Ebola evokes primary concern for world healthcare and public safety. The American Nurses Association’s Rapid Response Team meets twice daily to review, update and disseminate the latest guidelines in prevention, monitoring exposed persons, and safe practice in Ebola patient care. As well, ANA has partnered with the American Medical Association and the American Hospital Association in sharing and disseminating the most up to date information. As well, ANA maintains close contact with the organization of Nurse Executives (OMNE) who are in partnership with The Association of Critical Care Nurses and the Association of Emergency Nurses. We, at ANA-MAINE waste no time or risk data loss by repurposing critical information. A direct link to ANA data is found on our Website home page at http://www.anamaine.org/. Click on “Learn More” of the top banner’s #1 position for all categories of the latest information.

The CBS Morning show caught my full attention this morning. The three anchors were discussing worker courage and, in particular, two infected nurses now Ebola virus free. Norah O’Donnell stated, “Nurses are the most important people in healthcare.” It was a profound moment. Her depth of voice indicated this to be far more than a casual statement and the affirmative, respectful response of her co-anchors sealed the moment as one of privilege. I sat stunned, humbled and grateful to be a nurse. I offer a request for three sites! We shall see what technology offers. A huge thank you to our sponsors. We could not have accomplished this without you – though financial assistance was critical, your belief in us and this ambitious project is invaluable. See the sponsor page on our Website.

Lastly, welcome to the 2014-2015 Board of Directors: Patricia Boston, 1st VP; Juliana J. L’Heureux, 2nd VP; Barbara Hannan Vishio, Treasurer; Nancy Rice, Secretary; and Directors Paula Delahanty, Sally Melcher-McKeagney, Anne Naper, Carla Randall, Lynne Turnbull and Amander Wotton! Welcome also to the Nominations Committee: Susan Cullen, Sharon Martin, Jennifer Morton, Ann Sossong and Paula Theriault and to Membership Assembly representatives Patricia Boston and Anne Naper!
Maine General Medical Center: Maine’s Newest Healthcare Facilities in Augusta

by Juliana L’Heureux

Maine General Health opened the state’s newest medical center in Augusta a year ago, to fulfill the vision of providing clinical excellence, customer satisfaction, financial stability and access to community health care, with a focus on caring for residents in Kennebec County and adjacent communities. Maine General Health is the third largest healthcare system in the state.

The history of Maine General Health is rooted in many different and unique healthcare institutions. Augusta City Hospital, Gardiner General Hospital, Sisters Hospital — which later became Elizabeth Ann Seton Hospital — and Thayer Hospital became a part of the fabric of their local communities and in Kennebec Valley. The collaboration of these healthcare facilities created what Maine General has become, through the completion of the Alfond Center for Health/Thayer Center for Health project. This evolutionary journey will span 124 years, by the time the Thayer Complex redesign is completed.

Susan McLeod, RN-BC, is the clinical education specialist for clinical education and practice at Maine General Medical Center and past president of ANA-MAINE. She conducts orientation for nurses and clinical staff in the hospital’s state-of-the-art simulation laboratory. “We’re delighted and fortunate to have two ‘sim’ patients with high technology training equipment to facilitate our staff’s clinical development,” she says.

Maine Health’s Prevention Center includes educators who can help with smoking cessation, controlling pre-diabetes, becoming more active and managing chronic health conditions.

Food services at Maine General Health’s Medical Center provides staff, patients and visitors with several specialty kiosks where entrees are prepared and served. Additionally, an outdoor scenic patio seating area welcomes diners, when the weather permits, providing an overlook to a picturesque waterfall park made possible by generous donations from benefactors.

Contact Joy Leach for information about Maine General Health’s community health programs or to schedule tours. Susan McLeod’s email is susan.mcleod@mainegeneral.org.

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www.anamaine.org
Pam Cipriano with ANA display annual meeting

Pamela Cipriano PhD, RN, NEA-BC, FAAN was the keynote speaker at the ANA Maine Centennial meeting.

Dr. Cipriano, of Charlottesville, Va., was elected president of the American Nurses Association (ANA) on June 13, 2014, leading the professional association that represents the interests of the nation’s 3.1 million registered nurses (RNs). She was the keynote speaker at ANA-Maine’s Centennial Annual Meeting in Portland, at the University of New England’s campus, where her presentation was simulcast to a concurrent gathering at the University of Maine in Orono. Her presentation called on nurses to lead the way in healthcare advocacy, and quality and to establish high standards for patient care.

Dr. Cipriano is a nursing and academic medical center executive. She is a senior director at Galloway Consulting, a health management consulting firm, and research associate professor at the University of Virginia School of Nursing. She is also editor-in-chief of American Nurse Today, the official journal of the ANA. She was the 2010-2011 Distinguished Nurse Scholar in Residence at the Institute of Medicine where she helped study the safety of health information technology assisted care, and worked in the Office of the National Coordinator for Health IT on the Meaningful Use team facilitating development of quality measures and associated policies. As a fellow of the American Academy of Nursing, she chaired its Workforce Commission, which studied technology solutions to improve the work environment to make patient care safer and more efficient. Throughout her career, she has been a leader in national nursing organizations and currently serves on the Joint Commission’s National Nursing Advisory Council, the National Health Collaborative Board and the National Quality Forum’s Consensus Standards Approval Committee.

ANA Maine Board with Dr. Pam Cipriano from left Juliana L'Heureux, Carla Randall, Karen Rhea, Annelle Beal, Irene Eaton, Dr. Pam Cipriano, Rebecca Quirk, Joyce Cotton, Pat Boston

Cipriano’s “Nurses Leading the Way” presentation included an overview of the key issues below, discussed in the Institute of Medicine’s (IOM) report on the future of nursing.

• Nurses should practice to the full extent of their education and training.
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses should be full partners with physicians and other health professionals in redesigning U.S. health care.
• Effective workforce planning and policymaking require better data collection and an improved information infrastructure.

ANA’s strategic plan for 2014-2015 includes these goals:

• Promote a safe, ethical work environment as well as the health and wellness of nurses in all settings.
• Advance the quality and safety of patient care in a transforming healthcare system.
• Optimize professional nursing practice and the quality of health care through leadership and development and by ensuring full use of the knowledge and skills of RNs and APRNs.
• Aggressively grow membership by acquiring, engaging and retaining members.
• Strengthen the membership value.
• Strengthen Student Nurses Association and the ANA Enterprise through mutual partnership.

ANNA Maine annual program and meeting at the University of New England’s campus on Stevens Avenue in Portland on September 27th, welcome committee from left Joyce Cotton, ANA-Maine Board member, with Rebecca Quirk, Treasurer and Michelle Schweitzer, Administrative Coordinator.

Mary Foley, PhD, RN, FAAN, past president of ANA with Susan McLeod, past president of ANA Maine attending the annual meeting program at the University of Maine in Orono. Dr. Foley spoke about ANA Transitions and Innovations.
EnteroVirus D68 (EV-D68) is one of more than 100 non-polio enteroviruses. This virus was first identified in California in 1962. EV-D68 can cause mild to severe respiratory illness. Mild symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches. Severe symptoms may include wheezing and difficulty breathing. Anyone with respiratory illness should contact their doctor if they are having difficulty breathing or if their symptoms are getting worse.

How does the virus spread? Since EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes or touches a surface that is then touched by others. In the United States, people are more likely to get infected with enteroviruses in the summer and fall. Cases are likely to decline later in the fall.

In general, infants, children and teenagers are most likely to get infected with enteroviruses and become ill. That’s because they do not yet have immunity (protection) from previous exposures to these viruses. We believe this is also true for EV-D68. Adults can get infected with enteroviruses, but they are more likely to have no symptoms or mild symptoms.

Children with asthma may have a higher risk for severe respiratory illness caused by EV-D68 infection.

EV-D68 can only be diagnosed by doing specific lab tests on specimens from a person's nose and throat. Many hospitals and some doctor’s offices can test ill patients to see if they have enterovirus infection. However, most cannot do specific testing to determine the type of enterovirus, like EV-D68. The U.S. Centers for Disease Control (CDC) and some state health departments can do this sort of testing. CDC recommends that clinicians only consider EV-D68 testing for patients with severe respiratory illness and when the cause is unclear.

What are the treatments?

There is no specific treatment for people with respiratory illness caused by EV-D68. For mild respiratory illness, you can help relieve symptoms by taking over-the-counter medications for pain and fever. Aspirin should not be given to children.

Some people with severe respiratory illness may need to be hospitalized. There are no antiviral medications currently available for people who become infected with EV-D68.

Prevention against getting and spreading EV-D68 and other respiratory illnesses by following these steps:

- Wash hands often with soap and water for 20 seconds.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Cover your coughs and sneezes with a tissue or sleeve, not your hands.
- Clean and disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.
- Stay home when you are sick.

There are no vaccines for preventing EV-D68 infections.

News Source: CDC 24/7 http://www.cdc.gov/non-polio-enterovirus/about/ev-d68.html
American Nurses Association in Support of Patient and Nurse Safety for Ebola

by Juliana L’Heureux

President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, is the president of the American Nurses Association. She released a statement of support for nurses and health care givers who are involved in the treatment of patients who are ill with the Ebola virus. “We urge all hospitals and health care workers to engage in comprehensive education and preparedness activities in order to ensure the safety of the public and health care professionals. We have the utmost confidence that health care providers are eager to take part in learning protocols that will protect health care workers and keep patients safe.”

Two nurses who were members of the health care team that provided care to Thomas Eric Duncan while he was in isolation in the hospital became ill with the Ebola virus. Duncan, who traveled to Texas from Liberia, died from Ebola on Oct. 8. The nurse wore full protective gear while caring for Duncan. CDC officials report that a breach in protocol may have occurred at some point. They are looking closely at high-risk procedures that were performed on Duncan.

ANA has shared CDC resources with its members, including instructions about how to put on and safely remove personal protective equipment. ANA is encouraging its members to participate in a call being hosted by the CDC on Oct. 14.

A missionary nurse named Nancy Writebol, 59, who was working in Liberia with her husband and providing care for Ebola patients, became ill with the virus. She was transferred to the US for treatment and is now fully recovered.

Dr. Cipriano’s statement is available at the ANA website: http://www.nursingworld.org/HompageCategory/NursingInsider/ANAStrategicNurseDiagnosedwithEbola.html

Evaluating Patients for Ebola

CDC Advisory

Medscape Nursing News Centers for Disease Control and Prevention Health Advisory October 3, 2014

The first case of Ebola virus disease (Ebola) diagnosed in the United States was reported to the Centers for Disease Control and Prevention (CDC) by Dallas County Health and Human Services on September 28, 2014, and laboratory-confirmed by CDC and the Texas Laboratory Response Network (LRN) laboratory on September 30. The patient departed Monrovia, Liberia, on September 19, and arrived in Dallas, Texas, on September 20. The patient was asymptomatic during travel and upon his arrival in the United States; he fell ill on September 24 and sought medical care at Texas Health Presbyterian Hospital of Dallas on September 26. He was treated and released. On September 28, he returned to the same hospital and was admitted for treatment.

(Editor’s note: A nurse who cared for Mr. Thomas Eric Duncan, the deceased Ebola patient, at Texas Presbyterian Hospital in Dallas, later tested positive for having been infected by the virus.)

The purpose of this Advisory is to remind healthcare personnel and health officials to:

1. Increase their vigilance in inquiring about a history of travel to Ebola-affected countries in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola; 2. Isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, Senegal, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and

3. Immediately notify the local/state health department.

Background

From March 24, 2014, through September 23, 2014, there have been 6,574 total cases (3,626 were laboratory-confirmed by CDC and the Texas Laboratory Health and Human Services on September 28, 2014, and 2,948 were laboratory-confirmed by CDC) and 3,091 total deaths reported in Africa.

Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38°C or 101.5°F and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk, and semen) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with infected persons (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period (the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

Recommendations

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient’s travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected West African countries (Liberia, Sierra Leone and Guinea) and exhibit such symptoms, immediate action should be taken. The Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf and http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evo.pdf.

News source: Medscape http://tinyurl.com/68pnpzz
Opening for CNE Program Reviewers

Are you passionate about nursing education? Do you have experience in adult learning and nursing education, as well as a baccalaureate or graduate degree in nursing? If so, ANA-Maine has a spot just for you on its Continuing Nursing Education Committee! ANA-Maine is an Accredited Approver of Nursing Continuing Nursing Education Committee! ANA-MAINE is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CNE information, please go to www.anamaine.org.

If you wish to post an event on this calendar, the next submission deadline is Monday December 29, 2014, for the Winter 2014 issue.

Send items to publications@anamaine.org. Please use the format you see below: date, city, title, sponsor, fee and contact information. There is no charge to post an educational offering.

Advertising: To place an ad or for information, contact sales@aldpub.com.

To obtain information on becoming an ANCC-COA CNE provider, please contact anamaine@gwi.net.

USM/PCE indicates the class is offered through University of Southern Maine/Center for Professional and Continuing Education. For course descriptions, visit http://www.usm.maine.edu/pdp/pdp-certificate-programs or http://www.usm.maine.edu/muskie/continuing-education. (The previous website address no longer works) or call 207-780-5900 or 800-787-0468 for a catalog.

Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.

CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.

For PESI HealthCare seminars in Maine, visit http://www.pesihealthcare.com.

USM/PCE indicates the class is offered through University of Southern Maine/Center for Professional and Continuing Education. For course descriptions, visit http://www.usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

For PESI HealthCare seminars in Maine, visit http://www.pesihealthcare.com.

Visit the ANA-MAINE Calendar of Events at: http://www.anamaine.org/calendar.cfm for more information for additional upcoming events.

14 USM/PCE/Portland. Managing Difficult Situations by Managing Yourself. 8:30 a.m.-4:30 p.m. $195. Intensive workshop for supervisors and managers, classroom trainers, project managers, and anyone interested in learning skills and perspectives for strengthening relationships with coworkers, supervisors and direct reports. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

18 USM/PCE/Portland. Negotiation Skills and Strategies, 8:30 a.m.-4:30 p.m. $195. For leaders and managers who negotiate for themselves and their organizations, as well as those who supervise employees and staff members who engage in negotiation. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

20, 12/4 USM/PCE/Portland. Delivering Powerful Presentations. Two Thursdays (Nov. 20 and Dec. 4), 8:30 a.m.-3:30 p.m. $225. Develop your skills and decrease your anxiety in a supportive, safe environment. Includes a pre-assessment to help you and the instructor target your strengths and areas to improve. Learn strategies to build confidence and capitalize on your unique style. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

21 USM/PCE/Portland. Professional Writing Workshop. 8:30 a.m.-3:30 p.m. $195. For marketing and communication professionals, project and product managers, administrators and anyone else who is concerned about presenting a professional image in his or her written communication. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

25 USM/PCE/Portland. Flexible Leadership for Every Situation. 9 a.m.-4 p.m. $195. During this interactive workshop you will utilize a self-assessment to determine your versatility in using the right style based on the needs of the employee — the person being led. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

13 PESI/Portland. Falls and Balance. 8 a.m.-4 p.m. $199.99 single registration; group rates range from $189.99 to $159.99. For additional information, call 1-800-843-7763 or visit http://www.pesihc.com.

13 PESI/Portland. Preventing a Crisis: Subclinical Signs of Impending Doom. 8:30 a.m.-4:30 p.m. $189.99 single advanced registration or group rate; $199.99 single after Oct. 24. For additional information, call 1-800-843-7763 or visit http://www.pesihc.com.

19 USM/PCE/Portland. Mindful Leadership. 8:30 a.m.-12 p.m. $195. Two-day intensive workshop for “training the mind” to boost your attention and concentration, have more clarity, be more innovative and improve your relationships. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

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Continuing Education Calendar for Maine Nurses

http://usm.maine.edu/pdp/pdp-certificate-programs or call 207-780-5900 or 800-787-0468.

2, 9, 16 USM/PCE/Portland. Best Practices in Online Instruction. Meets three Tuesdays, 12:30-4:30 p.m. $295. The fastest growing area in workplace learning today is online instruction, requiring a solid understanding of the best practices that drive the design, development and delivery of web-based training. The first four-hour session is in-person on the USM Portland Campus in the Abromson Center. The remaining two sessions are live, two-hour online sessions using Adobe Connect. Participants must have access to a web-enabled computer with speaker and microphone. There will be about four hours of independent work, which must be completed by the end of the final week to receive Continuing Education Credits. For registration information and full course description: http://usm.maine.edu/pdp/pdp-certificate-programs or call 207-780-5900 or 800-787-0468.

5 PESI/Portland. High Risk Obstetrics: Current Trends, Treatments and Issues. 8 a.m.-3:30 p.m. $189.99 single advanced registration or group rate; $199.99 single after Nov. 15. Learn new strategies and techniques that can immediately impact the maternal and fetal outcomes of your obstetrical patients. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

8-12 USM/PCE/Portland. Certificate Program in Grant Writing. 9 a.m.-4 p.m. $750 for five classes. (Single classes are available.) Lunch is included on Friday, Dec. 12. A laptop computer of recent vintage and wireless capacity and participant familiarity with the personal computer environment are required for this program. Please bring a grant proposal idea with you to use in class. Classes held at Abromson Community Education Center. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

10 PESI/Portland. The Ultimate One-Day Wheelchair and Seating Course. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Nov. 20. Practical and effective strategies for navigating a changing healthcare climate to help your patients get correct wheelchairs and other equipment. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

12 PESI/Portland. Mommy, I Don’t Feel So Good! Pediatric Problems, Emergencies and Lab Interpretation. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Nov. 22. Up-to-date knowledge/skills for providing care to this specialized population. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

17 USM/PCE/Portland. Performance Appraisals: An Ongoing Process. 9 a.m.-4 p.m. $195. This workshop is designed to teach supervisors, team leaders and managers how to establish performance standards and conduct meaningful performance evaluations. For registration information and full course description, visit http://usm.maine.edu/pdp/pdp-certificate-programs, or call 207-780-5900 or 800-787-0468.

January 2015

22 PESI/Portland. Strategies for Patient Safety: Prevention through Resolution. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Jan. 2. Essential prevention strategies for commonly occurring and often preventable events, including: falls, medication events, pressure ulcers and those events related to communication failures and disruptive behavior. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

February 2015

18 PESI/Portland. Dementia. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Jan. 29. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

March 2015

11 PESI/Portland. Urgencies vs. Emergencies in the Geriatric Patient. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Feb. 19. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

18 PESI/Portland. The Kidneys in Detail. 8 a.m.-3:30 p.m. $189.99 single advanced registration or group rate; $199.99 single after Feb. 26. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

27 PESI/Portland. Cardiac Rehabilitation. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after March 7. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

27 PESI/Portland. Lower Extremity Weakness, Tone Management, and Balance: Strategies to Improve Outcomes. 8 a.m.-4 p.m. $189.99 single advanced registration or group rate; $199.99 single after Feb. 5. For additional information, call 1-800-843-7763 or visit http://www.pesihealthcare.com.

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Nurses in the News

Agnes Flaherty Award Presented at ANA-Maine Centennial Program

Sherri Woodward, R.N., M.S.N. M.B.A., the Senior Vice President of Patient Services and Chief Nurse Executive at Maine General Medical Center in Augusta serving the community in Central Maine was one of two recipients of the Agnes Flaherty Award presented at the ANA Maine Centennial lunch program at the University of Maine Orono on September 27.

Recognized in Portland at the University of New England annual lunch program was Erin Stone, who is a nurse at Central Maine Medical Center in Lewiston.

Honor a Nurse at the ANA Maine annual program on September 27th.
Each candle publicly acknowledges a registered nurse who made a difference in the lives of others. The recognition raises money for the American Nurses Association Foundation (ANAF), the philanthropic arm of the American Nurses Association (ANA), and its initiatives. (Each paper candle is dedicated to a nurse’s name. The candles are arranged in a Styrofoam “cake” decorated with white cotton balls.)

National Council of State Boards of Nursing: R. Louise McManus Award Recognizes Myra Broadway

by Juliana L’Heureux

In August, Myra Broadway, JD, MS, RN, received the R. Louise McManus Award for nursing leadership. The award, established by the National Council of State Boards of Nursing (NCSBN), is named after the first nurse to earn a PhD. Louise McManus also established schools of nursing and helped to develop nationally standardized methods for nursing licensure in the United States.

“This recognition is an honor for all Maine nurses who have been the beneficiaries of the policies and advances we’ve accomplished through the National Council of State Boards of Nursing,” Broadway says.

Myra Broadway has served as the executive director of the Maine State Board of Nursing since 1998. Her leadership has contributed to improving nursing regulations. While serving on the board of directors on the NCSBN for the past 14 years, Broadway has contributed to the mission of the council by advancing nursing regulation and public protection. Her NCSBN board positions have included director-at-large, area director, vice president and president. As a board member, she also served as the liaison to numerous committees. She has been an example to her peers through her work on nursing regulation, policy and public protection at state, national and international levels.

NCSBN has continued to build relationships with regulatory stakeholders under Broadway’s leadership. She held a key role in forming the Tri-Regulator Collaborative, composed of leaders from NCSBN, the Federation of State Medical Boards and the National Association of Boards of Pharmacy. During Broadway’s tenure as president, the collaborative sponsored a symposium in Washington, DC, and a combined meeting of Boards in Dallas, Texas. Both events were important first steps for healthcare regulators in identifying common concerns and building trust for their future work.

Internationally, Broadway’s work included a commitment to the NCSBN’s vision of advancing regulatory excellence worldwide by signing a Memorandum of Understanding (MOU) with the regulatory boards of Australia, New Zealand, Singapore, Ontario, British Columbia, Ireland and the United Kingdom to address concerns about nursing regulation. During her presidency, the NCSBN entered into a contract with the nursing regulatory bodies of Canadian provinces to provide the NCLEX as the licensure examination for registered nurses in Canada.

In 2009, Broadway received the Manager of the Year Award from the Maine Department of Professional and Financial Regulation.

NURSE PRACTITIONER

The Bucksport Regional Health Center is a community-based, board-governed, and federally-qualified primary care facility. We are seeking a Nurse Practitioner to join the medical team in serving patients in a community-based setting. Candidates must possess an active State of Maine Nurse Practitioner's license, and have at least 2 years of experience. Additional qualifications include BLS, ACLS certification, proficient computer skills, and electronic medical record charting experience.

Applicants should apply with a resume and cover letter to Carol Carew, Executive Director, 110 Broadway, Bucksport, ME 04416 or via email at ccarew@brehe.info. www.bucksporthe.com
Mining on Bald Mountain in Aroostook County Maine

by Timothy T. Bair

Open-Pit Mining on Bald Mountain: Short-term Job Creation vs. Indefinite Environmental and Health Risks

As a permanent resident of Aroostook County, in Northern Maine, a future nurse and conscientious steward of our land, I hold both personal and public health in high regard. The plans of Canadian-based landowner J.D. Irving, Ltd., to operate an open-pit mine at Bald Mountain in the North Maine Woods alarm me due to the dysfunctional approval process for the project and failure to assure it will not contaminate surface and groundwater in the region.

Bald Mountain stands less than 20 miles from Portage Lake and closer yet to Fish River Lake, both part of the Fish River Chain of Lakes. The area attracts outdoor enthusiasts, who contribute much-needed tourism revenue. Exploration uncovered deposits of copper, zinc, silver and gold on the mountain in 1977. Previous owners of the mineral rights on Bald Mountain researched the feasibility of mining it in the 1980s and 1990s. Studies concluded the highly reactive ore would cause potential acid mine drainage pollution and release of arsenic, violating water quality standards. With these findings, both companies cancelled their plans. The approval for an open-pit mining operation on Bald Mountain threatens to compromise public health and safety. Irving claims job creation and population growth as benefits of the mine, minimizing potential risks for local residents and the environment. However, historical examples reveal the notoriety of mining companies for overstating job estimates and involving taxpayer dollars in environmental cleanup of abandoned sites.

Arsenic is deadly in concentrated doses. Scarier still is the harm caused by exposure to small amounts over an extended period and its natural occurrence in the environment. Naujokas et al. (2013) identify arsenic as a known carcinogen associated with cancers of the skin, lungs, bladder, kidneys and liver, with toxic exposure impacting nearly all body systems. Recent studies also correlate arsenic exposure with increases in cardiovascular-related mortality (Stiles, 2013) and incidence of diabetes (Maul, et al., 2012).

In 2006, the U.S. Environmental Protection Agency (EPA) lowered the maximum contaminant level for arsenic in drinking water to 10 parts per billion (ppb), since contaminated water sources are a common means of arsenic exposure. Yet, Naujokas et al. (2013) cite findings of concentrations exceeding 3,000 ppb in some U.S. wells. A recent report by the U.S. Geological Survey revealed 18.4 percent of Maine wells have arsenic concentrations greater than 10 ppb and 4 percent exceed 50 ppb (Nielsen, Lombard, & Schalk, 2010). This is particularly concerning given the common reliance on private wells as the primary source of drinking water in the state.

Critics contend that outdated regulations are hindering the prosperity of the mining industry in Maine. However, the opportunity to change these regulations arose with introduction of a 2012 bill to reform Maine’s mining laws. Advances in technology and safety practices are not the main motivation for renewed pursuit of the Bald Mountain project. Instead, relaxing mining regulations through a legislative bill shows the state is willing to accept greater risk. J.S. Cummings, the geologist credited with discovering the Bald Mountain mineral deposit, warns that these reforms are moving forward without full disclosure and consideration of the dangers revealed in the previously noted feasibility studies. The open-pit mine operated in Brooksville from 1968 to 1972, now a Superfund site (abandoned hazardous waste site managed by the EPA), serves as an example of what could happen.

Welcoming new business ventures to the state helps create jobs and stimulate the economy. The reform of Maine mining policy aims to facilitate business operation and attract conscientious businesses. Mining of Bald Mountain should not happen at the expense of the public’s health and safety. Therefore, I urge all Maine residents to be aware of the potential dangers of an open-pit mine on Bald Mountain.

Please contact your state legislative representative about this matter and encourage responsible mining regulation reform if you share my concern. I want Maine to prosper and attract conscientious businesses. Mining of Bald Mountain should not happen at the expense of the public’s health and safety.

Timothy T. Bair is a BSN student at the University of Maine, Fort Kent.

References


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No Ordinary Time

by Doris Kearns Goodwin
Reviewed by Penny Higgins, EdD, RN

Doris Kearns Goodwin once again recreates the lives of two extraordinary people and weaves their lives with the history of an era. President Franklin Delano Roosevelt was only interested in his son’s life and demonstrated this belief in his determination to fight polio; he brought this same determination to his political life as the first president to run for a third, and then a fourth, term. This biography is also the story of the second World War, including Roosevelt’s early realization that we must rearm and eventually become participants. Goodwin describes his efforts to inform an isolationist public of the need to convert factories — then producing cars and home goods — to build materials that would support first the allies, then ourselves after the Japanese bombing of Pearl Harbor on December 7, 1941.

But this biography is not only about the president of the United States, it is equally the story of his once shy and sometimes withdrawn wife, Eleanor Roosevelt. A fifth cousin, she loved her husband and bore him six children, losing one as an infant. Raised largely by an aunt, she had learned few skills as a mother and felt abandoned by her adored father through his alcoholism and eventual suicide. Hoping to find some small amount of mother love through her mother-in-law, she soon realized that Sara Delano Roosevelt was only interested in her son’s life and progress. Shocked by learning of her husband’s affair with her personal secretary, feeling once more abandoned, she became a controversial figure on her own. Throughout the book, Goodwin explores the early childhood of both people and the ways in which this affected their development and adulthood, a unique aspect of this type of biography.

After her discovery, Eleanor withdrew from much of the personal life of Franklin, preferring the company of her own friends as her children grew older. She even builds her own home, Val-Kill, at Hyde Park, the Roosevelt retreat on the Hudson. She very much wanted to go to Europe with the Red Cross even before we entered the war, but it was deemed too dangerous. However, she did work with the League of Women Voters, and traveled extensively speaking of the more liberal aspects of the Democratic party (to their delight) that the president felt unable to wholly express: civil rights, women’s rights, promoting the war effort and welfare of citizens in general. She wrote her own syndicated column, “My Day,” for many years, describing her experiences and expressing the above opinions freely. An activist, she was often criticized in the press. She went on defense plant inspection trips with her husband, and was able to travel to visit the troops, and was credited with boosting their morale, especially as she spent some time in the Pacific theater. In addition to her column she wrote often to her children and others. Many believe she laid much necessary groundwork for the women’s and civil rights movements; she was the first wife of a president to address a political convention, and the first to hold a government job. All of this took her away from home for periods of time, during which the president missed her presence and her counsel.

President Roosevelt died on April 12, 1945 before the war ended. His successor, President Harry S. Truman, appointed Eleanor Roosevelt our first ambassador to the United Nations where she continued her fight for human rights and the formation of Israel. At home, she supported the founding of Americans for Democratic Action. Although the end of the war made her question whether she still had a role to play, she continued to be in demand as a speaker, fighting for her chosen causes in peacetime until her death in 1962.

No Ordinary Time is a book rich in history, as it recreates the lives of two extraordinary people and those who surround them.
**Poetry Corner**

**Her Harvest**

*by Thomas Carper*

**Take Heart: A Conversation in Poetry**
Edited and introduced by Wesley McNair, Maine Poet Laureate

Thomas Carper of Cornish offers a sonnet about the literary harvest of Emily Dickinson.

She stitched her life together. Folded leaves
Of manuscript, gathered and bound with thread,
Become the harvest of her days, the sheaves
That would survive long after she was dead.

We turn the pages, following where her hand
Recorded, as though glintings on a brook,
The bursts of thought that seem still to command
Untold attentions everywhere we look.

And yet we feel we never quite arrive
At the illuminations she achieved;
Her restless poems are ever more alive
As further revelations are received
When we seek for new meaning in what lies
Beneath the words that pass before our eyes.

**Take Heart: A Conversation in Poetry** is produced in collaboration with the Maine Writers & Publishers Alliance. Poem copyright © 2011 Thomas Carper. Reprinted from *Creators*, Author manuscript edition, by permission of Thomas Carper. Questions about submitting to Take Heart may be directed to Gibson Fay-LeBlanc, Special Consultant to the Maine Poet Laureate, at mainepoetlaureate@gmail.com or 207-228-8263. Take Heart: Poems from Maine, an anthology collecting the first two years of this column, is now available from Down East Books.

**“Hope” is the Thing With Feathers**

*by Emily Dickinson*

“Hope” is the thing with feathers -
That perches in the soul -
And sings the tune without the words -
And never stops - at all -
And sweetest - in the Gale - is heard -
And sore must be the storm -
That could abash the little Bird
That kept so many warm -

I’ve heard it in the chilliest land -
And on the strangest Sea -
Yet - never - in Extremity, It asked a crumb - of me.

Source: *The Poems of Emily Dickinson* Edited by R. W. Franklin (Harvard University Press, 1999)
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