



The INSTITUTE FOR NURSING NEWSLETTER

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NJSNA Introduces New Program Transition to Success Enhancing Leadership Skills

In an effort to meet the needs of frontline registered nurses transitioning into leadership and management roles, NJSNA has partnered with Donna Cardillo, RN to bring a fresh and innovative program to hospitals seeking to offer a timely, skill building series of workshops that are geared towards getting results.



Donna Cardillo

Donna Cardillo, RN is the author of *The Ultimate Career Guide for Nurses*, her second book aimed at the career development of registered nurses. She has a long history of passionate work in the area of career development, communication and leadership for nurses. Donna was the "Dear Donna" columnist for *Nursing Spectrum* and *Nurse Week* magazines and at www.nurse.com. She is also the author of *Your First Year as a Nurse-Making the transition from total novice to successful Professional*. Donna is a national, and internationally known speaker and leader in nursing.

"We are very excited about this partnership and our ability to target a need identified by nurse managers at every hospital in the state," said Dr. Ann Curley, Director of Education for the Institute for Nursing who is overseeing the development and implementation of the program.

Sharon Rainer, MSN, APN, Executive Deputy Director for NJSNA says that "the program is innovative and exciting." "We now have a top quality program that meets the needs of our nurse executives in helping front line nurses transition effectively to every level of management in their institution and we are bringing it right to them."

"Many hospitals are interested in supplementing their existing leadership programs with some of the modules and we are very happy to accommodate this creative approach to giving the staff what they need," says Dr. Ann Curley.

The program is designed as a series of four modules which can be offered individually or in any combination. Hospitals can choose when and where they want to offer the modules to their staff. "We are very flexible," says Dr. Ann Curley. "If they want one or two modules, a half day or a full day, we are happy to accommodate." Donna Cardillo, RN will facilitate all of the modules on location at the hospital.

The four modules are titled: *Making the Transition, Moving Toward a Managerial Identity, Managing People/Getting the Job Done and How to Get your Message Across*.

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Region 2 Donates \$10,000 to Scholarship Fund

Region 2 (Bergen and Hudson Counties) recently donated \$10,000 to the Institute for Nursing Scholarship Fund. This donation was made possible by several decades of fiscal responsibility and stewardship. "We never spent more than we take in as dues, and any available balances were safely tucked away in interest bearing accounts. We fund raised to be able to give out the Patricia Milewski Scholarship award each year, and ran our Region activities at a minimal cost," reports Region 2 President Mary Carroll. "Although the donation comes from the Region now, it is the due to the efforts of the numerous previous Boards and their dedication to the ideal of nurses pursuing life long educational opportunities."

The Region 2 Scholarship was originally named after Patricia Milewski, a former District 2 President who was a strong believer in BSN education for Nurses. After her untimely death, the scholarship was created. Members also wanted to honor Karen Polonkay, a Region 2 Board member whose absence at Convention and meetings is still strongly felt. The Region 2 Board voted during the winter to donate our available funds to the Institute and create one Scholarship, the Region 2 Memorial Scholarship to honor our deceased members. It was announced to the general membership during the Convention. The initial donation will cover the award for a few years, and our continued fundraising will allow us to maintain the awards for many years to come.

The Scholarship criteria is that the nurse must be a member of Region 2 for at least 1 year prior to applying, and be enrolled in a program leading to a degree in Nursing. Preference will be given to RN to BSN students, but all levels are welcome to apply.



Region 2 donates scholarship
L-R: Dr. Mary Ann T. Donohue, Mary Carroll and Dr. Barbara Chamberlain

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Unsolicited articles are welcomed by *The Institute Nurse*. Articles are submitted for the exclusive use of *The Institute for Nursing* the 501 (c)(3) foundation of the New Jersey State Nurses Association. Submissions will be acknowledged by e-mail or a self-addressed stamped envelope provided by the author. All articles require a cover letter requesting consideration for publication.

Articles can be submitted electronically by e-mail to Sandy Kerr at sandy@njsna.org.

Each article should be prefaced with the title, author(s) names, educational degrees, certification or other licenses, current position, and how the position or personal experiences relate to the topic of the article. Include affiliations. Also include the author's mailing address, telephone number where messages may be left, and fax number.

Authors are responsible for obtaining permission to use any copyrighted material; in the case of an institution, permission must be obtained from the administrator in writing before publication.

Only the articles for Research Corner will be peer-reviewed and all articles will be edited as necessary for content, style, clarity, grammar and spelling. While student submissions are greatly sought and appreciated, no articles will be accepted for the sole purpose of fulfilling any course requirements. It is the policy of *The Institute for Nursing* not to provide monetary compensation for articles.

LETTERS TO THE EDITOR

The purpose of *The Institute Nurse* is to further the exchange of information related to nursing practice, research and education among New Jersey nurses. We strongly encourage readers to submit letters to the editor concerning general topics and specific information addressed in the articles. Derogatory or inflammatory letters will not be considered. Letters should be brief. All letters accepted for publication will be edited at the discretion of the Editor.

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Registered Nurses are encouraged to join online at www.njsna.org or by calling 609-883-5335 ext. 13.

President's Report



Dr. Mary Ann T. Donohue

Greetings! I am so excited, pleased and not a little anxious about beginning my term as President of the Institute for Nursing of the New Jersey State Nurses' Association. Since the Installation Brunch on August 1, 2008, I've been spending considerable time thinking about the road that lies ahead. At that event, Dr. Barbara Chamberlain, the new President of NJSNA, called upon all past Presidents to join her on stage and acknowledged them for their many contributions to the nursing profession and to the citizens of New Jersey. It was certainly a moving experience to witness such a collection of talent, energy, and passion as contained within that group of "living legends." I was humbled by the accomplishments and vision of Barbara and my predecessors in this role; they have inspired so many of us who wondered, "How do they do it?" They have made us so proud to be walking among them, and grateful to them because so many have benefited from their wisdom.

As I prepared to take on my own new responsibilities, I have reflected upon both the past and present of this great organization. In writing this, my first message, I feel so connected with nurses throughout our state, when I consider the challenges—and opportunities—that resonate in all of us. For example, Nursing has such a proud and rich history within health care systems; yet in so many ways, our profession is truly an emerging work in progress. We still have not arrived at a unified consensus about educational entry into practice, advanced nursing practice is not uniformly understood or applied in both the acute care or community settings, and barriers to a supportive work environment exist for many. Further, the very vehicle for change, active commitment to and involvement in nursing's professional and specialty organizations, still have failed to capture the attention or energy of most nurses (Yeager and Kline, 2007). Disenfranchisement plagues us and prompts even those outside our profession to conclude that we are a divided and somewhat oppositional group, resulting in a conflicting perception of what we do. For example, though nursing nearly always remains at the top position in the public's regard in the areas of ethics and honesty, (Gallup, 2007), we consistently rank low in desirability as an occupational pursuit (Williams, 2001). In fact, this year's (*Jobs Rated Almanac*, 2008) rankings, nursing is ranked #143, behind bank teller (#128), forklift operator (#142), piano tuner (#126) and interestingly, far behind hospital administrator (#9) and web site manager (#1). Frankly,

I was disappointed. Colleagues, the message contained within these reports are an important one: The public is telling us, "Look, we realize you are the best and we can't do without you, but just don't tell us we would ever have to deal with, what you face everyday."

How should we address this chasm between what the Gallup poll and the *Jobs Rated Almanac* say about nursing? As we contemplate our next steps, where should we direct our focus? I am reminded of the theme of the recent international Philippine Nurses Association conference (2006), "*Global Partnership for a Preferred Future in Healthcare*." How can we engage all members and non-members to join with us as we create our preferred future and boldly address problems related to the practice environment, physical demands, stress and collegial relationships? At my first meeting as President of the Institute, I proposed a renewed focus upon our primary mission of education, scholarship, and research. Innovations addressing these and other issues must arise from the consumer base our organization serves and thus, ought to reflect the "real" nursing world. Specifically, a council structure was envisioned, composed of students who represent undergraduate, graduate and doctoral programs as well as the faculty who educate them, nursing administrators, direct care and advanced practice nurses and those who are the recipients of our care, the public, who will lend richness and diversity of perspective, and empower us to strive to meet their needs. In addition, it is critical that all of our activities demonstrate outcomes that are measurable, consistent with our mission and values, and also reflect the highest levels of scholarship, accountability and fiscal resourcefulness. Finally, we need to utilize communication technology in a way that is easily accessible to all. You are invited to e-mail us to let us know how you would like to hear from us: Blogs, podcasts, e-mail, you tell us how we can reach you and we will try to meet your needs.

I look forward to working closely with the Institute for Nursing's Board of Trustees, Community members, Members-at-Large and all of you!

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- Williams, S. (2001, April 16). Split decision: Nursing profession ranks low in desirability despite public's high regard for nurses. *NurseWeek*, Retrieved September 6, 2008, from <http://www.nurseweek.com/news/features/01-04/splitdecision.asp>

The Journey to Excellence: Revisions to the ANCC Magnet Recognition Award

Mary Ann T. Donohue, PhD, RN

Since 1995, the ANCC Magnet Recognition Award has undergone a process of consistent, and constant, development and growth. First based upon the ANA's *Scope and Standards for Nurse Administrators*, the inaugural manual listed requirements roughly divided between the Standards of Professional Practice and the Standards of Care. Revisions followed in 2003 and in 2005, with the most recent manual organized around the 14 Forces of Magnetism:

- Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Personnel Policies and Programs
- Professional Models of Care
- Quality of Care
- Quality Improvement
- Consultation and Resources
- Autonomy
- Community and the Healthcare Organization
- Nurses as Teachers
- Image of Nursing
- Interdisciplinary Relationships
- Professional Development

Documentation, in the form of narratives and exhibits, were expected to comprehensively illustrate the accompanying Sources of Evidence, in order to demonstrate compliance in each of the 14 Forces of Magnetism. The inclusion of exemplars, or outstanding, cutting-edge innovations specific to the organization, provided information as to how the culture of Magnetism was embedded at all levels. Then as now, once the submitted documentation is accepted by the team of assigned appraisers as meeting the range of excellence, a site visit is scheduled. The appraisers then conduct an on-site review of the organization in order to verify, amplify and clarify the presence of each of the 14 Forces.

This year, the Commission on Magnet endorsed a new model for the Magnet Recognition Program. According to the ANCC website (www.nursecredentialing.org/Magnet/NewMagnetModel.aspx), the latest configuration

of Magnetism is now organized around 5 Model Components:

1. Transformational Leadership
2. Structural Empowerment
3. Exemplary Professional Practice
4. New Knowledge, Innovation & Improvement
5. Empirical Quality Results

An explanatory paragraph follows each of the 5 Model Components; however, it is a smooth and logical progression in thought, that encompasses and embraces each of the 14 Forces. A crosswalk is provided, matching up the Forces of Magnetism that are represented in each of the 5 Model Components. In the definitions for each component, it becomes very clear that the goal of the 5 Model Components is to move Magnet to the next level. For example, in the past it was not uncommon to hear nurse leaders ask if it was possible to achieve Magnet designation in organizations lacking support for certain nursing roles or opportunities, especially if these roles have long been considered the professional norm. With the publication of the new Magnet model, it may be anticipated that such questions will be viewed in intent, as attempting to meet the profession's basic standards, as opposed to the expectation that Magnet organizations ought to exceed, and lead in the visionary quest to create new professional standards and evidenced-based models of care. The next wave of Magnet asks, "What can we do to make a difference and change the profession?" Therefore, the Magnet Recognition Award now recognizes and rewards only those organizations who are truly global leaders in the health care industry, are thoroughly grounded in the Magnet philosophy and concepts and vigorously seek to transform nursing practice "to meet the future" of health care (www.nursecredentialing.org/Magnet/NewMagnetModel.aspx, p. 2).

Such thinking lends credence to the thinking that our current health care model is broken and is in need of innovation that will produce superior outcomes for the citizens of our world. In the former Magnet model, it was not mandated that the organization demonstrate success in specific disease- or condition-related data. In keeping with the new vision, outcomes must now be organized

according to workforce outcomes, patient and consumer outcomes and organizational outcomes (p. 3), a format that is already well understood and widely publicized in many benchmarking practices, such as in report cards.

The 2008 Magnet manual is now available for pre-order and can be accomplished via the ANCC website, www.nursecredentialing.org.

Reference

(2008). Announcing a New Model for ANCC's Magnet Recognition Program. Retrieved September 11, 2008, from American Nurses Credentialing Center Web site: <http://www.nursecredentialing.org/Magnet/NewMagnetModel.aspx>



The Institute for Nursing

Dear Colleague:

We want to alert you to the date for our in-depth workshop on

Recognition and Intervention in Impaired Nursing Practice October 29, 2008

Registration—9:00am, Program—9:30am to 3:30pm
Institute for Nursing
1479 Pennington Road
Trenton, NJ 08618

NJSNA members: \$75 **Non-members:** \$125
Prospective Facilitator: \$60 **Students:** \$30

To register a staff member for this workshop, please register online at www.njsna.org and go to the Calendar link and follow instructions.

If you are someone who would have an interest in Peer Assistance education programs we want to make sure you have the date for our upcoming semi annual presentation that

- one of the requirements for becoming a nurse Support Group Facilitator,
- assists nurses in recognizing colleagues with issues of impaired practice,
- shows them effective methods of intervention, and
- provides guidelines to advocate recovery.

In addition, this program provides 6 credits for nursing and related licensed disciplines. Leaders at health care organizations who have had staff attend this workshop tell me they now have an invaluable resource when unfortunate incidents occur within their own facilities. This “staff consultant” has a fund of information to share with peers and administration.

Thank you,

Ruth B. Gage, PhD, APN, C
Peer Assistance Consultant

Pat O'Brien

Patricia A. O'Brien, RNC, BS, LCADE
Peer Assistance Consultant

They Say We Can't Do It... They Say that Nurses Can't Work Together... Let's Prove Them Wrong!



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The Institute for Nursing would like to thank our givers for their continued support. HELP US REACH OUR GOAL!

The Field of Dreams movie says “Build it and they will come.” The Institute for Nursing has “Dreamed it and would like to make it a reality.” The Institute for Nursing is asking every nurse in the State of New Jersey to give \$10.00 in support of its 2008 Annual Giving Campaign. We have a lot of work to do in order to reach our goal of \$1,000,000 and we believe it can be done based on the support of all our registered nurses in the State of New Jersey.

“5 Top Reasons to Support the Institute for Nursing...”

- Advances the profession by presenting high quality continuing nursing education programs and publicizing and funding nursing research

- Since 1990 has granted nearly \$300,000 in annual scholarships to deserving student nurses and nurses further their education
- As a 501(c) (3) philanthropic organization relies solely on tax-deductible contributions
- Aids nurses with issues of impaired practice through the Recovery and Monitoring Program (RAMP), a service critical to patient safety and in helping retain good people in our profession
- Helps ensure the future workforce includes dedicated, well educated nurses committed to furthering the success and leadership contributions of their profession.

Nursing is the respected, invaluable profession it is today thanks to many outstanding nurses and supporters who had a vision for the future. We count each of you among those visionaries and are enormously grateful for your past, present and future assistance. We cannot make this campaign a success without your support.

Give your \$10.00 to support our annual campaign. Mail your donation to the Institute for Nursing Annual Campaign, 1479 Pennington Road, Trenton, New Jersey 08618. For more information contact Debra Harwell, Associate Director, at 609-883-5335 x19 or by email at deb@njsna.org.

The mission of The Institute for Nursing is to advance the profession of nursing and the health of our communities through scholarship, research, and education.

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Not Just Band-aids: The Importance of School Nurses

by **Judith C. Mullane, MA, RN, President of New Jersey State School Nurses Association**

There is a stereotype of school nurses—mention the title and it almost automatically brings to mind a kind, older woman in white stockings and sensible shoes, handing out cough drops and fixing ‘boo-boos’. When I chose to go into the profession of school nursing, I was aware of this stereotype. My own husband would tease me when I got home from work, asking how many ice packs I’d administered that day! But I harbored no illusions that just because I was working with children my job would be either easy or inconsequential.

In the real world, school nurses have a lot more to handle than just taking temperatures and mending minor scrapes and bruises. The certified school nurse is on the front line of any emergency health situation in a school facility. The certified school nurse has a responsibility for the health and well-being of every student and staff member in their school. This includes being skilled in emergency care, assessment of health problems, administration of prescribed medication, active participation on committees to assist student access to learning, prevention, safety education, crisis management, counseling, screening, documentation, and health promotion, to name a few.

The National Association of School Nurses (NASN) defines school nursing as follows:

A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for

adaptation, self management, self advocacy, and learning.

In addition to these duties, the rising numbers of students with chronic disease enrolled in our schools can lead to dangerous and potentially deadly situations. The most common of these diseases are asthma, diabetes, and allergies, which can result in life-threatening allergic reactions. According recent statistics, 13% of children (or about three students per classroom) have asthma or allergies. About 150,000 children and adolescents have diabetes, with over 15,000 newly diagnosed cases a year, and one in 100 teens and 300,000 children under the age of fourteen have seizure disorders. Without careful and frequent monitoring, these diseases can lead to situations that may cause death or disability.

We also have to take into account Hollywood’s glamorization of sex, emaciation, teenage pregnancy, and drug use. The Centers for Disease Control (CDC) report that more than 830,000 adolescents become pregnant every year, and nine million cases of sexually transmitted diseases occur. Just take a look at the way the media handled the recent pregnancy of teenager and Nickelodeon star Jamie Lynn Spears—with a cover, interview, and pictorial in OK! Magazine. The magazine paid Spears a reported \$1 million for the pictures of her baby. What teen wouldn’t want that kind of attention?

With children and teens facing more health risks than ever, where does this leave the school nurse? Across the nation, school health programs are being cut and nurses are being required to care for more students with fewer resources. Many certified school nurses are part time and are expected to ‘share’ schools, some being responsible for the students of three or more schools in a district. Some schools do not even have a licensed registered nurse on staff.

The recommended ratio of nurse to student is no more than 1:750 for students in the general population,

and 1:225 in student populations that require daily professional school nursing services and interventions—like our students suffering from chronic disease. Sadly, few schools meet these standards. A review of 2004 Census data by USA Today showed that roughly 56,000 nurses were employed full time in schools, making that one nurse for every 950 students. NASN estimates that the situation may be even graver—closer to 1:1,461.

So what happens in schools where the nurse-to-student ratio is more than double the recommendation? Often other staff members, such as health aides, teachers, or secretaries, are responsible for the care of students when a licensed registered nurse is not available. These people are expected to administer medicine, monitor asthma and diabetes, deal with everyday illnesses and injuries, and handle emergency situations until a licensed registered nurse is available. This is unacceptable. To ensure the safety of students, especially those whose lives may be in danger, a licensed nurse should be available in every school building, for the entire school day. Nurses are trained to respond to emergency situations and have the life-saving skills and knowledge that other staff members lack.

We seem to be forgetting that in order for a student to learn, they must first be healthy enough to do so. As your children and grandchildren return to school later this summer (hopefully with a nutritious breakfast in their bellies), remember in whose gentle hands their health and well-being will be in during their school day. And stop and thank a certified school nurse.

The author is a resident of Wyckoff and a registered professional nurse for 39 years. She has been employed as a certified school nurse for 23 years serving Richard E. Byrd and Central Elementary Schools in Glen Rock. She currently is the President of the New Jersey State School Nurses Association. She has continually served on professional nursing Executive Boards in a variety of capacities throughout her professional career.

Nurse Practice Alert

Reported by Carolyn Torre RN, MA, APN,C.,
NJSNA Director of Practice

Urgent Alert to all NJ Nurses Regarding Biennial Licensing Renewal Requirements:

New Board of Nursing biennial licensing renewal regulations were published as an adoption in the *New Jersey Register* on June 2, 2008. These rules include provisions which all licensees should be alert to and since time issues may apply to some individual licensees, it is recommended that every licensee obtain a copy of the law (go to: <http://www.lexisnexis.com/njoal/>; follow the pop-up at the bottom of page, click on New Jersey Register, on left; in text box write: "Adopted amendments:13:37-5.5"—be sure this phrase is in quotations and select fast print). Scrutinize this law and follow it to the letter. Among the requirements of the rule:

- Licensees who have not submitted the renewal application and paid the fee for renewal by the expiration date on their current license will have an expired license. **Nurses working in nursing with an expired license are violating the law even if no notice of suspension has been received by the person at the address registered with the Board.**
- Licensees who have not submitted the renewal application and paid the fee within 30 days after the expiration date will be **administratively suspended without a hearing.**
- Licensees seeking reinstatement within 5 years after **administrative suspension** must submit the following to the Board: a completed reinstatement application; payment of all past delinquent renewal fees; payment of a reinstatement fee; verification of completion of 30 contact hours of continuing nursing education in the 2 years prior to renewal and an affidavit of employment listing each job held during the period of suspension, including the names, addresses and telephone numbers of each employer.
- Licensees seeking reinstatement after 5 years of **administrative suspension** of a license **must complete all the original requirements for licensure, including retaking/passing the NCLEX exam.**
- Licensees may choose paid **inactive status** if currently not working as a nurse. However, **when seeking to return to active status within 5 years of becoming inactive, licensees on inactive status must fulfill the same requirements as those on administrative suspension for less than 5 years, noted above.**
- Licensees who are on **inactive status** more than 5 years and seek to become reinstated with an active license must, like those on administrative suspension more than 5 years, **fulfill all the initial licensure requirements including retaking/passing the NCLEX exam.**

NJSNA strongly recommends that all licensees maintain active licenses unless they are sure that they will not work in nursing again. Reinstatement from either inactive or suspended status will be both more onerous and more expensive than simply maintaining a current license.



by Maureen Clark Gallagher, RN, MS, APN

Research is in the forefront of health care as nurses are expected to base their practice on emerging evidence from research and utilization of evidence-based practice. Evidence-based practice is "broadly defined as the use of the best clinical evidence in making patient care decision, and such evidence typically comes from research conducted by nurses and other health care professionals"¹.

The mission of the Institute for Nursing is to advance the profession of nursing and the communities we serve through scholarship, research and education. Following this mission, the Institute for Nursing Provider Unit developed a two-day educational program titled "*The Road to Evidence-based Practice: Interpreting Research.*" The purpose of these sessions is to educate staff nurses to become informed consumers of research.

Capital Health System (CHS) was the pilot institution for the program. CHS is a Magnet-designated health system made up of two hospitals (589 beds) and ambulatory locations serving patients throughout Mercer County, NJ and Lower Bucks County, PA. The classes were held at the CHS Hamilton Campus in the brand new, state-of-the-art classroom. Fifty-three staff nurses attended and the excitement in the room was palpable.

Day One of the series focused on introduction to research. Dr. Ann Curley, PhD, RN examined concepts relevant to nursing research as well as

Alert to all NJ APNs who prescribe

Prescription Pads Will Require Pre-printed NPI# and Serialization as of October 1, 2008

The Prescription Blank Unit of the NJ Division of Consumer Affairs has sent a letter to all licensed prescribers indicating that effective October 1, 2008; all prescription blanks (pads) must be preprinted with NPI# and must be serialized by the vendor. Until that time, prescribers can continue to hand write or stamp NPI#s and use un-serialized pads/blanks. Note that since serialization and preprinting of NPI#s can only be done by the vendor, all prescribers will need to use up as many old pads as possible, as soon as possible and then order new pads in advance of the October 1, 2008 deadline. If you do not yet have NPI# and are not using it as an identifier on all prescriptions and electronic medical records, you are out of compliance with the law. To obtain NPI#, go to: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Institute for Nursing Presents... "The Road to Evidence-based Practice: Interpreting Research"

explaining quantitative and qualitative processes. The staff nurses were asked to read relevant articles prior to the session which spurred discussion and gave a background for covered topics.

Day Two was held one month later. Weighing the evidence for change was discussed. The session concluded with incorporating research into practice. A concrete plan for unit based research utilization was developed prior to the end of the session.

Dialogue and question and answers formats were inherent in the presentation of information. The nonthreatening environment was relaxed and conducive to learning. An additional bonus was the 13.5 contact hours that were earned by the staff nurses. The evaluations were overwhelmingly positive.

If your organization is interested in having this program presented to staff, contact Debra Harwell, Associate Director, at 609 883 5335, ext. 19 or by email at deb@njsna.org.

The Institute for Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Institute for Nursing has been approved by the New Jersey Department of Education as a Professional Development Provider ID# 1199.

¹ Polit, D.F., Beck, C.T. (2008). *Nursing Research-Generating and Assessing Evidence for Nursing Practice*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

Congratulations!

Carolyn T. Torre, RN, MA, APN, Director of Regulatory Affairs for New Jersey State Nurses Association has been appointed by Governor Jon S. Corzine to membership on the Trenton Psychiatric Hospital Board of Trustees for the remainder of a three-year term ending June 30, 2010.



Carolyn T. Torre

Institute for Nursing's Continuing Nursing Education Gift Cards



The Institute for Nursing has partnered with the Nursing Spectrum Division of Continuing Education to offer "Continuing Education Gift Cards" at a discounted rate. These cards allow nurses to choose from more than 400 different continuing nursing education (CNE) courses anytime, anywhere through the Internet. The courses range from one to 30 contact hours, with each course providing real time testing and a printable CNE certificate.

Mandatory CNE is here and schedules are full. The goal of The Institute for Nursing is to help nurses to meet the requirement for CNE through this program.

This endeavor is also a fundraiser as a donation of the proceeds, \$8 for members and \$12 for non-members, will contribute to the mission of the Institute for Nursing which is to advance the profession of nursing and the health of our communities through scholarship, research, and education. This mission stems from the belief that registered nurses have an obligation to maintain their practice ability and to continually develop their many professional roles to honor their stewardship to the public. Programs are offered by the Institute based on identified needs and cover a wide variety of topics.

For just \$28 for members of NJSNA and \$32 for non-members you can both support the fundraising activities of the Institute and meet your obligation to complete CNE and stay abreast of the latest developments in nursing practice. "PURCHASE YOUR CARD TODAY!" For more information, contact Debra Harwell, Associate Director at 609-883-5335 x19 or by email at deb@njsna.org.

Nursing Spectrum is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Forum of Nurses in Advanced Practice (FNAP)

Grace Reilly, APN, President

In June the Forum of Nurses in Advanced Practice (FNAP) joined the Society of Psychiatric Advanced Practice Nurses (SPAPN) in a joint meeting held at NJSNA headquarters in Trenton. The meeting was well attended with over 50 APNs in attendance. This was a great opportunity for all to discuss issues regarding practice, profitability and where the APN role will be in the future. It's a great time to be an APN. I suggest if you haven't attended a meeting lately, or joined your professional organization, this may be the perfect time. Don't be left in the dark. Your future is in your hands, or is it?

Looking forward to the fall, the FNAP has its quarterly business meeting/lecture planned for Saturday, October 18th at 9:30 am. There will be a lecture on Sexually Transmitted Infections, by Mary Krug. Mary is an APN at Rutgers Student Health Service. Contact hours have been applied for. Meetings are open to all APNs. Please RSVP to grace-apn@comcast.net if you plan to attend.

November 15, 2008 is our third annual Fall Conference and will be held again (by popular demand) at the Holiday Inn in Tinton Falls. Patricia Munz, President of Garden State Association of Diabetic Educators, will be updating us on the latest information regarding Diabetes Management. Joy Schank, Certified Wound Ostomy Nurse, will complete the program with an update on wound care issues. Registration and information will be available on line at www.NJSNA.org and the FNAP listserve, which is a free service to all members of the forum.

The Forum offers two \$1000 scholarships each year, the Nancy Fortna Scholarship and the FNAP Members only scholarship. For information, keep your eye on the listserve, or visit <http://www.njsna.org/displaycommon.cfm?an=1&subarticlenbr=130>. You can also email, Trish Vigna at tandtvigna.aol.com. Deadline for applications is January 15, 2009.

The FNAP will be accepting nominations for the position of secretary. Ballots will be mailed in November.

One of our members, Aaron Schneider is attempting to compile a list of APNs in NJ. The purpose is to develop a referral system. Many patients, who have an APN as their provider, look for another APN in the event that they relocate. If you are an APN in NJ and a member of the Forum, please contact Aaron for more information at APNList@comcast.net. This list will not be used for any other purpose.

Congratulations! Gwen Watford-Miller, BSN, RN has been elected to the National Black Nurses Association Board of Directors

Gwen Watford-Miller, BSN, RN has been elected to the National Black Nurses Association Board of Directors, on August 6, 2008. The National Black Nurses Association (NBNA) celebrated their Annual Conference in Las Vegas, Nevada held at the Mandalay Bay Resort & Casino from August 4-8, 2008. The NBNA President, Debra Toney, PhD, RN, celebrated this event with over 1200 guest. This year's theme:

"Nursing Practice: The Prevention and Management of Chronic Diseases." Ms. Watford-Miller won the election along with two other candidates; Patricia Lane from Virginia and Tonja Cook from Chicago.

Ms. Watford-Miller is the President and Chief Executive Officer of Quality Health Care, Inc. Her company provides comprehensive home care services to patients of all ages in the State of New Jersey and Pennsylvania. Ms. Watford-Miller has an active community education program, providing patient education on many health issues. The educational focus of her outreach programs are on prevention and awareness, to inform community participants on ways in which quality of life can be improved. Ms. Watford-Miller was the recipient of the United Way of Essex & West Hudson Counties of New Jersey Women's Philanthropy Award in 2006. Ms. Watford-Miller has received numerous awards and commendations for her commitment and dedication to the community she serves. She is currently the President of the Concerned Black Nurses of Newark, Inc. (CBNN). CBNN organization's mission is to promote health education and to advocate quality health care for the underserved.

The National Black Nurses Association is a professional nursing organization representing more than 150,000 African American registered, licensed vocational/practical nurses, nursing students and retired nurses throughout the United States, NBNA is guided by the principle that African American nurses have the understanding, knowledge, interest, concern, and the expertise to make a significant difference in the health care status of African American communities across the nation. Thus, since its inception, improving the health of community-based African Americans through the provision of culturally competent, community-based programs has been the cornerstone of the National Black Nurses Association. NBNA members are leaders in their communities in the delivery of health promotion and disease prevention programs and public health education programs.

NBNA collaborates with private and public agencies/organizations that share common concerns for improving the health status of all people, particularly African Americans and other minority consumers. For more information visit www.cbnn.org.



**Gwen
Watford-Miller**

Playing It Safe

by *Connie Wilson, LPN*

Nursing is a profession that has been serving our communities for years and years. It is a career where individuals dedicate a life time to caring for neighbors and strangers. It is not a 25 years of service and out type of job. It is not a 9 to 5 type of job. It is a demanding but rewarding job.

If you are one of the many nurses who have been practicing nursing for 30 or 40 plus years, you have seen the profession change... change in leaps and bounds. Change is good. Change is sometimes scary but all will agree change is necessary.

Remember when... when patient comfort was our biggest concern. Remember when smoking was permitted, not only in the hospital, but at the nurses' station and the bedside? Now, that was scary. Smoking was a "tolerated behavior" even though it was a known health risk. Why? Why tolerate behavior known to cause illness and even death? The reason is simple. Smoking and its hazards were a well kept secret. The tobacco companies put a "smoke screen" around the general public by not sharing studies and statistics to protect their profits. Profits of giant magnitude... billions of dollars safely protected while endangering the lives of billions of smokers and non-smokers.

After the smoke cleared, patient awareness was everywhere to be seen. Protesters rose up in defense of patients and their right to be protected. Patient education and smoking cessation moved to the forefront of health care. Patient safety groups were formed and continue to grow and branch out in protection of our consumers.

Remember when... when unit dose medications came to be in the hospital setting. Nurses thought it was better than penny candy. What was penny candy? We won't go there. Nurses thought unit dose was one of the safest ways to distribute medications in decades... and it was the safest method at that time. "Health care was playing it safe"!

Prospective Facilitator Update

by *Ruth B. Gage, PhD, APN*

Since the publication of our last newsletter the Peer Assistance Program has received many more calls from nurses interested in assisting their colleagues who have impaired practice problems. These inquiries are much appreciated by the Peer Assistance Forum, the group who has supplied these services for many years. Currently we have Nurse Support Groups in 18 locations throughout the state. However, with the official recognition by the Board of Nursing of RAMP, the recovery and monitoring program that can shield the licenses of compliant participants, the need for more groups has escalated. All participants in RAMP are required to attend a Peer Assistance Program Nurse Support Group weekly. These groups are not therapy groups or 12 step programs. Instead they supply assistance and support for nurses who are struggling to attain and maintain their sobriety. They also are of great assistance to the case managers of the RAMP program in assessing the progress participants are making.

If you have an interest in becoming a facilitator in training, please contact Patricia O'Brien, RN,C, LCADC or me at (609) 883-5335, ext 24 or by email at jimpatob@comcast.net or ruthbeegee@comcast.net. The next training session for potential facilitators is an all day program on Wednesday, October 29, 2008 at NJSNA Headquarters in Trenton. Attendees receive 6.0 Continuing Education Credits through ANCC. Even if you are not sure whether or not you would be interested in becoming a facilitator, I encourage you to attend and learn more about these outstanding programs. This information is also relevant to nurse administrators and managers, as well as all RNs, LPN's and students.

To register online, go to njsna.org... click on calendar... Title: "Recognition and Intervention of Impaired Nursing Practice"

Fee for program

Non-members \$125.00

Prospective facilitators \$60.00

Students \$30

Members \$75

Directions to Trenton can be found on the NJSNA website <http://www.njsna.org>.



Remember when... when you showed up to work and found this large machine in the medication room. Remember asking, where's the med cart and being told the Pyxis machine has replaced the medication cart and the medication nurse? What's a Pyxis you asked? Then being told, you're looking at it. Scary, yes! Safer, oh yes! Once again change propelled nursing into the future. Taking into account the patient and "playing it safe."

Today's major patient safety issue is electronic medication administration. The MAR, as we all have come to know it, is one of health care's newest technological challenges. Get the lead out (pencil) and keyboard to the future.

For the younger nursing generation, this is a no brainer. Their response to the electronic MAR is usually "WOW." For the oldies but goodies, WOW means only "Workstation on Wheels." Is it useful? Yes! Is it convenient? Yes! Is it faster? No! Is it safer? Yes! Is it the future? Without a doubt...hospitals are moving rapidly into the computer age. They are "playing it safe"! Hospitals need to be focused on the safety of every patient. Nurses need to be focused on the safety of every patient. The Joint Commission mandates that hospitals/facilities implement and practice the "National Patient Safety Goals." These goals ensure that the consumer (patient) receives the safest care any hospital/facility can afford them.

In addition to the electronic MAR, the health care systems are implementing and utilizing Medication Reconciliation as an effective patient/health care worker communication tool. It is designed to prevent the most common error—the medication error. The "medication error is the most frequently cited category of root causes for serious adverse events" per the Joint Commission. Medication errors can lead to serious complications and even death. Hospitals/facilities across the country are busy establishing policies and procedures to protect the patient against medication errors. They are implementing processes to be

used, whether paper or electronic, or both to better communicate and educate their patients. The process needs to include a communication tool recording the home medications, in-patient medications and the medications listed on the discharge instruction sheet. The patient, family, significant other and/or transfer facility have a "need to know" concerning the patient's medications. Why? "Playing it safe" for all parties is in the best interest of the patient. Educating the patient and family on the name, adverse reactions and interactions, and overall proper use of the medication is paramount. Is this process time consuming? Oh, without a doubt, it is time consuming. Is it necessary? Oh, without a doubt, it is necessary. It protects the patient from harm and protects the license of the caregiver. Communication should be oral and written. Nurses need to be culturally sensitive and realize translators may be a necessity in some cases. Caregivers need to explain the discharge medications and provide the patient with a written education tool for home reference. He/she should also ask the patient to restate the oral education. Ask pertinent and simple questions, for example, "when do you have your dinner"? You may find dinner for some patients is supper and for others it may be lunch. This is important if you are telling your patient to take the medication twice a day, one at breakfast and the other at dinner to determine what exactly their dinner time is. Take time with your patient and don't use abbreviations. You may want the patient to take the medication by mouth but "PO" (per os) may have an entirely different meaning to the patient. Say what you mean and mean what you say... but always remember it is not what you say but how you say it. Look and listen! Learn to read the patient's body language and eyes for clarification of instructions. State and restate if you find it necessary to do so. Is it quicker? No! Is it safer? Yes!

Remember, change is constant and change is a good thing! Always keep in mind, good practice is the BEST practice and "playing it safe" is BEST for the patient and the nurse!

Practice/Regulatory Update

Carolyn Torre MA, APN, NJSNA Director of Regulatory Affairs

BON APN Regulations Adopted June 16, 2008: The long-awaited APN regulations from the BON were published as an adoption in the June 16 issue of the *New Jersey Register*. The adopted regulation (AKA: rule) includes the names of individuals who wrote to the BON. Comments are summarized and responses from the BON to these comments are delineated. In the rule itself, language in brackets has been removed since the rule was proposed and language in bold has been added. You will note that a section of considerable contention at 13:37-7.12 regarding practicing only in the area of specialization in which the APN was originally educated has been **reserved** (that is, not published) by the BON; they intend to study this section and address this section in the future. Important elements of the regulations include:

- APN **title** has **changed** from RN, APN,C. to simply **APN**. (Note: This title must be used on prescriptions, orders, referrals and patient records. It should also be used on all other documents including correspondence, business cards and stationary. May use an academic title as an addition like MSN, APN. Should not be using other national credentialing titles like RN,C.; save them for the CV; they have no legal relevance in NJ)
- **Adds a process for CRNAs to become APNs**
- New rule requires all APNs to be nationally certified both on initial application and for recertification **except that those certified in the state prior to the adoption of these rules (June 16, 2008) do not have to show that he/she is certified by a national certifying agency.**
- The rule {13:37-7.2 (b)} **requires that an applicant have completed an educational program no more than 2 years prior to submitting an application** for initial certification
- An **APN not renewing within 30 days of expiration of certificate is automatically administratively suspended**
- Renewal prior to 5 years of suspension requires submission of an affidavit of employment, among other requirements

- Renewal after more than 5 years suspension requires going through initial licensure including taking national certifying exam
 - APNs can choose inactive status of certificate; paying inactive fee means you stay on BON mailing list for timely messages
 - **If inactive less than 5 years, can reactivate but must provide an affidavit of employment and proof of CNE in prior 2 years**
 - **If inactive more than 5 years, must meet all initial licensing requirements and retake national certification exam**
 - Upon publication, APNs will be expected to meet the biennial 30 hours of CNE required of all RNs in the state of NJ in addition to the CNE requirements for national certification
 - (Note: APNs *do not* have to complete 30 CNEs in pharmacology every 2 years)
 - **By June 16, 2009** (within one year of adoption of new rules) **all APNs must have completed a 6 contact hour course in controlled substance prescribing** (Note: this is a one-time requirement, emanating from statute, for all APNs regardless of whether or not they so prescribe; keep a copy to provide to BON upon future renewal of certification should you asked)
 - If the prescription is for a controlled dangerous substance, **the advanced practice nurse's DEA # and instructions as to frequency of use must be written** (Note: Note the rule does not specify that the DEA# of the collaborating physician must appear on the prescription for a controlled substance)
 - When **writing for controlled substances, APNs must indicate drug quantity in words**, not just number: example: "ten" (10) Percodan
 - Each prescription for a controlled substance must be written on a separate prescription blank
- APNs and nursing administrators should become familiar with all aspects of this law. A copy of it is available at www.njsna.org opening page under Latest News and Information.

THE
CANCERCENTER
AT HACKENSACK UNIVERSITY MEDICAL CENTER

Doctors From The Cancer Center At Hackensack University Medical Center Honor Nurses With 'Trees Of Life'

In honor of National Nurses Week, which is celebrated annually May 6-12 throughout the U.S., the doctors, researchers, and scientists from The Cancer Center at Hackensack University Medical Center presented each of the 250 nurses who work there with a three and one-half foot tall hibiscus tree.

"We dedicate these trees of life to our nurses in recognition for all they do to make a difference every single day for our patients, our doctors, and our staff," says Andre Goy, M.D., deputy director of The Cancer Center. "It's a lasting gift that will grow and fill their lives with green thanks every day of the year."

National Nurses Week is celebrated at Hackensack University Medical Center and at hospitals all across the nation each year May 6-12. This year, the American Nurses Association has selected "Nurses: Making a Difference Every Day" as the theme. It is a time to commemorate the numerous contributions nurses make to healthcare and to their patients. At The Cancer Center, more than 250 nurse practitioners, registered nurses, and other nursing professionals work in a variety of direct patient care, research, and administrative positions within The Cancer Center's 14 specialized divisions.

The Cancer Center at Hackensack University Medical Center is New Jersey's largest and the one ranked the best cancer center in the state by *New York* magazine.



Over 250 nurses from The Cancer Center at HUMC were honored during National Nurses Week with a gift of a hibiscus tree from the doctors, researchers and scientists of The Cancer Center. Pictured with the nurses are (center photo from l to r) Andre Goy, M.D., Deputy Director of The Cancer Center and Chief of the Lymphoma Division; Andrew Jennis, M.D., Co-Chief, Gastrointestinal Oncology Division; and Stanley Waintraub, M.D., Co-Chief of the Breast Oncology Division.

Peer Assistance Line

Nurse Support Groups

These are self-help smoke-free groups facilitated by a nurse or health care professional 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.

ATLANTIC & CAPE MAY COUNTY

Marmora

Plaza 9
289 S. Shore Rd., Office #1
Every Monday 7-8:30 pm
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
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
Suzanne K. H: 856-740-9442
C: 609-706-4160

CAMDEN COUNTY

Haddonfield

First Presbyterian Church
20 Kings Highway East, Room 304
Every Wednesday 7:00 pm
Mary M. H: 856-228-1573
W: 856-757-3315
Beeper: 856-756-9014
Lisa V. H: 856-218-7053
W: 856-673-1340
C: 609-464-2847

CUMBERLAND AND SALEM COUNTY

Seabrook

Seabrook House
133 Polk Lane—Counseling Center
Off Route 77
Every Tuesday 6:30-8:00 pm
Tina C. H: 856-546-1529
C: 609-313-3762

ESSEX COUNTY

100 Valley Road
Room 2205, Dharma Therapy
Montclair, NJ
Every Tuesday 1:00-2:30 p.m.
Vickie B. C: 973-943-1969
W: 973-684-6124

HUNTERDON COUNTY

Flemington

Hunterdon Medical Center
2100 Wescott Dr. (off Rt. 31)
Substance Abuse Conference Center
Every Tuesday 7:00-8:00 pm
Sean M. 908-806-8916
Cindy F. 908-361-0353

MERCER COUNTY

Trenton

New Jersey State Nurses Association
1479 Pennington Road
1st, 3rd & 5th Tuesday 7-8:30 pm
Rosaline F. 609-466-0405
C: 609-462-3382
Robbi A. H: 609-737-0527
C: 609-462-0431

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

MIDDLESEX COUNTY

Woodbridge

Trinity Episcopal Church
Rahway Avenue
Every Wednesday 7:30 pm
Dorothy S. H: 732-494-3508
C: 732-991-5121
Kathy T. H: 732-525-2338
C: 732-910-0129

MONMOUTH COUNTY

Freehold

CentraState Medical Center
OB Conf. Floor (use escalator)
West Main St.
1st & 3rd Friday every month 7-8:30 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. 732-291-0938
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 7-8:30 pm
Barbara M. 609-296-7024

Toms River

Community Medical Center
Dietary Conference Room
Route 37
Every Wednesday (except 1st Wed.) 9:30-11:00 a.m.
Deborah B. C: 848-702-2816
H: 732-202-7743
Barbara W. 732-598-8689

PASSAIC COUNTY

Passaic

St. Mary's Hospital
350 Blvd., Classroom C, 3rd Flr. Reid Bldg. Elevator
Call: 973-365-4300 ext. 5 for further directions
2nd & 4th Tuesday every month 7:00-8:30 pm
Lee B. 973-904-0822
Debbie H. 973-743-4551

SUSSEX COUNTY

Newton

Bristol Glen
Route 206
Every Monday 5:30-7 pm
Rita G. W: 973-579-2456
H: 973-383-3012
C: 201-213-7017
Marla C. C: 914-443-9123

UNION COUNTY

Cranford

The Mall
347 Lincoln Avenue E
1st & 3rd Tuesday 11:00 am-12:30 pm
Peg P. H: 908-272-9088
C: 908-313-2038

Revised: 09/29/2008

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

Also through the Institute for Nursing
The Recovery and Monitoring Program (RAMP)
609-883-5335 x34

Extraordinary Nurses at Trinitas Recognized Through Daisy Awards

First hospital in the state to participate

Nurses at Trinitas Hospital will soon be honored with The DAISY Award For Extraordinary Nurses. The award, presented in collaboration with The American Organization of Nurse Executives (AONE), is part of the DAISY Foundation's program to recognize the super-human efforts nurses perform everyday.

More than 250 hospitals in the United States participate in the Daisy Awards program. Trinitas Hospital is the first New Jersey hospital to become

involved, and expects to begin selecting individual nurses for monthly Daisy Awards beginning in October.

The DAISY Foundation, a not-for-profit organization, based in Glen Ellen, California, was established by family members in memory of J. Patrick Barnes. Patrick died at the age of 33 in late 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), a little known but not uncommon auto-immune disease. The care Patrick and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

Each month, Trinitas Hospital's nursing staff will select a nurse who will receive The DAISY Award. At a presentation given in front of the nurse's colleagues,



physicians, patients, and visitors, the honoree will receive a certificate commending her or him for being an "Extraordinary Nurse." The certificate reads: "In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people." The honoree will also be given a beautiful and meaningful sculpture called A Healer's Touch, hand-carved by artists of the Shona Tribe in Africa.

"We became involved in this program because it provided a way to recognize our nurses who do every-day things in an extraordinary manner," explained John Lanier, RN, Nurse Manager of the Six North Nursing Unit at Trinitas and Co-Chairman of the Hospital's Nursing Recruitment and Retention Committee. He reported, "The hospital's mission statement drives all of Trinitas' employees toward excellence, and the DAISY Award affords an opportunity to salute that excellence on the part of our nurses."

DAISY Award nominations can be made by anyone, including co-workers, managers, patients, visitors and physicians," explained Annie Madsen, RN, Staff Nurse of the Six South Nursing Unit, and also Co-Chairman of the Recruitment and Retention Committee.

"Everyday in our hospital, we see these extraordinary nurses on our units, at the patient's bedside," continues Annie. "We are excited about this wonderful opportunity to give something back to these extraordinary people who have given so much of themselves. We feel this is going to be fun and also a meaningful way for us to support and uplift our nurses, which is what they do daily for our patients."

Said Bonnie Barnes, President and Co-Founder of The DAISY Foundation, "When Patrick was critically ill, our family experienced first-hand the remarkable skill and care nurses provide acutely ill patients every day and night. Yet, these unsung heroes are seldom recognized for the super-human work they do. The kind of work the nurses at Trinitas Hospital are called on to do every day epitomizes the purpose of The DAISY Award."

New Alliance Between Leaders in Health and Medicine to Address Healthcare Disparities Through Educational Initiative

Development of curriculum designed to increase awareness, knowledge and sensitivity to racial, ethnic and gender issues among healthcare providers

Jersey City, N.J.—Aug. 8, 2008—In an effort to help reduce racial, ethnic and gender disparities in healthcare, leading professional organizations and academic medical institutions have joined forces in a unique collaborative alliance with the goal of creating a comprehensive educational initiative that aims to improve the quality of care and outcomes for traditionally underserved minority populations.

The collaboration between The American College of Cardiology (ACC), the Association of Black Cardiologists (ABC), the National Kidney Foundation (NKF), Joslin Diabetes Center, The Johns Hopkins University School of Medicine and The Institute for Johns Hopkins Nursing will focus on cardiovascular disease, diabetes, obesity and chronic kidney disease (CKD)—conditions with consistently higher rates of morbidity and mortality among ethnic patients. The initiative will additionally examine multiple aspects of patient care, including: effectiveness of healthcare quality, patient safety, timeliness of and access to healthcare services, as well as patient centeredness.

“The spectrum of clinical implications between hypertension, obesity, diabetes and chronic kidney disease has long been recognized by clinicians, but in recent years they have become a clear focus of considerable preventive and therapeutic attention,” according to Keith C. Ferdinand, MD, FACC, Clinical Professor, Emory University and Chief Science Officer, Association of Black Cardiologists. “With this important clinical challenge facing us, however, ethnic disparities limit our ability to provide optimal care.”

“Despite extensive documentation of inequities in healthcare quality, little has been done to improve the delivery of services to ethnic populations,” states Jack Lewin, MD, CEO, American College of Cardiology. “The resources and technology necessary to address disparities in health care exist today. If we can harness these tools and provide training in using them to physicians and their care teams, we will go a long way toward providing evidence-based quality care to all patients regardless of ethnicity.”

For example, statistics show that:

- Healthcare providers are 40 percent less likely to order sophisticated cardiac tests for African Americans with chest pain than for Caucasians with identical symptoms.
- African Americans, Native Americans, Hispanics and American Asians are, respectively, 4.5, 3.6, 2 and 1.6 times more likely to develop CKD than are Caucasians. Ethnic patients also have a rate of end-stage renal disease that is 2 to 4 times higher than Caucasians.
- Among patients diagnosed with diabetes, African American patients are less likely (43.6 percent) than Caucasian patients (50.4 percent) to receive an eye exam, an established standard for diabetes care.

“As stakeholders in providing quality care to patients, we need to act aggressively to ensure that we address healthcare disparities among our patient populations,” asserts Enrique Caballero MD, Director of the Latino Diabetes Initiative, Joslin Diabetes Center. “Effective education and training for clinicians is the first step toward change.”

“This is an exciting opportunity to combine the expertise of our nation’s leading medical societies, associations and academic medical centers to provide the highest degree of educational value to an underserved and under recognized area of healthcare,” says Joseph Vassalotti, MD, Chief Medical Officer, National Kidney Foundation.

Evidence shows that as patient populations grow and become more diverse, lack of cultural competence among providers will lead to an increasing gap in racial and ethnic disparities within the healthcare system. According to Todd Dorman, MD, FCCM, Associate Dean and Director, Johns Hopkins CME, “This initiative will utilize several measures to assess the impact it will have on minimizing healthcare disparities.”

Dr. Dorman outlined them in the following manner:

1. Provider Measures

- Did the initiative improve the provider’s knowledge/awareness?
- Did the initiative change the provider’s behavior in relation to the process of care?

2. Patient Measures

- Did the initiative result in better patient care and outcomes related to cardiovascular disease, obesity, diabetes and CKD?
- Did the initiative improve the health status of patients through specific measures such as healthcare quality, timeliness of healthcare services and patient centeredness?

3. Healthcare Services and Utilization

- Did the initiative have an impact on patient safety and/or error reduction?
- Did the initiative have an impact on diagnostic accuracy, appropriate therapy, and minimization of hospitalization rates?

The curriculum-based, multi-year initiative aims to provide a series of educational interventions in multiple formats to various healthcare providers, ranging from primary care and cardiovascular physicians to other specialists such as endocrinologists/diabetologists and nephrologists, as well as nurses, nurse practitioners, pharmacists, physician assistants and dietitians.

A performance improvement (PI) system will be used in the curriculum to allow providers to apply quality measurement to their practices, and use the resulting data to take action specific to their practice for improved patient care.

Bringing this educational initiative to fruition demands a collaborative approach by healthcare organizations. “Our hope is that this initiative will empower healthcare providers in the U.S. to deliver the highest-quality care to every patient, regardless of race, ethnicity, gender, culture, or language proficiency,” states Dr. Dorman.

Gullapalli & Associates, LLC, a leading educational strategy firm, will facilitate the development and management of the initiative.

American College of Cardiology (ACC) The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The ACC is a 34,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care. For more information, visit www.acc.org.

Association of Black Cardiologists (ABC) The Association of Black Cardiologists, Inc. (ABC) is the nation’s foremost advocate for the prevention and reduction of disparities in cardiovascular care and outcomes. Since its establishment in 1974, the ABC’s achievements have made it an important voice and the foremost advocate for the prevention and reduction

of cardiovascular diseases in African Americans and other minorities. The ABC continues to promote its primary mission through education, research, health promotion and health policy advocacy. The ABC’s diverse membership consists of over 1,100 physicians, scientists, nurses, students and community health advocates. For more information, please call the Association of Black Cardiologists, Inc. at 1-800-753-9222 or visit www.abc cardio.org.

Joslin Diabetes Center Joslin Diabetes Center is the world’s preeminent diabetes clinic, diabetes research center and provider of diabetes education. Joslin is dedicated to ensuring people with diabetes live long, healthy lives and offers real hope and progress toward diabetes prevention and a cure for the disease. Founded in 1898 by Elliott P. Joslin, M.D., Joslin is an independent, nonprofit institution affiliated with Harvard Medical School. For more information about Joslin, call 1-800-JOSLIN-1 or visit <http://www.joslin.org>.

National Kidney Foundation/Kidney Learning System (NKF/KLS) The National Kidney Foundation, Inc., a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. NKF’s KDOQI evidence-based practice guidelines are the leading resource in the treatment of chronic kidney disease (CKD). NKF’s KLS develops and implements comprehensive educational resources for public health, patients and families and medical professionals across all disciplines through a wide variety of learning formats, CME/CE programs, tools and resources. For more information please visit www.kidney.org.

The Johns Hopkins School of Medicine In July 2008, U.S. News & World Report ranked The Johns Hopkins Hospital #1 among American hospitals for the 18th consecutive year. Johns Hopkins remains the nation’s leading medical school recipient of research funds from the National Institutes of Health. In 2006, the Johns Hopkins Office of CME received “Accreditation with Commendation,” the highest ranking issued by the Accreditation Council for Continuing Medical Education.

The Institute for Johns Hopkins Nursing The Institute for Johns Hopkins Nursing designs and delivers leading-edge continuing education for nurses. The Institute accesses the expertise of faculty and nurses from both the Johns Hopkins University School of Nursing and Johns Hopkins Hospital, including over 2500 highly skilled clinicians in 10 clinical and countless subspecialty areas who are also world-renowned researchers and educators. For more information please visit www.ijhn.jhmi.edu.

Gullapalli and Associates, LLC Gullapalli & Associates (G&A) is an educational firm specializing in the facilitation of collaborative educational strategies with a variety of CME stakeholders, ensuring consistent educational strategy, goals and objectives. For more information, visit www.gullapalliandassoc.com.

Sixth National Conference of Nursing Workforce Leaders Explores Nursing Retention Issues and Solutions

More than 170 leaders from state nursing workforce centers throughout the nation attended a conference on June 11 and 12 in Denver to discuss nursing workforce retention issues and the potential critical shortage of a skilled nursing workforce by the year 2010.

In a keynote address to attendees, Benjamin Isgur, Assistant Director of PricewaterhouseCooper's Health and Research Institute, shared data that underscored the importance of focusing on nursing retention issues over the next several years. His findings indicated that:

- 320,000 apply for nursing school but only 145,000 are accepted
- 78,000 graduate from nursing school, with 74,000 passing the exam
- 30,000 stay but after 2 years, 50 percent have left their first job

- Roughly 23% of those who wanted to be a nurse are working as a nurse
- For the first time in decades, the total number of nurses is projected to decrease after 2010
- Hospitals with low nurse turnover save \$3.6 million annually.
- Every one percent increase in nurse turnover costs a hospital about \$300,000 per year.

To encourage the needed changes with policy makers, educators, business leaders and others, various states have State Workforce Centers. Colorado's is the Colorado Center for Nursing Excellence, which hosted the conference. Mary Lou Brunell, Executive Director of the Florida Center for Nursing and conference chair, presented a "State of the State Workforce Centers" report at the conference.

Additional presentations included Innovation and Promising Practices in Nursing Retention, The New Meaning of Retention, Policy Implications of Academic Nurse Residency Model, Creating a Technology Enhanced Work Environment, Evidence Based Retention Strategies for High Risk Populations and Retention Practices from Across the Country.

According to Mary Lou Brunell, "Conference attendees spoke highly about the diversity and practicality of the information presented. I spoke to many, many nurses and educational leaders who were eager to apply the information to work being done in their states to better educate and support nurses throughout the career continuum."

Companies whose sponsorship helped make the conference possible included: Robert Wood Johnson; The Colorado Trust; Kaiser Permanente; Gannett Healthcare Group; Johnson & Johnson; Laerdal; Versant; American Association of Colleges of Nursing; Caring for Colorado Foundation; Catalyst Systems, LLC; Gaumard Scientific; Medical Education Technologies, Inc. Sponsors at the organization level included: ADVANCE; Bernard Hodes Group; Craig Hospital; Hawaii Center for Nursing; Steadman Hawkins Clinic; Washington Center for Nursing; West Virginia Center for Nursing.

To interview one of the conference speakers, or obtain copies of a presentation, please contact Lisa Cutter at 303.972.6275 or cuttercom@earthlin.net. To learn more about the forum of state nursing workforce centers and the Taking the Long View conference, visit their web site at: www.nursingworkforcecenters.org.

NSNA's MidYear Keynote Speaker: First RN to Climb All Seven Summits

Brooklyn, NY. June 26, 2008. Patrick Hickey, DrPH, MSN, RN, CNOR, will be the Keynote Speaker at the National Student Nurses' Association (NSNA) MidYear Conference in Reno, NV, November 13-16-2008. The meeting, NSNA's 26th Annual Career Planning Conference, takes place at the John Ascuaga Nugget Casino Hotel.

Dr. Hickey became the first registered nurse to have climbed all Seven Summits when he reached the top of Mt. Everest on May 24, 2007. His love of climbing began on a trip to South America in 1993, when a chance encounter with a group of mountain climbers led to his climbing 20,000-foot Mt. Cotopaxi, in Quito, Ecuador. Since he accomplished his Seven Summits quest, the University of South Carolina College of Nursing, in Columbia, has established the Summit Scholarship for student nurses. Dr. Hickey's goal is to collect \$29,035, one dollar for each foot of altitude of Mt. Everest.

Dr. Hickey was unsure that he would become a successful nurse when he became a student. He initially struggled and wondered if he made the right career decision. He sought out one of his instructors and she took the time to mentor and challenge him, asking him to tap into his real potential. He wondered whether he'd made yet another mistake in approaching her. "Would I sink or swim," he asked himself. "In the end, I survived it and was a better person for it."

Not only did Dr. Hickey survive, but he has had a career that's spanned over three decades, having earned his RN license in 1976. He has worked in emergency and operating room nursing and is an instructor at the University of South Carolina. Known as a humorous and engaging speaker, Dr. Hickey's keynote speech, "Conquering Your Own Everest: Do You Have What It Takes?" promises to deliver a rousing kick-off to NSNA's MidYear Conference.

NSNA is a membership organization with over 50,000 students in Associate Degree, Diploma, Baccalaureate, generic Masters and generic Doctoral programs preparing students for Registered Nurse licensure, as well as RNs in BSN completion programs.

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New Jersey Disease Management Programs Reveal Improved Health Care for Medicaid Clients

TRENTON—The NJ Department of Human Services' Division of Medical Assistance and Health Services announced today it has made great strides in improving disease management protocols through public/private partnerships. Preliminary results of two concurrent programs indicate increased access and improved outcomes with disease management treatment for NJ's Medicaid clients.

The two NJ HealthyLiving projects are funded by Eli Lilly and Company and are coordinated by Comprehensive NeuroScience (CNS) and APS Healthcare (APS).

The CNS project is evaluating outcomes, effective medication usage, quality of care and cost-effective treatments for Medicaid clients with mental illnesses. The APS project, piloted in Hudson County, uses the same markers for Medicaid clients who have diabetes, asthma, chronic obstructive pulmonary disease and/or congestive heart failure.

"We are pleased that because of provider intervention and client education, these projects have demonstrated improvements in patient care as well as cost avoidances for the state," said DHS Commissioner Jennifer Velez. "While these projects are in their infancy and will show greater benefits as they continue, we anticipate that the success of these programs could eventually translate into significant financial savings for the state."

Since implementation less than two years ago, the CNS mental health program has distributed about 14,000 prescriber intervention mailings involving more than 45,000 clients. These mailings educate physicians by sharing best-practice prescribing patterns.

The CNS program is funded through April 2009.

The APS project, focusing on Hudson County, began in March 2007. The 500 Medicaid participants were identified to help DHS providers more effectively manage their chronic conditions. Using outreach efforts, such as various health education initiatives and select community resources, overall self-management skills and clinical indicators, DHS has seen improvements in the number of clients monitoring their diabetes.

The APS program is funded through December 2008.

"To encourage area providers to participate in its on-going disease management project program, our Medicaid division sponsored an event June 5 at Jersey City Medical Center," said Commissioner Velez. "Even on this moderate scale, we've seen positive results so we would like to get more providers and funders involved in the process to expand our disease management efforts."

Under NJ FamilyCare/Medicaid, DHS provides more than 1 million New Jerseyans with health care coverage.



Attention!! All Nursing Students...

The Institute for Nursing 2009

Scholarship Application

Several Scholarships are available (included in one application) to be awarded in February 2009. Deadline for submission will be January 15, 2009.

ELIGIBILITY: All applicants must be **New Jersey residents** and **must be enrolled (not waiting to hear)** in a diploma, associate, baccalaureate, or masters nursing program **located in the State of New Jersey** or in a nursing doctoral program or a related field, **preferably located in the State of New Jersey.** RNs **must** be members of the New Jersey State Nurses Association (please attach a copy of membership card). Scholarships are awarded based on financial need, grade point average, and leadership potential. The Institute awards scholarships ranging \$1000 annually. Scholarships may be applied toward tuition, books and academic fees only.

Please contact your Student Financial Office or email Sandy Kerr at the Institute for Nursing at sandy@njsna.org to receive the application via email.

The application is also available at the Institute for Nursing's website by visiting www.njsna.org, click on the Institute for Nursing and locate the Scholarship Application. The application can be filled out on-line and submitted but you will still need to send by mail the required documents.



Rutgers College Nursing Faculty Member Authors a Book Aimed at Helping Nursing Students Make the Most Out of Their Learning Opportunities in Nursing School

(NEWARK, N.J., Aug. 25, 2008)—Robert Atkins, a Rutgers College of Nursing faculty member and a member of the New Jersey State Nurses Association, has authored a book to help nursing students make the most of their learning opportunities in nursing school.



Robert Atkins

"Getting the Most from Nursing School: A Guide to Becoming a Nurse," presents recommendations from nursing faculty and nurses who have decades of experience that will help students become more successful in nursing school.

"I wrote this book because nursing school is extremely challenging for even the most resourceful students," said Atkins, assistant professor, at the College of Nursing at Rutgers, The State University of New Jersey. "The book is aimed at helping students to acquire the knowledge, skills, and attitudes they will need to become clinically competent and caring nurses."

Atkins, a Cherry Hill, N.J. resident, said he conducted interviews with nursing faculty members and experienced nurses who work with nursing students and they provided insights and recommendations on handling the pressures of clinical rotations and the demands of a difficult nursing curriculum.

The 256-page paperback, published by Jones and Bartlett Publishers, begins with helping potential nurses think about nursing and nursing school. Later chapters provide evidence-based recommendations for how students should prepare for and respond to the challenges of nursing classes and clinicals. These chapters include recommendations on writing papers, taking notes, and preparing care plans.

"I believe that helping students who have the potential to become great nurses will not only improve the profession but will also improve the nation's healthcare system," he said. "I hope to provide these talented individuals the tools to get the most out of nursing school and to become excellent care providers, policy makers, educators and researchers."

RESEARCH CORNER

The Least Restrictive Continuum

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Expanding the Least Restrictive Continuum in Mental Health Practice

Abstract

The immediate safety of patients and the short and long term effects of violence have guided this research to reduce the utilization of restraints within the Department of Mental Health at South Jersey Healthcare. During 2006 all nurses and their support staff were trained in the concepts of the Non Violent Crisis Intervention Program (NVCIP) of the Crisis Prevention Institute (CPI). In January 2008 departmental psychiatric code teams were established and code team members were provided with hand held two way radios. The Moore Safety Code Team Performance Tool (TOOL) was developed to provide code team performance measures that guide trainings and resource allocations. The TOOL quantifies mandated benchmarking along the least restrictive continuum. By applying total quality management to the psychiatric code team training approach the departmental efforts became responsive to performance. The TOOL reported a 70 percent reduction of restrictive interventions immediately following the CPI training and the psychiatric code team formations. The department restraint per patient day ratios fell over 60 percent during the same fifteen month period. This is a quantitative psychiatric nursing research initiative that confirms a pathway to restraint and injury reduction.

Background

During the calendar year of 2005 the Department of Mental Health at South Jersey Healthcare (SJH) experienced an increase in restraint utilization when compared to 2004. An analysis of this trend suggested that SJH's mental health programs were serving more and younger clients. There was also a significant rise in clients presenting with co-occurring substance abuse and mental health issues. This was accompanied by a rise in cases presenting in the Emergency Department involving the police. In 2005 SJH's inpatient unit's were utilizing restraint during 01% of the hours of operations; yet 50% of the employee injuries occurred while restraint were being utilized. The Department of Mental Health conducted an extensive literature review in reaction to the potential for increase violence and the associated risk of injuries.

Ryan, Hart, Messick, Aaron, and Burnette's (2004) research of 111 patients who were hospitalized during a two month period and all 140 employees at four-inpatient psychiatric hospital for children and adolescents, displayed foremost that physical assault against staff in child and adolescent psychiatric settings can be frequent and problematic. Included in the conclusions of this study is an admission that the understanding of why youths assault staff at psychiatric hospitals could not be validated by the collected data. This suggests a more complex picture that there are many shades of dangerousness. The study went so far as to warn that, "staff employed in psychiatric facilities may be in as much or greater danger of assault than staff in correctional facilities." (Ryan et al. 2004, p.68) The study's conclusion validates the risk associated with violence, but does this risk correlate with a rationale that permits restraining patients? Do seclusion and restraints prevent injury?

Although the utilization of restraints and seclusion has come under intense scrutiny in recent years, attention to the use of restraints and seclusion is not new. The American Psychiatric Nurses Association (APNA) (2006) displayed the vast boundaries of this public debate by reviewing professional journal articles published over the past sixty years in which psychiatrists conclude that restraints could never be eliminated in the inpatient setting. The APNA's (2006) position is that the utilization of restraints to improve patient safety is not grounded in research. The rationale for the utilization of physical restraints can only be an ethical rationale by displaying their

effectiveness in preventing injury and reducing agitation, both within the individual patient and for those around the patient. Simple restraint benchmarking will never provide the data to validate physical restraints. Finke's (2001) review of the literature concerning restraints went beyond the APNA position when he concluded that not only are restraint and seclusion not therapeutic, they are indeed harmful to patients. Bower, McCullough and Timmons (2003, p.1) concluded that the health care industry's indecisive position displays the need for "prospective controlled research," while recommending continued pursuit of training that reduced restraint utilization by improving interventions that are less or least restrictive.

The position of reducing restraints but recognizing their necessity is mirrored by the International Society of Psychiatric-Mental Health Nurses (ISPN) (1999). The ISPN (1999, p.1) state that all patients receive ongoing assessments of their behavioral problems as related to identification of biologic precipitants to their behavior and other environmentally specific triggers. This should be accompanied by evaluation and identification of any other influencing factors including patient's "developmental levels, history of trauma, specific cultural needs, and co-morbid illnesses. Flexibility in adapting the environment (physical setting, functional equipment, provider response) is mandatory to ensure safe and effective care for the least amount of time necessary to help patients regain control over their behavior" (ISPN, 1999, p.1). This again reinforces the least restrictive concept, while validating the need for the use of physical restraints.

Jonikas, Cook, Rosen, Laris and Kim (2004) initiated a program that assessed patient's stressors and motivators, while training staff in crisis intervention. Immediately following implementation of the program, physical restraint rates declined drastically and remained low. The training program utilized was presented by the Crisis Prevention Institute (CPI) and is titled Non-Violent Crisis Intervention Program (NVCIP).

The NVCIP training manual (2005), reports that the purpose of the NVCIP is to prepare individuals to recognize and de-escalate potentially violent individuals. The philosophy of the program is to provide the best care, safety, and security at any given moment to the individuals in one's charge even in violent moments. The program is designed to provide the same care, safety and security to the participants as they learn the skills and techniques during the training. The NVCIP is initiated by an institutional designed "team teaching" education experience with various instructional strategies utilized to maintain interest and reach individual's different learning styles.

The APNA validates several components of the NVCIP by promoting the use of restrictive measures with patients in the early stages of a budding incident. The development of a therapeutic relationship is considered to be the single most effective intervention in reducing the use of restraints and seclusion. Ryan et al's (2004) data revealed a significant increase of violence during a patient's first week of hospitalization within the psychiatric unit. Although patient stabilization has many factors this data does give credence to importance of the employee/patient relationship. As patients are becoming agitated or otherwise negatively focused, caregivers can use less restrictive measures including "verbal and non-verbal communication, reduced stimulation, active listening, diversionary techniques and limit setting" (APNA, 2006). These concepts in their entirety are included within the NVCIP and are role-played throughout the training experience. The NVCIP promotes the effectiveness of empathy, while helping individuals recognize the assessment and listening skills necessary to be empathetic.

Research over the past 10 years supports the direct implementation of NVCIP and supports the core components of the training program. Using 146 observations within the framework of the 51-item CPI instrument used for statistical analyses, Jambunathan and Bellaire (1996, p.541) conclude that "staff use of NVCIP techniques was effective in resolving crises in 84.2% of the episodes observed and over a wide variety of diagnostic and functional levels." Jonikas, Cook, Calabro & Mackey's (2002, p.819) evaluation of the NVCIP displayed "measurable, positive effect on staff, thereby contributing to an improvement in the environmental safety at the facility" and went on to strongly suggest further quantitative evaluation to validate this conclusion. The recommendations of this study were that administrators must support the ongoing evaluation of violence prevention training by requiring testing of staff to determine internalization, and a reliable incident report system to permit statistical analysis and provide injury trends over time.

Donat's (2003) research clearly reinforces the importance of a strong review process and administrative involvement. This study extending over a five year period reported a seventy-five percent reduction in occurrence of restraint episodes with only one significant independent variable related to this significant outcome. That variable was "changes in the process for identifying critical cases and initiating a clinical and administrative case review" (Donat, 2003; p. 1119). Donat (2003) suggested that organizational structures and processes can be as important to the reduction in the use of restraint and seclusion as nursing practice and direct patient management needs.

Visalli and McNasser (2000, p.35) reported that Mohawk Valley Psychiatric Center used quality-enhancing measures to reduce the use of restraint and seclusion within that facility. Visalli and McNasser's (2000) work attributed this success to involving the "customer" in quality-oriented language, or the patient, in his own care. Hughes (2002, p.17) confirms this position from a polar perspective when he reports that a review of critical incident reports over recent years reveals that "in over 50 percent of the occasions when coercive measures were deemed necessary, there had been a preceding act of control by one or more staff members which led to escalating behavior by the consumer, followed by more intrusive intervention by staff."

The need for intensive training that promotes safety and respects human rights concerning the management of a psychiatric code is clearly displayed throughout the literature review. For employee training to effectively lead to change in the care culture, the benefits of the effort must be displayed in a clear transparent manner. According to Porter and Teisberg (2004) the business of healthcare requires that the expenditures of high-quality training yields net benefit, rather than net cost. To create a process to further display the value of psychiatric code team training requires analysis beyond mere restraint occurrence. Exploring the relationships with the injuries that occur during psychiatric codes and the application of the least restrictive continuum will provide additional data that will allow for a more complete assessment of employee responses to violence.

Research Objectives

The hypothesis of this work was that mental health code teams that receive additional instruction and training to facilitate communication, leadership and task proficiency will manage violence in a less restrictive and safer manner. The training program combined the empathy of Watson's (2006) Theory of Human Caring along with the assessment framework of the Neuman Systems Model and the perpetual components of Total Quality Management (TQM) (Neuman, & Fawcett, 2002) (Westbrook, 1993). The ongoing goal of SJH psychiatric code team training is to reduce physical and mental injuries by increasing awareness concerning interventions that reduce violence. The nursing benchmark data validates and guides future training initiative. A continual quality management cycle of evidence resulting in continual responses designed to improve safety is the combined goal of the research and associated evidence based trainings and departmental procedures.

Methods

Setting and Sampling Strategy

The collaborating agency of this study was the mental health department of South Jersey Healthcare located in Bridgeton, NJ. South Jersey Healthcare maintains a fourteen bed short term child and adolescent unit, a twelve bed intermediate adolescent unit and a twenty nine bed adult short term inpatient unit. The sample of this study included care providers who participate in the code team initiative. Employees that participated in this study completed the NVCIP successfully. Code teams include individuals from all three units with the individual unit charge nurses functioning as team leader of codes that occur within their assigned unit.

Instrument

The Moore Safety Code Team Performance Tool (TOOL) measures the level of restrictedness of the intervention utilized and injury occurrence. Four objective intervention events are rated, each on a four point scale. The need to form the code team and verbally deescalate the patient is assigned a risk factor of one, secluding a patient results in risk factor of two, physically holding a patient receives a risk factor of three and restraining a patient results in a risk factor of

The Least Restrictive Continuum

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four. The risk factor is multiplied by the minutes of each restrictive intervention applied. Each injury occurrence results in a 100 point addition to the code score. Injury is defined as harm done to a person physically, regardless of intention to harm. Soreness, bruising, loss of function, and related duty limitations are all injuries. Whole number scores are tallied and ratios created concerning total scores over total codes. The lower the TOOL score the less restrictive the intervention. The content of the simplistic and objective rating criteria was based on the review of current literature. The TOOL was developed specifically to enhance this research effort by providing a continual objective numerical rating, which allows for gap analysis. Gap analysis allows for rapid recognition of patterns of escalated restrictive interventions. This gives direction for the administrative review process, employee training objectives and care plan revisions.

Procedure

In January 2005, six employees became CPI certified instructors. The initial staff wide training occurred during a period of service expansion as the twelve bed intermediate adolescent unit opened in the spring of 2006. By May 2006 all inpatient nursing employees were successfully certified in the NVCIP. The Institutional Review Board (IRB) of SJH reviewed the training initiative and approved piloting the TOOL. The IRB recognized that the training program was a sound evidence based initiative that would not require specific patient consent to implement. In October 2007, three trainers attended CPI advance team training that highlighted the risk reduction of coordinated team engagements. On January 15th 2008 code teams with assigned employees from all three inpatient mental health units began responding to silent codes in a coordinated pre determined manner. May 10, 2008 the pilot recommendations concerning the Moore Safety Code Team Analysis Tool were implemented and the departmental benchmarking data for the past four years was analyzed.

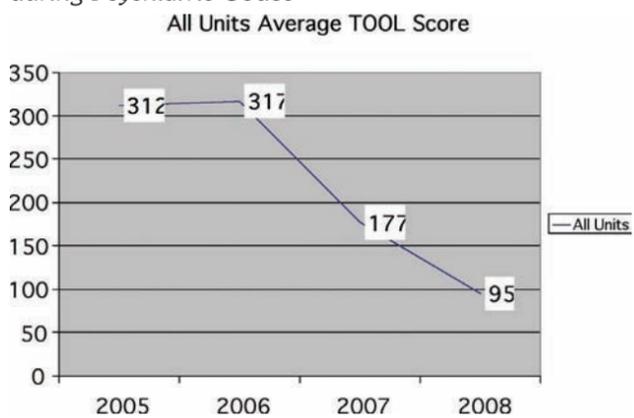
Results

The data list below represents the Moore Safety Code Team Analysis Tool average scores. The combined score suggests a 40 percent reduction of restrictive interventions in the year following total CPI staff training (2007). Another 30 percent reduction of restrictive interventions occurs in the 1st quarter of 2008 following initiation of our psychiatric code teams. The total drop in restrictiveness when comparing 2005/2006 to 2008 suggests a total reduction of nearly 70 percent.

Table 1: Restrictiveness of Interventions Applied during Psychiatric Codes

	AMHU	CCIS	IBCU	All Units
2005	300	327		312
2006	392	256		317
2007	431	140	96	177
2008	196	62	33	95

Figure 1: Restrictiveness of Interventions Applied during Psychiatric Codes

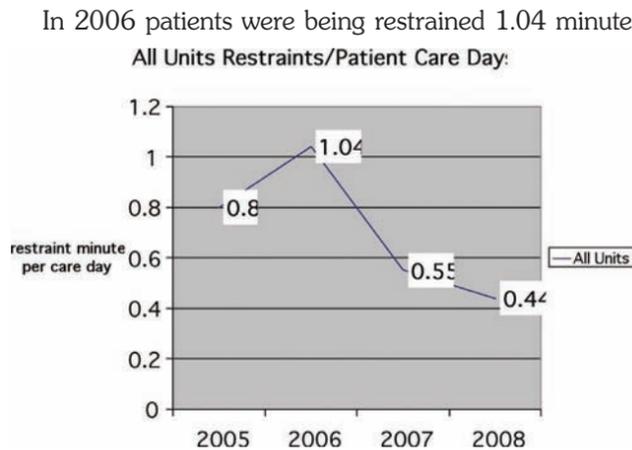


Interventions applied by employees once a psychiatric code and the injuries that occurred following these decisions were the objective definers of restrictiveness. The TOOL weighs interventions and injuries to provide a raw numeric score for each code reflective of the entire restrictive continuum. The benchmarked data provided validity of the Moore Safety Code Team Analysis Tool and the associated CPI and code team initiatives. Beyond the TOOL score there are clear benchmarked data that validate the training efforts and TOOL results. Consider the ratio of restraint to patient care day data listed below.

Table 2: Minutes of Restraint Utilization over Patient Care Days

	AMHU	CCIS	IBCU	All Units
2005	0.64	1.1		0.8
2006	0.94	1.1		1.04
2007	0.67	0.77	0.16	0.55
2008	0.58	0.53	0	0.44

Figure 2: Minutes of Restraint Utilization over Patient Care Days



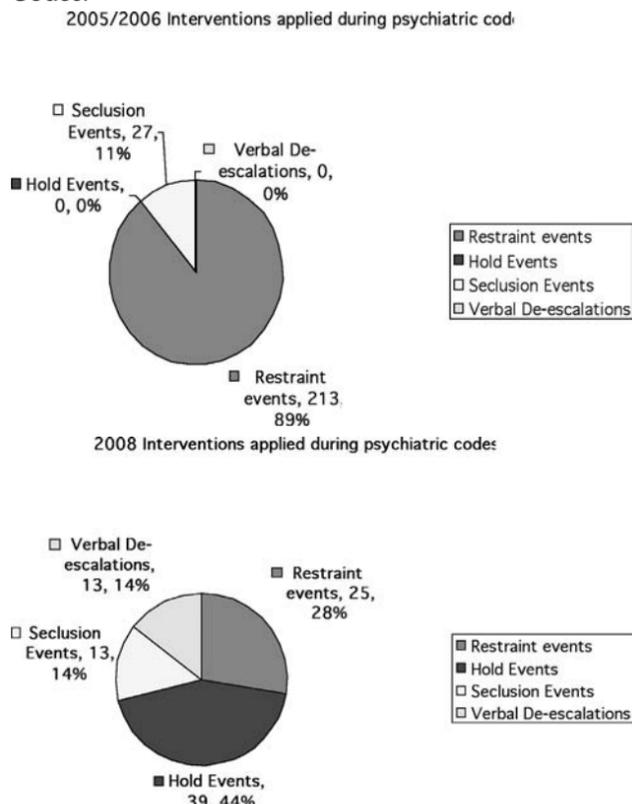
In 2006 patients were being restrained 1.04 minute for every care day provided. In 2007, following CPI training, this number dropped to .55 minutes per patient care day. In 2008, following the code team initiative, the restraint utilization dropped to .44 minutes per patient care day. This represents a 60 percent drop in restraint utilization.

Further evidence concerning code performance is exhibited by the code teams recognizing less restrictive safer interventions. This is displayed by the code team intervention mix below.

Table 3: Interventions Applied during Psychiatric Codes

	Restraint Events	Hold Events	Seclusion Events	Verbal De-escalations
2005	97	0	14	0
2006	116	0	13	0
2007	80	73	67	0
2008	25	39	13	13

Figure 3: Interventions Applied during Psychiatric Codes



In 2005/2006 restraints were utilized during 89% of psychiatric codes. In the first quarter codes of 2008 holds were utilized 44%, restraints 28%, seclusion 14% and 14% of the codes were resolved without any restrictive interventions.

While the occurrence of injuries has always been rare concerning SJH code performance, the work culture changes that encourage earlier silent codes and frank debriefings encourage injury reporting. Data suggest that injuries have remained flat despite a considerable rise in patient care days and codes.

Table 4: Injuries that Occurred during a Psychiatric

	AMHU	CCIS	IBCU
2005	0	2	
2006	0	3	
2007	1	2	1
2008*	0	2	0

**Projected from 1st quarter

Table 5: Patient Care Days (PCD) and Psychiatric Codes

	PCD	Codes
2005	10270	111
2006	10850	156
2007	12746	220
2008*	15100	360

**Projected from 1st quarter

Conclusion

This research introduces a quantitative analysis of an, evidence based, safety initiative, designed to improve the management of violence within the psychiatric inpatient setting. This approach provides a theoretical framework that facilitates the ongoing development of evidence based interventions. This evidence guides the training and future patient centered interventions. CPI training and the code team initiative have reduced physical restrictive interventions considerably. The TOOL provides instantaneous feedback concerning entered benchmark data. This TOOL provides a standard approach that could be replicated. The simplicity of the TOOL facilitates insight as employees consider intervention options along the least restrictive continuum. Beyond the attained objective of displaying the effect of code training, the Moore Safety Code Team Performance Scale will continue to provide data for further statistical analysis of variables within the care environment.

Applying the concepts of TQM will drive the development of and on-going use of evidence based initiatives. Demographic categories of patient's gender, age, diagnosis, or medications utilized, will allow for patient centered analysis that could lead to further research and specific care recommendations. Furthermore, ongoing analysis of code performance and restrictive interventions will provide insight toward future training and code team efforts. This research effort displays the rigor required for nursing care and an analysis concept that provides the quantitative language necessary to define standards that measure excellence. The TQM approach is expansive and involves a multitude of potential applications. The safety and security elements of this topic demand the ongoing scrutiny and rigor developed by this research and training effort.

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2009 New Jersey Nursing Convention Call For Abstracts

Deadline: November 7, 2008

All Submittals Must Abide By The American Nurses Credentialing Center's Commission On Accreditation Criteria. There Will Be No Exceptions.

Due To Our Convention Issue Deadline There Will Be No Exceptions For Late Submittals Of Abstracts

Submitted For: (Select Appropriate Category)

- ◆ POSTER
- ◆ CNE Breakout Session

THEME: **"Nurses Empowered Through Knowledge and Experience"**

The Institute for Nursing and the New Jersey Nursing Convention Committee invites you to submit an **"Abstract"** to be considered for presentations at our 2009 New Jersey Nursing Convention. This conference will focus on current identified areas of professional practice and life issues that nurses encounter today.

The New Jersey Nursing Convention Committee consists of 14 members from the New Jersey League for Nursing (NJLN) and the New Jersey State Nurses Association (NJSNA). The committee has selected a Convention theme based on current issues as well as what will appeal to our nursing audience. This year's theme is **"Nurses Empowered Through Knowledge And Experience."**

A "Call for Abstracts" is announced to both **NJLN and NJSNA members**. The abstract form is available on both websites; www.njln.org and www.njsna.org. Anyone who is interested in presenting a "Presentation" or "Poster" at the convention may submit a completed form for consideration.

Our convention committee looks to the Convention's main speakers, keynote and luncheon presentations, to address the theme.

The educational component is planned, presented and evaluated by the "Institute for Nursing Provider Unit" which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Institute for Nursing Provider Unit takes into account the educational needs of a multitude of nurses to ensure that sessions are well rounded to appeal to nurses from all settings. It is also mandatory that the Institute for Nursing ensures that all activities meet the criteria established by the American Nurses Credentialing Center's Commission on Accreditation. Dr. Ann Curley, Director of Education, Institute for Nursing Provider Unit, will work directly with those applicants that have been selected to participate in the 2009 New Jersey Nursing Convention. Education tracks include administration, clinical, advance, education and general.

Abstracts will be reviewed for presentations and posters, but not all abstracts will be selected.

Instructions For Abstract Submission

- 1) All submissions should be mailed to Debra L. Harwell, Associate Director, Institute for Nursing, 1479 Pennington Road, Trenton, New Jersey 08629.
- 2) All submissions should include: name of person submitting abstract, phone number, and email contact information.
- 3) Abstracts that are emailed should come directly to deb@njsna.org. Include in the body of the email: name of person submitting abstract, phone number, and email contact information. The subject line should read: Call for Abstract. The abstract submission must be an attachment to the email, not placed in the body of the email.
- 4) The abstract will consist of the following section headings:
 - Abstract Title
 - Author(s) Full Name and Credentials
 - Position Title
 - Name of Institution/Organization Affiliation
 - Learning Objectives/Expected Outcomes
 - Description of Program, Project or Document
 - a. Background, Purpose, Methods, Results/Outcomes and Implications of Practice
- 5) This form must be completed in its entirety because all information provided will be used for marketing purposes.

6) Dr. Ann Curley, Director of Education, Institute for Nursing Provider Unit, will contact those applicants who have been selected to participate in the 2009 New Jersey Nursing Convention to ensure that each abstract abides by the American Nurses Credentialing Center's Commission on Accreditation

The mandatory time slots for poster presenters will be Thursday, March 26, 2009 from 8:00 a.m.-12:30 p.m. and 2:15 p.m.-5:00 p.m., and Friday, March 27, 2009, 8:00 a.m.-11:30 a.m.

We offer a 4' x 8' panel, horizontal, standing cork board for your poster presentation. Please note the following criteria for **ALL** poster presenters:

- No Table-tops will be available or provided;
- If you are doing a slide presentation, slides should be posted at eye level;
- Your educational material must be created to fit within the allotted dimensions of the poster board;
- Thumb tacks are needed to attach materials (Please bring your own);
- Boards are not fabric covered so Velcro cannot be used;
- Poster placement locations will be assigned by the Exhibit Coordinator;
- ALL POSTER PRESENTERS MUST SIGN IN AT THE EXHIBIT REGISTRATION TABLE.

The limit is **Two Speakers Per Poster Presentation** or **CNE Breakout Session**. The presenters receive an honorarium of one free convention registration for only one speaker per poster or session. If more than one speaker, the value of the registration can be shared.

It Is Imperative That All Information Requested Be Completed In Detail Or The Abstract Will Not Be Considered For Review. (Please Make Sure That Writing Is Legible)

Abstract Title: _____

Author(s) Full Name And Credentials - Must Be Completed

Name (1) _____

Name of Institution/Organization/Affiliation _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

(W) _____

(H) _____

Email Address: _____

Name (2) _____

Name of Institution/Organization/Affiliation _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

(W) _____

(H) _____

Email Address: _____

PURPOSE AND GOAL: _____

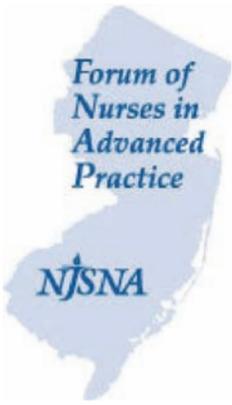
IMPLICATIONS: (How this program will impact, affect, or improve the participant's practice) _____

INTENDED LEVEL OF AUDIENCE:

_____ Basic or _____ Advanced

For more information contact Debra Harwell at 609-883-5335 (x19) or by email at deb@njsna.org or send to Institute for Nursing, 1479 Pennington Road, Trenton, NJ 08618.

Objectives By the conclusion of the session participants will:	Content (Topic)	Time Frame	Presenter(s) (Include credentials)	Teaching Strategies



New Jersey State Nurses Association: Forum of Nurses in Advanced Practice (FNAP)

Presents...

Third Annual Fall Continuing Education Program:
Update on Diabetes Management and Wound Care

Saturday November 15, 2008

Patricia Munz, APN, President of Garden State Diabetes Educators and

Joy Schank, APN, Certified Wound, Ostomy, Continence Nurse

Location:

Holiday Inn, Tinton Falls, NJ
(Exit 105 off Garden State Parkway 732-544-9300)

***Registration 7:30–8:00
Program 8:00 to 2:30 pm**

Registration fee includes Continental Breakfast and Buffet Lunch

- NJSNA FNAP members \$110
- Nonmembers \$150

Please register online at www.NJSNA.org, click on CALENDAR and enter date or mail a check payable to FNAP to: Eileen Davies, 29 Raymond Avenue, Rutherford NJ 07070

You will NOT receive a confirmation. Your cancelled check or your online receipt will serve as confirmation.

*Deadline for registration is Friday, November 7, 2008

Contact Hours have been applied for through the New Jersey State Nurse Association, an approved

provider of Continuing Nursing Education by the American Nurse Credentialing Center

Please register me for the 3rd Annual FNAP Fall Continuing Education Program

Name _____

Street Address _____

City/State/Zip _____

Home Phone _____

Home Email _____

Work Phone _____

Work Email _____

NJSNA/FNAP Member \$110
Non-Member \$150

Payment Method: _____

Credit Card Number _____

Expiration Date _____

3-Digit Security Code _____
(from back of your card)

Check or Money Order made payable to:
NJSNA/FNAP

Mail to:
Eileen Davies
29 Raymond Avenue, Rutherford NJ 07070

You will not receive a confirmation. Your cancelled check will be your confirmation.

Eight Trinitas Hospital Nurses Receive Nursing Excellence Awards

Elizabeth, New Jersey At a reception during the annual observance of National Nurses Week, Trinitas Hospital presented Excellence in Nursing Practice Awards to eight of its nurses, licensed practical nurses, and nursing assistants. Awards of Excellence were given in Clinical Care, Innovation, Mentoring, Commitment to Caring, Leadership, Psychiatry, Licensed Practical Nurse and Nursing Assistant.

At far left is Gary S. Horan, FACHE, President & CEO, Trinitas Hospital, and at far right is Bernadette Countryman, Senior Vice President of Clinical Operations and Chief Nursing Officer, who congratulated the award winners, from left, Ruth Ford, LPN, (Excellence in Licensed Practical Nursing; Pat Mawnis, RN, (Excellence in Clinical Care); Patricia "Tiny" Alicea, (Excellence in Nursing Assistance); Kim Mc Kinney, RN (Excellence in Mentoring); Tim Clyne, RN, (Excellence in Commitment to Caring); Catherine Fidelino, RN (Excellence in Psychiatric Nursing); Elizabeth Navarro, RN, (Excellence in Innovation), and Carmen Mercado, RN (Excellence in Leadership).



50/50 Raffle

hosted by the Institute for Nursing

- 25% of proceeds = First Prize**
- 15% of proceeds = Second Prize**
- 10% of proceeds = Third Prize**

Cost of ticket is \$10

Drawing will take place at the NJ Nursing Convention in Atlantic City on
March 26, 2009 between 3:15 p.m.–4:15 p.m.

Must be present to win. Make checks payable to: **Institute for Nursing**

Mailing Address: **Institute for Nursing
50/50 Raffle
1479 Pennington Road
Trenton, NJ 08618**

For more details, contact Debra Harwell at 609-883-5335 x19 or Randi Basnight at 609-883-5335 x12

Support the Foundation!

The mission of the Institute for Nursing is to advance the profession of nursing and the communities we serve through scholarship, research and education. The Institute for Nursing is the public 501 [c] 3 not for profit foundation of the New Jersey State Nurses Association established in 1988.

The Institute develops, implements and funds innovative programs and projects influencing the practice and future of nursing professionals. Proceeds from this event contribute to the success of the Institute's educational endeavors, scholarships, and grants that assist nurses throughout New Jersey in their quest to provide the best possible care to the people of New Jersey.

Become a member of NJSNA

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

*... and start enjoying
 the benefits of
 membership!*

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- Free subscription to the NJ Nurse
- E News, Legislative Bulletins and Alerts
- Members-only practice consultation with professional staff
- Nurse lobbyist in Trenton working for you
- Valuable perks and benefits for you and your family
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DUAL Membership—NJSNA & ANA

- All the benefits of NJSNA Direct membership PLUS
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- Code of Ethics for Nurses/Standards of Practices
- Government relations, advocacy, lobbyists working for you on Capital Hill
- Effective strategies to move the nursing profession in the right direction
- Opportunity to hold elected office at both state and national levels



Call (609) 883-5335 ext. 13 or
 Log on to www.NJSNA.org

Membership Application

** Only RNs eligible for membership*

Referred By: IFN Newsletter

First Name _____ Last Name _____ Credentials _____

Home Street Address _____ County _____

Home City _____ Home State _____ Home Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

Employer Address _____

Employer City _____ Employer State _____ Employer Zip _____

Email Address (Required) _____

License No. _____

Type of Membership

- Dual (State & National) \$298.00
- Direct (State Only) \$130.00

7% of your NJSNA annual dues is a voluntary contribution to the Interested Nurses Political Action Committee. You may choose to decline to contribute

I decline, redirect this portion of my dues to the General Fund

Voluntary Institute for Nursing Donation

- \$25.00
 - \$50.00
- Thank you for your donation!*

Union Status

- I am a union member
- I am NOT a member of a union

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- MasterCard
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- AMEX

Credit Card Authorization

Card No. _____ Security Code _____ Expiration _____

Signature _____ Printed Name _____

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