



NEW HAMPSHIRE NURSES' ASSOCIATION

210 N. State St. Suite 1-A, Concord, NH 03301

PHONE: (603) 225-3783

FAX: (603) 228-6672

EMAIL: office@nhnurses.org

WEBSITE: www.NHNurses.org

FALL 2011 ANNUAL MEMBER MEETING

October 26th 8:00 – 9:00 a.m.

SERESC – Bedford, NH

Call to Order	Anita Pavlidis, President
Establishment of Quorum	Patti Puglisi, Secretary
Introduction of Board Members	Anita Pavlidis
Financial Report	Peggy Lambert, Treasurer
President's Report	Anita Pavlidis
Commission Reports	
1. Continuing Education	Chair, Sandra McBournie
2. Government Affairs	Chair, Judy Joy
3. Nursing Practice	Chair, Joanne Welch
4. Organizational Affairs	Jane Leonard – Pres. Elect / Board liaison
Association Business	
1. Call for volunteers / nominations	A. Pavlidis
2. Revenue generation	Discussion
3. 2012 Programming	Discussion
Adjournment	

NEW HAMPSHIRE NURSES ASSOCIATION

2011 Annual Meeting

President: Anita Pavlidis

Executive Director: Avery Morgan

PRESIDENT'S REPORT

GOVERNANCE: Best Practices for Non-Profit Boards

- Developed a 3-5 year association strategic plan.
- Reviewed & revised all NHNA Policies & Procedures & Personnel Policies.
- Developed position descriptions for all Board of Director members.
- Implemented "Consent Agendas" & Executive Director Summary to improve meeting efficiency.
- In the process of developing a Board of Director orientation.
- Performed a skill assessment of Board members to seek members that complement the existing Board.
- Evaluate Board assessment of performance at end of year.
- On-going exploration of virtual electronic documentation and storage.
- Attendance at the ANA national Constituent Member Assembly by the President & Executive Director.

MEMBERSHIP

- Expanded Nominations Committee to include members of the Board of Directors.
- Continued recruitment efforts, maintaining gains from last year. [Current total 629.]
- Focused efforts on retention by personal outreach and thank you notes.
- Visited schools of nursing and clinical agencies throughout the state to recruit new members.
- Continue to recruit active volunteers – especially to work on program/ event planning & membership.
- Developed plan to outreach and form alliances with nursing specialty organizations.

INITIATIVES

- Strengthen relationship with Student Nurses Association(SNA); invited the President of the SNA to become a non-voting member of the Board of Directors
- Utilizing Granite State Distance Learning videoconferencing network to conduct regional information meetings.
- Discussed partnering with SNA for Humanitarian/Service Learning Projects: contributions for NH Food Bank encouraged for May conference
- Implemented annual training day and educational sessions throughout the year for Board members.
- Held networking event for the Board of Directors and all Commissions to enhance intra-association communication.
- Selected a theme, "Communication" for the year & built all events and conferences around the theme.
- Exploring the revival of the NH Nurses Foundation.
- Continued to strengthen relationships with the NH Organization of Nurse Executives and the Board of Nursing.

The NHNA October 26, 2011 Treasurer's Report

As most non-profit organizations the New Hampshire Nurse's Association has been challenged by these economic times. Before I share the numbers I would like to recognize all of the volunteers (and their organizational units) that do the important work of this organization, the hours they donate every month represent a value that cannot be quantified. Secondly, I would like to acknowledge Avery Morgan, who has helped to manage the NHNA budget in a fiscally responsible manner, keeping expenses to a minimum.

As of August 31, 2011: NHNA has \$289,612.64 in assets; of this number we administer an account totaling \$ 2298.71 that is a special project account which are not our funds.

Assets	August 31, 2011		Liabilities	
Checking	\$ 8527.59		Special Project Account	\$2,298.71
Wells Fargo	\$ 260,772.02		Payroll	10.29
Citizens CD	\$ 3875.70		Liabilities Total	\$2,309.00
Citizens Bank Savings Designated fund CE	\$ 866.40			
Special Project Account	\$2,298.71		Equity	
Total bank accounts	\$276,340.42		Net income	-\$1209.61
			Prior period adjustment	\$564.24
			Designated fund CE	\$ 860.87
Fixed Assets	\$ 2,224.17		other	\$286.56
			Gala Scholarship - designated	\$ 4000.00
			Retained earn / unrestricted , undesignated	\$272,040.09
			Total Equity	\$276,255.59
Total Assets	\$278,564.59		Total Liabilities & Equity	\$278,564.59

Last year on August 31, 2010 we showed Total Liabilities & Equity of \$288,012.73, from 8/31/2010 to 8/31/2011 we have seen a decrease of -3.3%.

During this past year we retained Penny Raby, CPA of Malone, Dirubbo & Co. P.C. to perform a "limited review" of our books. She had minor suggestions and found our books to be in good order. Ms. Raby also found a tax overpayment of \$1100. - and we have applied for a refund.

We continue to see a decrease in revenue generated from conferences but continue to benefit from a stable membership base. Our goal is to maintain high membership numbers and identify new sources of revenue. Finally we would love to have an active Finance Committee and I encourage you to consider joining to help steward our organization. Please contact our executive director Avery Morgan in the NHNA office or myself.

Respectfully Submitted

Peggy Lambert RN, MS, MBA, CCRN

NHNA Treasurer

plambert@cmc-nh.org

Commission on Continuing Education Annual Report 2011

The Commission on Continuing Education (CCE) is an Accredited Approver Unit through ANCC for continuing nursing education (CNE). We review applications for organizations that wish to be approved Providers of CNE and review applications for individuals or organizations to offer activities for CNE.

Goals for 2011 as established by the CCE:

1. Maintain Commission Page on NHNA website
2. Enhance communication with and support of providers
3. Implement at least one strategy to enhance CCE revenue
4. Enhance self-evaluation of approver by analyzing QA data summary twice each year and obtaining informal qualitative feedback from customers

Providers: The CCE currently has 24 approved providers that it monitors. Due to ANCC geographical requirements for providers, that number is down from 27 in 2010. In 2010 those providers offered over 1100 continuing education activities totaling over 4000 contact hours, to over 21,000 attendees.

Activities: In 2010 the CCE approved 18 activities for individuals or organizations totaling over 142 contact hours to over 2100 attendees. To date, 19 activities have been approved in 2011. This is up from 15 activities the prior year (year to date comparison).

Below is a list of accomplishments of the CCE this year:

- Assigned reviews and maintain provider/activity logs
- Completed reviews for activities and maintained 25 approved providers
- Held first ever networking meeting for providers titled "ANCC Criteria Made Simple".
- Maintained the information on the CCE page of the NHNA website
- In process of completing review/revision of entire policy manual for CCE
- Implemented process for collecting and analyzing QA data. .

The CCE has maintained an active and committed volunteer base with a membership that remained stable this year. At this time the CCE consists of 10 volunteers, all of whom have a master's degree in nursing or education. The volunteers on the commission are experts on CNE requirements. We will be losing one member at the end of 2010 and are actively seeking a replacement. With the absence of an administrative assistant (until recently), members were willing to take on many administrative responsibilities that keep the CCE running smoothly. Most recently, some of those responsibilities have been transferred back to the current administrative assistant.

Current Members include:

Sandra McBournie RN, MEd.-Chairperson

Aleta Billadeau, RN, MSN

Rae Mello-Andrews, RN, MS, CENE

Amy Guthrie, RN, MS, CAGS

Pat Moysenko RN, MSN, BC, CD

Deb Hastings, RN, PhD, CNOR

Denise Nies, RN, MSN, BC

Kristine Irwin, RN, MS, BC

Brenda Shurtleff RN MSN,CWOCN

JoAnn Vatcher, RN, MS

It is reflected in this report that the NHNA CCE is proudly contributing to the mission of the NHNA "to address issues related to the development and maintenance of high standards of nursing practice and education."

Respectfully Submitted,

Sandra McBournie- Chair, NHNA CCE

Annual Business Meeting Report from the Commission on Nursing Practice October 26, 2011

The Commission on Nursing Practice is responsible for advancing the profession of nursing through activities that identify and evaluate trends, developments and issues that impact nursing. At this time the CNP consists of 8 volunteers in diverse roles and settings across the state. Geographic areas currently represented include the Merrimack Valley, southern NH, western NH and the North Country.

Major accomplishments of an offshoot task force of the commission were the development of a toolkit and presentation of a videoconference regarding the role of the licensed nurse in supervision of and delegation to medical assistants. These accomplishments represent a milestone in the work of this task force. The group has been meeting since late 2009 and has been co-chaired by representatives from NHNA and the NH Board of Nursing. The task force has worked to foster collaboration between the nursing and medical assistant communities in the region, recognizing that nursing and medical assistant roles are distinct yet integral to the office practice setting and all involved share the common goal of optimal patient safety. The videoconference was well received and the commission's goal is that the toolkit will assist practice settings in establishing a safe and clearly defined structure for the medical assistant role in relation to that of the licensed nurse (RN, LPN or APRN.)

In addition to the above task force accomplishments the commission has begun working on strategies to promote educational advancement for licensed nurses at all levels consistent with the association's position paper. Once developed a list of proposed strategies will be presented to the NHNA Board of Directors for consideration.

Lastly, the commission developed criteria for three \$1000 scholarships to be funded by proceeds remaining from a previously held gala. One scholarship will be awarded to an applicant pursuing a bachelor's degree in nursing, one to an applicant pursuing a master's degree and the third to an applicant pursuing a doctorate.

The CNP has continued to experience challenges with inconsistent meeting attendance over the course of the past year due to scheduling conflicts and geographic diversity of the membership. This has made it difficult to sustain significant forward movement related to initiatives using the larger group as the consistent working unit.

Current Members include:

Joanne Welch, MS, RN, NE-BC, CENP, Chair	Kathleen Hartmann, MSN, RN
Bonita Kershaw, MSN, RN	Candace Stillman, MSN, RN
Margaret Burns, PhD, RN	Cynthia McDonald, MS, RN
Mary Catherine Rawls, MS, RN-BC	Kathleen Schuler, MSN, RN

Respectfully Submitted,

Joanne Welch, MS, RN, NE-BC, CENP, Chair,

NHNA Commission on Organizational & Membership Affairs - 2011 Report

- Membership recruitment for commission remains a challenge – no new members since Fall 2010. Currently only three (3) regular members.
- Inconsistent meetings throughout the year due to lack of availability until August -September 2011.
 - New day/time for meetings established – third Saturday of month at CMC - 8:30 a.m.
 - (3)Commission members have potential candidates considering joining. Have yet to make meetings. Will continue to actively pursue.
- Commission has set tentative topic recommendations for periodic video-conferences for 2012. To be reviewed with NHNA BOD. Technical feasibility being considered.
- Commission willing to participate with state SNA for combined event in Spring 2012 – needs to be planned for a date prior to school graduations. March /April recommendation made. Efforts planned and being made to reach out to known state SNA president and members to solicit feedback and collaborative efforts, combining student interests/needs with those of association members.
- Establishing year-long theme for events and potential education presentations for 2012. Will focus on IOM recommendations and ongoing NHNA strategic plan initiatives.
- Primary goal – to increase Commission membership by additional 3-5 persons before year's end.
- Current commission interim-chair will not be available to chair the Commission after January 1, 2012 due to role as NHNA President. Commission will need to establish focus and on-going membership drive/involvement under a new Commission chairperson.
- NHNA members Interested in inquiring about COA membership, responsibilities and activities should contact NHNA office and/or review information on current NHNA website.

>>>>>><<<<<<<<

NHNA Govt. Affairs Commission - Year in Review, 2011

2011 began with our January Town Hall Forum to assess the concerns of nurses; examine pending legislation, and determine focus for the session. This event was conducted for the first time utilizing video conferencing technology to include attendees at regional sites around New Hampshire which greatly expanded our normal participation.

In March and April we held two 'sold out' Health Policy Days with eager nursing students from most of New Hampshire's undergraduate programs.

In general, GAC has had an incredibly busy year because of and perhaps in spite of the intense focus on the financial crisis and budgetary issues. Early in the legislative year election results revealed that the budget was going to be forged on the basis of cutting spending (no new taxes?? – question marks explained later) and that many of the legislators elected to shape our State's fiscal future were novices with a platform of conservative to reactionary values. *Reactionary would seem an extreme statement were it not for the*

fact that a legislator at one of our aforementioned Policy Days actually pronounced licensure of nurses an unnecessary invasion of the State into our personal business.

The financial crisis that we are all experiencing was, in part, a cause of a significant win for the nurses of NH. The health care community has often used less expensive providers in certain roles. Considering cost of care is a reasonable objective that we should all support unless it threatens the quality and safety of care. Various articles in our NH Nursing News have detailed how your Association uncovered issues related to the use of the title nurse when the worker was not, in fact, a nurse. As a result the **NHNA, through legislators supportive of nursing, advanced legislation to protect the title “nurse” and Senate Bill 53 became law this June.** Health care workers who are not prepared according to standards set to protect the public (and the reputation of nursing as a profession) can no longer call themselves nurses nor can they be called nurses by their employers.

Directly related to the NH State government budget crisis were actions taken by the State to reduce the cost of operating state agencies, i.e., the Board of Nursing (BON). The NH BON is self supporting by state law and is required to levy fees to support its operation. In spite of this detail the State required the BON to reduce staff by four positions as a cost saving measure. The NHNA challenged this action directly with state authorities but were not able to prevent the staffing cuts. The NHNA responded by requesting and receiving a letter from the BON detailing the impact of those budget cuts.

This action by the State of NH – to increase contributions to the General Fund - amounted to a special new tax on NH nurses which NHNA could not permit. As a result, we requested that the BON undertake rulemaking to reduce licensing fees for NH nurses to no more than the required 125% of the operating cost of the BON. To be clear, the NHNA wishes to support the BON in its efforts to maintain full and effective discharge of its duties. We prefer that the State of NH restore the budget and staff of the BON to its previous level and we continue to work with the BON and our resources to achieve that goal. In the meantime we will take actions necessary to protect the nurses of NH from shouldering the burden of NH State government unfairly.

NOTE: The BON has since replied that the State has raised their operating fees to such a degree as to eliminate the large excess in revenue seen during FY 2010-2011 – and therefore were not able to grant our request to reduce fees. We do not consider this issue resolved, however.

Although these were the big issues we addressed this legislative year, they were not our only activities. The GAC begins each year with a Town Hall meeting where issues of concern for nurses are raised. We continue, as bills are introduced, by ranking bills to efficiently focus our efforts. The following is a summary of other significant legislative issues we addressed on your behalf this year.

- **HB 1 & 2 The Budget** - In addition to the BON issue, the NHNA released a position statement regarding the adverse impact of this budget on behalf of the membership that was published in major NH newspapers.
- **HB 58 - Inter-facility transfers of critical access hospital patients with a single provider.** The NHNA successfully supported various specialty nursing groups in this legislation. It repeals an allowance for certain providers (MD, RN or PA) to ride alone in the back of an ambulance while transporting a critically ill patient. After much discussion, the NH Hospital Association, the Emergency Nurses' Association, NHNA and the NH Department of Safety, (Division of Fire Standards and Training, Emergency Planning Medical Services) came together and agreed that having only one clinician in the back of the ambulance was unsafe practice for the patient, the clinician and the hospital, especially considering current emergency law requires two paramedics be in the back of an ambulance with a critically ill patient.
- **HB 71 – Drug take back programs.** The NHNA successfully supported this effort toward uniform and safe disposal of drugs to increase community safety. This bill allows New Hampshire communities and private entities in conjunction with law enforcement officers to establish controlled and non-controlled pharmaceutical drug take-back programs for disposal. (See announcement elsewhere in this edition for an October initiative in NH.)
- **HB 93 – Crossbow documentation by nurse practitioner.** The NHNA successfully supported the NH Nurse Practitioner Association in this effort that **adds an advanced practice registered nurse** to the persons who may complete the medical documentation for a person with a disability applying for a crossbow permit with the fish and game department. As more NP-led primary care practices are established, it is important that our laws and regulations grant practice authority to the fullest extent of the APRN scope of practice.

- **HB 156 - Reducing Tobacco Tax.** The NHNA successfully opposed passage of this bill. Encouraging smoking by reducing the price of tobacco products is not beneficial for the health of NH residents. This bill was another element suggesting radical conservative values that appear to ignore long-term consequences of legislative actions.
- **HB 163 - Establishing a medical sharps advisory council.** Although this legislation was not passed, it was a successful effort. Health and Human Services oversight voluntarily agreed to establish this council. The NHNA will continue to monitor to insure that nurses are represented as planned.
- **House Bill 191 - Outcome measures in mental health.** NHNA successfully supported this bill that implements recommendations of the Office of Legislative Budget Assistant's audit of the NH community health system. It clarifies eligibility and requires all state contracts to have outcome measures. It also addresses the growing problem of uncompensated care delivered to individuals who present for mental health service by clarifying that clinical interventions cannot be denied but enables the agencies to prioritize care for this group of clients based on a thorough clinical assessment. This enables community mental health agencies to stretch their increasingly scarce resources a bit further while providing care to needy individuals.
- **House Bill 199 - Amends RDA 519-B:4,11 facilitating process of medical screening panels. Retained in House Judiciary Committee.** NHNA was unsuccessful in supporting this legislation to passage but is hopeful for future passage when reported out of the Judiciary Committee. NHNA supported development of medical screening panels in NH. The panels were developed in the 1970's in response to claims driving insurance costs up. Panels-comprised of a retired judge or person with judicial experience, health care provider and an attorney were impaneled to weed out weak suits. Medical screening panels have been an effective deterrent to lawsuits without merit (which have had the effect of increasing insurance costs). They have been criticized for requiring too much preparation and therefore deterring suits that may have merit but are brought by claimants without financial means. This legislation may streamline the process.
- **HB 422 - Prohibiting vaccinations in public schools.** The NHNA joined the NH School Nurses Association in successfully opposing this bill. Currently vaccination clinics in schools are strictly on a voluntary basis.

The current makeup of the GAC includes:

Lea Ayers LaFave, PhD, RN

Barbarajo Bockenbauer, MSN, APRN

Jean Dudley, RN, MSN

Paul Mertzic, MS, BSN, RN

Susan Smith, BSN MHA, NEBC, NHA

And recently appointed: Laurie Brown, RN

Virginia Blackmer, MSN APRN, RN

Lisa K. Carpenter, BSN, RN-retired

Susan Fetzer, PhD, RN

Barbara Shaw, BSN, RN

Linda von Reyn, PhD, RN

Respectfully submitted, Judith Joy, RN, PhD – GAC Chair