

Speaking Up and Whistleblowing: Implications for Practice



Date: Friday, June 12, 2015

Time: 7 a.m. – 3 p.m.

Location: NJHA Conference and Event Center
Princeton, NJ 08543

Sponsored by: Organization of Nurse Executives, NJ

PROGRAM DESCRIPTION

The literature illustrates that precursors to patient errors are witnessed far in advance, and that healthcare staff observe colleagues cutting corners, making mistakes and demonstrating incompetence; yet very few will speak up. These ongoing problems contribute to avoidable errors, high employee turnover, decreased morale and reduced productivity. These actions further lead to suppressing key information that may result in adverse patient outcomes.

While hospitals are responding aggressively to these issues with new technologies and quality improvement systems, there is a deeper problem that must be resolved, namely the need for nurses, as powerful advocates, to speak out regarding issues and concerns that can potentiate patient harm.

The participants will learn the value of speaking up, promoting and facilitating a culture of safety in their practice environment without fear of retaliation.

At the end of this program, participants will be able to:

- List three resources for reporting adverse practices and unethical behaviors.
- Identify situations that may require a health care practitioner to seek legal and ethical guidance about whether or not to blow the whistle.
- Discuss implications of workplace bullying in nursing practice.

- Utilize a systematic approach in the evaluation of errors and patient safety concerns.

WHO SHOULD ATTEND

Nurse Executives, directors, managers, aspiring nurse leaders, supervisors, staff nurses, educators, researchers and nursing faculty.

CONTINUING EDUCATION CREDITS

HRET-NJHA is an approved provider of continuing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

P#131-5/11-14.

This activity is approved for up to 6.75 contact hours.

There is no commercial support for this activity.

Accredited status does not imply endorsement by HRET, the American Nurses Credentialing Center's COA or the New Jersey State Nurses Association of any commercial products or services in conjunction with an activity.

Disclosure information: Full disclosure will be provided at the educational activity.

(OVER)

An allied member of
the New Jersey
Hospital Association



REGISTRATION INFORMATION

(includes continental breakfast, lunch and materials.)

Fees: **ONE NJ Member: \$175 ea.**

Non-member: \$220 ea.

Three or more from same facility (must register at same time): \$200 ea.

- **IMPORTANT:** Registration form **must** be included with the mailed check payment in order for the money to be applied to your registration. Please fax a copy of your registration form to 609-275-4271 **prior** to sending with check payment in the mail. This will ensure a seat is reserved for you in the event the mail is delayed.
- In order to be registered, payment by credit card or check is required along with this registration form. **Faxed copies of check will not be accepted.**
- **Make checks payable to:** ONE NJ
Mail to: ONE NJ
P.O. Box 6066
Bellmawr, NJ 08099

Cancellation Policy:

Cancellations must be received by June 5.

Cancellations received after June 5 **will not be eligible** for a refund.

- Member cancellations will receive a refund minus a \$70 per person service fee.
- Non-member cancellations will receive a refund minus a \$90 per person service fee.
- Cancellations for three or more from the same facility will receive a refund minus an \$80 per person service fee.
- Registrants unable to attend may send an alternate.
- For a complete overview of our cancellation policy, please visit our Web site.
- No confirmation will be sent.
- For brochures or a calendar of upcoming seminars go to <http://www.njha.com/education/>

FOR MORE INFORMATION, OR IF YOU HAVE A DISABILITY AND NEED A SPECIAL ACCOMMODATION, PLEASE CALL 609-275-4180.

PROGRAM SCHEDULE

- 7 a.m. *Registration / Continental Breakfast / Poster Session / Vendor Exhibits*
- 8 a.m. **Welcome and Overview**
Patricia Steingall, MS, RN, NE-BC
President, ONE NJ
Chief Nursing Officer
Vice President, Patient Services
Hunterdon Medical Center
- Donna A. Cole, PhD, RN, CNOR, NE-BC*
Magnet Writer
Hunterdon Medical Center
Co-chair, ONE NJ Research Committee
- Eileen Bersick, PhD, RN, NE-BC*
Director, Endoscopy
The Valley Hospital
Co-chair, ONE NJ Research Committee
- 8:15 **Speaking Up: A Dimension of Professional Practice in an Ethical Context**
Lucille A. Joel, APN, EdD, FAAN
Distinguished Professor
Rutgers College of Nursing
- 9:30 *Break*
Poster Session / Vendor Exhibits
- 10 a.m. **To Blow or Not to Blow: Legal & Ethical Considerations of Whistleblowing**
Kathleen Gialanella, JD, RN, LLM, Esq.
- 11 a.m. **Nurse Managers, Patient Safety and Incivility**
Anita Skarbek, PhD, RN
RN to BSN Director and Faculty
University of Missouri
- 12 p.m. *Networking Luncheon / Poster Session*
- 12:45 **Shifting Organizational Culture: The Link between Transparency and Patient Safety**
Bettyann Kempin, MS-HCM, NP-C, NE-BC
Assistant Vice President, Medical Surgical Services
The Valley Hospital
- 1:45 **Overview Questions and Answers Panel Discussion**
Panelists:
Lucille A. Joel, APN, EdD, FAAN
Kathleen Gialanella, JD, RN, LLM, Esq.
Anita Skarbek, PhD, RN,
Bettyann Kempin, MS-HCM, NP-C, NE-BC
- 2:45 *Wrap up and Evaluations*
- 3 p.m. *Adjournment*

For directions visit NJHA on the Web at <http://www.njha.com/directions.aspx>.

To register online with a credit card please go to www.HRET-Register.com



In the event of inclement or questionable weather conditions, please call 609-275-4140 for meeting information.



Registration information on reverse side of this form

REGISTRATION (Please Type or Print Clearly)

Seminar #1503 (ONE NJ Research) Mem. \$175 / Non-mem. \$220/\$200

Name (as it should appear on badge) _____

Title _____

Phone _____ Fax _____

E-mail address _____

Hospital/Firm _____

Street _____

City _____ State _____ Zip _____

METHOD OF PAYMENT

AMOUNT: \$ _____

Check MasterCard VISA Amex

Card # _____ Expiration Date _____

Print Name (as it appears on card) _____

Signature _____

Cardholder's billing address (if different)

Name _____

Address _____

City _____ State _____ Zip _____