Please be sure to notify us with address changes/corrections. We have a very large list to keep updated.

If the nurse listed no longer lives at this address—please notify us to discontinue delivery. Thank You!

Please call (603) 225-3783 or email to office@nhnurses.org with Nursing News in the subject line.
WANTED! WANTED! WANTED! WANTED! WANTED! WANTED!

Associate Editor of the New Hampshire Nursing News

Associate Editor assists the Editor and the Executive Director in producing four issues of the New Hampshire Nursing News yearly. Must be a registered nurse, and NHNA member. Prior writing and editing experience desirable, but not required. Must be able to meet deadlines. Key quality is understanding of current and future nursing issues and desire to be a voice for nursing in New Hampshire. This volunteer position will be open until filled.

Send letter of interest to Avery Morgan at avery@nhnurses.org

PERDIEM STAFF WANTED FOR SNF, LTC & ASSISTED LIVING - All Shifts

Previous experience and flexible schedule a must!

Send resume and cover letter to: Webster at Rye Human Resources
795 Washington Road
Rye, NH 03870
Or email to info@websteratruey.com
Please no calls/walk-ins.

WANTED! WANTED! WANTED! WANTED! WANTED! WANTED!

Associate Editor

We are currently hiring for various positions:

- Registered Nurses (Medical/Surgical) – full-time and Per Diem positions available
- Registered Nurse – Infusion/PACU
- Licensed Practical Nurses
- Registered Nurse – Off-Tour Nurse
- Nurse Practitioners – full-time positions in White River Jct, VT
- part-time positions in Newport & Rutland, VT

Employment at the VA Medical Center affords future members very competitive salaries and a comprehensive federal benefits package, with the key benefits of health care and life insurance coverage which continues into one’s retirement.

For more information and how to apply for any of the positions above, please go to www.usajobs.gov

If you have any questions, please call Human Resources at (802) 295-9363 Ext. 5300.

The Department of Veterans Affairs
Medical Center,
White River Jct., VT is an Equal Opportunity Employer.

“Caring for Our Nation’s Veterans”

---

Membership Myths & Misconceptions

Continued from page 1

“NHNA must have thousands of members–they don’t need dues or help from me.”

Sadly–not true. Similar to public TV or radio which benefit all listeners whether or not they are paying members, NHNA provides information, political advocacy and other services which benefit all NH nurses, but receives financial support from only a small percentage.

“I don’t need to be a member – someone else will take care of all that.”

To those you work with–you are ‘someone else’. If membership dwindles NHNA will not be able to continue providing events and services at current levels. As it increases–the more we can offer and accomplish.

“The NNA is a union organization.”

NHNA is not a collective bargaining unit. We promote ‘workplace advocacy’–creating supportive work environments for nurses through informational tools, training and lobbying on health policy.

“NHNA is made up of all nurse managers–they don’t represent staff nurses.”

Our membership- and elected leadership–include a wide range of nurses from new grads and other direct care staff to managers, educators, and retirees.

“NHNA is only interested in hospital nurses and policies.”

The association, since its founding in 1906, has supported and advocated for all registered nurses in NH–in all work settings–and across all nursing specialties.

Kudos

Congratulations to St. Joseph’s Hospital nurse Paula Drake, APRN, of Nashua, who was presented the St. Marguerite d’Youville Award for 2012. The award is given annually to an employee who excels in living the mission of St. Joseph Healthcare as handed down by St. Marguerite d’Youville, the founder of the Grey Nuns of Montreal. The recipient provides services above the scope of normal responsibilities. Drake is a nurse practitioner in the Cancer Center. For more than 23 years, Drake has helped guide oncology patients through the challenging times of cancer diagnosis and treatment.

Kudos to critical care nurse Deb Thompson and occupational health nurses Susan Scheinman and Linda March of Speare Memorial Hospital. The group organized the Warm Hearts, Warm Hands tree just inside the Emergency Department while volunteers loaded up the tree with hats, mittens and scarves. The items were offered to patients not dressed for the winter holidays.

Congratulations to Exeter Hospital on receiving MAGNET designation.

---

VISION STATEMENT

Cultivate the transformative power of nursing. Adopted 10-20-2010.

MISSION STATEMENT

NHNA, as a constituent member of the American Nurses Association, exists to promote the practice, development and well being of NH nurses through education, empowerment and healthcare advocacy. Adopted 10-20-2010.

Published by: Arthur L. Davis Publishing Agency, Inc.
Is Nursing Ready for its Own 'Spring?'

Judith Joy, PhD, RN

Not a day goes by that I don’t hear or see some message about a ‘spring’ somewhere. Countries are existing leaders, businesses are rethinking their roots and segments of our population are reinventing themselves. The human desire for self-determination is a strong motivator. So how about nursing? Does nursing need a ‘spring?’ Are we ready to take the reins of our profession yet again and revolutionize our place in the health care world?

As an observer of trends, it is my belief that it is time for a nursing spring – if we seize this opportunity – for opportunity it is – we will position our profession and ourselves personally to move successfully into the future. We will not only be sitting at the table when important decisions about our work is made, we will be invited as valuable colleagues. So why is now the time? What is in front of us that demands we take action? Let me explain what I see with a brief wander down memory lane.

Early in my career I witnessed dramatic changes in the social and economic position of nurses in this country. In that movement nurses collectively sued the city and county of Denver for a pay scale that was less than, of course, tree trimmers. Although pay was the battle instance, a ‘Pay Nurses More than Tree Trimmers’ campaign led to the calling of clinical specialists then, no nurse practitioners) to hand in their licenses and become physician’s assistants. At that time, by New York State law, becoming a physician’s assistant did not require an undergraduate degree, just supervised practice with a physician following a period of classroom preparation. Physician’s assistants with this preparation had prescriptive and ordering authority; nurses with master’s degrees did not. Driscoll’s ironic statement prompted the Association to propose legislative action providing nurses with advanced preparation similar authority and autonomous practice. They were successful in those efforts because they were supported by a public convinced that advanced practice nurses had worth.

These historical moments have incredible relevance to our situation today. In the last nursing news I congratulated us on being selected, again, as the most trusted health professional in the country. In my message I suggested that your professional associations, NH Nurses’ Association among them, contribute significantly to establishing and protecting that trust. It is, of course, through the professional nurses of our state that the public learns first hand of our standards, our ethics and our commitment to advocacy. Each and every one of you is the face of nursing and how the public knows of our worth. For our public to continue to support us, for them to be willing to pay for staff so we are fulfilled in our work (instead of burnt out), for nurses to be respected as regarded colleagues, we must have standards to meet and ethics to live by. It is not enough that you, individually have standards and are ethical, we collectively must have them. And here is the crux – we must have strength to enforce them.

Nurses throughout our country today are discovering what laborers observed over a century ago, people working together toward a common goal can be powerful. As the child of a lifelong auto worker I understand the value of collective action and know that strength in numbers is more than a cliché. Unions (there, I said the word) of the past were successful because the community felt their causes were just. Today, it has become apparent to communities that some union causes may be borne of self-interest, unions are experiencing erosion of the support they once enjoyed. It is true that NH has never been a union state and I am not advocating we become one. It illustrates, however, that collective strength does not flow only from asserting group action it flows from our public. We may be successful today only if we acknowledge the need for a true professional collective that establishes and enforces standards and ethics our public finds worthy. Unions, no matter how committed to nurses and nursing, are unable to be that force. We need a professional organization.

Recently, the NH Nurses Association was invited by the Honorable Laurie Harding to participate in orienting the Health and Human Services and Elder Affairs Committee of the NH House of Representatives to the health care community. Rep. Harding, Vice Chair of the Committee, is a nurse and a great friend of nursing and the health care public. We provided an introduction to the NH nursing community and expressed our commitment to assisting the legislators in making the difficult decisions ahead. We were represented by one individual, a volunteer. The NH Medical Society was represented by three full time paid staff members who shared with the Committee that 60% of the practicing physicians in NH were members. We did not share the percentage of nurses who are members – and, sadly, I do not feel comfortable doing so now.

The intent of mentioning this occasion is not to guilt you into becoming a member (well maybe a little) but to make it obvious that we do not have the strength we need to represent you in the way you deserve. We work hard, but we need you. There are times in life when all you can do is support your profession with membership dues. If now is that time, please join and we’ll be here for you. If you are ready to be there for your nursing colleagues, join and we’ll welcome your active participation.

April, May, June 2013

New Hampshire Nursing News • Page 3

Chamberlain College of Nursing | National Management Offices | 3005 Highland Parkway | Downers Grove, IL 60515 | 888.556.8CCN (8226)
Comprehensive program-specific consumer information: chamberlain.edu/academicprograms • *The Bachelor of Science in Nursing degree program and the Master of Science in Nursing degree program are accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202.887.6791. **The accelerated Bachelor of Science in Nursing (BSN) degree program can be completed in three years of full-time study instead of the typical four years with summers off. ©2013 Chamberlain College of Nursing, LLC. All rights reserved.
Did you have someone you considered to be a mentor in your career? Or wish you had one?

You’ll find various definitions of mentor/mentoring: trusted counselor / guide or advisor; an “influential senior sponsor or supporter”; or the particularly formal: “a developmental partnership through which one person shares knowledge, skills, information and perspective to foster the personal and professional growth of someone else.”

But it’s really as simple as the quote above from the 13th century poet Rumi. We can all at some time be a lamp to light the way for another; a lifeguard for someone “in over their head” or otherwise really struggling; and/or a ladder to give someone at least a bit of leg up – if not several rungs upward on their journey.

In preparation to launch a much-requested NHNA mentoring program, we put out a call for members with expertise to share – on either a limited or more extensive basis – and are pleased to introduce to you our first group of responders in this article. But this is not a closed circle. The application to become a mentor will remain on our website for others to join in!

LOOKING FOR A MENTOR?

(Also click on the mentor program link at our website)

These nurses are ready to hear from you!

Kim Cummings, BSN, MBA, RN, CRNN, (MSN in progress)
Director Inpatient Rehabilitation Services and D-200, Catholic Medical Center
Years in nursing: > 25
Contact Information: kcummingsoansel.edu
Member: Association of Rehabilitation Nursing
Specialties: rehabilitation, leadership and management
I have experience in mentoring at Catholic Medical Center and have mentored trainees. I am interested in mentoring in the areas of leadership and management as well as rehabilitation nursing. I am available for short term or long term mentoring relationships.

Francis Joe Desjardins, MD, BSN, RN-BC
Director, Nursing Practice and Education, Valley Regional Hospital
Years in nursing: > 25
Contact information: francis.desjardins@vrh.org; online forums
Specialties: Education, Professional Development, Training
Member: NHNA, ANA, Association for Nurse Professional Development
I have previous mentoring experience in the military and currently work as faculty at the Air Force Institute of Technology. I am interested in mentoring in professional development and online learning.

Kristina Dunn, MSN, CMSRN
Nurse Educator, Concord Hospital, 65 Years in Nursing: 10-15
Contact Information: kristina.dunn@gmail.com
Certifications: Medical-Surgical Nursing
Member: NHNA, ANA
In my current position as an educator I am frequently mentoring students and staff on my unit. I can do short or long term mentoring. I am open to mentoring in anything I have experience in.

Ann L. Fournier, PhDc, MS, MSN, RN, ACNP-BC, AHN-BC, CNE, CCE
Instructor of Nurse Practitioner Ansel College
Years in Nursing: 10-15
Contact Information: afournier@ansel.edu
Certifications: Holistic Nursing, Nursing Education
Specialties: Holistic nursing, med/surg, community childhood education, nursing education.
I am interested in mentoring in the following areas: holistic nursing, nurse practitioner education, nursing education, and parish nursing. I am available for short or long term mentoring relationships.

Jennifer Gagne, RN
Registered Nurse, Catholic Medical Center
Years in nursing: < 5
Contact Information: jennyve_0318@yahoo.com
Certifications: Cardiac surgical / Endoscopy
I am interested in mentoring in the areas of cardiac surgical and endoscopy. I am available for short or long term mentoring relationships.

Priscilla Hamilton, BSN, RN
Parish Nurse, Catholic Medical Center
Years in nursing: < 5
Contact Information: phamilto@cmc-nh.org
Specialty: Parish Nursing
I am interested in mentoring in the area of parish nursing.

Mary Ellen King, BSN, RN
RN Triage Nurse, Elliot Physician Network
Years in nursing: > 25
Contact Information: mking10@elliot-hs.org; online forums
Certifications: Pediatric Nursing
Specialty: Pediatrics
Member: NHNA
I am interested in mentoring for pediatric certification and nurses who are interested in changing their career path and leaving the bedside. I am also interested in mentoring nurses interested in integrative medicine. I am available for short term and long term mentoring relationships.

Deborah McCarter-Spaulding, PhD, WHNP-BC, RN, IBCLC
Associate Professor, Saint Anselm College
Years in Nursing: > 25
Contact Information: dmccarter@ansel.edu
Member: AWHONN, ILCA, ENRS
Specialty: Women’s Health, Childbirth
I am interested in mentoring in the areas of education (10 years experience) and women’s health/childbearing/breastfeeding. I am available for short term or long term mentoring.

Barbara McCrory, RN, CRNI, OCN
Clinical Educator, New England Life Care
Years in nursing: > 25
Contact Information: bcmccrory@necare.org
Member: ANA, ONS, INS
I have experience with clinical education and precepting. I am interested in mentoring in Infusion Therapy, Oncology as many people as I can in my free time to guide them. I am available for short term mentoring relationships.

Allison McLaughlin, BSN, BSN, MHS, NE-BC
Administrative Nursing Director for Medical Specialties, Neurosciences and Cardiovascular, Dartmouth Hitchcock Medical Center
Years in nursing: 15-20
Contact Information: allison.t.mclaughlin@hitchcock.org
Member: NHNA, AONE
I have always had a passion for mentoring. The reason I do what I do today is because of such special people like mentors in my life. Some formal and others informal. I have since made it my personal mission to mentor as many people as I can within the profession of nursing. As a nurse I enjoyed helping people, and today as a leader, I still enjoy helping people, (nurses) guiding, mentoring and exciting others about our profession. I am proud to be a nurse and I share this passion with others. We do very unique work that we need to tell more people about, encourage, support, guide, mentor and celebrate. It brings me joy when I have influenced others in their career choices, and help others find their special path using their skills and interests. Our profession is facing changes in the future and we need to be part of that, it is exciting, and offers allot of opportunities for many. My intent is to influence as many people as I can in my free time to guide them in the direction that they can most make a difference in others lives and at the same time allows them the satisfaction of loving what they do. I am available for short term and long term mentoring relationships.

Ann McLaughlin, BSN, MA, RN, NE-BC
Program Director, Magnet Program
School of Nursing, University of New Hampshire
Contact Information: ann.mclaughlin@unh.edu
Member: NHNA, ANA, AONE
Certifications: Nurse Executive Board Certified
Specialties: Leadership, Magnet Project Management
I have mentored nurses as they assume the role of chairperson for shared governance council. I have experience in staff leadership development and in mentoring individuals and organizations in applying for and maintaining ANCC Magnet recognition status. I am interested in mentoring in the following areas: shared governance, leadership development, magnet recognition, educational program development, as well as reward and recognition programs. I am available for short term or long term mentoring relationships.

Lisa Powers, MSN, RN
Nurse Informaticist, Diagnosis One
Years in nursing: 18
Contact Information: harwood62@yahoo.com
Member: NHNA, ANA, HIMSS, ANIA
Specialty: Informatics
I have mentored throughout my career in areas such as being a nurse, using clinical skills as a consultant, along with leadership and professionalism. Having worked in Staff Development, in the past, I value all healthcare professionals and have a desire to assist with
empowerment, growth and success in the healthcare workplace. I am also interested in mentoring in the area of career advancement. I am available for short term mentoring relationships and am willing to assist via internet, one on one, email, text and phone.

Mary Catherine Rawls, MS, BSN, RN-BC, ONC
Director of Nursing Practice and Education
Years in nursing: > 25
Contact Information: mary.catherine.rawls@hitchcock.org
Member: NHNA, NAON, Association for Nursing Professional Development
Specialty: Medical-Surgical Nursing

I have experience mentoring nurses for certification exams and masters level students in nursing education. I am interested in mentoring in the areas of nursing certification preparation (medical surgical, gerontology, & geriatric) and nursing professional development. I am available for short term and long term mentoring relationships.

Kathleen Schuler, MSN, RN
Faculty - Instructor, St. Joseph School of Nursing
Years in Nursing: > 25
Contact Information: kschuler@sjhnh.org
Member: NHNA, Sigma Theta Tau, Epsilon Tau At Large
Specialties: Education

I have had a very positive experience being mentored by a very knowledgeable college faculty member. I have worked with new faculty in the program that I teach. I have encouraged many of the nurses that I work with in the clinical settings to continue their education and to consider teaching. I am interested in mentoring in the area of nursing education, both clinical and theory. I am available for short term and long term mentoring.

Sheila Woolley, MPH, BSN, RN, NEA-BC
CNO/VP Patient Care Services, Wentworth-Douglass Hospital
Years in nursing: 15-20
Contact Information: sheila.woolley@wdhospital.com
Specialty: Administration
Member: NHNA, AONE, Sigma Theta Tau, NHONL
Certifications: Nurse Executive Advanced – Board Certified

I have previous experience in career counseling and nurses returning to school. I am interested in mentoring in shared governance and Nurse Executive Advanced-Board Certification. I am available for short term or long term mentoring relationships.
2013 Legislation

On January 23rd, NHNA hosted its annual Town Hall Forum to review this year’s proposed legislation with relevance to nursing and determine priorities for action by our Government Affairs Commission (GAC). For the second year, the session was offered at regional interactive videoconference sites to increase statewide participation. (Nashua, Concord, Keene, Laconia, Lebanon and Littleton.) Over 150 nurses attended.

Evening presenters broadcast from the Concord site: NH Hospital. NHNA President Judith Joy welcomed attendees and encouraged their active participation in both the legislative process and NHNA itself as the only professional association in NH advocating for the interests of nurses across all specialties. After the event Dr. Joy remarked “I am excited to testify so many times in just a few weeks.” The question of when decisions about nurses and healthcare are made. We have made a difference on key votes in the past and with this level of interest will continue to make a difference.”

GAC Chair, Lisa Carpenter, outlined the agenda and process for the evening. Participants were asked to keep three criteria in mind when discussing and selecting priority bills:

• The bill must be relevant to nursing and lend itself to advocacy through which nurses would have the greatest impact;

• Positions taken by NHNA should enjoy a consensus among the membership.

• Positions taken by NHNA should enjoy a consensus among the membership.

We were pleased with the attendance with the hope to bring this issue forward again.

Many of these bills have already been voted in Committee – we can report the following outcomes:

HB 217, increasing penalty for assault against a health care provider, was debated by the Senate Health and Human Services Committee on March 2nd. The bill, sponsored by Dr. Jean Proehl, was also represented by ENA Association. The Emergency Nurses Association (ENA), the bill’s community sponsor, was also represented by ENA Past President Jean Proehl. The Bill, unfortunately, has been retained in committee which effectively kills it for this session. We will be joining with the ENA again next session to bring this issue forward again.

SB 170, clarifying advanced directives, sponsored by NHNA member and legislator friend The Honorable Laurie Harding was heard before the Senate Health and Human Services Committee on March 3rd. Our lobbyist signed in support of the bill at hearing but it has not yet been reported out of committee.

HB 573, relative to including nurse in definition of medical provider with Board of Medicine, was heard before the Senate Health and Human Services Committee on March 2nd. The bill’s community sponsor, was also represented by ENA Association. The Emergency Nurses Association (ENA), the bill’s community sponsor, was also represented by ENA Past President Jean Proehl. The Bill, unfortunately, has been retained in committee which effectively kills it for this session. We will be joining with the ENA again next session to bring this issue forward again.

We were surprised, however, at the willingness of House legislators to establish this committee which they supported in a vote over a year ago. We will be following progress of the bill and, should the committee be empaneled, work with it to present balanced testimony from nurses.

We signed in support of HB 573, the medical marijuana bill, which was successfully reported out of Health and Human Services and Elder Affairs Committee on February 21st with an ‘ought to pass, amended’ recommendation. We will be following progress of the bill as it is presented to the House for a vote and it as it passes to the Senate for consideration. We will be keeping the membership apprised of the need for legislator calls and letters.

HB 659, increasing the tobacco tax, was heard before the House Ways and Means Committee on February 21st and was also successfully reported out of Committee with an ‘ought to pass, amended’ recommendation. Nurses throughout the state were amazed when the last legislature reduced the tobacco tax and are following this return to sanity move carefully.

We were unsurprised at the division around HB 403, studying end-of-life decisions, specifically assisted suicide. In particular, hospice nurses attending the Town Hall presented moving argument for greater focus on end-of-life symptom control and support verses assisted suicide. We were surprised, however, at the willingness of House legislators to establish this committee which they supported in a vote over a year ago. We will be following progress of the bill and, should the committee be empaneled, work with it to present balanced testimony from nurses.

HB 217 Acted as Deterrent to External Violence

While HB 217 may act as deterrent to external violence against nurses, it is also time we worked on our own internal issues. Black smoke. Another term used by Woodrow & Guest (2012) from England compared the consequences of public violence to staff harassment for wellbeing in a large sample of nurses. While both types of aggression were related to decreased levels of staff wellbeing, staff harassment had a stronger negative association with wellbeing than public violence. Bullying another nurse is worse than assault by a patient!

Bullying at work means harassing, offending, socially excluding someone or negatively affecting someone’s work tasks. Bullying is described in terms of frequency, persistence, hostility, and power. Frequency refers to the number of times per week bullying occurs; 1-2 times a week is considered bullying. Persistence refers to the duration of the time the bullying has occurred; the minimum exposure is six months. Hostility refers to the underlying negativity of the behaviors while power imbalance refers to the difference in power held between the target and the perpetrator. The power can take a number of forms including social, physical, or positional.

Bullying among nurses is often subtle. Gossip, personal jokes, giving someone the silent treatment, withholding information and the like are common behaviors. Bullying and harassment are an extension of the responsibility of all of us to be aware of and put a stop to bullying.

While there is no law or legislation against bullying, the Joint Commission requires hospitals to have a code of conduct related to disruptive behaviors and a process in place for managing such behaviors. Only Hawaii has enacted a resolution suggesting that employers implement standards of conduct and policies for managers and employees to reduce workplace bullying. But the mandate for good behavior of professionals cannot be authorized or legislated. It must be the responsibility of all of us to be aware of and put a stop to bullying. Like assault, bullying has negative consequences for the individual, the unit and the organization. Bullying has been shown to contribute to increased turnover and absenteeism, decreased productivity, and job dissatisfaction. Team work is negatively affected by bullying and affects the unit culture. Patient care is affected by the distraction and intimidation.


On Assault and Bullying

My Opinion

Susan Fetzer, PhD, RN

New Hampshire nurses do a lot of caring for the populace and visitors of New Hampshire. It is time that the populace care for nurses. In front of the citizen legislature this year, once again, is legislation which imposes an extended term of imprisonment for assault against a health care provider. In the past, if a nurse was punched, bitten, squeezed, kicked, slapped or otherwise abused by a patient or family member there were few if any consequences. Unlike legislation previously passed to protect ambulance personnel and firefighters, nurse assault has had few consequences. Yet the data indicate that nurses are assaulted at work on a par with prison guards and police protect ambulance personnel and firefighters, nurse assault has had few consequences. Yet the data indicate that nurses are assaulted at work on a par with prison guards and police.
Every year, National Nurses Week focuses attention on the diverse ways America’s 3.1 million registered nurses work to save lives and to improve the health of millions of individuals. ANA (American Nursing Association) is promoting "Delivering Quality and Innovation in Patient Care" as the theme for 2013. The ANA supports and encourages local National Nurses Week recognition programs during this special week which begins annually on May 6, RN Recognition Day, and ends on May 12, the birthday of Florence Nightingale. 

ANA, through its state and constituent member associations such as NHNA, advances the nursing profession by fostering high standards of nursing practice, promoting economic and general welfare, promoting a positive and realistic view of nursing, and lobbying Congress and the regulatory agencies on health care issues affecting nurses and the public.

Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

Some suggested ways to recognize the week:

- Hold a special celebration or reception to recognize a nurse or several nurses in your community. These nurses could be honored for heroic acts, years of service to the community, exemplary courage, or their commitment to the nursing profession over the years.
- Promote a positive, realistic image of registered nurses by sponsoring health fairs, conducting preventive screenings in underserved areas, organizing a walk-a-thon, etc.
- Invite a politician - local, state or federal - to accompany a nurse or several nurses at their place of employment for a day or part of a day. Health care remains an issue of tremendous importance to voters. Politicians should be visible and accountable for their positions on health care. This is a win-win situation and it offers good media coverage potential.
- Ask every nurse where you work to wear an "RN Pin" and/or nurse's uniform during National Nurses Week. The official "RN Pin" is available by calling 1-800-445-0445 (credit card orders only).
- Sponsor a community-wide event, such as a coloring contest or poem-writing contest for school children. The children could acknowledge their favorite nurse, a famous nurse, or family member who is a nurse - past or present - in a colorful drawing. The drawings could be displayed in local schools, hospitals, nursing homes, etc.
- Purchase promotional items for National Nurses Week (i.e., RN Pins, key rings, t-shirts, mugs, buttons, etc.)
- Host a press conference. Discuss an important health care issue in your community; release the findings of a local survey; honor a registered nurse for a heroic act; or bestow an "honorary" nurse title to a deserving politician or civic leader.
- Organize a free cholesterol and/or blood pressure screening in your local community and promote via radio announcements, flyers, posters, etc.
- Host a hearing before city council or hold a town meeting on nursing’s concerns about the recent trends in health care (nurses being replaced by unlicensed assistive personnel, safety and quality of care issues, restructuring,arser needle devices, etc.)
- Invite a local celebrity (one who has spoken about health care in the past; one who has personally been a patient of a nurse; or whose family member has been a patient) and request his/her sponsorship of National RN Recognition Day and/or National Nurses Week. Hold an event and ask him/her to speak about a personal experience in which he/she was cared for by a nurse.
- Host a fund-raiser and donate money to a local charity. Emphasize the importance of registered nurses in our nation’s health care system; pay tribute to a local nurse, or recognize all registered nurses who are indispensable and provide care selflessly 24-hours a day, seven days a week, 365 days a year.
- Organize a candlelight vigil on National RN Recognition Day (May 6) in honor of the hard work and commitment of the nearly 3.1 million registered nurses in America.

Dear Flo,

I am going to be graduating soon and taking my NCLEX. I have noticed many nurses are noticing.

Ask Flo

Dear Flo,

I am going to be graduating soon and taking my NCLEX exam. I would like to start looking for a job. Is it too early to begin?

Eager Nurse-to-be

Dear Flo,

I continue and what should I tell my employer?

When the patient's saturation declines below 92% the risk of hypoxic brain damage is increased. The patient's level of consciousness will decrease below 92% indicating a significant drop in brain oxygenation. The patient should be agitated and have a pulse oximeter on their finger.

Flo

April, May, June 2013

New Hampshire Nursing News • Page 7

NATIONAL NURSES WEEK
May 6-12, 2013

Dear Flo,

Congratulations and best of luck on the NCLEX! It is not too early to begin a job search. First, make sure your curriculum vitae is up to date, neat and accurate.

Ask Flo

Dear Flo,

We have had several RRT’s (Rapid Response Team) on our unit lately. I have noticed that the oxygen saturation in all of these patients is low before the RRT is needed. What is the current evidence about when we should be worried about a patient’s pulse ox?

RRT Queen

Dear Queen,

Nice work using the Rapid Response Team to assist in patient care decisions! The normal value for PO2 is 95% or above. The cut off score for pulse oximetry before you become concerned is 92%. Unless of course, the patient has underlying respiratory disease such as COPD and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coughing. When the patient’s saturation declines below 92% the nurse should be aggressive in identifying the problem and is normally below 92%. Between 92-95 requires intervention to increase ventilation such as turning, repositioning, deep breathing and coug
Nancy (Houte) Benedict, 83, died November 4, 2012. A Massachusetts native, she practiced nursing as a coronary care nurse in the intensive care unit of New England Hospital for 21 years.

First GNP in NH
C. Beverly Rohr, 86, passed away November 9, 2012, at home. She was a lifelong resident of Exeter and received her nursing diploma from the New England Baptist School of Nursing. Upon graduation, she worked at Exeter Hospital and Rockingham County Nursing Home. Beverly returned to school, graduating from Boston University as the first Geriatric Nurse Practitioner in the state of New Hampshire.

Private Duty Nurse
Vera N. (Nemcowich) Lamb, 85, died November 10, 2012. She lived most of her life in Manchester and practiced as a private duty nurse for over 15 years and then at Elliot Hospital for 15 years.

Manchester Nurse
Helen (Hallahan) Dubois, 85, died November 14, 2012. She obtained her nursing diploma from the Sacred Heart School of Nursing (Manchester) in 1947 and her B.S. degree in health services at New England College in 1984. Helen practiced at Sacred Heart Hospital, Catholic Medical Center, Veterans Red Cross, and the American Lung Association.

Concord Hospital Nurse
Linda Ann (Soulia) Cleveland, 67, died November 15, 2012. She practiced as a registered nurse at Concord Hospital before her retirement.

Scottish Nurse
Bride Shaughnessy Van Anglen, 89, of Bedford, died November 17th, 2012. Born in Lanarkshire, Scotland, she became a United States citizen in 1947. She obtained her nursing diploma in Pennsylvania and later earned a BSN from UNH. She practiced nursing at the Manchester Department of Public Health. She was a member and regular attendee of the meetings of the Manchester Catholic Nurses.

Dover Hospital Grad
Marcia (Chesley) Wentworth, 81, passed away November 18, 2012 at home. Marcia was a graduate of the Dover Hospital School of Nursing in 1953. She then went on to practice for many years at Exeter Hospital and retired from Rockingham County Nursing Home.

C. Beverly Rohr
Vera Lamb
C. Beverly Rohr
Vera Lamb
Bride Shaughnessy Van Anglen
Helen Dubois
Barbara Moore
Michele Bellette
Michele Bellette
Barbara (Murphy) Moore, 86, died December 6, 2012, after a long battle with ovarian cancer. She was a graduate of the Wentworth Hospital School of Nursing where she then practiced as a Registered Nurse for several years.

Lacsonia Hospital Grad
Colleen (Connie) Hackette Bagley died November 30, 2012. At native of Vermont she earned her nursing diploma at the Laconia Hospital School of Nursing. She practiced as a geriatric nurse, retiring as the director of nursing at the Carroll County Nursing Home in Ossipee.

Wentworth Grad
Barbara (Murphy) Moore, 86, died December 6, 2012, after a long battle with ovarian cancer. She was a graduate of the Wentworth Hospital School of Nursing where she then practiced as a Registered Nurse for several years.

Nurse in Haiti
Michele Andrea (Paquette) Bellette, 65, of Jaffrey, NH died December 7, 2012 at home. A Manchester native she earned her LPN from St. Joseph’s School of Practical Nursing in 1980. She received her associate’s degree in nursing from Mt. Wachusett Community College in 1985 and a BSN from Rivier College in 1997, graduating with honors. Michele also practiced at the Cheshire Medical Center in Keene for 20 years, primarily as a rehabilitation nurse. In 1990, she joined Intercultural Nursing on a mission to Haiti to help the underprivileged sick and dying. In 1993 she became the second president of Intercultural Nursing, and led numerous trips to Haiti and the Dominican Republic. After serving as president of Intercultural Nursing, she continued making several trips a year to Haiti, organizing clinics to assist wherever the need was greatest, all without the formal backing of any organization. Michele also served with Medecins Sans Frontieres, better known as Doctors Without Borders, for four years before getting brain cancer in 2010. With MSF, she spent nine months at a birthing clinic in Haiti, did two missions in Africa - one in the Democratic Republic of the Congo and one in Zimbabwe. She also went on a second mission to Haiti following the devastating earthquake in 2010. In 2001, she was recognized by the Dorothy Day-Thomas Merton Foundation for her work of peace, justice, and mercy. In 2007, she was honored as a Hero for International Services by the American Red Cross. She was also recognized for her courage, leadership, and dedication to the Haitian people by St. Jude-Art’s Hospital in Port au Prince, Haiti.

Manchester Nurse
Helen (Hallahan) Dubois, 85, died November 14, 2012. She obtained her nursing diploma from the New England Baptist School of Nursing and was schooled in Indonesia and the Netherlands and graduated from the Deaconess Hospital of Hilversum, the Netherlands, with a nursing degree. During World War II, she was part of the Dutch Resistance and became a U.S. citizen in 1952. She was employed for more than 33 years as a registered nurse with the Laconia Hospital and later the Lakes Region General Hospital.

Berlin Native
Norman A Belanger, 74, died November 21, 2012. A native of Berlin, New Hampshire he earned his associate degree in nursing from the New Hampshire Technical Institute in Concord. He practice nursing at Catholic Medical Center in Manchester.

NH Hospital Grad
Richard R. Rivard, 69, of Milford, died November 25 at home. He earned his nursing diploma from the New Hampshire Hospital School of Nursing, a bachelor’s degree in health services from New England College and a Master’s from Southern Connecticut State College. He practiced nursing at Catholic Medical Center, Lakeshore Hospital, and Hamstead Hospital. Prior to his retirement he practiced as a home health care nurse.

Private Duty Nurse
Vera N. (Nemcowich) Lamb, 85, died November 10, 2012. She lived most of her life in Manchester and practiced as a private duty nurse for over 15 years and then at Elliot Hospital for 15 years.

Private Duty Nurse
Vera N. (Nemcowich) Lamb, 85, died November 10, 2012. She lived most of her life in Manchester and practiced as a private duty nurse for over 15 years and then at Elliot Hospital for 15 years.

Private Duty Nurse
Vera N. (Nemcowich) Lamb, 85, died November 10, 2012. She lived most of her life in Manchester and practiced as a private duty nurse for over 15 years and then at Elliot Hospital for 15 years.
April, May, June 2013

In Memory continued from page 8

Dorothy (MacDonald) Jenkins, 86, died January 29, 2013. A Manchester native she was a diploma nursing graduate of the Sacred Heart School of Nursing in Manchester in 1948.

OR nurse
Marie (Labrie) Hancock, 76, passed January 30, 2013. A Nashua native she attended St. Joseph Hospital School of Nursing, graduating as a Registered Nurse in 1957. Marie was an Operating Room Nurse for most of her 39-year career at Memorial Hospital now known as Southern New Hampshire Medical Center. She spent her last eight years working in Pediatrics.

Native of Canada
Patricia C. (Tompkins) Page, 96, died January 31, 2013. Born in Newfoundland, Canada she moved to New Hampshire in 1936 to attend nursing school. She graduated with her nursing diploma from the Nashua Memorial Hospital School of Nursing. She practiced for many years at Exeter Hospital.

Portsmouth Nurse
Jean P. Stolt, 81, died February 2, 2013. Stolt spent many years of nursing service in the maternity ward, emergency department and as a supervisor at Portsmouth Regional Hospital.

Nurse Educator
Barbara Mae (Beales) Provencher, 76, passed away February 7, 2013. Barbara returned to college in the late 1960s and earned her bachelor’s degree in nursing from the N.H. Technical Institute in Concord and two master’s degrees from New England College in Henniker. She spent 35 years practicing and teaching at St. Joseph Hospital in Nashua. She retired in 2011 as the Executive Director of the St. Joseph School of Nursing.

St. Joes Grad
Joan (Tarr) Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in PETERBOROUGH.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

St. Joes Grad
Joan Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in Peterborough.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

April, May, June 2013

In Memory continued from page 8

Dorothy (MacDonald) Jenkins, 86, died January 29, 2013. A Manchester native she was a diploma nursing graduate of the Sacred Heart School of Nursing in Manchester in 1948.

OR nurse
Marie (Labrie) Hancock, 76, passed January 30, 2013. A Nashua native she attended St. Joseph Hospital School of Nursing, graduating as a Registered Nurse in 1957. Marie was an Operating Room Nurse for most of her 39-year career at Memorial Hospital now known as Southern New Hampshire Medical Center. She spent her last eight years working in Pediatrics.

Native of Canada
Patricia C. (Tompkins) Page, 96, died January 31, 2013. Born in Newfoundland, Canada she moved to New Hampshire in 1936 to attend nursing school. She graduated with her nursing diploma from the Nashua Memorial Hospital School of Nursing. She practiced for many years at Exeter Hospital.

Portsmouth Nurse
Jean P. Stolt, 81, died February 2, 2013. Stolt spent many years of nursing service in the maternity ward, emergency department and as a supervisor at Portsmouth Regional Hospital.

Nurse Educator
Barbara Mae (Beales) Provencher, 76, passed away February 7, 2013. Barbara returned to college in the late 1960s and earned her bachelor’s degree in nursing from the N.H. Technical Institute in Concord and two master’s degrees from New England College in Henniker. She spent 35 years practicing and teaching at St. Joseph Hospital in Nashua. She retired in 2011 as the Executive Director of the St. Joseph School of Nursing.

St. Joes Grad
Joan (Tarr) Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in PETERBOROUGH.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

St. Joes Grad
Joan Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in Peterborough.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

St. Joes Grad
Joan Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in Peterborough.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

St. Joes Grad
Joan Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in Peterborough.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).

St. Joes Grad
Joan Seigars, 81, of Greenfield died January 1, 2013. Born in Maine, she obtained her nursing degree from St. Joseph’s School of Nursing in Nashua where she practiced for 25 years before going to work at Pheasant Wood Rehabilitation Center and Rivermead Life Care Community in Peterborough.

VA Nurse and Vet
Ronald E. Graveline, 56, died December 31, 2012, in Nashua, after a brief illness. After serving in the Air Force he completed his LPN training at Saint Joseph’s School of Nursing, Nashua. Graveline was employed as an LPN and worked at the VA Medical Center in Manchester. He later worked at Integrated Health Services and Salem Haven in Salem.

Pedi Nurse
Doris Elizabeth (Pierce) Jean, 65, of Nashua, died December 30, 2012. After graduation she practiced as a surgical nurse in Boston and then as a pediatric nurse at Nashua Memorial Hospital (now SNHMC).
From SimLab to Successful Practice

April 19, 2013 - Nashua Community College
For graduating RNs - 2013

Margaret Franckhauser RN, MS, MPH, APRN
Keys to Finding Your First Job in a Tight Economy

Full time students just $35 after April 1

Block 1 concurrent session choices:
A) TAKING THE FEAR OUT OF PHARMACOLOGY John Foley, Pharm.D So. NH Medical Center
B) SELF CARE FOR SUCCESS in PRACTICE Ann Fournier PhD(c), MS, MSN, RN, ACNP-BC, AHN-BC, CNE St. Anselm
C) GETTING HIRED (Resume & Interviewing Tips) Brandi Emerson HR Talent Manager, Concord Hospital
D) WHAT COMES NEXT? Professional Development Susan Fetzer PhD, RN - University of NH

Block 2 concurrent session choices:
E) DIFFICULT WORKPLACE COMMUNICATIONS Jodi Boutwell MS, APRN, FNP-BC St. Joseph Hospital
F) CRITICAL THINKING FOR THE NEW RN Kate Collopy PhD, RN Wentworth Douglas Hospital
G) SHIFTS HAPPEN - Adjusting to Varied Work Schedules Susan Fetzer PhD, RN University of NH
H) YOUR FIRST YEAR - Tips on Surviving & Thriving from a panel of successful young RNs

Block 3 concurrent session choices:
I) HANDLING END OF LIFE ISSUES AS A NEW RN Rita Anger, MSN, RN St. Joseph School of Nursing
J) RN SCOPE OF PRACTICE & DELEGATION Denise Nies MSN, RN, BC NH State Board of Nursing
K) CREATING PARTNERSHIPS in PRACTICE Kathie Poplar MSN, RN Catholic Medical Center
L) STAY CALM AND GET THE CRASH CART! Helpful advice from a panel of experts.

WRAP UP AND RAFFLE

SPONSORS:

FOR MORE DETAILS & REGISTRATION GO TO: www.NHNurses.org

BE ADVISED THIS EVENT MAY BE SOLD OUT BY THE TIME THIS ISSUE REACHES YOU.

Exhibitor spaces may still be available.

Contact our office with questions: 603-225-3783
Or email: office@nhnurses.org

MANY THANKS TO OUR HOSTS:
ARE PLEASED TO PARTNER IN OFFERING:

AN ACCELERATED REVIEW SYMPOSIUM
FOR THE ANCC GERONTOLOGICAL NURSING
CERTIFICATION EXAM

ALSO FOR RNs INTERESTED IN LEARNING MORE ABOUT GERIATRICS

June 3-4, 2013 ~ Dartmouth Hitchcock Medical Center ~ Lebanon, NH
Also at video conference sites in Concord, Keene, Nashua, Laconia & Littleton
Register now at:  http://med.dartmouth-hitchcock.org/cccehs.html

INSTRUCTOR: Deborah M. Conley, MSN, APRN-CNS, GCNS-BC, FNGNA
Gerontological Clinical Nurse Specialist, Asst. Professor,
NICHE Program Director and AgeWISE Site Coordinator,
ACE Unit CNS, Nebraska Methodist Hospital, Omaha, NE

CONTENT Day 1
8:00 A.M TO 4:45 P.M.
• Overview / Pre-test
• What is your aging IQ? NIA
• Scope and Standards of Gerontological Nursing
• Comprehensive Geriatric Assessment Principles
• Review of Test Taking, Study Strategies & ANCC materials
• Falls & Musculoskeletal Conditions
• Prof. Practice Domains
• Small Group Case Studies
• Summary / Evaluations

CONTENT Day 2
8:00 A.M TO 4:45 P.M.
• Pain Assessment, Management, and Treatment
• The 3 Ds in Geriatric Care: Depression, Dementia, & Delirium
• Pharmacology Principles for the Gerontological Nurse
• Promoting Urinary Continence
• Health and Wellness Promotion
• Post-test
• Summary / Evaluations

LEARNING OBJECTIVES:
Discuss the impact of normal age-related changes in the delivery of nursing care.
Review Scope and Standards of practice for the Gerontological nurse.
Examine the role of the inter-disciplinary team in delivering care to older adults.
Examine evidence-based care for older adults in hospitals, community-based home care, assisted living environments, physician’s offices and long-term care facilities.
Review key geriatric syndromes and health issues focusing on nursing assessment and interventions.
Identify study skills in preparation for the ANCC Gerontological Nurse Certification Exam.

Dartmouth-Hitchcock nurses will be charged a ‘refreshment’ fee. Course fees supported by MHH Advancing Competency for Geriatric Care in Rural Northern New England Health Resources Services Administration (HRSA) grant (D62HP24186).
Join the New Hampshire Nurses Association Today!

Application on page 16 or join online at www.nhnurses.org

Ann McLaughlin, RN, BSN, MBA, NE-BC

Nursing was in my blood. I grew up surrounded by nurses, including my mother and my aunts. My mother was probably my first mentor as she strategically guided me into a BSN program instead of the diploma school with the “cute cap” which I wanted to enter. She told me that in the future I was going to need my degree in nursing. It was 1970.

I completed college and went to work immediately on a medical surgical unit in my hometown hospital. My first head nurse was a nurse practitioner named Eileen. We had formal care conferences on patients every week and she encouraged me to take on the charge role very early in my career. With-in two years of graduating, I progressed from staff nurse to assistant head nurse to head nurse of a medical surgical unit. What I didn't really know clinically as essentially a novice nurse, I made up for in my ability to organize interdisciplinary care and promote teamwork on the unit. I enjoyed that first employment opportunity but I was young and adventurous and Europe beckoned me.

I took the $2000 which I saved and spent it traveling around Europe for three months. My grandmother lived in Ireland in 1978 was not the cosmopolitan European country that it is today. It was very rural and even the cities had a small town feel about them. Many of the smaller hospitals had limited resources and I quickly found that nursing truly drove patient care. I worked in a hospital school of nursing in Cork and attended certification training as a Registered Clinical Teacher in Dublin. After 2 years, I changed to work in an ITU (Intensive Therapy Unit) at the newly built 500 bed regional hospital. I spent a total of 5 years working in Ireland. The autonomy of the nurse’s role was fully ingrained in me.

When I returned to the US, I went back to work in the ICU of my previous employer and quickly transferred to the Emergency Department. Once again, in less than a year I progressed from staff to assistant head nurse to head nurse of the Emergency Department. I never applied for any of my leadership roles, I was always recruited. Whether it was for my leadership abilities (which at the time I did not recognize) or for my BSN, I wasn't sure but I knew that I didn't have the business acumen to sit at the table with the VP of Finance and the CEO of the hospital to strategically plan and budget for my department. I decided to go to graduate school in pursuit of an MBA. At the time, there wasn’t a four year plan and budget for my department. I decided to go to the VP of Finance and the CEO of the hospital to strategically guide me into a MBA program instead of the diploma school with the “cute cap” which I wanted to enter. She told me that in the future I was going to need my degree in nursing. It was 1970.

I moved to Vermont and obtained my Certification in Emergency Nursing (CEN). I was very happy working as a Clinical Lead in Emergency Nursing but after the birth of my second child, I was once again summoned into the CNO’s office and asked to take the Director’s role. Since they made me an offer I couldn’t refuse, I accepted and managed two divisions, MCH and ED. The CNO encouraged me to empower my staff and contribute my own perspective in decision making.

My current position as Professional Development Educator allowed me to assume the exciting role as Medical Program Director with a Magnet designation and re-designation under my belt. All of my previous experience and education provided me with the expertise that was required to organize and manage this extensive project. I prepared for and achieved ANCC certification as a Nurse Executive. My current CNO mentors me in developing the global perspective needed to analyze and strategize for my region. I have realized that something was something I wanted for myself. Besides, what did nurses do? They just followed orders. I was sure that I would be an artist!

So I went to art school and I loved it (still do)! But had no idea how to turn myself as an artist. In order to have enough money to survive I was often too tired to make art when I got home. I was teaching art history part time at a community college, teaching art lessons, and working as a switchboard operator at a local hospital in the evenings. While working as a switchboard operator I was intrigued by this world of health care. Soon enough I began to take better jobs in other departments in the hospital and started thinking about nursing school. There were some wonderful opportunities to pay for my education and I took the leap.

I quickly learned that nursing was not what the job I thought it was but, a very important profession. I also learned why my parents came home so exhausted! I loved the combination of science and relationship building. Learning that my parents were both nurses, I thought it was, but a very important profession. I also learned why my parents came home so exhausted! I loved the combination of science and relationship building. Learning that my parents were both nurses, I thought it was true. It was. It was something I wanted for myself.

I graduated from an associate’s degree program and took my first job on a telemetry unit. It was the right choice for me at the time, but soon enough I found that I wanted to expand my knowledge and explore teaching again. I applied and was accepted into a master’s degree program at Michigan State University. After taking a prerequisite or two, I was able to use credits from my Bachelor’s in Fine Arts and enter the graduate program directly. I didn’t think I’d start teaching for many years, but a colleague encouraged me to apply for a adjunct clinical teaching position and even before I finished my MSN, I was teaching students part time. A year after I graduated with my MSN, I took a full time teaching position at Saint Anselm College. I have never been happier with the experience and what I do is influencing the future of my profession. My students are eager to learn and I am thrilled to help them in their pursuit of knowledge.

The next step on my path is a PhD. I would like to know more about conducting research so that I can start expanding the role of the nurse. I hope that my students will continue their education and expand the profession of nursing. There is so much that we can do as nurses and there is so much to be done in health care. Furthering your education gives you the tools to choose where your path will lead.

New Hampshire Action Coalition: Transforming Health Through Nursing Leading Change on Education Transformation

At its inception approximately one year ago, the New Hampshire Action Coalition (NHAC) identified within its goals and objectives, the solidification of the key messages put forth by the Institute of Medicine (IOM) in their now landmark publication The Future of Nursing: Leading Change, Advancing Health. Key message #2 in the report reads, “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” (IOM, 2011 p. 6)

In 2009, with a grant from the Robert Wood Johnson Foundation (RWJF) Partners in Nursing (PIN) grant, a group was convened to focus on education redesign. This group, comprised of representatives from associate degree and baccalaureate degree programs in nursing, joined by practice leaders from across the state, came to know as the PIN IV committee. Their successfully completed mission was to implement the core elements of the Future (NOF) Core Competencies in seamless academic progression models from the ADN to the BSN level.

When the NHAC convened to take action on its originally written goals, they were grateful to have the members of the PIN IV group willing to continue to embrace advances in education. The current NHAC Education Transformation Workgroup led by Dr. Thomas Connolly of Keene State College and Dr. Sharon George of Saint Anselm College, has met regularly over the past six months. The Education Transformation Workgroup has now developed subcommittees to focus on each of the following goals:

• Quality of BSN to MSN programs (i.e. measuring achievement of NOF Competencies)
• Challenges with clinical placements for APRNs, exploring a format for a centralized system
• Clinical Ladder Evaluation tool based upon the nurse of the future competencies
• RN to BSN and MS Pathways post BSN certificates through continuing education

The amazing progress of the Education Transformation Workgroup indicates a strong commitment to education at all levels of education, training and continued competency. The NHAC is excited to be embracing the IOM’s vision of an improved education system where “current and future generations of nurses can deliver, safe, quality patient-centered care across all settings.” (IOM, 2011 p. 30)

NHAC Executive Committee:
• The NH Organization of Nurse Leaders (NHONL) represented by Linda J. von Reyn, PhD, RN Chief Nursing Officer–Dartmouth Hitchcock Medical Center
• RN to BSN and MS Pathways, post BSN certificates through continuing education

For more information on the Center to Champion Nursing in America go to http://www.championnursing.org/

Would you like to get involved in the New Hampshire Action Coalition? We would love your hand on our team! Contact us at NHActionCoalition@gmail.com

Reference:
Demystifying Medical Marijuana
The Economic Implications of Medical Marijuana

by David Adams, BSN, BSc; Casey Desharnais, BSN, BSc; Sarah Johnston, BSc; Myles Kendall, BSN, BGS; and Lisa Roop, BSN, BSc

Reprinted with permission from ANA-Maine

Medical marijuana is legal in 15 different states in addition to Washington DC, and five of these states, including Maine, allow for dispensaries. Maine has approved the establishment of eight medical marijuana dispensaries (Maine Department of Health and Human Services, 2010). If the example set by Colorado is any indication of the feasibility of a statewide dispensary system, the potential economic benefits and job creations from the state population may soon hold medical marijuana cards that permit their possession of marijuana (Wyatt, 2010).

The sale and regulation of medical marijuana could be economically beneficial in Maine. In Colorado, for example, over $2.2 million was collected in sales tax alone from dispensaries in 2010 (Ingold, 2010). This figure does not factor in any additional fees associated with the operation of a dispensary; for example, Maine charges a one-time $15,000 opening fee, and an additional $15,000 annual operating fee for all dispensaries in the state. All products sold by the dispensaries are subject to Maine sales tax as well (Breton, 2011). Dispensaries will also have an effect on local revenues, for example, the personnel and resources used to cultivate the marijuana plants. According to two growers currently employed at the Frenchville Safe Alternatives dispensary, soil and nutrients are purchased from local businesses, which may help to stimulate the local economy.

Physical and Psychological Considerations. In Maine, both chronic diseases and subjective ailments may render a patient eligible to receive medical marijuana. Medical marijuana has psychological considerations that influence its economic impact. Demand is largely dependent on the population’s ability to pay, as well as the caregivers’ willingness to recommend the drug. Patients such as those suffering from degenerative illnesses, Alzheimer’s disease, and Parkinson’s disease may benefit significantly from the use of medical marijuana. In addition, patients suffering from chronic pain due to cancer, arthritis, and other injuries may experience relief from medical marijuana. The use of medical marijuana may increase the patient’s ability to perform daily activities and may allow the patient to maintain a normal lifestyle.

Medical marijuana also may affect a person’s employability. A common concern is whether employers should be allowed to employ patients who use medical marijuana. Medical marijuana may affect an individual’s employability, as companies may be concerned with workplace safety and productivity. However, a 2010 study conducted by the University of Wisconsin-Madison and the University of Minnesota found that there was no significant relationship between medical marijuana use and workplace productivity (Rosenberg, 2010). Employers should consider the potential benefits of medical marijuana, such as increased productivity and reduced healthcare costs, when making decisions about employment.

Microeconomics of Medical Marijuana. Key factors to consider when evaluating the economic implications of medical marijuana include the cost of medical marijuana, the cost of alternative treatments, and the potential for increased employment. Medical marijuana can be expensive, with some patients paying hundreds of dollars per month. However, the cost of alternative treatments, such as pain medication, can be significantly higher. Medical marijuana may also reduce healthcare costs by reducing the number of emergency room visits and hospitalizations. The potential for increased employment includes the creation of jobs in the cultivation and distribution of medical marijuana. Dispensaries may also have an effect on local revenues, as products sold by the dispensaries are subject to Maine sales tax, and additional fees associated with the operation of a dispensary.

Potential for a Statewide Dispensary System. The potential for a statewide dispensary system in Maine is promising. If approved by the state legislature, the dispensary system could bring economic benefits to the state. However, there are several challenges to overcome, including the need for adequate funding and infrastructure, as well as the need for proper regulation and monitoring. Despite these challenges, the potential for a statewide dispensary system in Maine is significant and值得 further exploration.

Conclusion. The potential for a statewide dispensary system in Maine is promising. If approved by the state legislature, the dispensary system could bring economic benefits to the state. However, there are several challenges to overcome, including the need for adequate funding and infrastructure, as well as the need for proper regulation and monitoring. Despite these challenges, the potential for a statewide dispensary system in Maine is significant and值得 further exploration.

References


Nursing Value Needs Your Voice

Obama care, Affordable Care Act, Institute of Medicine and the sequester – all terms that lead to the transformation of health care. Each of these proposals call for nursing to optimize its contribution to better meet the needs of all patients for quality health care; with each of the programs sounding the drumbeat to control health care costs. With nursing a large part of the health care budget, nursing is eyed first as an area to control and cut. While nursing can easily establish a commitment to patient care, improved safety and quality and better outcome, how nursing contributes to the organization’s return on investment. Nursing does have an economic value and nurses must seize the opportunity to demonstrate value in economic terms. Defining and articulating the economic value we bring to quality care will help ensure policy-makers, hospital executives and others make informed decisions about quality care and the essential role of nurses impact the bottom line by holding down costs. As nursing today and in the future.

decisions about quality care and the essential role of nurses must seize the opportunity to demonstrate value in economic terms. Defining and articulating the economic value we bring to quality care will help ensure policy-makers, hospital executives and others make informed decisions about quality care and the essential role of nurses impact the bottom line by holding down costs. As nursing today and in the future.

As nurses impact the bottom line by holding down costs. As nursing today and in the future.

As nursing today and in the future.

Nursing Value Needs Your Voice

WANTED! WANTED! WANTED! WANTED! WANTED! WANTED! WANTED!

Associate Editor of the New Hampshire Nursing News

Associate Editor assists the Editor and the Executive Director in producing four issues of the New Hampshire Nursing News yearly. Must be a registered nurse, and NHNA member. Prior writing and editing experience desirable, but not required. Must be able to meet deadlines. Key quality is understanding of current and future nursing issues and desire to be a voice for nursing in New Hampshire. This volunteer position will be open until filled.

Send letter of interest to Avery Morgan at avery@nhnurses.org

Visiting Nurse & Hospice of Vermont and New Hampshire

The Future of Healthcare is Homecare!

Use your leadership and preceptor talents to enhance staffs’ ability to serve their patients and families with excellence, integrity and compassion.

Clinical Manager
$7,500 Retention Bonus
Staff Education Coordinator(s)
$5,000 Retention Bonus

You deserve a career that provides a competitive pay package, professional development, excellent health and wellness benefits, retirement plans and more!

To learn more about our dynamic and innovative team: www.vnavnh.org

• NH & VT licenses required • The VNAH is an Equal Opportunity Employer

WANTED! WANTED! WANTED! WANTED!

Associate Editor

Associate Editor assists the Editor and the Executive Director in producing four issues of the New Hampshire Nursing News yearly. Must be a registered nurse, and NHNA member. Prior writing and editing experience desirable, but not required. Must be able to meet deadlines. Key quality is understanding of current and future nursing issues and desire to be a voice for nursing in New Hampshire. This volunteer position will be open until filled.

Send letter of interest to Avery Morgan at avery@nhnurses.org

To learn more about our dynamic and innovative team: www.vnavnh.org

• NH & VT licenses required • The VNAH is an Equal Opportunity Employer

WANTED! WANTED! WANTED! WANTED!

Associate Editor

Associate Editor assists the Editor and the Executive Director in producing four issues of the New Hampshire Nursing News yearly. Must be a registered nurse, and NHNA member. Prior writing and editing experience desirable, but not required. Must be able to meet deadlines. Key quality is understanding of current and future nursing issues and desire to be a voice for nursing in New Hampshire. This volunteer position will be open until filled.

Send letter of interest to Avery Morgan at avery@nhnurses.org

To learn more about our dynamic and innovative team: www.vnavnh.org

• NH & VT licenses required • The VNAH is an Equal Opportunity Employer
April, May, June 2013 New Hampshire Nursing News • Page 15

Teaming Up to Prevent Burnout

by Stacey Archer, CNM, and Dawn Sneathen, CNM
Reprinted from West Virginia Nurse with permission of authors who both work at West Virginia University

Burnout is a seemingly ongoing concern for the nursing profession. The term “burnout” has been used to define those experiencing exhaustion due to long term stress. The nursing profession has been cited as having an inherently high risk for burnout. Unfavorable effects of burnout can compromise patient safety, lead to job dissatisfaction, and negatively impact retention of experienced nurses in our hospitals and clinics. 

Burnout is a complex phenomenon. Causes and effects have been measured in multiple research studies. Factors that have been identified include long shifts, “on call” hours, rapid changes and advances in technology, nursing shortages, and increasing patient volume. Today’s busy nurses often juggle multiple roles with different personnel and personal obligations have also been known to increase stress in the work environment.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. It is a part of our everyday life, from everyday interactions to professional practice. Let’s begin by defining a team. As nurses we are part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The nursing profession has been known to attract passionate, driven and intelligent players. A team approach to patient care and problem solving may put us back in the game. Utilize the team members and the positions they play is ideal when facing opponents we must conquer to win.

The team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The team building can be a positive tool in any profession. The change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

The team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.

Caring for caregivers using a “team” approach may be a plausible solution for tackling exhaustion in the nursing work force.

Team building can be a positive tool in any profession. In the change of season, new teams are trained and ready for play and competition. As nurses we are also part of a team, a dedicated team of health care professionals. Alignment as cohesive group of players on a team is a goal within reach. Today we have more complicated patients and fewer nurses to provide care, a known formula for stress. Burnout and stress are opponents we must conquer to win.
Welcome New & Reinstated Members

Colleen Carbone Newton
Mary Chodor Raymond
Cheryl Cote Goffford
Margaret Dalton Atkinson
Susan Donnell Mount Vernon
Ruth Eisenbach Hancock
Jacqueline Fitzpatrick Rochester
Diana George Antrim
Kimberly Giddings Derry
Karen Giuliano Salem
Rachel Hough Keene
Julie Jacobs London
Sarah Johnston Keene
Jacyln Kabat Merrimack
Elaine Kirish Fairbanks
Leanne Lafreniere Manchester
Lise Lemieux Bennington
Sara Lyon Jaffrey
Kate Martin Nashua
Jennifer McFadden Hudson
Sara Mitchell Ashburnham
Ann Noll Kensington
Annmarie Pardo Plaistow
Nikol Pasalic Nashua
Jeanette Roy Manchester
Mildred Sattler Wilmot
Liana Shackford Merrimack
Kelly Snow Bedford
Kristine Swain Antrim
D. Temm Madison
Susan Thibodeau Weare
Janna Thompson London
Ann Vondle Nashua
Susan Weiss Merrimack
Nancy Wells N.Hampton
Ellen Wofford Goffford
Lorene Zammuto Laconia

We are recruiting RNs, LPNs, LNAS, PCSP, HHA, HM & Companion
For Homecare, Nursing Home, Assisted Living and Hospitals Facilities. We offer competitive Salary, Flexible Hours.

Contact us at:
(603) 537-9975	(617) 276-9658
(800) 398-7708
Fax	(877) 249-9194
turecare@truecareprofessionals.com
www.truecareprofessionals.com

Equal Opportunity Employer

2013 National Nurses Week
Your Patients Are Listening

QuitWorks-NH offers free services linking health care providers to tobacco cessation resources. Find out how to help your patients quit tobacco and how to easily implement the clinical practice guidelines in your office. Contact Teresa Brown (603) 271-8949 or tmbrown@dhhs.state.nh.us for more information about implementing QuitWorks-NH at your practice or agency.

2013 National Nurses Week
Your Patients Are Listening

QuitWorks-NH offers free services linking health care providers to tobacco cessation resources. Find out how to help your patients quit tobacco and how to easily implement the clinical practice guidelines in your office. Contact Teresa Brown (603) 271-8949 or tmbrown@dhhs.state.nh.us for more information about implementing QuitWorks-NH at your practice or agency.

Camp Nurses Needed!

Beautiful NH camp serving inner-city and low-income boys and girls seeks LPN or RN from 6/18-8/21.
Responsibilities: health care, meds, first aid for 60 campers, 25 staff. Minutes from MD/hospital. Supportive environment. Private accommodations, meals, children’s tuition, salary all included. Part-time Summer positions may be available. Contact Amy Willey at 603-924-3542.
www.brantwood.org

MAINE – SUMMER NURSE JOBS!
Premier coed Maine camps seek Nurse Manager, Charge Nurses, RNs, LPNs. Top salaries, travel allowance, room & board.
www.camp laurel.com
sally@camp laurel.com
CALL: 1.888.LAUREL.1

Camp Nurses
Needed!

Across the country – Advancing the well-being of children and families since 1850
Summer positions available at Camp Spaulding
Now accepting applications for New Hampshire RNs, LPNs or graduating nurses interested in FT or temporary positions from July 1-August 23, 2013. Camp Spaulding is unique in providing residential summer camp for at risk NH children. Located on 56 acres along the Contoocook River, the camp offers a variety of activities including canoeing, high/low ropes courses, arts & crafts, swimming, horseback riding and field trips. Room and board is included with position. EOE
Contact Ed Orlowski, LICSW, (603) 518-4330
www.campspaulding.org

Summer positions available at Camp Spaulding
Now accepting applications for New Hampshire RNs, LPNs or graduating nurses interested in FT or temporary positions from July 1-August 23, 2013. Camp Spaulding is unique in providing residential summer camp for at risk NH children. Located on 56 acres along the Contoocook River, the camp offers a variety of activities including canoeing, high/low ropes courses, arts & crafts, swimming, horseback riding and field trips. Room and board is included with position. EOE
Contact Ed Orlowski, LICSW, (603) 518-4330
www.campspaulding.org

QuitWorks-NH offers free services linking health care providers to tobacco cessation resources. Find out how to help your patients quit tobacco and how to easily implement the clinical practice guidelines in your office. Contact Teresa Brown (603) 271-8949 or tmbrown@dhhs.state.nh.us for more information about implementing QuitWorks-NH at your practice or agency.

QuitWorks-NH offers free services linking health care providers to tobacco cessation resources. Find out how to help your patients quit tobacco and how to easily implement the clinical practice guidelines in your office. Contact Teresa Brown (603) 271-8949 or tmbrown@dhhs.state.nh.us for more information about implementing QuitWorks-NH at your practice or agency.

QuitWorks-NH offers free services linking health care providers to tobacco cessation resources. Find out how to help your patients quit tobacco and how to easily implement the clinical practice guidelines in your office. Contact Teresa Brown (603) 271-8949 or tmbrown@dhhs.state.nh.us for more information about implementing QuitWorks-NH at your practice or agency.
She now works as a collaborative care coordinator for the turning, lifting, and transferring for about 80 residents at a nursing care facility, where three aides performed all in her career when she worked as a certified nurses’ aide.

Virginia Gillispie, CNS, ND, RN-BC, of Centennial, to worsen by losing nurses to avoidable injury. “Now more than ever, our nation can’t afford for the nursing shortage to worsen by losing nurses to avoidable injury.”

It’s long overdue to press for widespread adoption of safe resource toolkits and certifications. The panel’s goal is to develop language that can be incorporated nationwide into practices, policies, procedures, and regulations and become the basis for applying best practices in safe patient handling that will incorporate nationwide into practices, policies, procedures, and regulations and become the basis for applying best practices in safe patient handling nationwide. The Safe Patient Handling (SPH) National Standards Working Group plans to distribute the standards and guidelines to their professional memberships for comment in October, with publication and release set for March 2013.

The panel is seeking to build a consensus of evidence-based best practices in safe patient handling that will apply to multiple health care professions and settings. The panel’s goal is to develop language that can be incorporated nationwide into practices, policies, procedures, and regulations and become the basis for resource toolkits and certifications.

“It’s long overdue to press for widespread adoption of safe patient handling programs to protect health care workers and patients,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “Nurses can’t wait any longer. Too many are suffering debilitating injuries that force them from the bedside. With demand for nursing services increasing, our nation can’t afford the nursing shortage to worsen by losing nurses to avoidable injury.”

Virginia Gillispie, CNS, ND, RN-IC, of Centennial, Colo, was one of those nurses forced from the bedside because of cumulative damage to her back suffered early in her career when she worked as a certified nurses’ aide at a nursing care facility, where three aides performed all the turning, lifting, and transferring for about 80 residents. She now works as a collaborative care coordinator for a large, integrated health care system. “It was unsafe for us and for the residents,” said Gillispie. “My back hurts just thinking about it. I can no longer engage in bedside nursing.”

SPH Working Group chairwoman Mary W. Matz, national program manager for patient care ergonomics at the Veterans Health Administration (VHA), emphasizes that creating a safer work environment is not just a matter of having assistance equipment available, but also changing workplace culture to ensure use of such equipment. Facility coordinators, peer leaders, safety huddles, and other safe patient handling support structures foster cultural transformation. “There is much more to changing the culture than most are aware,” said Matz, adding that most entities or departments within a health care facility play a role in the implementation and operation of a safe patient handling program and help determine the program’s success.

Since the launch of the ANA Handle with Care® Campaign in 2003, ANA has advocated for policies and legislation that would result in the elimination of manual patient handling. Using mechanical devices to lift, transfer, and reposition patients reduces the risk that patients will be dropped or suffer skin tears and helps preserve their dignity.

Currently, there are no broadly recognized government or private industry national standards for safe patient handling. Health care facility programs lack consistency, as do regulations in 10 states that have enacted safe patient handling laws. In the meantime, health care professionals continue getting injured and musculoskeletal injury remains a top concern.

ANA conducted its own Health and Safety Survey of nurses in 2011, in which 62 percent of the more than 4,600 respondents indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns. The survey also showed that eight of 10 nurses worked despite experiencing frequent musculoskeletal pain, and that 13 percent were injured three or more times on the job within a year.

A resolution in the 2009-2010 session of Congress urged the adoption of safe patient handling programs, noting that RNs and other health care workers are required to lift and transfer “unreasonable loads, with the average nurse lifting 1.8 tons on an eight-hour shift.” Additionally, recent figures from the Bureau of Labor Statistics show that nursing ranks fifth of all occupations in work days missed due to occupational injuries or illnesses.

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Safe Patient Handling National Standards Working Group Participating Organizations

- American Association for Long Term Care Nursing
- American Nurses Association
- American Physical Therapy Association
- American Society for Healthcare Risk Management
- Ascension Health
- Association of periOperative Registered Nurses
- Association of Safe Patient Handling Professionals
- DELHEC, LLC (Educational Services and Consulting)
- Dignity Services (Safe Patient Handling Programs)
- Hill-Rom (Medical Technology)
- Human Fit (Ergonomics and Human Factors Consultant)
- Lockton Companies, LLC (Loss Control Consultant)
- National Association for Home Care & Hospice
- National Institute for Occupational Safety and Health
- Park Nicollet Health Services
- School of Health and Rehabilitation Sciences, The Wexner Medical Center, The Ohio State University
- Stanford University Medical Center
- U.S. Army Medical Research and Development Command
- Veterans Health Administration
- Veterans Health Administration, Patient Safety Center of Inquiry
- Virginia Health Care/American Journal of Safe Patient Handling and Movement
- Washington State Department of Labor and Industries
The American Nurses Association has been advocating for years that government and private insurers need to recognize nurses’ contributions to transitional care and care coordination. “The American Nurses Association has been advocating for years that government and private insurers need to recognize nurses’ contributions to transitional care and care coordination. Patients’ satisfaction and quality of care.”

Too often, nurses are required to go beyond their scope of practice to ensure patients are safe and healthy. The rule also creates new payment codes for “care coordination” activities performed by RNs that reduce costs and improve patient outcomes, increasing likelihood of direct reimbursement for these services and potentially creating more RN jobs to fill this need.

With up to 20 percent of Medicare patients re-admitted to hospitals within 30 days of discharge, more value is being placed on effective transitional care and care coordination.

“‘The American Nurses Association has been advocating for years that government and private insurers need to recognize nurses’ contributions to transitional care and care coordination. Patients’ satisfaction and quality of care.’”

ANA’s 2012 report, “The Value of Nursing Care Coordination,” highlights numerous studies showing the positive impact of nurse-managed care coordination. Studies show that care coordination reduces emergency department visits, hospital readmissions, and medication costs; lowers total annual Medicare costs; improves patient satisfaction and confidence to self-manage care; and increases safety for older adults during transitions between settings.

ANA participates on the American Medical Association CPT and RUC panels that set codes describing medical, surgical, and diagnostic services and place price values on them—the foundation for the Centers for Medicare & Medicaid Services’ (CMS) payment policies.

“There’s no doubt that ANA’s involvement on these panels had a strong influence on the new provisions that account for nurses’ crucial contributions,” Daley said. “Patients benefit from our work. Now the value of our work is being recognized through payment policy.”

New payments will be awarded to nurse practitioners, clinical nurse specialists, certified nurse midwives, and other primary care professionals for “transitional care management” services provided within 30 days of a Medicare patient’s discharge from a hospital or similar facility. To qualify for reimbursement, the primary care professional must: contact the patient soon after discharge; conduct an in-person visit; engage in medical decision-making; and provide care coordination. Care coordination involves effectively communicating and delivering a patient’s needs and preferences for health services and information among a continuum of health care providers, functions, and settings.

The Medicare Physician Fee Schedule Final Rule, issued Nov. 1 by CMS and set to take effect Jan. 1, 2013 after publication in the Federal Register, also includes new codes that describe “complex chronic care coordination,” a service typically provided by RNs. Though the rule will not allow separate billing for care coordination, some private insurers are likely to use the codes to reimburse providers directly for the service. Such reimbursement policies for care coordination could expand the RN job market. They could also raise recognition for nurses performing this long-held, core professional standard and competency considered integral to patient-centered care and the effective and efficient use of health care resources.

The rule contains several other provisions that benefit nurses by:

- Clarifying that certified registered nurse anesthetists will continue to be reimbursed for providing chronic pain management services in states where permitted by license.
- Permitting advanced practice registered nurses to order portable X-rays.
- Ensuring nurse practitioners and clinical nurse specialists can conduct the in-person encounters required for ordering durable medical equipment for patients.

ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.
I am proud to be a nurse! I am a member of one of the most, if not the most, trusted professions in America. My decision to become a nurse was one of the best decisions I have made in my life. When asked what I do for a living, I am always proud to say I am a nurse. I proudly sport that title on my license plate! This even got me out of a speeding ticket once!

I received my associate’s degree in 1978 at the age of 20. It was the 70’s and all girls wanted to be a nurse, a teacher, or an air stewardess. It was the days of TV programs like “Julia,” “Marcus Welby, MD, and Medical Center (I had a crush on Chad Everett). At the age of 18, nursing seemed to me to be the most glorious choice. I would get to wear a white uniform, a white hat, white hose and shoes! But best of all, I would make sick people better!

However, nursing is so much more than that. As I have progressed through my 34 years of being a nurse, I have learned many things about nursing. Thus, this is MY list of things about being a nurse, you will not learn in nursing school.

1. You will NEVER know everything about everything! Don’t feel like a dummy if you don’t know everything. We all have our weak spots. Nursing is a constant learning process. New treatments and new medicines come out everyday. Do not be afraid to say, “I don’t know!” If you don’t know, ask questions and ask the right ones.

2. Nurses don’t just wear nursing hats! As a first line care taker, nurses many times must be many things to many people. You will not be just a nurse, you will be a teacher (patient education is important), you will be a secretary (document, document, document, sometimes one thing in 3 different places), you will be a clergyman (prayer may be a request), you will be a counselor (patients value our advice), sometimes you have to be a mechanic (a lot of things break down and need fixing, NOW!), and maybe even a housekeeper (who else is going to empty the trash, rearrange the furniture for family, and fill up the coffee pots?). As a nurse we tend to take on much more than required, sometimes not by choice.

3. You can’t help everyone! Sometimes no matter what we do, nothing can change the inevitable outcome. Sometimes patients do not want to get better. Sometimes they just do not want our help. Nurses have a tendency to be co-dependent (we know it is true) and acquire the attitude that we can fix everything and everyone. We can’t!

4. Breaks and lunch periods are NOT an option! Hear us often, “I did not have time to eat!” “I was too busy to take a break.” Lunch and breaks are there for a reason. First and foremost, you need to get away from the work area to decompress and recharge your battery. I often see nurses “grabbing” lunch in their work area (is this really healthy?). This was something I tried to avoid. Sometimes you need to get away from the work area (somebody who is sick or who isn’t a nurse). Nursing is stressful. The mind needs to rest. Talking to other people and moving around your facility allows you to do networking. As nurses, we know that food and calories are necessary for energy. Situations can look better on a full stomach. We also know it is not healthy to eat on the run, grab and go, and enjoy a meal! Nurses have the biggest bladders ever, but every now and then a bathroom break IS a necessity! When someone offers to give you a break, TAKE IT!

5. The amount of responsibility is incredible! I’ll never forget the first time I signed “RN” behind my name. It was such a great feeling of accomplishment. I thought, boy, everything looks great! Then I realized along with that title comes a great deal of responsibility. We are the front line caretakers and the people in charge. Many (including family and friends) will come to us with questions and ask for assistance. The bottom line is, nurses are accountable for the nursing care that patients receive.

6. Your uniform should include thick skin and a negativity shield. Generally sick people are not happy people. Many times, families are harder to deal with than patients (they can be your best friend or your worst enemy). Unfortunately doctors and fellow nurses can be mean. We have all heard the sad statement, “nurses eat their young.” Sometimes peers are kind of. People are unpredictable at best, but under stress they become even more unpredictable. You will not always get a thank you from your patients (or for that matter your fellow nurses and doctors). However, you can still stay committed to your mission. Develop higher personal standards than those around you. We can choose to become embittered or hold to the positive moments and rewards. Learn to let negative comments and attitudes bounce off of you. Oh, and don’t forget your crystal ball for all the predictions you are asked to make!

7. Learn to prioritize, organize, and multitask! If you don’t have these skills, nursing is not for you! No day is quite like the next, when you are a nurse. You rarely get to do one thing at a time. Being an organized, detail-orientated person is crucial. There are days when you may have two incontinent patients, one who wants to walk every 15 minutes, and another who just won’t eat. It is not unusual to be starting an IV, giving medications, helping you put in the Foley bag, and helping you deal with a patient who just recently had surgery. It is not just but is time and arrive early. This gives you an opportunity to assess the current situation of the unit, to get your work area organized, and to plan your day. We all know that when we arrive late we are behind the whole day!

8. Be flexible and accept change with a positive attitude! Thank God for change or we would still be wearing white uniforms and hats! Medicine is an ever changing world with more change on the horizon. Nursing is far from a predictable profession. Nurses must adapt to the situation at hand. Each problem is different and must be handled differently. Patients die, equipment fails, phones ring constantly, disaster drills are conducted at very inopportune times (and you may be the only nurse not tipped off) and you will go to the coffee pot and there will be no coffee (how horrible is that?). No day is quite like the next. Learn to be flexible and accept change with a positive attitude because change is inevitable.

9. Be respectful of those “under” you. Everyone is valuable to the degree that our education and background allows us to be. Respect of others makes for a good team. If you are not busy (I know it happens rarely), step in and help your CNA take someone to the bathroom or clean up an incontinent patient. They will respect you for it and work well for you. Don’t radiate the attitude of being better than they are, don’t talk down to them. I have been taught a lot through the years by CNAs. A CNA can be a nurse’s best friend. This goes ditto for the X-ray techs, the clerical staff, the pharmacy techs and others. Everyone on the medical team is valuable!

10. Other nurses are your best support group! Only another nurse can really understand what we do everyday. When I first became a nurse, I would try to talk to family and friends about the day I had just been through. They would look at me and say “that must have been a bad day” but only nurses can understand what a “bad day” really is! I have realized throughout my career my nurse friends are my best support group when I need to de-stress about work. Identify mentor nurses early in your career. Role model after the ones you admire (there are some really great nurses out there). Be respectful of those “old” nurses with experience, there is always something new you can learn from them.

11. A sense of humor is a MUST! Some days are just hilarious, from slipping through a puddle and spilling your entire lunch to suddenly realizing you didn’t empty your coffee pot last night (actually I did have a patient eat a suppository once; he told me it was difficult to get down without juice). Laugh with your patients and coworkers. Smile when you don’t feel like it! Be the clown, every unit needs one. Post nursing cartoons on the bulletin board. Have fun doing what you do. Remember, laughter IS the best medicine.

12. Take care of YOUR health first! Nurses must have physical endurance and good health habits. We (self included) need to practice what we preach. Nurses are on their feet, sometimes for more than 12 hours a day. Turning a 450 pound patient will take its toll on your back. Buy comfortable shoes, get your physicals, schedule your mammograms and get your yearly Papanicolas (I must admit I just recently start doing this). Avoid bad habits, such as nail biting, pen chewing, smoking, and excessive alcohol use (even though some days do call for a stiff drink). Wash your hands often while singing happy birthday twice. Remember your #1 priority is yourself! Schedule a massage, go play a game of golf! If you don’t take care of yourself, you can not take care of others.

Nursing is a difficult career, but a rewarding one! It is easy to get burned out. Do not let this happen! A nursing career is like a relationship, it has its good and bad points. I love what nursing has to offer, just not every nursing job. Find the nursing job that is a good fit for you. Nursing is what you make of it! It takes a special breed of individual to be a nurse!
WHERE YOU BELONG

We're patient-centered.
We're caring and compassionate.
We're committed to quality.
We value one another's contributions.
We treat co-workers like family.
We work and play where we live.
We love our work.
Everyday, we put our energy and passion into making a difference for our community. And we invite you to do the same.

DIRECTOR INPATIENT SERVICES

• 3+ yrs experience at Director level in an acute care organization
• Bachelor's degree or Master's degree – one of which must be in nursing
• FACHE or NEA-BC preferred
• Proven ability to effectively lead teams, manage finance/capital budget, productivity measurement
• Demonstrate transformational leadership through mentoring and empowering staff
• Strong interpersonal and communication skills

Wentworth-Douglass Hospital
THE MAINE'S LEADING MEDICAL CENTER
789 Central Avenue, Dover, NH 03820
Apply online at www.wdhospital.com

Wentworth-Douglass Hospital is an Equal Opportunity and Affirmative Action Employer.

MAGNET® RECOGNITION for NURSING EXCELLENCE

Exeter Hospital would like to congratulate its dedicated team of nurses for being recognized by the American Nurses Credentialing Center (ANCC)® as a national leader in quality patient care, nursing excellence and innovations in professional nursing practice. Achieving Magnet® status places Exeter Hospital among the top seven percent of hospitals nationwide for providing consistently high quality nursing care to patients; and among only three other hospitals in New Hampshire (Dartmouth-Hitchcock Medical Center, Southern New Hampshire Regional Medical Center and St. Josephs Hospital).

COMMITTED TO PROVIDING EXCELLENCE IN CARE