National Nurses Week
2008—Nurses: Making a Difference Every Day

The theme for 2008 National Nurses Week is *Nurses: Making a Difference Every Day.* The online media kit is now available from the American Nurses Association (ANA) website at: [http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek/MediaKit.aspx](http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek/MediaKit.aspx).

The media kit will get you started with an array of great ideas for publicity and create positive events that make your nurses’ proud and your organization visible.

National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. Please join us in this celebration.

**National Nurses Week History**
National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale’s birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as **National Student Nurses Day**, to be celebrated annually. And as of 2003, **National School Nurse**

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President’s Report

To expand nurses’ knowledge of research and to meet our research mission, the NJSNA provider unit has developed a two-day program titled The Road to Evidence-based Practice: Interpreting Research consisting of four modules. The overall purpose of the program is to educate staff nurses to become informed consumers of research. Capital Health Systems is the pilot institution for this program that will be offered multiple times each year around the State. The Institute continues to offer a research grant for a member nurse interested in conducting research. Check the NJSNA website for the criteria and for the list of upcoming provider unit programs.

We have several exciting events scheduled for the near future. The Institute welcomes your suggestions to help support our scholarship activities.

Remember that the New Jersey State Nurses’ Association convention is coming up at the beginning of April. While at the convention, plan to attend the Saturday Luncheon on Friday. Our luncheon speaker is Dr. Carol Kleinman, In the Road to Evidence-based Practice: Interpreting Research consisting of four modules. The overall purpose of the program is to educate staff nurses to become informed consumers of research. Capital Health Systems is the pilot institution for this program that will be offered multiple times each year around the State. The Institute continues to offer a research grant for a member nurse interested in conducting research. Check the NJSNA website for the criteria and for the list of upcoming provider unit programs.

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Revolutionary Bedding Sets Ready for Debut Expects to Have Major Impact on Bedding Apparel Industry

Inventor, creator and owner Doris Clark Lewis of DL’s Originels joined forces with Beryl Walk of Beryl’s Word recently. This joint venture will take Ms. Lewis’ revolutionary and innovative line of quick, “Easy No Tuck” bed products worldwide.

The amazing new bed sheets and blankets offer relief to the pulling, tugging and spreading of the typical bed linens in the industry. Her designs will offer anyone the convenience of making their bed in less than 3 minutes. One customer who purchased the sheet set for her mother said, “My mother said she will never sleep on any other type of sheets again.”

The line of quick “Easy No Tuck Sheets” are available in two fabulous, silky, soft 400 thread count fabrics. The 100-percent cotton comes in “Purist White.” The luxurious 100-percent polyester satin is available in six colors: Red Hot Red, Plush Pink, Lavish Royal blue, Billowy Cloud White and Gilded Gold. Free embroidery is offered with each purchased sheet. “Easy No Tuck Blankets are available in soft, plush, cuddly 100-percent nylon in two rich colors: Baby Boy Blue and Earthen Beige.

Ms. Lewis, an RN with 37 years of experience, and member of New Jersey State Nurses Association, invented the line of quick “Easy No Tuck” bedding after caring for an ill friend who was unable to make their own bed. Lewis’ ground-breaking concept in bedding apparel consists of a fitted, non-elastic bottom sheet which fits the curvature of the mattress. The top sheet has a pressure pleat which is securely attached at the foot with a hook and loop fastener that can be attached or reattached in seconds. As a result, one person can have their feet covered and another can have their feet uncovered.

The pioneering design of DL’s Originel’s bedding enhances durability and wearing time. The matching pillowcase is manufactured in an envelope-style that holds the pillow in place, preventing the shaking to get the pillow in the pillowcase and the potential of the pillow falling out as is the case with conventional pillowcases.

Washing is a cinch since both top and bottom are attached and washed as one unit allowing bed making to become easier and faster in less than 3 minutes.

It’s so simple a child can use them. One customer, whose husband is physically challenged, praised the bedding set and said, “Easy No Tuck Sheets were a tremendous help to us both.” Another, a mother whose son is a rough sleeper stated, “I was so happy to finally have sheets that stay on my son’s bed while he sleeps.”

DL’s Originels Bedding Apparel is expected to become a hit with hospitals, hotels and other institutions where bedding is essential in its business operations. Several nurses at a hospital where Lewis did product research told her the sheets stayed on all day and did not pose any problems, even while patients were in the bed.

“Easy No Tuck Sheets and Blankets” are a great solution for everyone especially senior citizens, those with physical limitations and many other people.

DL’s Originels website at www.dloriginels.com

Color Coded Wristbands

New Jersey State Nurses Association participated in a safety initiative from the New Jersey Department of Health and Senior Services and the New Jersey Hospital Association in 2007 to identify risk categories for patients across the continuum of care and reach consensus on standardized color definitions of wristbands.

A survey had been done that found in acute care settings 10 different colors designating 19 different risk factors and in other settings nine different colors represented 25 different risks. It was a landscape of color but one that nurses, doctors and first responders could not rely on.

The value of color coded wristbands to quickly communicate a certain healthcare state was indisputable, although in some settings color-coded charts or information stickers may be preferable.

And so the committee agreed upon five standardized colors for New Jersey:

- Red-Allergies
- Yellow-Fall Risk
- Green-Latex
- Purple-DNR
- Pink-Limb Alert

One precaution is that caregivers must always check the chart even if there is a wristband because the patient’s status can change throughout the stay. But for an important quick identification for risk the New Jersey color coded wristband initiative is a worthwhile endeavor.

For more information log on to www.njha.com.

New Jersey Nurse Icons—Leaving a Legacy; Acknowledging our Own

Yvonne Wesley, RN, Ph.D., FAAN

Curving out a space in every aspect of health care, nurses of African descent have not always found it easy to be acknowledged for their contributions to society. Who knew, Nancy Leflament-Colon entered the U.S. Army in 1945 as a reservist and became a flight nurse. In fact, from 1989 to 1991 she became the only woman to hold the presidency of the Tuskegee Airmen. In addition, it is noted in The Path We Tread by the late Dr. M. Elizabeth Carnegie RN, Colon was the first Black to be commissioned in the regular Army Nurse Corps. Colon was not only a pioneer but a nurse icon in her own right. New Jersey has several nurse icons, all of whom understand the importance of quality care for all communities. As such, they support initiatives that improve access to health care and strengthen the quality of care for all. Each of these icons approaches life and the profession from a unique perspective, but each has endeavored to leave their mark and to work towards improving a healthcare system that will allow each resident to enjoy an optimal state of health.

The Institute for Nursing has endeavored to acknowledge the contributions of one of its own nurse icons, Ms. Sylvia C. Edge, who has worked tirelessly for over forty years to improve the health of New Jersey residents through education, leadership, mentorship and community service.

On Thursday April 3rd, several of New Jersey’s numerous nurse icons are gathering in Atlantic City to pay tribute to Ms. Edge. Nurse icons to be honored also include Leo Jurado, RN, MA, CNA, APN, BC, Annette Hubbard MSN, and Ruben Fernandez, RN, BSN, MA all plan to attend the 2nd annual Sylvia C. Edge Endowment reception.

Raising stars such as Gwenydyn Watford-Miller, Deborah Walker McCall, LeShonda Wallace Easterling and numerous others all acknowledge the gifts and talents of Sylvia C. Edge. The goal is to reach $100k in donations. One of New Jersey’s most prominent icons, Ms. Jean Marshall, MSN, RN, FAAN will serve as Mistress of Ceremonies and will bring the voice of “it is possible” to this event. In doing so, Ms. Marshall will be joining countless other nurse leaders who represent the spirit of unity that has consistently contributed to improved health outcomes across the state of New Jersey and nationally.

The space we create to acknowledge greatness among us is important. Be a part of the this new wave of acknowledgment by bringing your books and collecting an autograph; for example, the Soul of Leadership by Dr. Hattie Bessent RN which features Ms. Jean Marshall. Honor the legends and contribute to the Sylvia C. Edge Endowment to ensure the future of nursing and improve the health of all New Jersey residents.

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The State of NJ Registered... continued from page 1

and assist nurses in moving forward through education levels with greater ease. Collected in the spring of 2007, the information presented below is survey responses from forty-two schools of nursing statewide. The 2006 study was done in conjunction with the New Jersey State Board of Nursing.

Survey Results

Nursing School Enrollments and Trends

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Survey Results

Nursing School Enrollments and Trends

The Center has tracked enrollments in New Jersey nursing schools since 2002 when total enrollments were 5,278 students. Since 2002, enrollment numbers have increased by 4,162 students to 2006 enrollment totals (9,440 students). However, further analysis points to a concerning trend. Although the number of enrollments has increased each year, the percent change, or increase/decrease of enrolled students from one year to another, has slowed. Growth in enrollments between 2003 and 2004 peaked with a 27.7% increase while the increase between 2005 and 2006 was only 4%. Although this slowing of enrollments is of concern, to the nursing profession as demand for nurses statewide continues to increase, it reflects the reality of schools who have reached their maximum capacity for educating students.

Nursing School Graduates and Trends

The Center collected demographic information including race and ethnicity indicating that they identify with a racial and ethnic category not available for selection.

Review of Faculty

In 2006, nursing schools were surveyed regarding their total budgeted full time equivalent (FTE) faculty positions. These positions are filled by a combination of full and adjunct/part time faculty. Schools responded that they had 626 budgeted FTE faculty positions. Schools identified 42 of these FTE positions as being vacant. Of these vacancies, 23 were associated with BSN-General schools, 13 were associated with Associate Degree schools and six were associated with Diploma schools.

Nursing schools surveyed were asked to identify their number of full time and part time/adjunct faculty members. Schools identified a combination of 990 faculty members. Of these, 49.2% were full time faculty and 50.3% were part time/adjunct faculty. In addition, nursing schools were asked to calculate the number of months it takes to fill a vacant faculty position. The number of months ranged from 2 months to 24 months (two years). The average number of months needed to fill a vacant faculty position was 6.5 months. Schools reported that 11 faculty members were expected to retire within the next five years, 30 expected to retire within the next three years, and 46 were expected to retire within the next five years. This brings the total number of anticipated faculty retirements to 87 by 2011. The Center collected racial and ethnic data for faculty members from all 42 nursing schools statewide. According to this data, 79.9% of faculty identified as White, 9.8% identified as Black, 5.4% identified as Asian/Pacific Islander, 4% identified as Hispanic and 0.6% identified as more than one race or ‘other.’

Comparison of Student and Faculty Numbers, 2003 and 2006

The Center examined the number of nurse educators compared to the number of nursing students between 2003 and 2006. The actual number of nursing students increased from 6,194 to 9,440 between 2003 and 2006 while the number of nurse faculty increased by 17% or 626 FTE faculty positions. These positions are filled by a combination of full and part time/adjunct faculty. Without an increase in faculty it would be impossible to educate the number of qualified students needed to bridge the gap between the supply and demand for nurses in the state. Action will need to be taken now, if we are to overcome the critical nurse shortage anticipated as all of the baby boomers reach retirement age.

For information about the Center and in-depth nurse reports, please visit our Web site at: http://njccn.org. The Center has been funded by the Robert Wood Johnson Foundation and the state of New Jersey.

A Brief History of National Nurses Week

1953 Donald R. Hoke, U.S. Department of Health, Education, and Welfare, submitted a proposal to President Eisenhower to proclaim a ‘Nurse Day’ in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11–16. The year of the observance marked the 100th anniversary of Florence Nightingale’s mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in other sessions by 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim “National Registered Nurse Day.” It did not occur.

1982 President Ronald Reagan proclaimed May 6, 1982, to be “National Nurse Recognition Day for Nurses.”

1974 In February of that year, a week was designated by the White House as National Nurse Week; President Nixon issued a proclamation.

1978 New Jersey Governor Brendan Byrne declared May 6 as “Nurses Day.”

1993 The ANA Board of Directors designated May 6–12 as permanent dates to observe National Nurses Week, and President Nixon issued a proclamation.

1995 Donald L. Neuhauser, President of the International Council of Nurses (ICN) proclaimed that May 12 would be “International Nurse Day.”

1996 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6 - 12, 1991, as National Nurses Week.

1999 The ANA Board of Directors designated May 6–12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated “National RN Recognition Day” on May 6, 1996, to honor the nation’s indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as “National RN Recognition Day.”

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.
For 18 years the Institute for Nursing has been helping New Jersey nursing students to further their educational dreams by providing scholarships for nursing studies. Scholarships are awarded to students who demonstrate academic excellence and have the potential to make a significant contribution to society. This year’s scholars are certainly no exception. The applicants are clearly enthusiastic about the chance to begin or continue their studies with the help of the Institute for Nursing.

The Institute for Nursing Scholarship Committee, Dr. Barbara Chamberlain, President; Dr. Carolyn R. Tuella, Annette Hubbard, RN and Regina Mastrangelo, RN awarded 14 scholarships from the 30 scholarship applications received.

While the Institute scholars must now do their part and study hard in their chosen field, the success of the Institute’s scholarship program relies on the behind-the-scenes activities of a small group of New Jersey State Nurses Association members who volunteer their time and energy throughout the year to support the program. As one committee member remarked “it is hard work but it’s so rewarding to see the fruits of our efforts and to know that through our support we are helping these women and men to make a valuable contribution to society in the future.”

Since its beginning in 1989 more than 280 students have benefited from the financial support of the Institute for Nursing Scholarship Program. Many have gone on to successful careers in direct patient care, education and research, administration, advanced practice, public health, corporate health, school nursing and countless other fields all of which allow them to give back to the communities and our profession.

This year’s scholarship recipients were recognized at the Institute for Nursing’s Research Luncheon on April 4, 2008 at the Tropicana Resort & Casino Hotel.

If you would like to help continue this invaluable program as a volunteer or through a gift donation, please contact the Institute for Nursing at 1479 Pennington Road, Trenton, New Jersey 08618-2694. Telephone 609-883-5335; Fax 609-883-5343 or email Debra Harwell at deb@njsna.org for more information or visit our web site through the NJSNA website www.njsna.org.

Congratulations again to the 2008 Institute for Nursing Scholarship Recipients. Good luck in all your endeavors.
Pressure ulcers are a common, serious and significant health care occurrence in the frail and elderly, caused by immobility, disfigurement, and slow recovery from co-morbid conditions, as well as interfering with activities of daily living. Pressure ulcers are strongly associated with mortality and lengthy stays in acute, post acute, and long term care settings.

Every year, pressure ulcers affect over 1 million patients and residents in hospitals and nursing homes. Costs associated with pressure ulcer treatment exceed $1.335 billion and, of that, more than $355 million is spent on treatment in the long-term care setting. While financial costs associated with pressure ulcers are high, the human toll of pain, depression, altered self-image, stress, infection and increased mortality and morbidity is immeasurable. Hospital-acquired pressure ulcers have been associated with a greater risk of death within one year of hospitalization.

Healthy People 2010 has made one of its objectives to “reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.” The National Quality Forum has identified “Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility” as one of its serious reportable events and this has been incorporated into the recently signed New Jersey Patient Safety Act. The recent Institute of Medicine report, Crossing the Quality Chasm: A New Health System for the 21st Century (2001), calls for greater integration of healthcare delivery systems across different settings to improve quality of care transitions and reduce the threat of medical errors.

Approximately 70 percent of all pressure ulcers occur in persons older than 70 years, which may be related to the changes in the aging skin. Risk factors include (not all an inclusive list): immobility or limited mobility, chronic illness, urinary and fecal incontinence, malnutrition, contractures, edema, fever, medications and hospital visits to the emergency department, radiology department, etc.

Factors that contribute to skin breakdown are pressure, shear, friction and moisture:

- Pressure over bony prominences can impede blood flow to the skin and underlying tissues. Because muscle and subcutaneous tissue are more susceptible to pressure-induced injury than epidermis, pressure ulcers are often worse than their initial appearance. Visible changes may not reveal what lies beneath.
- Shearing is the sliding of adjacent structures. The overall effect is tissue ischemia.
- Moisture from urinary or fecal incontinence or perspiration can lead to tissue maceration, and result in skin breakdown.

Pressure ulcers were defined by the Agency for Health Care Policy and Research (HCPR) in 1992 and incorporated in the definition of CMS’ F314 tag at 42 CFR §483.25 (c) as “any lesion caused by unrelieved pressure resulting in damage to the underlying tissue.” Pressure ulcers are usually located over bony prominences with 95 percent occurring in the lower part of the body.

A universal staging system for pressure ulcers, which was developed by the National Pressure Ulcer Advisory Council (NPUAP) and updated in 2007, is based on the depth and type of tissue damage and includes six stages:

- Stage I: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.
- Stage II: Partial-thickness loss of dermis presenting as a shallow open ulcer with a red, pink or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate ‘at risk’ persons (a heralding sign of risk).
- Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous fat and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.
- Stage IV: Full-thickness skin loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g. fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.
- Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuate) eschar on the heels serves as the body’s natural biological cover and should not be removed.

The statistics on the harm and cost of pressure ulcers have focused a lot of attention, both in New Jersey and nationally, on this problem. Under the N.J. Patient Safety Act, Stage III and Stage IV pressure ulcers, absent documentation that there was a Stage II on admission, are reportable to the New Jersey Department of Health and Senior Services (NJDHSS). Beginning in 2009, the Centers for Medicare & Medicaid Services (CMS) will not reimburse hospitals for costs related to hospital-acquired pressure ulcers. This national move will create a huge demand for improved assessment and documentation to determine if there was pre-existing skin damage “present on admission.” New Jersey’s pressure ulcer prevalence rate has continued to be higher than the national average, so in 2005 the New Jersey Hospital Association’s Quality Institute, partnering with long term care associations, home health care associations, NJDHSS, Healthcare Quality Strategies, Inc., and

Reminder To All ANCC Certified Nurses

All ANCC certified nurses should be aware that ANCC has instituted a policy of not notifying certificants about an approaching certification expiration date. This is true for APNs as well as RNs. So, look at your ANCC certification and mark your calendar. ANCC recommends that you turn in the material for re-certification 10 weeks before your expiration date. While ANCC will make every effort to contact you by email or other means, ultimately it is your professional responsibility to renew your certification on time.

Source: ANCC website
FAQ about Certification renewal
Reducing Harm From Pressure . . .

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other groups implemented a statewide initiative to reduce the incidence of pressure ulcers across multiple healthcare settings.

Using a collaborative model, previously used by the Quality Institute in its ICU Collaborative and based on similar work of the Institute for Healthcare Improvement, NJHA set goals of reducing the incidence of pressure ulcers by 25%, achieving 95% adherence to three components of the pressure ulcer prevention bundle and improving communication, collaboration and teamwork between professionals across multiple settings to improve hand-offs and transitions in care. We engaged Dr. Elizabeth Ayello, PhD, RN, APRN, BC, FAAN, a senior adviser at the John A. Hartford Institute for Geriatric Nursing at New York University, as our chair.

NJHA developed a bundle of preventive practices, based on a review of medical and nursing literature and with consultation with leading pressure ulcer experts around the country. The philosophy of a bundle is that if one of these practices is effective, then ensuring that they are all done will work even better.

The bundle consisted of three key practices:

1. Completing a head-to-toe comprehensive skin assessment within eight hours of admission or on the first home visit (for home health clients),
2. Completing a risk assessment, using the Braden Scale, within eight hours of admission and reassessing on a regular basis (every 24 hours in acute care, every week in long term care),
3. Instituting appropriate prevention techniques for those determined to be “at risk,” ie. a score of 18 or lower on the Braden Scale.

These prevention techniques were used on all patients/residents/clients determined to be “at risk”–we did not stratify by low, medium or high risk. Suggested prevention techniques included cleaning skin at time of soiling while avoiding hot water and irritating cleaning agents; using moisturizers on dry skin; not massaging bony prominences; protecting skin of incontinent patients/residents/clients from exposure to moisture, turning and positioning every two hours; raising heels off the bed; using pressure redistribution surfaces, and others.

Over the course of the two years, 150 organizations met for six all day learning sessions (three two-day sessions in the first year, three one-day sessions in the second year), participating in conference calls, a listserv and a password-protected website. Organizations had to submit data to NJHA on a monthly basis which consisted of adherence to several process measures and pressure ulcer prevalence and incidence rates. It was hard work, but more importantly, it required nursing personnel to change the way they did their work and to incorporate the skin and risk assessments into that work. There was a lot of resistance (“it’s too much work,” “I’m too busy,” etc.) but all of the teams persevered, knowing that this was the right thing to do.

The teams learned from one another, shared best practices and what things worked, and didn’t work. Some teams made field trips to other organizations, to learn how they were implementing these practices. All found the data submission requirement burdensome, but we knew that if we didn’t measure what we were doing, we would not be able to understand its impact.

What did we learn after two years? We learned that doing those risk and skin assessments as soon as possible after admission and implementing key prevention strategies for “at risk” patients/residents/clients works. Across the participating organizations, there was a 70% reduction in incidence of pressure ulcers—that means 70% fewer new pressure ulcers in those organizations. We had 48 organizations that had no new pressure ulcers for three months or more in the second year. Prevalence also decreased.

The prevention of pressure ulcers, whenever possible, is a key component of nursing practice. We recognized that there are some patients/residents/clients that will acquire a pressure ulcer no matter how good the preventive care is, but it is our responsibility to get as close to zero as possible. These three evidence-based best practices must be implemented in all of our healthcare organizations. We cannot assume they are being done—actually measuring the adherence to the process measures by chart reviews and observation and posting those results on the units is the best way to improve practice.

Many of our hospital teams spread out to unique areas in their organizations to focus on some special groups of patients. Patients in the intensive care units are all “at risk” as are elderly or frail compromised patients in the operating room for long procedures. An area of special interest is the emergency department, because of the many frail elderly patients there who oftentimes must wait hours to be seen or to be moved to a regular bed. Those emergency department stretchers are not considered appropriate pressure reducing surfaces! Also, we may not be repositioning those patients appropriately to prevent skin breakdown.

Now that CMS will not reimburse hospitals (for now) for healthcare associated pressure ulcers, it is imperative that nurses look to adopt these practices in their daily care. Documentation of skin assessment is of critical importance, as is documentation of steps done to prevent the development of pressure ulcers. Understanding that many of our patients/residents/clients are “at risk,” we need to be more proactive in implementing prevention strategies as soon as possible after admission. Many of these strategies are not high tech, and are part of good nursing care, ie. turning and repositioning, assessing hydration and nutrition and keeping skin clean and dry. We need to do better, because it is the right thing to do, and because some day, it may be us in that bed.

References

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

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- Effective strategies to move the nursing profession in the right direction
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Membership Application
* Only RNs eligible for membership

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*By signing on the line, I authorize NJSNA to charge the credit card listed for the annual membership dues.*
GROUP FACILITATORS URGENTLY NEEDED—
Expanding Support Group Enrollment requires your expertise to assist our colleagues with Impaired Practice Problems

Please contact Dr. Ruth Gage at 609-883-5335 ext. 24

beeper: 856-756-9014
Arlene D. H-856-582-4588

CUMBERLAND AND SALEM COUNTIES
Seabrook
Seabrook House
133 Pulk Lane—Counseling Center
Off Route 77
Every Tuesday 7:30 pm
Tina C. H-856-546-1529; W-856-342-2421
C-609-313-3762

ESSEX COUNTY
Montclair
St. Marks United Methodist Church
51 ELM Street
1st & 3rd Wednesday every month
7:30-9 pm
Saundra C-908-313-8628; W-973-744-1192

HUNTERDON COUNTY
Flemington
Hunterdon Medical Center
2100 Wescott Dr. (off Rt. 31)
Substance Abuse Conference Center
Every Wednesday 7:30 pm
Sean M. 908-806-8916

MIDDLESEX COUNTY
Woodbridge
Trinity Episcopal Church
2nd & 4th Wednesday 7:30 pm
Dorothy S. 732-494-3508
Kathy T. 732-525-2338

MONMOUTH COUNTY
Freehold
CentraState Medical Center
OB Conf. Floor (use escalator)
West Main St.
1st & 3rd Friday every month
7:30-8 pm
Mary Lou H. 732-919-1378
Eleanor D. 732-728-1516

Ocean County
Manahawkin
Southern Ocean County Hospital
Conference Room 2 (off lobby)
2nd & 4th Wednesday every month
7:30-8 pm
Barbara M. 609-296-7024

PASSAIC COUNTY
Passaic
St. Mary’s Hospital
2nd & 4th Tuesday every month
7:00-8:30 pm
Lee B. 973-904-0822
Debbie H. 973-743-4551

SUSSEX COUNTY
Lafayette
Sunrise House
37 Sunset Inn Road
2nd & 4th Monday every month
5:30-7 pm
Rita G. W-973-579-2456; H-973-383-3012
(cell) 201-213-7017

A service of the Peer Assistance Program, sponsored by the Institute for Nursing (the foundation of the New Jersey State Nurses Association) Peer Assistance Forum

Peer Assistance Line For Nurses in New Jersey with Chemical Dependency Problems
1-800-662-0108
The Institute for Nursing
The foundation of the New Jersey State Nurses Association
1479 Pennington Road
609-883-5335
Fax: 609-883-5343
Website: www.njsna.org

Peer Assistance Line

Nurse Support Groups
These are self-help smoke-free groups facilitated by a volunteer nurse who understands addiction and the recovery process. The Recovery and Monitoring Program of NJ (RAMP) requires that nurses attend one of these support groups in addition to Alcoholics Anonymous or Narcotics Anonymous. Many nurses find it more therapeutic to share their experiences with peers who understand the profession. Note: You must contact the group facilitator prior to attending the meeting of your choice.

NURSE SUPPORT GROUPS 1-800-662-0108

ATLANTIC & CAPE MAY COUNTY
Marmora
Plaza 9
269 S. Shore Rd., Office #1
Every Monday 7-8:30 pm
Jill H. H-609-390-3287; W-609-390-2894
Eileen P. W-609-748-4037; H-609-861-1834

BERGEN COUNTY
Paramus
Bergen Regional Med. Ctr. Rm. E222 (2nd fl)
Behavioral Health, East Ridgewood Ave.
2nd & 4th Wednesday every month
7:30-9 pm
Lucille J. 201-265-0734
Kern L. 973-279-8473
Teddy S. 917-566-7758

Teaneck
Holy Name Hospital
Women’s Ambulatory Care Center
Cedar Lane & Teaneck Road
1st & 3rd Tuesday every month
7:30-9 pm
Nancy E. 201-692-1774
Deborah M. 201-384-3699

BURLINGTON COUNTY
Moorestown
Baptist Church, Main Street
1st, 3rd, 5th Monday every month
7-8:30 pm
Pat M. H-856-235-2916
Pat F. H-856-866-1458

CUMBERLAND AND SALEM COUNTY
Seabrook
Seabrook House
133 Pulk Lane—Counseling Center
Off Route 77
Every Tuesday 7:30 pm
Tina C. H-856-546-1529; W-856-342-2421
C-609-313-3762

ESSEX COUNTY
Montclair
St. Marks United Methodist Church
51 ELM Street
1st & 3rd Wednesday every month
7:30-9 pm
Saundra C-908-313-8628; W-973-744-1192

HUNTERDON COUNTY
Flemington
Hunterdon Medical Center
2100 Wescott Dr. (off Rt. 31)
Substance Abuse Conference Center
Every Wednesday 7:30 pm
Sean M. 908-806-8916

MIDDLESEX COUNTY
Woodbridge
Trinity Episcopal Church
2nd & 4th Wednesday 7:30 pm
Dorothy S. 732-494-3508
Kathy T. 732-525-2338

MONMOUTH COUNTY
Freehold
CentraState Medical Center
OB Conf. Floor (use escalator)
West Main St.
1st & 3rd Friday every month
7:30-8 pm
Mary Lou H. 732-919-1378
Eleanor D. 732-728-1516

Neptune
Meridian Life Fitness
2020 Highway 33, 2nd floor conference room
Every Friday 7-8:30 pm
Pat O. 732-291-9938
Bill P. 732-539-3433

MORRIS COUNTY
Boonton
St. Clare’s Hospital—Boonton
Partial Day Program Group Room
1st & 3rd Monday every month
6:30-8 pm
Susan C. H-908-218-9790; W-973-316-1895
MaryAnn P. H-973-586-8991

OCEAN COUNTY
Manahawkin
Southern Ocean County Hospital
Conference Room 2 (off lobby)
2nd & 4th Wednesday every month
7:30-8 pm
Barbara M. 609-296-7024

Toms River
Community Medical Center
Dietary Conference Room
Route 37
2nd & 4th Wednesday every month
9:30-11:00 a.m.
Deborah B. (c) 848-702-2816

PASSAIC COUNTY
Passaic
St. Mary’s Hospital
2nd & 4th Tuesday every month
7:00-8:30 pm
Lee B. 973-904-0822
Debbie H. 973-743-4551

SUSSEX COUNTY
Lafayette
Sunrise House
37 Sunset Inn Road
2nd & 4th Monday every month
5:30-7 pm
Rita G. W-973-579-2456; H-973-383-3012
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609-883-5335
Fax: 609-883-5343
Website: www.njsna.org

Also through the Institute for Nursing
The Recovery and Monitoring Program (RAMP) 609-883-5335 x34
A stellar advisory board, each of whom is recognized for their expertise in education. The Nurse Paralegal certificate is a legal profession and features instructors who are well-versed in the legal profession. The Nurse Paralegal certificate is a noncredit program designed for nurses interested in transitioning to the legal profession.

Throughout the country, law firms, corporate legal departments, insurance companies and other agencies are looking for experienced nurses, said William J. Martin, director of the paralegal studies program at Thomas Edison State College. “We developed our new paralegal program using the expertise of a stellar advisory board, each of whom is recognized nationally for their contributions to the curriculum content areas. We believe this program will meet the growing demand that currently exists in the marketplace.”

Benjamin Nighthawk is mentoring this course. He is a graduate of Rutgers Law School and is currently an attorney with the Southwestern Paralegal Institute. She has significant experience teaching English Composition and Legal Research and Writing and has been an editor for a national legal publishing company.

Nursing is a unique profession. It is a very rewarding career that requires compassion, competency and constant continuing education. Every nurse should commit to improving his/her profession and protect the safety and health of their patients. As nurses, we should prudently follow the guidelines and policies of our individual hospitals and agencies by continuing our education, validating orders, critical thinking and maintaining accountability for our actions.

In what in doubt, seek out... advice from a colleague or friend. Feel free to utilize the Board’s web site: www.njhsol.com or just use your search engine and type in your question. BEST PRACTICE creates the best results.....

Letter to the Editor:

Andrea. I just wanted to drop a note to the Nurses Association to let you know how much I respect what you do. I have come to cherish and look forward to the resources you provide. Your website is extremely informative and user-friendly. Keep up the good work and best wishes for the year 2008!

Marcia Knight
New Jersey Healthcare Solutions
www.njhsol.com

http://www.tesc.edu

Thomas Edison State College Launches New Nurse Paralegal Certificate

Registration Now Open for Professional Certificate That Prepares Nurses as Nurse Paralegals or Legal Nurse Consultants

TRENTON, N.J.—To help meet the growing demand for experienced nurses who understand the laws that regulate the health care industry, the Adult Personalized Education and Continuing Studies program at Thomas Edison State College has created a new professional certificate in Nurse Paralegal Studies.

The 45-week online program is modeled after the college’s general Paralegal Studies certificate, launched in 2007, which focuses on the use of technology in the legal profession and features instructors who are nationally renowned leaders in legal and paralegal education. The Nurse Paralegal certificate is a noncredit program designed for nurses interested in transitioning to the legal profession. It is a collaboration between the School of Professional and Continuing Studies and the New Jersey Board of Nursing.

How does the BON maintain the mission’s integrity? One method available is The Board’s commitment to nursing education. Education is paramount in ensuring the patient’s (citizen’s) health and well-being. Without a doubt, nursing schools prepare the new graduate for the initial patient challenge. Is this preparation enough? No, not if one considers how long a nurse will remain in practice during a typical career.

Fortunately, the Board of Nursing identified the need for continuing education. For this reason, the BON implemented a continuing education requirement for all New Jersey licensed nurses. Nurses in New Jersey must have documented proof of 30 contact hours bi-annually. A random sampling of proof of nurses’ continuing education will be taking place starting in 2008.

Nursing is a unique profession. It is a very rewarding career that requires compassion, competency and constant continuing education. Every nurse should commit to improving his/her profession and protect the safety and health of their patients. As nurses, we should prudently follow the guidelines and policies of our individual hospitals and agencies by continuing our education, validating orders, critical thinking and maintaining accountability for our actions.

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New Jersey Healthcare Solutions
www.njhsol.com

Nurse Paralegal or Legal Nurse Consultants

The State of New Jersey, like so many other states, has a regulatory board governing the practice of its Registered Nurses and Licensed Practical Nurses. It is known as the New Jersey Board of Nursing. Unfortunately, many citizens and nurses think the Board of Nursing is the only regulatory body for nurses in New Jersey. This statement is incorrect. There are three primary tasks that nurses are responsible for:

1. The Board of Nursing itself shall prudently follow the guidelines and policies of your individual hospitals and agencies by continuing your education, validating orders, critical thinking and maintaining accountability for our actions.

2. Do the Board’s regulations address this specific act?

3. Is the activity authorized by a valid order and in accordance with established provider protocols, policies and procedures?

4. Is the act supported by research data from a related field? Has a national nursing organization issued a position statement on this practice?

So, what is an “Algorithm”? It is a step by step process for resolving practice issues. You may want to ask some of the following questions:

1. Is the act consistent with the N.J. Nursing Practice Act?

2. Do the Board’s regulations address this specific act?

3. Is the activity authorized by a valid order and in accordance with established institution/agency or provider protocols, policies and procedures?

4. Is the act supported by research data from a related field? Has a national nursing organization issued a position statement on this practice?

5. Is the act to be performed within accepted “standards of care”, which would be provided in similar circumstances by reasonable prudent nurses with similar education and clinical skills?

6. Are you prepared to assume responsibility for this action?

The above statements are from the Board of Nursing’s web site.

The State of New Jersey’s Board of Nursing has a Delegatory Clause which governs the delegation of nursing duties. There is not a laundry list of tasks that a nurse (Licensed Practical Nurse) is required to perform. The RN delegated the task but still maintains accountability for the outcome. The Licensed Practical Nurse is responsible for his/her license and the outcome as well. If you can answer “yes” to these questions, you may continue with the next step on the algorithm. For example, is the act an accepted standard of care and are you prepared to assume responsibility?

Nursing is a unique profession. It is a very rewarding career that requires compassion, competency and constant continuing education. Every nurse should commit to improving his/her profession and protect the safety and health of their patients. As nurses, we should prudently follow the guidelines and policies of our individual hospitals and agencies by continuing our education, validating orders, critical thinking and maintaining accountability for our actions.

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The Center: Are there ethical issues involved with recruiting foreign educated nurses?  
**Ms. Fritz:** Yes, there can be ethical concerns for both the nurse and the nursing profession. Professional nursing organizations appropriately caution hospitals to not deplete resources in specific countries where there are already serious shortages. For example, in the U.S., we have 8-10 RNs per 1000 population. In countries like Ghana, a large proportion of the nurses are foreign-educated nurses with a high turnover rate. As an example, African nurses now make up 50-60% of registered nurses in Africa. From a professional perspective, the recruitment and integration of the foreign-educated nurse is an asset as we work to be culturally competent and adaptability in navigating the immigration and licensure processes.

The Center: What are the ethical implications of recruiting foreign educated nurses?  
**Ms. Fritz:** The ethical implications are multifaceted. Employers must consider the potential financial benefit, the potential harm to foreign-educated nurses, and the potential harm to the local community. Additionally, employers must consider the potential harm to the nursing profession and society as a whole. Ethical principles such as autonomy, beneficence, non-maleficence, and justice must be considered when making decisions about recruitment.

The Center: What are the challenges associated with recruiting foreign educated nurses?  
**Ms. Fritz:** One of the primary challenges is the language barrier. Foreign-educated nurses may have difficulty communicating with English-speaking patients and healthcare providers. Additionally, foreign-educated nurses may have difficulty adapting to the healthcare system and culture in the U.S. Another challenge is the licensing process. Foreign-educated nurses must pass the NCLEX-RN exam to become licensed in the U.S., which can be a significant hurdle.

The Center: What are the potential benefits of recruiting foreign educated nurses?  
**Ms. Fritz:** There are several potential benefits to recruiting foreign-educated nurses. Firstly, foreign-educated nurses can fill gaps in the nursing workforce. Secondly, foreign-educated nurses can bring a fresh perspective and new ideas to the healthcare system. Additionally, foreign-educated nurses can bring cultural competence and a global perspective to the care provided to patients.

The Center: What are the barriers to recruiting foreign educated nurses?  
**Ms. Fritz:** Barriers to recruiting foreign-educated nurses include the language barrier, the licensing process, and the potential for cultural competence to be lost. Additionally, some employers may be hesitant to recruit foreign-educated nurses due to concerns about their ability to adapt to the U.S. healthcare system.

The Center: What are the implications of recruiting foreign educated nurses?  
**Ms. Fritz:** The implications of recruiting foreign-educated nurses are significant. On one hand, it can help to address workforce shortages and improve patient care. On the other hand, it can lead to a loss of cultural competence and a potential lack of accountability for employers.

The Center: What are the implications of recruiting foreign educated nurses on patient care?  
**Ms. Fritz:** The implications of recruiting foreign-educated nurses on patient care are complex. While foreign-educated nurses can bring new ideas and perspectives, they may also face challenges in adapting to the U.S. healthcare system. Additionally, there may be a lack of accountability for employers.

The Center: What are the implications of recruiting foreign educated nurses on the nursing profession?  
**Ms. Fritz:** The implications of recruiting foreign-educated nurses on the nursing profession are significant. On one hand, foreign-educated nurses can bring a fresh perspective and new ideas to the profession. On the other hand, there may be concerns about cultural competence and a potential lack of accountability for employers.

The Center: What are the implications of recruiting foreign educated nurses on the healthcare system?  
**Ms. Fritz:** The implications of recruiting foreign-educated nurses on the healthcare system are complex. While foreign-educated nurses can fill gaps in the workforce, there may be concerns about their ability to adapt to the U.S. healthcare system and a lack of accountability for employers.
Organ Donation Bill: S 755 (Codey/Vitale): The Board voted to support the premise of the bill (to significantly increase the number of organ donations in the state) but urged the sponsoring legislators to change present language from requiring that the Board of Nursing mandate inclusion about organ donation in school of nursing curriculums to requiring that the BON recommend such inclusion. The Board expressed the opinion that nursing school curriculum content is best decided by educators, not legislators. The Board further pointed out that the bill provides no budgetary support for BON staff to systematically assure organ donation classes have been taken.

Board of Nursing Administrative Staff: The Board is currently down 2 critical staff members (on leave) and is anticipating a third will go on leave soon. The nursing public should anticipate that there may be delays in processing of applications and in responding to telephone and email inquiries.

Results of NCLEX examinations: (First time test takers)

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<td>NJ LPNs:</td>
<td>1,733</td>
<td>1,374</td>
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Anticipated Adoption of N.J.A.C. 13:37-5.2, 5.4 and 5.5: Biennial Renewal: Charles Manning, Attorney to the Board discussed the comments received on these regulations which were published in the NJ Register in July, 2007. Notwithstanding objections received by NJSNA, the BON intends to proceed with proposed language in these regulations which will require that all RNs/LPNs who have been either suspended or on inactive status for more than 5 years, will be required to meet all the provisions of original licensure, including re-taking and re-passing the NCLEX examination. NJSNA has and will continue to strongly urge that RNs/LPNs maintain active licensure to avoid the complications associated with re-licensure. These regulations are expected to be adopted in the next several months.
HEAVENLY ANGELS
“A Touch of Heaven’s Wings”

Our specialty is angels-of-color. By placing an order for any of the beautiful angel products 50% of proceeds will go into the “Sylvia C. Edge Endowment Fund.” The purpose of the endowment is to provide financial support for high achieving nursing students of African decent enrolled in New Jersey’s professional nurse education programs.

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Shipping/Handling $5.00

Order Total $900.00

Name ______________________________
Address _____________________________
City ________________________________
State ______________ Zip Code ________
Phone # ____________________________
Fax # ______________________________
Email ______________________________

Mail to The Institute for Nursing
Attn: Heavenly Wings
1479 Pennington Rd.
Trenton, NJ 08618

or FAX to Institute for Nursing at (609) 883-5343

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