

# The Maryland Nurse News and Journal

The Official Publication of the Maryland Nurses Association  
A State Nurses Association, Representing Maryland's Professional Nurses Since 1904.

Issue 3 • May, June, July 2015 • Quarterly publication direct mailed to approximately 84,000 RNs and LPNs in Maryland • Volume 16

## President's Message

In this President's Message, I would like to reach out to our Membership, as well as to all Registered Nurses across Maryland, and invite your involvement in the important work of the Maryland Nurses Association. It is well known that individuals join and become involved in professional organizations based primarily on a personal invitation, or encouragement, to join. That is actually how I became involved with the MNA Board of Directors; the Secretary position of the Board was vacant, I was invited to apply, and was appointed. This was the beginning of an incredible opportunity to serve and work with nurses across Maryland, as well as across the country. As I have requested in past messages, please reach out to a registered nurse to join MNA or make them aware of the many opportunities. For those of you who work in academic settings or in facilities that have new graduate programs, please encourage the new graduate nurses to join MNA. This makes a great graduation gift!



Janice Hoffman

There are several specific opportunities that I would like to highlight and invite members to consider joining. The MNA Practice and Education Committee, under the leadership of Barbara Biedrzycki and Amy Daniels, is working to reenergize this important work around practice and education issues, and is looking for members from each District to participate. Please contact your District President, or Ed Suddath, MNA Chief Staff Officer if you are interested in this opportunity.

Another opportunity is around the work on the MNA Strategic Plan. As shared in previous communications, the MNA Strategic Planning Taskforce, guided by Joann Oliver, MNA Vice President and Dr. Linda Cook, MNA Treasurer, along with MNA Board and representatives from the Districts, have been busy working on our Strategic Plan. Based upon this work, all registered nurses in

Maryland are being invited to participate in a survey to help guide our work to meet their professional development and career goals. I hope all MNA members will participate, and that they will encourage their colleagues across Maryland to respond. (Please see page 7.) Lastly, I would like to acknowledge the important work done by our Districts, and encourage members to look for opportunities to serve on the boards, committees and task forces at this level also.

This Legislative Session has been extraordinarily busy, and our MNA Legislative Committee, under the leadership of Dr. Mary Kay DeMarco, along with the MNA Lobbyist Robyn Elliott, have kept MNA actively involved in important legislation in Maryland. We had a great turnout for MNA Lobby Night (despite the snow), and we made many visits to talk with our representatives about supporting full practice authority for Advanced Practice Registered Nurses in Maryland through the elimination of the current attestation (this bill passed and is awaiting signature by the Governor, as of this writing), and requesting a partial fund transfer of state funds back to the Maryland Board of Nursing. I also had

the opportunity to testify on House and Senate Bills related to revisions of the Scope of Practice of Pharmacists. It is always such an honor and privilege to testify on behalf of MNA, and I am always appreciative of the respect demonstrated by our representatives – they are always interested in our opinions. I highly encourage all nurses to be knowledgeable of the important legislative and policy issues facing our profession, our patients, and our nation. It is important that all registered nurses are advocates for our profession!

In closing, thank you again for your support of me, the other members of the MNA Board of Directors, and your District leaders. We look forward to continuing to work with all of you to implement our Strategic Plan, with a focus on growing membership, providing educational activities, advancing leadership opportunities, and engaging members!

Happy Spring!

Janice  
[janicehoffman@marylandrn.org](mailto:janicehoffman@marylandrn.org)



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## Interested in Leadership Opportunities

The MNA Committee on Nominations is seeking nominees for the 2015 election cycle.

Two positions on the MNA Board of Directors are open for election in 2015: Vice President and Treasurer-Elect. The Vice President is elected for a term of two years. The Treasurer-Elect is elected for a one year term and then becomes Treasurer and serves for a term of two years. Candidates must be either a MNA/ANA joint member or a MNA only member.

The Member-at-Large Representative to the ANA Membership Assembly is also open for the 2015 election cycle. The position is elected for a term of two years. Candidates must be a MNA/ANA joint member.

If you are interested in any of these positions or would like more information, please contact Ed Suddath, Chief Staff Officer at [esuddath@marylandrn.org](mailto:esuddath@marylandrn.org).

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## PUBLICATION

### The Maryland Nurse Publication Schedule

Issue	Material Due to MNA
August, September, October	June 2015

*The Maryland Nurse* is the official publication of the Maryland Nurses Association. It is published quarterly. Subscription price of \$20.00 yearly.

## MISSION STATEMENT

The MNA Mission Statement and Values adopted October 2014

The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.

Our core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

## Articles and Submissions for Peer Review

*The Maryland Nurse* welcomes original articles and submissions for publication. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of *The Maryland Nurse*. Articles may be used in print or online by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the submission has been previously distributed in any manner to any audience, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

### Preparing the Manuscript:

1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional title, current position, e-mail, mailing address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributors who do not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from each person acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent—published within the past 5 to 7 years—unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

### Editing:

All submissions are edited for clarity, style and conciseness. Referred articles will be peer reviewed. Comments may be returned to the author if significant clarification, verification or amplification is requested. Original publications may be reprinted in *The Maryland Nurse* with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in *The Maryland Nurse*. Additionally, once the editorial process begins and if a submission is withdrawn, the author may not use *The Maryland Nurse* editorial board review comments or suggestions to submit the article to another source for publication.

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*The Maryland Nurse* is published quarterly every February, May, August and November for the Maryland Nurses Association, a constituent member of the American Nurses Association, 21 Governor's Court, Ste 195, Baltimore, MD 21244.



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Published by:  
**Arthur L. Davis**  
Publishing Agency, Inc.





## Schools of Nursing News

### Johns Hopkins School of Nursing Ranked #2 by U.S. News & World Report

U.S. News & World Report has once again named the Johns Hopkins School of Nursing (JHSON) as one of the top 5 accredited nursing school graduate programs in the nation, ranking it #2 in its survey for 2016. JHSON tied for the second place ranking with University of California—San Francisco. In addition, JHSON's online graduate nursing programs were recently ranked #3 by U.S. News & World Report.

“This top ranked recognition is a reflection of the strategic and innovative work that is happening at our school and across Hopkins,” said Dean Patricia M. Davidson, PhD, MEd, RN, FAAN. “Our faculty, students and alumni continue to have tremendous impact both locally and globally in the areas of HIV/AIDS, Intimate Partner Violence, Nursing Ethics, and Aging to name only a few.”

Rankings in specialty areas include:

- #2 in Nurse practitioner (adult, gerontology: acute care); tied
- #3 in Nurse practitioner (family); tied
- #5 in Administration; tied
- #7 in Nurse practitioner (adult, gerontology: primary care); tied
- #7 in Nurse practitioner (pediatric: primary care)

For the full rankings and data, visit Best Nursing School Rankings.

“This honor comes at a distinct and exciting time in nursing leadership given the redesign of healthcare in the U.S., and we are fully engaged in helping elevate the role of nursing science in healthcare innovation and delivery. We will continue our commitment to meet the need for a more highly-educated and diverse nursing workforce, focusing on seamless academic progression, affordability, and interprofessional education.”

This year, JHSON launched a Master's Entry Program and innovative programs in mental health and HIV/AIDS, tripled its PhD program, spearheaded a national summit to promote nursing ethics, and expanded its research efforts.

Traditionally measured by peer assessment, this year's rankings also took into account quantitative factors such as enrollment, financial aid, tuition cost, student expenses and demographics, programs offered, grade point averages, and amount of research funding received from the National Institutes of Health and other educational and practice initiative grants. Other changes to the 2016 methodology

include specialty rankings in new categories—clinical nurse leader, informatics, anesthesia, and midwifery, several of which JHSON does not offer—and the omission of previously-ranked specialties like adult/medical-surgical, nurse practitioner adult, and community-public health, in which the school formerly ranked # 1. The frequency of the ranking has also changed from once every four years to yearly.

“Even as a top-ranked institution, our work is never finished,” Davidson says, calling the rankings a reminder to be innovative and open to new opportunities for interdisciplinary collaboration and partnerships both locally and globally. “We're looking forward to even greater progress and achievement.”

Johns Hopkins was the only university to rank in the top 5 in all three divisions of nursing, public health, and medicine, with the Johns Hopkins Bloomberg School of Public Health ranking #1 and the Johns Hopkins School of Medicine ranking #3.

### University of Maryland School of Nursing Rises to No. 6 in U.S. News & World Report Rankings

Eight master's specialties/options ranked in top 10; two are rated No. 1.

The University of Maryland School of Nursing (UMSON) is now ranked No. 6 among all accredited graduate nursing programs by U.S. News & World Report in its 2015 edition of “America's Best Graduate Schools.” UMSON advanced from a No. 11 ranking in 2011 to a tie for No. 6 with the schools of nursing at Duke University, New York University, and the University of Michigan-Ann Arbor.

In addition to its No. 6 overall ranking, eight UMSON master's specialties/options are ranked in the top 10 in the 2015 U.S. News & World Report listing. The Clinical Nurse Leader option and the Nursing Informatics specialty are ranked No. 1; the Adult /Gerontology Primary Care Nurse Practitioner specialty is ranked No. 4; the Nursing Administration and the Family Nurse Practitioner specialties are each ranked No. 5; the Nurse Anesthesia specialty is ranked No. 7; and the Psychiatric Nurse Practitioner and the Adult/Gerontology Acute Care Nurse Practitioner specialties are each ranked No. 8.

“This exciting news is a tribute to the exceptional faculty, staff, students, and alumni who make up the fabric of the University of Maryland School of Nursing,” said Dean Jane M. Kirschling, PhD, RN, FAAN. “We are proud of these achievements and will continue to grow our nursing programs to meet the needs of the ever-changing health care landscape.”

The U.S. News & World Report “America's Best Graduate Schools” rankings process is conducted every four years for nursing graduate schools. Rankings are compiled through the gathering of opinion data from deans, administrators, and faculty from schools of nursing that are accredited by the Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission.

*Schools of Nursing News continued on page 4*

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# MNA Schools of Nursing News

Schools of Nursing News continued from page 3

## University of Maryland School of Nursing Dean Selected to Leadership Maryland's Class of 2015

Leadership Maryland is a professional development program for the state's brightest leaders.

Jane M. Kirschling, PhD, RN, FAAN, dean of the University of Maryland School of Nursing, has been selected to Leadership Maryland's Class of 2015. Kirschling is one of 50 Maryland leaders who were chosen to participate.



Jane M. Kirschling

Leadership Maryland is a professional development program dedicated to building a stronger Maryland by educating, cultivating, and connecting the state's brightest leaders. It is an eight-month, hands-on learning program focused on the state's most vital social, economic, and environmental issues.

"The selection process for the Class of 2015 was very competitive, as we had an extraordinary pool of diverse and experienced applicants to choose from," said Renée M. Winsky, president and chief executive officer, Leadership Maryland. "The 50 participants selected represent a broad spectrum of highly qualified executives from across the state, and we are confident that their Leadership Maryland experience will help them to play an even greater role in our unified effort to shape the future of our state."

Highlights of the program include a two-day opening retreat in April, and five, two-day intense sessions focusing on Maryland's economic development, education, health and human services, criminal justice, environment, and multi-culturalism/diversity. There will be a closing retreat in November and a graduation ceremony in December. More than 100 leaders representing the business, government, education, and non-profit communities will serve as panelists and guest speakers.

"It is an honor to have been selected to Leadership Maryland's Class of 2015. This experience will

provide exposure to the social, environmental, and economic complexities of the state, while exploring real solutions for our communities with some of Maryland's top decision makers," Kirschling said. "I am also looking forward to the interprofessional opportunity the Program will provide, as members of this class represent a diversity of professions from across the state."

Leadership Maryland is open to senior-level executives with significant achievements in their careers and/or their communities. Members of the program have demonstrated a desire to learn more about Maryland's most critical issues and have a personal commitment to promoting a positive change in their organizations, communities, and the state.

## University of Maryland School of Nursing Clinical Instructor Selected to Nurse Faculty Loan Program

Program is designed to address nursing workforce shortage through highly-educated faculty.

Mary Pat Ulicny, MS '11, MHA, RN, CNE, clinical instructor and clinical simulation lab director for the University of Maryland School of Nursing's (UMSON) Bachelor of Science in Nursing program, at the Universities at Shady Grove (USG), has been selected to the Health Resources and Services Administration's (HRSA) Nurse Faculty Loan Program (NFLP). Its purpose is to address the nursing workforce shortage by increasing the number of qualified nursing faculty in the classroom.

NFLP provides funding to schools of nursing to support the establishment and operation of its loan fund. Participating schools make loans available from the fund to assist registered nurses with enrolling in an advanced education nursing program in preparation for a nursing faculty role. Loan recipients may receive partial loan forgiveness if they finish their program and serve as full-time nursing faculty for the prescribed period of time. Up to 85 percent of the loan may be canceled over four years in return for serving as full-time faculty at any accredited school of nursing.

"The NFLP award recognizes the importance of preparing nursing faculty members for the future. With the access to such loans, nurses working toward a doctoral degree can have a wider range of program

opportunities," said Rebecca Wiseman, PhD '93, RN, assistant professor and chairperson for the UMSON's program at USG. "Mary Pat sought a program that offered a strong foundation in simulation methodology. Her connections with leaders in the simulation field will bring added depth and insights to clinical simulation methodologies. We look forward to learning from Mary Pat as she continues her educational journey."

Funds will be paid annually to the student's institution as long as the recipient remains in good academic standing. The loan is for a maximum of five years. Ulicny has been approved for \$14,124, for 12 credits, and will be taking PhD courses at Duquesne University School of Nursing in Pittsburgh, Penna.

"The NFLP award will definitely alleviate the financial burden of tuition and fees for my PhD program. This award will help me to reach my goals as a nursing researcher, educator, and leader in the area of simulation," Ulicny said. "I am hoping that my research can add to my current body of knowledge by providing theoretical foundational approaches that link simulation practices to the improvement of patient safety and outcomes."

## University of Maryland School of Nursing's Galik and Three Alumnae Selected as Nurse Practitioner Association Fellows

Fellows have demonstrated major contributions to clinical practice, research, education, or policy.

Elizabeth Galik, PhD '07, CRNP, associate professor, University of Maryland School of Nursing (UMSON), and three other alumnae, have been selected to the 2015 Fellows of the American Association of Nurse Practitioners (FAANP) program. UMSON alumnae Deborah Chapa, PhD '06, Deborah Schofield, DNP '09, MS '95, and Shari Simone, DNP '11, MS '96, were also chosen.



Deborah Chapa, PhD '06

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# MNA Schools of Nursing News

Fellows are visionaries committed to the development of imaginative and creative future nurse practitioner leaders. They are charged with impacting national and global health through engaging recognized nurse practitioner leaders who have greatly influenced clinical practice, research, education, or policy while enhancing AANP's mission.

"Only a small number of Fellows are selected each year, so it is gratifying to see members of the School of Nursing family recognized by their peers for impacting national and global health through clinical practice, research, education and policy," said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. "The contributions that our faculty and alumni are making to the health care field are outstanding and really highlight the caliber of professionals that have graduated from our program."

Established in 2000, the FAANP program is dedicated to the global advancement of nurse practitioners and the delivery of high-quality health care. The program not only enhances AANP's mission, but also develops nurse practitioner leaders of the future while furthering the field.

"It is a great honor to be recognized as a Fellow," Galik said. "I am looking forward to working with FAANP to advance the nurse practitioner profession while improving care for older adults with dementia by applying the latest research findings to clinical practice."



**Deborah Schofield,**  
DNP '09, MS '95



**Shari Simone,**  
DNP '11, MS '96

Governing Board. Wiseman is serving a three-year term as a community board member.

The Shady Grove Medical Center Governing Board is comprised of 19 members who are appointed by the Adventist HealthCare Board of Trustees. Its purpose is to support the mission, values, and well-being of Shady Grove Medical Center through elevating the stature and success of its programs, services, and capabilities. The Governing Board, comprised of business, education, physician, health care, and community leaders, provides counsel to the Shady Grove Medical Center and its president.

"It is a great honor to be invited to serve on the Shady Grove Medical Center Governing Board. I look forward to working with colleagues who are committed to providing superior health care services to their clients," Wiseman said. "Nurses bring unique perspectives to hospital governing boards and I am excited about this opportunity to make an important difference in the delivery of health care in Montgomery County."

Additionally, Wiseman serves on the Workforce Investment Board of the Allied Health Industry Alliance in Montgomery County and the advisory board of the Montgomery College nursing program. She is also part of the Maryland Action Coalition, which is responsible for implementing the Institute of Medicine's Future of Nursing recommendations.



**Rebecca Wiseman**



UMSON is launching the new specialty in response to a continued need to strengthen the NNP workforce. Education for the NNP role includes competencies specific to the neonatal population. NNP graduates are prepared to function in the NNP role, as it currently exists, in neonatal intensive care units, step down units, newborn nurseries, and developmental follow up clinics.

"Infant mortality and pre-term birth rates remain high nationally and in the state of Maryland. Unfortunately, recent NNP workforce surveys reveal that for every NNP who graduates, there may be as many as 80 positions that are unfilled," said Jan Wilson, DNP, CRNP, NNP-BC, assistant professor and NNP specialty director. "The shortage is compounded by the fact that many of our most seasoned NNPs have 10 to 20 years of experience and will be retiring within the next five to 10 years."

Satisfactory completion of the program results in the award of the DNP degree and eligibility to take the national certification examination in the neonatal specialty area. Key doctoral requirements include preparation for leadership in nursing and health care; preparation for innovative, evidence-based specialized advanced nursing practice; health care policy; interprofessional collaboration; and information systems and use of technology in patient care and health care.

"This program will be the first and only DNP neonatal nurse practitioner program in the state of Maryland," Wilson said. "We are confident that our graduates will be strategic, collaborative partners in helping to address the many problems faced by this vulnerable population."

## Wiseman Named to Adventist Healthcare Governing Board

Rebecca Wiseman, PhD '93, RN, associate professor and chair of the University of Maryland School of Nursing's program at the Universities at Shady Grove (USG), has been appointed to the Adventist HealthCare Shady Grove Medical Center

## University of Maryland School of Nursing to Offer Neonatal Nurse Practitioner Post-BSN to DNP Specialty

**The NNP specialty will be the only one offered in Maryland.**

Beginning in fall 2015, the University of Maryland School of Nursing (UMSON) will offer a Neonatal Nurse Practitioner (NNP) Post-Bachelor of Science in Nursing to Doctor of Nursing Practice (DNP) specialty. An NNP is an advanced practice nurse whose scope of practice includes the provision of direct patient care to pre-term infants, full-term infants, neonates, and children up to age 2.

*Schools of Nursing News continued on page 6*

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# MNA Schools of Nursing News

Schools of Nursing News continued from page 5

## Lemaire Named Assistant Dean of Master of Science Program at University of Maryland School of Nursing

Assistant dean is responsible for developing and implementing program's policies and procedures.

Jane M. Kirschling, PhD, RN, FAAN, dean, University of Maryland School of Nursing (UMSON), recently announced the appointment of Associate Professor Gail Schoen Lemaire, PhD '96, PMHCNS, BC, CNL, as assistant dean for the Master of Science program. Lemaire, a psychiatric mental health clinical nurse specialist and psychotherapist, has been a faculty member at UMSON since 2000, and currently serves as director of the Clinical Nurse Leader master's option.



Gail Schoen Lemaire

In her new role, Lemaire is responsible for the development and implementation of the program's policies and procedures. She will also provide leadership in administration and program coordination, curriculum planning, student recruitment, advisement, and retention.

"I am very pleased to have been selected for this position," Lemaire says. "I am excited to have already assumed some of my new responsibilities and am looking forward to directing the master's program and contributing to the strategic operations of the School."

During her tenure at UMSON, Lemaire's clinical specialty has been psychiatric mental health nursing. She has taught psychiatric nursing at the undergraduate and graduate levels and will continue in that capacity. Lemaire's research interests have focused on community-based psychiatric outcomes and women's mental health.

Lemaire earned a PhD from UMSON; a Master of Science in Psychiatric Nursing from the University of Texas, San Antonio; and a Bachelor of Science in Nursing from Boston University.

## University of Maryland School of Nursing Faculty Members Selected to NLN Leadership Program

Program designed for nurse educators seeking a rapid transition into a leadership role.



Five University of Maryland School of Nursing (UMSON) faculty members have been selected to participate in the National League for Nursing's (NLN) 2015 LEAD Program. Amy Daniels, MS '12, BSN '89, RN, CHSE, clinical instructor; Lori Edwards, DrPH, BSN '80, RN, PHCNS-BC, assistant professor; Vanessa Fahie, PhD '94, BS '76

RN, assistant professor; Margaret Hammersla, MS '05, BSN '95, RN, CRNP, assistant professor; and Michelle Moulton, MS '09, RN, PCCN, CHSE, clinical instructor, were chosen.

LEAD, a part of the NLN Leadership Institute, focuses on leadership development for nurse educators who are emerging into administrative leadership roles or for the Leadership Development Program for Simulation Educators. A year-long program, LEAD teams participants with peers and experts to examine issues related to leadership concepts and organizational systems. The program guides participants in developing strong management and leadership skills, the art of negotiation and communication within groups, and how to develop teams that perform at a high level. Additionally, the program helps members create a three-year, focused career plan; examine key issues in organizational dynamics; and implement an individual plan for leadership development.

"The LEAD program is a great opportunity for members of our faculty to be exposed to world-class nursing professionals," said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN.

"It is through these types of interactions that leadership skills are nurtured and developed, which leads to lasting transformation in professional growth and maintainable institutional change."

NLN, comprised of nurse educators, education agencies, health care agencies, and interested members of the public, is dedicated to excellence in nursing education. Its members are offered faculty development programs, networking opportunities, nursing research grants, testing and assessment, and public policy initiatives.

## School of Nursing Faculty Members Participate in Baltimore Homeless Count

Three University of Maryland School of Nursing faculty members braved frigid, windy conditions on two consecutive nights this winter to participate in Journey Home Baltimore's Point in Time (PIT) count.

Katherine Fornili, MPH, RN, CARN, assistant professor; Veronica Gutchell, DNP '13, RN, CNS, CRNP, assistant professor; and Rosemary Riel, MAA, clinical instructor and associate director, Office of Global Health, were members of a team of 12 who took to the Interstate 83 Corridor to assist the

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# Schools of Nursing News

City's homeless population. The PIT count is a two-night event where volunteers travel in teams to help track sheltered and unsheltered homeless citizens. Its purpose is to determine the prevalence of homelessness in Baltimore while assessing the needs of the population.

Teams were armed with blankets, coats, hats, mittens, shoes, socks, and snacks as they ventured onto the streets between midnight and 6 a.m. Hundreds of volunteers were trained before participating in the survey, which took place in various locations throughout the City. The School of Nursing's team surveyed 24 homeless people, many of whom were not adequately dressed for the cold temperatures of the Code Blue night in Baltimore.

"I have been in public health nursing since 1983, and have spent a lot of time working with the homeless. I thought I had seen everything, but this experience helped me to realize that you really don't know what it's like to be homeless," Fornili said. "It's not until you are out with them in the wee hours of the morning, on a very cold, wet, snowy night, talking to a man wearing wet socks, but no shoes, that you begin to grasp it."

City officials announce a Code Blue when temperatures are expected to be below 25 degrees with winds of 15 miles per hour or higher, temperatures are less than 20 degrees, or during other periods of intense winter weather. With these conditions on the horizon, the team worked to convince homeless individuals to relocate to a shelter. If they accepted the offer, volunteers made calls to have them transported to a shelter. The team was able to send three to five homeless people to a shelter each night.

Although Baltimore has more than 4,000 homeless citizens, Journey Home Baltimore's plan is to make homelessness rare and brief. It brings together the public and private sectors, not-for-profits, faith-based organizations, and concerned citizens to work on solutions for preventing and ending homelessness. The count will help the City allocate the appropriate amount of funds to assist its homeless.

"The experience of homelessness can seem overwhelming. I feel hopeful because there are a lot of people that care about this issue and came out in the middle of a winter night to conduct this important survey. There's something moving and hopeful in that fact," Gutchell said. "I am inspired by those who dedicate their professional lives to this cause and the volunteers who continue to work hard to make homelessness a temporary experience for individuals and families. It's that work and commitment that keeps me hopeful."



Katherine Fornili



Veronica Gutchell



Rosemary Riel

## ATTENTION ALL REGISTERED NURSES

### Maryland Nurses Association Strategic Planning Survey

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“After receiving treatment in an emergency department (ED), a 36-year-old woman died of undiagnosed sepsis. The physician and nurse who treated her were sued by the family.

The lawsuit claimed that the nurse — who had worked a busy, 14-hour shift in the ED — failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs \$1.2 million. The nurse was responsible for 40% of that award: \$480,000.<sup>1</sup>”

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# MNA Lobby Night 2015

## Nurses Lobby Night a HUGE Success!

Despite the prediction of snow, 242 nurses registered for Nurses Lobby Night in Annapolis sponsored by the Maryland Nurses Association on Monday, February 16, 2015. Each registrant was given appointment times to visit their respective Senator or Delegates. Robyn Elliott, MNA Lobbyist addressed the audience and provided hints on how to speak with the legislators. She also reviewed several bills that MNA and other nursing organizations are supporting this year and provided talking points.



*Hopkins RN Students with R. Mortimer MNA Past-President (2nd from left) & P. Travis (2nd row, center) MNA Past-President.*



*University of MD students with V. Gutchell (center, front row) and J. Hoffman (2nd row, 2nd from left)*



*Robin Elliott, MNA Lobbyist and NP supporter (notice the FPA button) addresses the audience at Nurses Lobby Night 2015.*



*The audience at the MNA sponsored Nurses Lobby Night in Annapolis 2015 listen to the presentations.*



*NPAM members preparing information packets for legislators on Nurses Lobby Night 2015. (L-R) V. Gutchell, A. Schram, A. Dye, S. Nettina.*



*(L-R) NPAM members C. Bode, V. Gutchell (Legislative Committee Co-Chair), J. Worchester (NPAM Lobbyist), and B. Lang (NPAM Executive Director) at Nurses Lobby Night 2015.*



*Bowie State University NP students with L. Dianna (4th from left) and E. Crain (Right)*

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# Nurse-Physician Collaboration Associated With Decreased Rates of Common Healthcare-Associated Infections

*Article in Critical Care Nurse examines relationship between nurse-physician collaboration and decreased rates of CLABSI and VAP*

Collaborative relationships between nurses and physicians decrease rates of healthcare-associated infections (HAIs) in critical care, according to an article in the April issue of *Critical Care Nurse (CCN)*.

The article, “Nurse-Physician Collaboration and Hospital-Acquired Infections in Critical Care,” examines the association between nurses’ perception of their working relationships with physicians and the rates of two of the most common HAIs.

The research team found that lower rates of ventilator-associated pneumonia (VAP) and central line-associated bloodstream infection (CLABSI) occurred in critical care units in which nurses reported a more favorable perception of nurse-physician collaboration.

“Our findings suggest that raising the quality of collaboration and communication among nurses and physicians has the potential to improve patient safety,” said study author Christine Boev, RN, PhD, CCRN. “Efforts to prevent healthcare-associated infections must include interventions to improve nurse-physician collaboration.”

Boev is an assistant professor, Wegmans School of Nursing, St. John Fisher College, Rochester, New York.

She points to multidisciplinary daily patient rounds and interprofessional educational programs, such as shared simulation training, as examples of interventions that improve nurse-physician collaboration.

For the study, the researchers conducted a secondary analysis of five years of nurse perception data from 671 surveys of nurses in four specialized intensive care units (ICUs) at a 750-bed New York hospital. They also collected patient outcome data from those units for the same period, focusing on patients with CLABSI or VAP.

Also included in the analysis were unit-level variables such as nurses’ skill mix, nursing hours per patient day and voluntary turnover. Findings related to those variables include:

- ICUs with a higher proportion of certified nurses were associated with lower incidences of both CLABSI and VAP.
- ICUs with higher numbers of nursing hours per patient day were associated with decreased rates of CLABSI.
- The research team did not find any correlation between nurses’ skill mix and voluntary turnover on HAI rates.

As the American Association of Critical-Care Nurses’ bimonthly clinical practice journal for high

acuity, progressive and critical care nurses, CCN is a trusted source for information related to the bedside care of critically and acutely ill patients.

The study provides the latest data to support the link between work environments and patient outcomes, an underlying tenet of AACN’s healthy work environment initiative and its “AACN Standards for Establishing and Sustaining Healthy Work Environments” report.

Access the article abstract and full-text PDF by visiting the CCN website at <http://ccn.aacnjournals.org/>.



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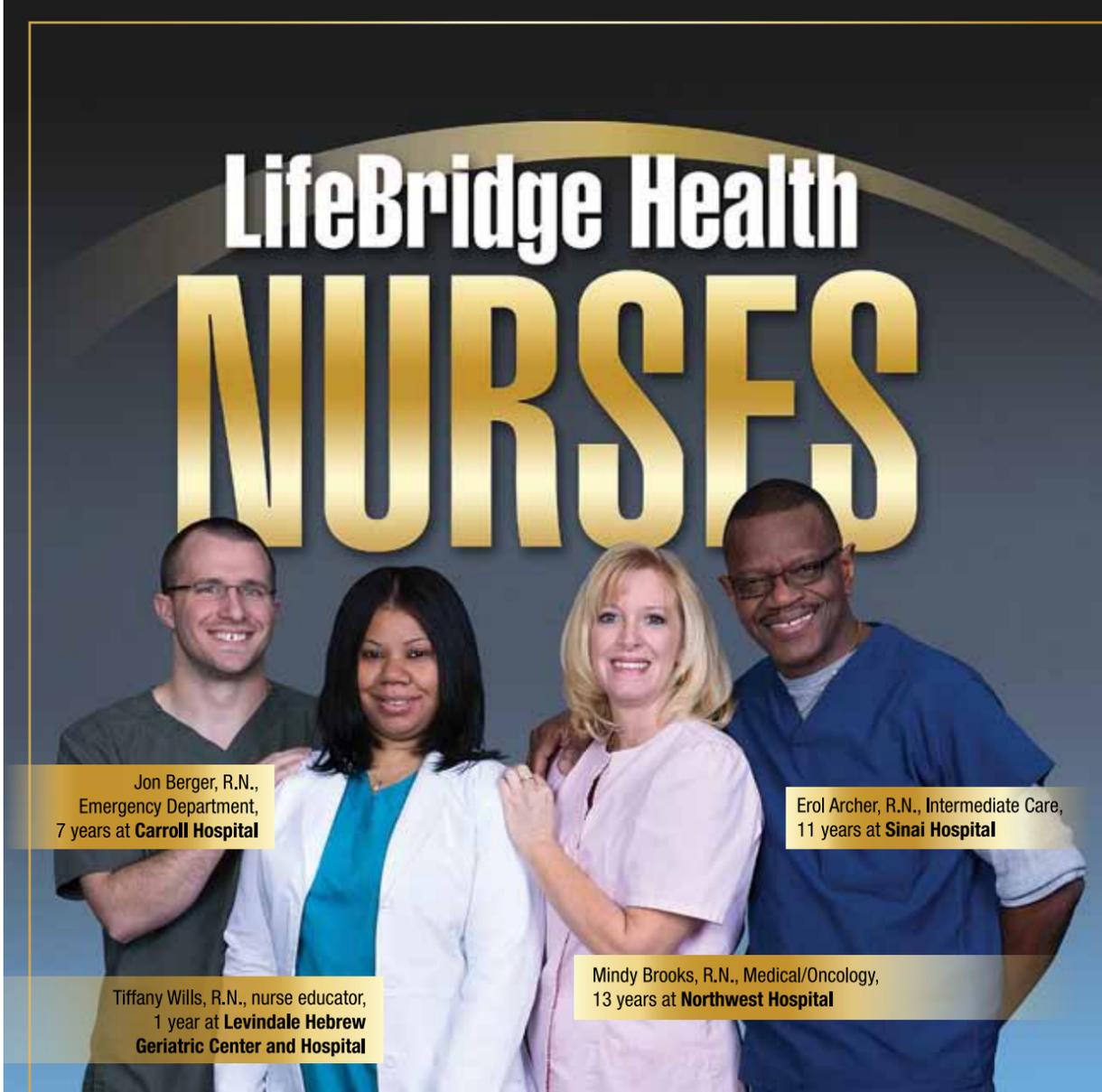
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## LifeBridge Health NURSES

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**Erol Archer, R.N.,** Intermediate Care, 11 years at **Sinai Hospital**

**Tiffany Wills, R.N.,** nurse educator, 1 year at **Levindale Hebrew Geriatric Center and Hospital**

**Mindy Brooks, R.N.,** Medical/Oncology, 13 years at **Northwest Hospital**

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 MAGAZINE  
 MAY 2015 ISSUE

OUR FIRST ANNUAL

TOP NURSES  
 2015

# THE NURSE

WILL SEE YOU NOW

EDITED BY KEN IGLEHART  
 WITH CHRISTINA ANTONIADES, REBECCA KIRKMAN, & SANDRA ZAK  
 PHOTOGRAPHY BY CHRISTOPHER MYERS



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## Where do you find Baltimore's most accomplished nurses?

A good start would be the Excellence in Nursing survey that follows, which highlights the indispensable and often unsung contributions that nurses make to health care and education in the Baltimore region. To arrive at the results of our survey, the unveiling of which coincides with National Nurses Week in May, we solicited nominations from peers, supervisors, and patients of registered nurses (R.N.s)—both in and out of hospitals—who represent the finest in their field, and we received an overwhelming response. In our accompanying story, “The Nurse Will See You Now,” we look at the much larger role that nurses have been playing in health care for the past decade. There were 18 nursing specialties for which we accepted nominations in a process that took nine months, and then the hard part began: picking the finalists. For that, we relied on the Maryland Nurses Association and major local hospitals to help us recruit an impressive panel of R.N. advisors, who divvied up the specialties and poured over the nominations to arrive at our winners. Congratulations to all 50 of them.

## ★ Meet Our Survey Advisers

Baltimore extends its thanks to our expert panel of advisers, who sifted through the hundreds of nominations to choose our winners. See their full bios at [baltimoremagazine.net](http://baltimoremagazine.net).



**Linda Cook**

Linda K. Cook is an assistant professor of nursing at the University of Maryland Baltimore School of Nursing. Dr. Cook has close to 40 years of nursing experience, mainly in critical care and nursing education, is the treasurer of the Maryland Nurses Association, and is involved in the Maryland Action Coalition for The Future of Nursing.



**Kim Bushnell**

Kim Bushnell is the vice president for patient care services and chief nursing officer at Mercy Medical Center. Prior to joining Mercy three years ago, she held various leadership positions, including assistant vice president for patient care and director-level positions in critical care and emergency services.



**D. Paxson Barker**

Paxson Barker has been a registered nurse for 43 years, first as a cardiovascular nurse specialist and now as a public-health nurse specializing in environmental and occupational health. She is currently a nurse educator teaching graduate and undergraduate nursing courses in an online format.



**Janice J. Hoffman**

Janice J. Hoffman is the assistant dean of the Bachelor of Science in Nursing program at the University of Maryland School of Nursing. With over 30 years of nursing experience, she has taught in baccalaureate, associate, and diploma nursing programs, and she has served in acute-care and military staff-development positions.



**Ed Suddath**

Ed Suddath has served for seven years as the chief staff officer at the Maryland Nurses Association, founded in 1903 as the only membership organization for registered nurses in Maryland. He has over 40 years of experience in the combined fields of education and association management.



**Joann Oliver**

Joann Oliver has worked in multiple settings, including critical care, staff development, and school health, and has taught in varied academic settings. She currently teaches in the nursing department at Anne Arundel Community College and is vice president of the Maryland Nurses Association.



**Lisa Rowen**

Lisa Rowen is senior vice president for patient care services and chief nursing officer at the University of Maryland Medical Center, overseeing 5,000 nurses and other health professionals. She is an associate professor at the University of Maryland School of Nursing.



**Kathleen T. Ogle**

Kathleen T. Ogle is the interim chair for the department of nursing at Towson University. She has over 45 years of nursing experience, mainly in emergency and trauma. She also maintains a practice as a family nurse practitioner, and is the president-elect of the Maryland Nurses Association.

# THE LIST

## THE ENVELOPE, PLEASE!

Following are the winners of our Excellence in Nursing survey, organized in 18 nursing specialties.

### ACUTE CARE/ FAMILY PRACTICE/ GENERAL MEDICINE

**Cathy Chapman**  
*Nurse practitioner*  
Owner, Chapman and Associates Health Care  
200 Glenn St., Ste. 201  
Cumberland

**Sandra Nettina**  
*Nurse practitioner*  
Columbia Medical Practice  
5450 Knoll North Dr.  
Columbia

### CARDIOVASCULAR

**Natalie Droski**  
*Permanent charge nurse*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

**Jean Little**  
*Open-heart step-down*  
LifeBridge Health  
Sinai Hospital  
2401 W. Belvedere Ave.

**Bethen Weed**  
*Professional development specialist*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

### COMMUNITY CARE/ AMBULATORY CARE

**Mary Jo Huber**  
*Nurse manager*  
St. Clare Medical Outreach  
University of Maryland  
St. Joseph Medical Center  
7601 Osler Dr.  
Towson

**Susan Haskell**  
*Triage nurse*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

### NURSE EDUCATOR

**Carol Esche**  
*Clinical nurse specialist/  
evidence-based practice  
and research educator*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

**Vicky Kent**  
*Clinical associate professor,  
Department of Nursing*  
Towson University  
8000 York Rd.  
Towson

**Jane Kirschling**  
*Professor and dean*  
University of Maryland School  
of Nursing  
655 W. Lombard St.

### EMERGENCY DEPARTMENT

**Kimberly Bowen**  
*Emergency Department*  
LifeBridge Health  
Sinai Hospital  
2401 W. Belvedere Ave.

**Lakecia Lewis**  
*Emergency Department*  
LifeBridge Health  
Sinai Hospital  
2401 W. Belvedere Ave.

**Jaclyn Mueller**  
*Emergency Department*  
Greater Baltimore Medical Center  
6701 North Charles St.  
Towson

### HOSPICE/ HOME HEALTH/ PALLIATIVE

**Rachel Kruger**  
*Registered nurse*  
The Lisa Vogel Agency  
10401 Stevenson Rd.  
Stevenson

**Kristin Metzger**  
*Registered nurse*  
Gilchrist Hospice Care  
11311 McCormick Rd. Ste. 350  
Hunt Valley

**Carol Hay**  
*Hospice case manager*  
Gilchrist Hospice Care  
11311 McCormick Rd. Ste. 350  
Hunt Valley

### INTENSIVE CARE

**Nicole Henninger**  
*ICU nurse manager*  
Medstar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

**Jeannine LeMieux**  
*Intensive care*  
University of Maryland Shore  
Medical Center at Easton  
219 S. Washington St.  
Easton

**Angela Chaney**  
*Staff nurse*  
Mercy Medical Center  
301 St. Paul Pl.

### NURSE EXECUTIVE

**Diane Bongiovanni**  
*Director of patient care for  
ED, ICU, IMC, CICU*  
LifeBridge Health  
Sinai Hospital  
2401 W. Belvedere Ave.

**Jeanne Charleston**  
*Director of clinical research  
operations*  
The Johns Hopkins University  
1849 Gwynn Oak Ave.

**Lisa Rowen**  
*Senior vice president  
of patient-care services and  
chief nursing officer*  
University of Maryland  
Medical Center  
22 S. Greene St.

### MEDICAL-SURGICAL NURSING

**GanoGtong Tongprom**  
*Registered nurse*  
Greater Baltimore Medical  
Center 6701 N. Charles St.  
Towson

*The List continued on page 13*



## Renee Kwok, 32

*Nurse manager, Department of Radiation Oncology, University of Maryland Medical Center.*

**What advice do you give to new nurses?** I tell them to be proactive and never be afraid to ask questions. **How important is teamwork?** It's extremely important. As they say, 'There is no "I" in team'—everyone plays an important role in teamwork. **How do you handle a highly stressful day?** I take a deep breath and do one thing at a time. **What would you have done as a career if you hadn't been a nurse?** I would have chosen to become a teacher. **Can you give an example of a time you felt especially rewarded by your job?** Whenever patients hold my hands and say a simple 'thank you' and then smile at me.



## GanoGtong "Nok" Tongprom, 52

*Staff R.N., Sherwood Surgical Center, GBMC.*

**What would you have done if you hadn't been a nurse?** Actually, nursing was not my first career. For 16 years, I worked on computer-communication networks for air-traffic control. I got interested in nursing when I moved to the United States. **What advice do you give to new nurses?** New nurses should make sure their heart is in the right place before committing to the job. Get as much experience as possible by learning from every doctor, nurse, and technician with whom you work. Make sure you have heart and a good attitude when you choose to be a nurse. **What is your greatest challenge?** As a nurse, I have to show my sincerity to each patient to gain their trust. The challenge is how to approach each individual patient to do so.



## Rebecca Dickinson, 27

*Nurse team leader, Center for Pediatric and Adolescent Rehabilitation, Mt. Washington Pediatric Hospital.*

**What makes working with kids different?** The most important quality working with children is patience since you have to address the child's fears, their family's concerns, and procedures could take longer to make sure they are as pain-free as possible. You also have to be willing to take breaks to give out hugs, snuggle with the babies, and play games with the older kids. **What would you have done if you hadn't been a nurse?** I probably would have become a forensic scientist. **How do you cope with stress?** I have to be able to laugh at work and make jokes or else I would be an emotional mess while I'm there.

*Top Nurses continued on page 12*

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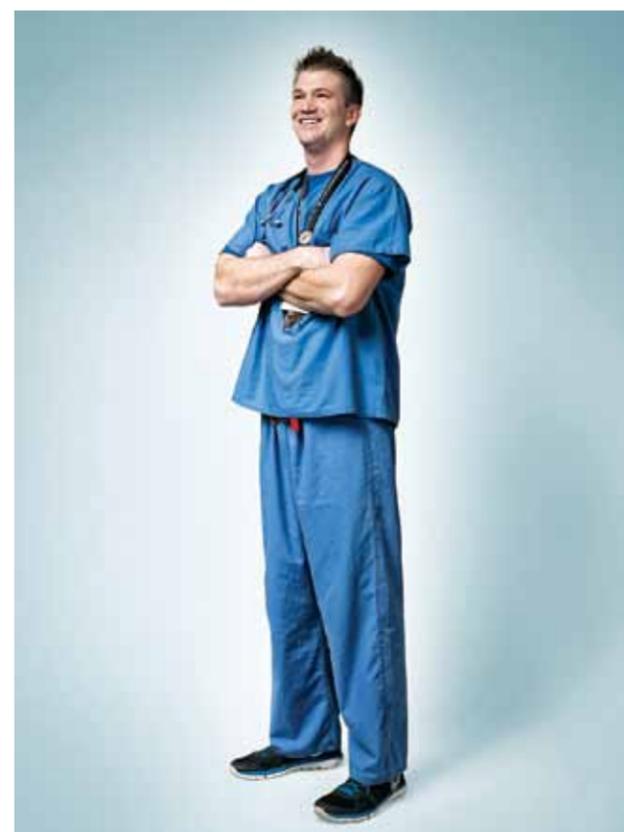


Top Nurses continued from page 11

## Lynn Richards-McDonald, 46

Cervical-cancer screening coordinator,  
The Johns Hopkins Hospital.

**How has nursing changed?** Once a profession that began without formal training, nursing has advanced to a respected art and science with the expansion of roles and duties and advanced degrees. One constant is that the nurse has always been expected to perform her duties with compassion. **What's the most important quality for a nurse with your job?** Advocacy. In this particular role, I see women who are underserved. It's important that I create a relaxing and private setting to answer any questions she may have in very simple terms. **What is your greatest challenge?** Obtaining adequate resources to support my program...I work with what I have, do my best, and, hopefully, I will one day obtain additional resources to support this incredible service for underserved women.



## Todd Milliron, 41

Occupation: Senior clinical nurse, University of Maryland Medical Center.

**How did you get into nursing?** Growing up on a small dairy farm in Pennsylvania, I was always willing to jump in and help when someone was injured or an animal went down. **How has nursing evolved?** Opportunities for nurses continue to expand as they are utilized for their expertise outside of hospitals. However, there are so many jobs available once you have R.N. behind your name that we could see fewer experienced nurses at the bedside. **What do you consider the profession's greatest rewards?** When a patient or family member comes up to you and says 'thanks' or writes a letter about your care, it's like hitting the lottery.



## Kimberly Bowen, 44

Occupation: Registered nurse II, Sinai Hospital of Baltimore.

**What's the best thing about your job?** Saving lives, relieving pain, reassuring people, and providing overall service to everyone who entrusts us with their care. **What's unique about what you do?** The Emergency Department is fast-paced and you never know what is going to come in the door at any given time. Knowing that you have nurses, doctors, critical-care techs, and many other disciplines helping you to provide quality care to that patient is empowering. **How do you cope with a difficult day?** Everyone has stress—it's all in how you deal with it. I find comfort and support from my colleagues. Sometimes it's talking it through with someone who understands and can relate to a situation.



## Tanya Allen, 49

Director of health services, Roland Park Place.

**How did you get into nursing?** When I was very young, I had a cerebrovascular accident, or stroke. The excellent care provided to me during that time piqued my interest in wanting to become a nurse so that I, once a receiver, could now be a giver of excellent care. **What's the most important quality for a nurse with your job?** Since Roland Park Place is a continuing-care retirement community, which provides services to the geriatric population, the most important quality a nurse with my job should possess is patience with families and residents alike. **What advice do you give to new nurses?** Find your niche in the nursing arena and flourish. And never stop learning because things are always changing and improving in the nursing field.

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The List continued from page 11

**Megan Jendrossek**  
*Acute neurocare*  
University of Maryland  
Medical Center  
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**Chiemerie Uche**  
*Registered nurse*  
University of Maryland  
Medical Center  
22 S. Greene St.

**Ashley Wells**  
*Charge nurse*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

**NEUROLOGY/  
PSYCHOLOGY/  
BEHAVIORAL HEALTH**

**Rebecca Dunlop**  
*Associate director, The Johns  
Hopkins Parkin-son's Disease  
and Movement Disorders Center*  
The Johns Hopkins Hospital  
600 N. Wolfe St.

**Lisa Ashton**  
*Psychiatric/mental-health  
nurse practitioner*  
Mosaic Community Services  
1122 Vernon Ave.

**ONCOLOGY**

**MiKaela Olsen**  
*Clinical nurse specialist,  
oncology and hematology*  
The Johns Hopkins Hospital  
600 N. Wolfe St.

**Eden Stotsky- Himelfarb**  
*GI clinical program  
coordinator/nurse clinician*  
The Johns Hopkins Hospital  
600 N. Wolfe St.

**Todd Milliron**  
*Senior clinical nurse II*  
University of Maryland  
Greenebaum  
Cancer Center  
22 S. Greene St.

**Renee Kwok**  
*Nurse manager*  
University of Maryland  
Medical Center  
22 S. Greene St.

**ORTHOPEDICS**

**Erin Lock**  
*Orthopedic trauma*  
R Adams Cowley Shock  
Trauma Center  
University of Maryland  
Medical Center  
22 S. Greene St.

**Stacie Roles**  
*Inpatient orthopedics nurse*  
MedStar Union Memorial Hospital  
201 E. University Pkwy.

**PEDIATRICS:  
NON-NEONATAL**

**Colleen A. Blough**  
*Pediatric oncology clinician*  
The Johns Hopkins Hospital  
600 N. Wolfe St.

**Joan Marasciulo**  
*Registered nurse*  
LifeBridge Health  
Sinai Hospital  
Alfred I. Coplan Pediatric  
Hematology Oncology  
Outpatient Center  
2401 W. Belvedere Ave.

**Rebecca Dickinson**  
*Nurse team leader*  
Mt. Washington Pediatric  
Hospital 1708 W. Rodgers Ave.

**Marla Newmark**  
*Lactation coordinator*  
Greater Baltimore Medical Center  
6701 N. Charles St.  
Towson

**PEDIATRICS: NEONATAL**

**Cynthia Arnold**  
*Nurse practitioner, intensive  
care unit*  
Greater Baltimore Medical Center  
6701 N. Charles St.  
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**Amanda Hindle**  
*Neonatal intensive care unit*  
Greater Baltimore Medical Center  
6701 N. Charles St.  
Towson

**Michele Jacobs**  
*Staff R.N., Center for Neonatal  
Transitional Care*  
Mt. Washington Pediatric Hospital  
1708 W. Rodgers Ave.

**RESEARCH**

**Joan Warren**  
*Director of nursing research  
and magnet research*  
MedStar Franklin Square  
Medical Center  
9000 Franklin Square Dr.  
Rosedale

**Vicki Coombs**  
*Senior vice president*  
Spectrum Clinical Research  
1 Olympic Place, Ste. 900  
Towson

**Kelly Lowensen**  
*Research program  
coordinator/nurse case  
manager*  
The Johns Hopkins School of  
Nursing Dept. of Community  
Public Health  
600 N. Wolfe St.

**SCHOOL HEALTH**

**Calvert Moore**  
*School health resource  
coordinator, education  
specialist*  
MedStar Harbor Hospital  
3001 S. Hanover St.

**SENIOR SERVICES**

**Tanya Allen**  
*Director of health services*  
Roland Park Place  
830 W. 40th St.

**Virginia Saunders**  
*Manager, clinical resource  
nursing*  
Levindale Hebrew Geriatric  
Center and Hospital  
2434 W. Belvedere Ave.

**WOMEN'S HEALTH**

**Erin Pollitt**  
*Forensic nurse examiner*  
Women's Health and  
Emergency Services  
Mercy Medical Center  
301 St. Paul St.

**Lynn Richards - McDonald**  
*Coordinator, cervical cancer  
screening program*  
The Johns Hopkins Hospital  
600 N. Wolfe St.

**Gloria Clark**  
*Clinical unit coordinator*  
OB/GYN unit  
Saint Agnes Hospital  
900 S. Caton Ave.

# Florence Nightingale Would Be Proud

FOR TODAY'S NURSES, IT'S ABOUT NEW ROLES AND INCREASED RESPONSIBILITIES.

By Christina Breda Antoniadis

**I**t used to be, if you wanted to see nurses in action, your best bet would be to head to a hospital. There, you'd find them hard at work, ministering to patients with every conceivable affliction. You'll still find them there, of course, though today they're performing more complex tasks with higher-tech tools than ever before and collaborating in new ways across countless disciplines. Increasingly, you'll also find nurses outside the hospital walls, heading to patients' homes to offer care or wellness education, assisting in procedures at outpatient centers, or even providing primary care in doctor's offices and urgent-care clinics.

"The biggest change is where nurses work," says Maryland Nurses Association (MNA) president Janice Hoffman. "It used to be, if you were really sick and needed nursing care, you had to get it in a hospital. That's no longer true." The shift is driven by a blend of factors, including reduced hospital stays for patients driven by changes in insurance coverage and cost-cutting motives, as well as enhanced technologies and practices that have allowed surgeries and procedures to move from the hospital to outpatient centers.

There's another factor driving change, too: The population of Americans over the age of 65 is rapidly growing—they'll account for an estimated 20 percent of Americans by 2030—and many are living longer, albeit with chronic health conditions like diabetes, heart disease, and obesity. At the same time, the Affordable Care Act has given millions of Americans access to health care, increasing demand for primary care, in particular.

That increased demand—along with the desire to lower healthcare costs—has spurred a renewed focus on wellness and disease prevention, says Hoffman. "The idea is to get people before they're sick."

Such efforts put registered nurses into the community to help patients manage chronic conditions and stay out of the hospital. At The Johns Hopkins Hospital, once a patient is hospitalized, staff begin strategizing about how that person can best manage his or her condition when he or she heads home.

Instead of focusing just on the patient's immediate needs while in the hospital, says Karen Haller, vice president for nursing and patient care services at Hopkins Hospital, "we're thinking of the care provided in those days plus the 30 days after that."

**NOT ONLY ARE NURSES** in the hospital working to ensure patients leave fully prepared to manage their health, but home-care nurses also follow patients into the community to help them overcome obstacles to wellness. "They're there to assess how patients are progressing, to make sure the patients are able to follow up on their discharge plans, that they can get their prescriptions filled, and that their side-effects are well managed," says Haller.

A nurse visiting a patient at home might find, for example, that the patient hasn't gotten needed medication due to the cost or has forgotten an important instruction for post-surgical care. Even seemingly non-medical challenges, like a flight of stairs that limits a patient's mobility or an on-the-fritz air-conditioning unit, can put a patient's health at risk. A nurse visiting the home can head off such problems, coordinating with the medical team when necessary or calling in social workers or family to improve a patient's environment. The end result is a reduction in re-admissions and better long-term health for patients.

As nurses step out into the community, they're also stepping up, providing care in ever more complex ways. In part, that's because the increased demand for health care is coupled with another trend: a looming decline in physicians practicing primary-care medicine.

"We're in this perfect storm," says Haller. "There aren't going to be enough primary-care physicians, so we're going to have to think of new models." One likely solution is to turn to nurse practitioners, a subset of the Advanced Practice Registered Nurse (APRN). In Maryland, APRNs are licensed to write prescriptions and order diagnostic tests, and they already provide primary care in many settings, including in primary-care medical practices.

Indeed, the number of APRNs (a category that also includes nurse anesthetists, certified nurse-midwives, and clinical nurse specialists) is on the rise. Shifting care of basic problems in this way lowers costs—educating a nurse practitioner (NP) is considerably cheaper than educating a doctor—and increases access to care.



"We're more in demand than ever," says Kathy Ogle, a family nurse practitioner who is also interim chair at Towson University's Department of Nursing and president-elect of MNA. And nurse practitioners, who are qualified to provide care for patients with minor, acute, and stable chronic illnesses, are well-positioned to serve the community and promote preventive care. "That's where we're at our best," says Ogle.

Of course, that doesn't take the doctor out of the equation. While it makes sense to have APRNs practice to the full extent of their qualifications, "they're not asking for an expansion of their role," says MNA's Hoffman. "These nurses will tell you that they have always worked in collaboration with their physician colleagues."

**Whatever the pace  
of the growth, one  
thing is certain:  
"The field is wide  
open. Nurses can do  
anything."**

APRNs aren't the only ones obtaining skills that go beyond the basics. In addition to seeking advanced degrees in fields like information technology and community health or pursuing careers in environmental health or policy, R.N.s are also becoming increasingly specialized. Within a hospital setting like

Johns Hopkins, that may mean becoming highly skilled in one treatment area like cardiac care or transplants, says Haller.

At Hopkins—whose nursing school attracts students who already have a bachelor's in another field—Haller often sees nurses entering the field with an eye on advanced training and degrees.

"They may work in the hospital for a couple of years and then they want to be a nurse practitioner or pick up a law degree and work in risk management," says Haller.

Still, even R.N.s who aren't officially specialized—and don't move on to other career paths—come to the table with broader training than they once did, says Maggie Richard, director of professional practice, research, and education for LifeBridge Health's Sinai Hospital.

A nurse since 1986, Richard has seen a vast change in the knowledge base and educational preparation of nurses over the years. "That's because the nature, the depth, and complexity of the patients that we provide nursing care to has changed. It is just the most evolutionary thing that I've ever seen."

That evolution revolves around not just the actual medical knowledge nurses now must develop, but also around the use of new, sometimes complex, technologies that help to gather patient data, streamline procedures, or improve processes.

**GIVEN THE NUMBER** of aging Americans who will need ongoing, sometimes complex care and the expanding role of nurses of all stripes in providing it, there's no doubt the field will grow in the years to come.

That growth will unfold amid a demographic change that provides challenges of its own: With a wave of older nurses approaching retirement age and too few nursing educators to turn out the number of nurses needed to meet growing demand, a nursing shortage awaits.

Nursing associations are working to increase the number of nurses to meet demand, with a close eye on quality, says Ogle. "Nursing is consistently named as the most admired profession, and we want to remain that way," she says. "Part of our mission is to provide safe patient care for everyone in every setting. So we want to make sure we don't grow too fast."

Whatever the pace of the growth, one thing is certain: "The field is wide open," says Ogle, whose career path included stints in obstetrics and the emergency room, and as a flight nurse, a nurse practitioner, and an educator. "There are a lot of opportunities. Nurses can do anything."



# 112th Annual Convention

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The Maryland Nurses Association’s Annual Convention is central to achieving our mission. This year’s theme, **“Nurses: Advocating, Leading, Educating, Caring”** will focus on the multifaceted role of the Registered Nurses and how the Registered Nurse “put the pieces together” across the continuum of care and implement changes that improve the quality of care provided to all consumers.

This year’s theme provides us with the opportunity to focus on the multifaceted role of the registered nurse and provides an opportunity for Maryland nurses to network, share information, and be regenerated by collaborating with other expert healthcare colleagues.

We are seeking dynamic presenters who use innovative teaching styles to engage and interact with participants, inspiring them to effect change. Our Convention presenters will demonstrate how Maryland nurses are able to strive for and achieve excellence in our profession through Advocating, Leading, Educating, and Caring. Equally important, nurses will learn how value added contributions are made to the entire community by our nursing colleagues.

A copy of the 112th Annual Convention Call for Presentations can be found on the Maryland Nurses Association web site. You may go to [www.marylandrn.org](http://www.marylandrn.org), where you will see the News and Announcements/Upcoming Events box. Click on “112th Annual Convention.” You will be taken to the 112th Annual Convention web page where you will see a box that contains the state “Download the Call for Presentations.” Click on that link to download the Call for Presentations.



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# HELP WANTED

## HELP WANTED:

### ANYONE WITH KNOWLEDGE OF THE FORMER MARYLAND LEAGUE FOR NURSING (MDLN)

The search is on for former MDLN members and for everyone with any knowledge of the history of that NLN constituent league. Please read this article to learn why gathering information is so important and how you can share what you know.

Incorporated on 13 March, 1917 as the National League of Nursing Education, the District of Columbia charted its course as both a local organization and a constituent league affiliate. Later as the District of Columbia League for Nursing (DCLN) and currently as the District of Columbia / Maryland League for Nursing (DC/ MD LN), the rich history will soon span a century.

As the centennial approaches, we would like to create a time-line that highlights both entities that now comprise DC/MD LN. Some archived records exist for DCLN. However, no such records have been located for the former Maryland League for Nursing (MDLN). The history of the current constituent league will not be complete without some data on Maryland. This article was written to request that anyone with any information about MDLN share that information with DC/MD LN so that a more thorough history can be created and made available.

Please choose one of the following methods to contact DC/MD LN:

- Carole Woolfork: [chwoolfork1@gmail.com](mailto:chwoolfork1@gmail.com); 202-726-6299
- DC/MD LN: POB 7714 – Silver Spring, MD 20910-7714

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All R.N.'s in Maryland should note the recent passing of former Prince George's Delegate Frank Pesci, a stalwart supporter of Nurses for many years in the Maryland Legislature and thereafter.

Frank was a Doctor, Ph.D. - type, who was, in a word, "irrepressible" in the same way as his relative Joe. He said what he thought as and when he thought it and hung tight to what he valued.

Theatrically talented and possessing a great sense of humor, he used all these abilities in his classroom, meetings and sometimes in the Legislature to great effect.

Frank was always on stage and had lines to render and tellingly amuse his audience be they one or a roomful. That is not to say he was out-of-control. He always had his loving wife Dorothy, who physically present or not, with her real or imagined face before him, somehow kept Frank just short of going over the top. And it is to Dorothy, herself a Registered Nurse, longtime member of MNA and a key member of the MNA Legislative Committee for many years to whom our thoughts should now turn. As a couple, and particularly when Frank would tag along for Leg. Committee meetings, they contributed greatly to Nursing in Maryland. Along with all the laughter Frank gave us was the gift of a man of depth of intelligence, feeling and understanding, someone who could tell the truth with great humor while keeping those who hated what he said loving him for the way he said it. That was Pesci, one of a kind, nay two.

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# 2015 MNA Annual Awards

ATTENTION MEMBERS!



MNA solicits your input in nominating MNA members for the following eight (8) awards.

### The Outstanding Nursing Practice Award

Presented to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patient/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

### The Outstanding Nurse Educator Award

Presented to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development. This award is given to a nurse educator who has provided others with exceptional educational opportunities.

### The Outstanding Leadership Award

Presented to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA. This award is given to a leader who has furthered MNA's mission and nursing's agenda.

### The Outstanding Advanced Practice Clinical Nurse Award

Presented to a MNA member who has demonstrated excellence in clinical practice. The recipient should be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

### The Outstanding Dissemination of Health Information Award

Presented in recognition of achievements in the dissemination of health information to the public. Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television cinematic or other similar mass medium. The nominees for this award are not required to be an MNA member.

### The Outstanding Pathfinder Award

Presented to a MNA member who has demonstrated excellence and creative leadership that fosters the development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing's agenda.

### The Outstanding Mentoring Award

Presented to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice. This award is given to a mentor who best demonstrates outstanding efforts and interest in the professional development and advancement of less experienced nurses.

### Stierle Exemplary Service Award

Presented to a MNA member who has provided exemplary service to the association and/or the nursing profession through significant contributions to a MNA Committee/Board, a MNA District Committee/Board, and/or through efforts that enhance the Maryland Nurses Association and/or the nursing profession as a whole.

The awardees will be recognized at the 2015 Annual Convention on Friday, October 23.

### **Nominating Instructions:**

1. MNA Districts or members of the Association recommend nominees.
2. A *Nominating Form* must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the Nominating Form.
4. A photo of the nominee should be submitted with the Nominating Form.

### **Selection:**

Each award is competitive and will be selected by the Awards Committee.

### **Presentations:**

Awards will be presented at the Annual MNA Convention.

Nominating Forms are available by contacting the MNA office at 410-944-5800 or [sprentice@marylandrn.org](mailto:sprentice@marylandrn.org).

The MNA office must receive all Nominating materials no later than Wednesday, September 30, 2015 for consideration.

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# Anne Arundel Medical Center Aims to Bring Cardiac Surgery Program to Anne Arundel County

**Proposed program is in collaboration with Johns Hopkins Medicine, bringing renowned cardiac surgeons to the region.**

Anne Arundel Medical Center is working to bring a cardiac surgery, or heart surgery, program to Anne Arundel County, in collaboration with Johns Hopkins Medicine. As it stands, Anne Arundel County is the largest county in Maryland (population 550,000-plus) without a cardiac surgery program.

Today, AAMC filed a Certificate of Need application with the Maryland Health Care Commission to gain approval to develop a cardiac surgery program. The commission must grant approval of the application before cardiac surgery is available to the community served by AAMC.

“Anne Arundel Medical Center is nationally recognized in heart care. Our experts perform thousands of cardiac-related procedures every year,” says Jerome Segal, MD, medical director of the Heart Institute at AAMC. “We offer a wide range of quality heart services, from prevention and diagnosis of heart disease to interventional cardiology procedures and rehabilitation. The missing link is heart surgery.”

The Heart and Vascular Institute at AAMC saw 20,000 patients in fiscal year 2014. In addition, the hospital performed more than 1,000 cardiac catheterizations and 500 electrophysiology procedures.

Building on an eight-year relationship with Johns Hopkins Medicine, AAMC will collaborate with Johns Hopkins’ Division of Cardiac Surgery to bring renowned cardiac surgeons to AAMC to establish its program. Johns Hopkins cardiac surgeons will bring expertise in traditional open-heart surgery and in the latest innovations in minimally invasive valve repair and replacement surgery.

“The goal of our long-standing collaboration with Anne Arundel Medical Center is to provide the best

possible care to the people of Anne Arundel County,” says Brian Gragnolati, senior vice president of the Johns Hopkins Health System. “We look forward to expanding that relationship by bringing Johns Hopkins cardiac surgeons to the region.”

Hundreds of patients have to be transferred from AAMC to other hospitals for heart surgery. Offering heart surgery at AAMC improves access to cardiac care for residents of Anne Arundel County and Eastern Shore counties served by the health system. It would lessen the time spent traveling significant distances for cardiac surgery and the stress of being transferred to another hospital after care is initiated at AAMC.

A cardiac surgery program at AAMC will also allow cardiologists and cardiac surgeons to work as a team to make the best decisions for patients. This provides a more seamless experience for patients and their families, less disruption, and the best possible outcomes. Having a full range of heart care services available through one team, at one facility that is located within a safe travel time, helps AAMC improve the health of the population it serves and improve the patient experience.

“Bringing a quality cardiac surgery program to Anne Arundel Medical Center has been part of our long-term strategic plan for years,” says Paula Widerlite, chief strategy officer at AAMC. “It is a logical step in providing comprehensive heart care services for a large portion of our community that already finds the vast majority of its healthcare needs met by AAMC. Our proposal is for a cost-effective, high-quality cardiac surgery program that emphasizes AAMC’s disease prevention and outreach programs,

as well as the research and training that is a hallmark of Johns Hopkins Medicine.”

The last cardiac surgery program to open in our region was in 1994 in Baltimore. Meanwhile, Anne Arundel County outpaces the nation when it comes to the prevalence of heart disease and death due to heart disease. AAMC is committed to reducing the rate of heart disease in the community and has developed programs to address preventable risk factors, such as high blood pressure, obesity, tobacco use and diabetes. The health system invested more than \$8 million in disease prevention and outreach activities during fiscal year 2013 and fiscal year 2014.

AAMC was recently awarded an advanced level of accreditation as a Cycle IV Chest Pain Center with PCI (percutaneous coronary intervention, or angioplasty), recognizing the medical center for its continued dedication to quick and efficient treatment of heart attack patients. For more information on AAMC’s heart and vascular services, visit [www.AAHS.org/heart](http://www.AAHS.org/heart).



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**The positions available include:**

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# MNA The American Association of Nurse Practitioners (AANP)

## AANP Launches National Multi-Media Campaign to Strengthen Public and Policymaker Awareness of Nurse Practitioners

Campaign marks the 50th anniversary of the nurse practitioner degree program

The American Association of Nurse Practitioners (AANP) announced the launch of an integrated multi-media campaign to strengthen public and policymaker awareness of the critical role nurse practitioners (NPs) play in delivering high-quality, affordable and accessible health care to millions of Americans. 2015 also marks the 50th anniversary of the NP degree program.

“Nurse practitioners are leading the charge and growing the nation’s access to patient-centered, accessible, high-quality health care,” said AANP Chief Executive Officer Dave Hebert. “We want every American to understand the commitment, education and clinical training these outstanding professionals

have. AANP will continue to encourage legislation that removes barriers to nurse practitioner-delivered health care services.”

The campaign, which will highlight the 50th anniversary of the NP degree program, will leverage earned media, broadcast television spots on CNN New Day, Fox and Friends, CNBC Squawk Box, Today, Good Morning America, Ellen and more, talk radio, and in-person events. AANP’s television and radio ads will encourage consumers to visit [NPFinder.com](http://NPFinder.com) to locate an NP in their community.

“We are proud to recognize our 50 year track record as a profession. There is still work to be done to ensure patients have direct access to the full scope of care that NPs can provide. It’s time to close the policy gap between the care that NPs are prepared to provide and the care that outdated state laws allow them to deliver,” said AANP president Ken Miller, PhD, RN, CFNP, FAAN, FAANP. The campaign will be managed by public relations and public affairs firm, SeventyTwo Strategies, based in Washington, D.C. in coordination with LAKPR in New York.

According to a recent AANP report, the number of nurse practitioners licensed in the United States has nearly doubled over the past ten years, rising from approximately 106,000 in 2004 to more than 205,000 as of December 31, 2014. U.S. News & World Report ranked nurse practitioners as the second best overall job of 2015.

The American Association of Nurse Practitioners (AANP) is the largest professional membership organization for nurse practitioners (NPs) of all specialties. It represents the interests of more than 205,000 NPs, including approximately 56,000 individual members and 200 organizations, providing a unified networking platform and advocating for their role as providers of high-quality, cost-effective, comprehensive, patient-centered and personalized health care. The organization provides legislative leadership at the local, state and national levels, advancing health policy; promoting excellence in practice, education and research; and establishing standards that best serve NP patients and other health care consumers. For more information, visit [aanp.org](http://aanp.org). To locate a nurse practitioner in your area, visit [npfinder.com](http://npfinder.com).

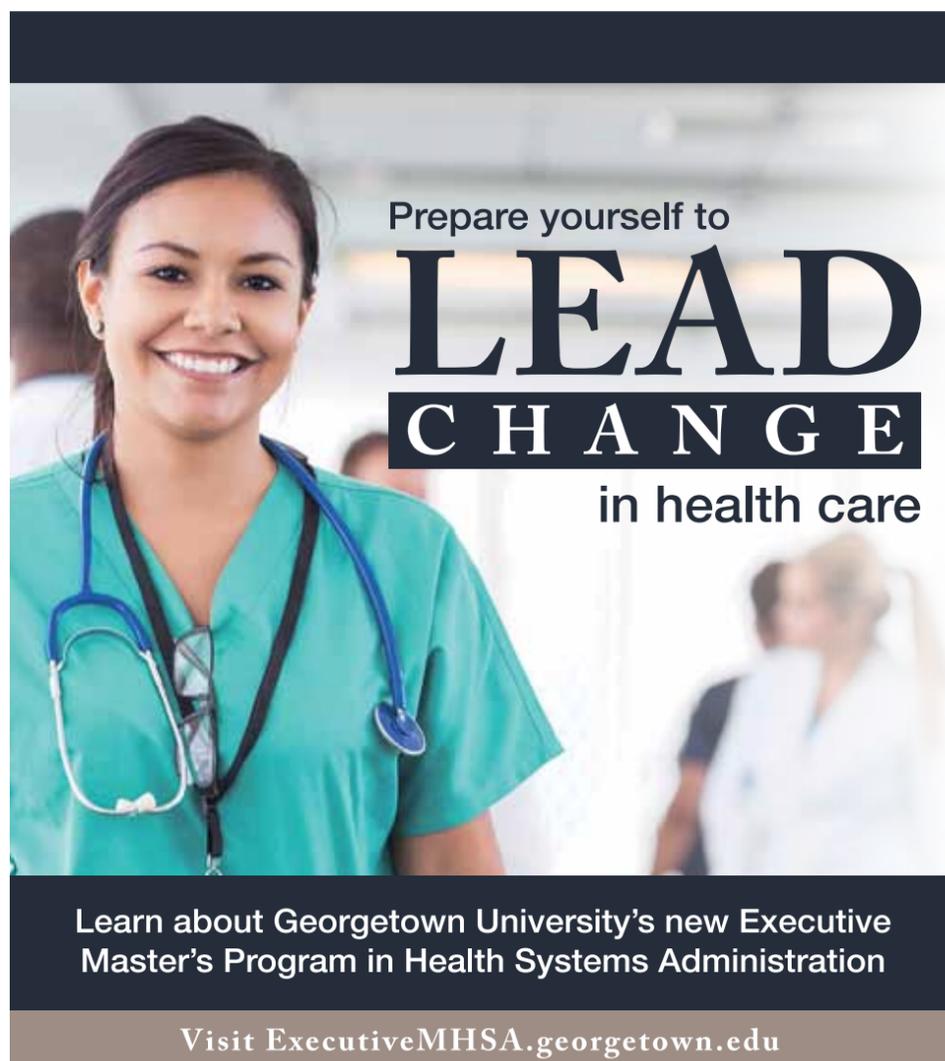


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# The Academic Progression Committee of the Maryland Action Coalition: Maryland Nurse Workforce Survey, 2014 Survey Findings and Analysis

**Co-Authored by Cheryl O. Sullivan Administrative Aide, Academic Progression Committee 2012 – 2015 and Ms. Deborah Blakeley, Marketing and Planning Specialist**  
**Cheryl.csullivan@gmail.com | 202-829-3472 | 301-367-2131-C**  
**807 Butternut St. NW**  
**Washington, DC 20012**

This survey was conducted by the Academic Progression Committee for the state of Maryland which is Co-chaired by Dr. Linda Cook, Associate Professor of Nursing at the University of Maryland School of Nursing, Baltimore, Maryland. The purpose of this survey was to gather much needed information about Maryland’s nursing work force. While some of the questions are the same that are asked when renewing one’s licensure at the Maryland Board of Nursing (MBON), it has been difficult to extract this data in the aggregate. This data will be used to plan and promote future educational needs and workforce needs for nurses in the state of Maryland. The consultants for this project were Yechiam Ostchega, PhD, RN and Ms. Barbara Nubile, Associate Dean/Director of Nursing, Montgomery College in Takoma Park, Maryland.

### Methodology

The survey was conducted by means of a questionnaire that was facilitated through Survey Monkey, an on-line survey tool. The survey consisted of 11 items. The first 8 addressed information regarding licensure, educational, and employment status. The remainder of the items requested demographic information and comments. The committee obtained a mailing list from the MBON, which consisted of approximately 78,000 names and addresses. Participation in the survey was requested via postcards because the MBON is not able to provide e-mail addresses. A random non-replacing sampling of 10% was selected to receive postcards requesting their participation in the survey. The first mailing requesting participation was in August, 2014 and a second mailing took place in October, 2014. I-Pad Minis were awarded to three survey participants who were randomly selected. Participation in the survey was much lower than expected (about 3.00 %). The randomized study garnered sufficient information that will allow us to get an idea about the characteristics of working nurses in Maryland.

### Survey Findings and Analysis

Survey Questions	Findings	Notes
1. Current licensee?	Of the 185 survey respondents, 99.45% have a current nursing license.	Four survey takers did not respond to this question.
2. Level of education?	Bachelors 47.28% Associate 40.22% Diploma 9.78% Masters 2.72%	More than 90 percent of survey respondents have attended college. Of these, 2.2% have a Masters, 47.28% a Bachelors, and 40.22% hold Associate degrees. Just under 10% hold a Diploma.
3. Highest level of nursing education?	Bachelors 45.65% Associates 24.46% Masters 20.65% Diploma 5.43% Doctorate 3.8%	Nearly 46% of survey respondents have earned a Bachelors degree in nursing, and of those, about one-fourth (24.45%) have post-graduate degrees in nursing. One-fourth of respondents report Associate degrees in nursing.
4. Non-nursing higher education?	Bachelors 41.57% Masters 26.97% Associate 16.85% Other 13.48% Doctorate 1.12%	28.9% of respondents hold non-nursing post-graduate degrees, and nearly 42% reported having non-nursing bachelors degrees. Almost 17% hold Associate degrees, and 13.8% have other higher education.
5. Employment status?	87.57 Actively employed in nursing or in a position that requires a nurse license.  2.7% work in a field other than nursing.  4.32% are retired.  3.24% are unemployed.  1.08% volunteer in nursing.  1.08% did not respond to the question.	The vast majority of survey respondents are actively employed in nursing.

6. Level of employment?	Full-time 70% Part-time 18.3% Does not apply 8.3% Per diem 3.3%	Almost all of the respondents are working – either full-time, part-time, or per diem.
7. How long employed?	31 plus years 28.02% 21-30 years 22.43% 16-20 years No data 11-15 years 17.58% 6-10 years 17.03% 3-5 years 5.49% 1-2 years 5.59%	More than 50% of respondents have been employed for 21 years or more; of these 28% have been employed 31 plus years.  In stark contrast, 17.58% have been employed 11-15 years, and 17.03% for 6 to 15 years.  11.08% have been employed for 5 years or less.  <i>Note: There is no data for those employed 16-20 years. Three respondents did not answer the question.</i>
8. Plan to obtain BSN?	63.8% of respondents already have a BSN.  21.47% of respondents do not plan to obtain a BSN.  9.82% plan to obtain a BSN but some time in the future; most do not know when, while a few said in 6-10 years.  4.9% are currently enrolled to obtain the BSN.	While most respondents do have a BSN, it’s notable that few are currently enrolled to obtain one, almost one-fourth do not plan to do so, and the rest of the respondents are interested but vague about when.  <i>22 survey takers did not respond to this question.</i>
9. Race ethnicity?	White/Caucasian – 73.6% Middle Eastern – No data Black/African-American/ AfroCarribbean – 15.17% Asian-East, Southeast, Indian – 6.74% Hispanic/Latino – 2.25% Multi-Ethnicity – 1.69% Hawaiian/Pacific Islander – 0.56%	Almost three-quarters of the respondents are White/Caucasian.



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# MANS Corner



**Sheila Pierre-Louis,  
Maryland Association of Nursing Students  
MNA Student Liaison**

On Saturday, January 24, 2015, elections were held for the 2015-2016 MANS Board of Directors. The new board was voted in by delegates representing 9 schools of nursing throughout Maryland. The Board-Elect has been working with the current Board of Directors to ensure a smooth transition when the new term begins on June 1st. There are still several open positions on the Board for next year: Legislative Chair, Resolutions Chair, Image of Nursing Chair, MNA Student Liaison, and MANS Student Consultant. Interested nursing students can contact [mansmembership@gmail.com](mailto:mansmembership@gmail.com). We wish the Board-Elect much success for the upcoming year!

During the MANS Convention in January, schools across Maryland competed in "Penny Wars" for the chance to be the Penny Wars Champion and decide where the funds would be donated. After a close race, Montgomery College took

the lead and has donated \$216.83 to the Leukemia Foundation.

As part of the new Community Health Initiative "Spring into Action," MANS sponsored a statewide event called "Maryland Gives Blood." Nursing students from all over the state participated by giving blood and blood products from March 31 to April 13. We are so thankful to everyone who participated and made this event a success!

In April, members of MANS flew across the country to attend the National Student Nurses Association (NSNA) 63rd Annual Convention in Phoenix, Arizona. At the convention, MANS members were able to represent Maryland and participate in the House of Delegates meeting. The NSNA convention is an opportunity for nursing students to network, attend a mini NCLEX review session, participate in educational breakout sessions, listen to phenomenal speakers and much more! The NSNA hosts 3 conferences and conventions every year and MANS encourages all Maryland nursing students to visit [www.nсна.org](http://www.nсна.org) and arrange to attend at least one of their conferences/conventions!

MANS has also rescheduled their Flapjack Fundraiser to Saturday, June 20, 2015. It will still be held at an Applebee's location in Annapolis, MD. Check out the MANS website ([www.mdnursingstudents.org](http://www.mdnursingstudents.org)) for weekly updates!

ATTENTION ALL REGISTERED NURSES

Maryland Nurses Association Strategic Planning Survey

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**MNA Leadership Day**



*District Presidents who attended the March 21, 2015 Leadership Day, left to right: Harolda Hedd-Kanu, District 5; Deborah Campbell, District 4; Janice Hoffman, MNA President; Sandy Vegh, District 8; Sadie Parker, District 7.*



*MNA members from across the state who attended the March 21, 2015 Leadership Day. Seated, left to right: Karen Evans, Charlotte Wood, Sadie Parker, Janice Hoffman, Tina Reinckens, Janice Clements, Sandy Vegh. Standing, left to right: Harolda Hedd-Kanu, Linda Cook, Ellen Rice, Mary Beachley, Staley Collins, Kathy Ogle, Joann Oliver, Cindy Bennoit, Amy Daniels, Deborah Campbell, Donna Downing-Corddry.*



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# Nurses House to Hold Fourth Annual "Dolphins for Nurses Campaign" to Help Nurses in Need

Nurses House, Inc. is pleased to announce the launch of its fourth annual "Dolphins for Nurses Campaign" to raise funds for nurses in need throughout the United States. The initiative, sponsored by The Johnson & Johnson Campaign for Nursing's Future, invites nursing groups and staff at hospitals nationwide to offer blue and gold paper dolphins in exchange for \$1 or \$5 donations between April 12 and May 12. The Dolphins for Nurses Campaign will culminate during National Nurses Week 2015, May 6-12. All proceeds will be allocated towards the Nurses House Service Program to benefit nurses facing serious health issues and other dire circumstances.



Nurses House, Inc. is the only national 501(c)3 organization offering financial assistance to Registered Nurses in need. The organization's main goal is to provide short-term aid to nurses who are unable to support themselves financially as a result of illness, injury, disability, or catastrophic event. Any registered nurse in the US who is facing hardship and whose monthly income is insufficient to meet the cost of basic living expenses is encouraged to apply for assistance. The application is available on the Nurses House website [www.nurseshouse.org](http://www.nurseshouse.org) or by calling (518) 456-7858 x25.

Since Nurses House started providing financial aid to nurses in the 1960s, the organization has helped thousands of nurses from all fifty states regain health and productivity. In the past three years alone, Nurses House has given grants totaling over \$350,000 to nurses in need. Nurses House funds help cover such basic expenses as food, shelter, health insurance premiums and medications.

Deborah Elliott, RN, MBA, the organization's Executive Director, adds "The funds from the Dolphins for Nurses Campaign are greatly appreciated by our nurse colleagues who are struggling to make ends meet when faced with a life-changing event in their lives. This is a kindhearted way for health care providers, fellow nurses and the public to support nurses who often put other's needs before their own."

If you or your group is interested in participating, simply contact Stephanie Dague, Director of Development, at [sdague@nurseshouse.org](mailto:sdague@nurseshouse.org) or (518) 456-7858 x27 for an informational packet.

For more information about the work of Nurses House, please visit their website at [www.nurseshouse.org](http://www.nurseshouse.org).

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# MNA Membership

## Maryland Nurses Association Membership Application

21 Governor's Court • Suite 195 • Baltimore, MD 21244 • 410-944-5800 • Fax 410-944-5802

Last Name/First Name/Middle Initial		Basic School of Nursing
Credentials	Home Phone	Graduation (Month/Year)
Home Address	Work Phone	RN License Number
Home Address	Home Fax Number	License State
City/State	Work Fax Number	
County	Zip Code	
Employer Name	E-mail Address	
Employer Address		
Employer City/State/Zip Code		

**MEMBERSHIP DUES VARY BY STATE**

**MEMBERSHIP CATEGORY (check one box)**

**M Full Membership Dues**

- Employed-Full Time
- Employed-Part Time

**Full Dues MNA Membership Only**

- To belong to the Maryland Nurses Association and your District Only

**R Reduced Membership Dues**

- Not Employed
- Full Time Student
- New Graduate from basic nursing education program within six months to two years after graduation (first membership year only)
- 62 years of age or over and not earning more than Social Security allows

**S Special Membership Dues**

- 62 years of age or over and not employed
- Totally Disabled

Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

**Payment Plan (check one box)**

- Full Amount Payment
  - Check
  - Mastercard or VISA Bank Card (Available for annual payment only)

**Bank Card Number and Expiration Date**

**Signature for Bank Card**

**Mail with payment to MNA at the above address**

- Payroll Deduction—This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

**Signature for Payroll Deduction**

**Payment Plan (continued)**

**Electronic Dues Payment Plan (EDPP)-\$16.16**

Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

**Signature for EDPP Authorization**

## MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. you may select membership in only one district, either where you live or where you work.

<b>District 1:</b> Allegany County Garrett County	<b>District 3:</b> Anne Arundel County	<b>District 5:</b> Montgomery County Prince Georges County	<b>District 8:</b> Frederick County Washington County
<b>District 2:</b> Baltimore City Baltimore County Howard County Carroll County	<b>District 4:</b> Eastern Shore Except Cecil County	<b>District 7:</b> Harford County Cecil County	<b>District 9:</b> St. Mary's County Charles County Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

For All Districts	Full Dues		Reduced Dues		Special Dues	
	Annual	EDPP*	Annual	EDPP*	Annual	EDPP*
	\$256	\$21.84	\$128	\$11.17	\$64	\$5.83

Annual Dues to belong to the Maryland Nurses Association and your District only are:

Full Dues Annual - \$150 for all Districts Full Dues EDPP\* - \$13 for all Districts.

\*EDPP - monthly Electronic Dues Payment Plan

Make checks payable to:

Send complete application and check to:

**American Nurses Association**  
P.O. Box 504345  
St. Louis, MO 63150-4345

## Just Because You Received This Publication, Doesn't Mean That You Are A MNA Member

Every Registered Nurse in the state receives a copy of The Maryland Nurse – whether or not you are a member. So if you are not a member, please carefully weigh your decision. The old adage that “there is strength in numbers” is absolutely true. The Maryland Nurses Association advocates for you and your profession in Annapolis. When we meet with your legislators and they ask us how many Registered Nurses there are in the state and we reply nearly 60,000 they are impressed. But then, they ask us how many members we have and we reply 2,000 members, the good first impression quickly goes away.

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- Advice Nurses - Fairfax, VA
- Clinical Educator - ER, Periop - Rockville, MD
- Clinical Operations Manager - Maternal Child Health - Gaithersburg, MD
- Clinical Operations Manager - Periop Services (OR) - Tyson's Corner, VA
- Clinical RN's - Various Specialties - MD, VA, DC
- Correspondence Compliance Coordinators - Rockville, MD
- Emergency RN's - Clinical Decision Unit/Urgent Care - MD, VA, DC
- Patient Care Coordinators - MD, VA

For more information about these and other opportunities, and to view complete qualifications and job submission details, please visit our website.

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The Nurse Educator track in the Master of Science in Nursing program prepares the graduate for the role of nurse educator in the academic or health care setting. Learners gain insight and experience in curriculum design, course or program design and management, evaluation of learning, and current technologies used in education. The core and supporting courses for the program provide the foundation for the educator role in the areas of nursing research, theory, and evidence-based practice. Students will gain an understanding of nursing curriculum by designing a program of study at the associate, baccalaureate, or staff development levels.

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- Clinical Director Opportunities
- Unit Charge Nurse (ED)

**We offer:**

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- Shared Governance
- Innovative Clinical Ladder
- Support for continuing educational development with tuition assistance, professional certification reimbursement, grant and scholarship opportunities
- Free access to CE Direct for all nurses
- Environment conducive to providing safe, efficient care - includes all private rooms, ceiling lifts, and EPIC EMR

**Advanced Practice**

- Nurse Practitioners – Fast Care, Oncology, Employee Health, Palliative Care
- Wound Ostomy Nurse – part time

**Staff positions**

- Staff Nurse – Emergency, Joint & Spine, General Surgical, Operating Room (Hospital and Edwards ASC), Special Care Unit, IV Therapy

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