \$62.25/yr** (Retired or Disabled RN's)

NHNA ASSOCIATE MEMBERSHIP (Non-voting status with limited benefits)

- Associate Membership \$45.00/yr** (LPN, LNAs, healthcare professionals, and friends of nursing)
- Student Associate Membership \$25.00/yr** (Nursing Students who are also a members of NHSNA #_____)

| NHNA Membership Application | | | |
|-----------------------------|----------------------------|------------------|------------------|
| Last Name | First Name | Middle Initial | REFERRED BY: |
| RN License Number & State | Credentials (RN, BSN, Etc) | Years in Nursing | Field of Nursing |
| Basic School of Nursing | Graduation Date | | Birth Date |
| Home Address | | | |
| City | State | Zip | Home Phone |
| Employer Name | | Job Title | Department |
| Work Address | | | |
| City | State | Zip | Work Phone |
| Home E-mail Address | Work E-mail Address | | Work Fax |

- Check enclosed - payable to NH Nurses' Association
- Charge to ___MasterCard ___ Visa # _____ EXP ___/___ Sec Code _____
- Name on card if different from application: _____ Signature _____

MAIL APPLICATION TO: NHNA 210 N. State St. Suite 1-A Concord, NH 03301 or FAX to: 603-228-6672