A topic that is gaining increasing attention is the issue of nurses and advocacy. At the national level, there is a movement to increase the presence of nurses on boards. The Nurses on Boards Coalition (NOBC) is a group whose goal is to place 10,000 nurses on boards by 2020 with the guiding principle that “building healthier communities in America requires the involvement of more nurses on corporate, health-related, and other boards, panels, and commissions.” NOBC is comprised of 23 founding organizations, among which are the American Nurses Association, the American Nurses Foundation, the American Academy of Nursing, Sigma Theta Tau International, the American Organization of Nurse Executives, and the Robert Wood Johnson Foundation.

Nurses are very well-suited to assume an advocacy role. First, we hold the title of being named the most honest and ethical profession. (I never tire of hearing that said!) From that, we inherit a fundamental level of credibility from the public. Second, nurses comprise the largest segment of the healthcare workforce, approximately 3.5 million strong. Third, we are not perceived as addressing issues from the perspective of a self-serving purpose. Our advocacy efforts are directed at promoting the health and safety of the people and communities we serve. Fourth, we are wired to think in terms of the nursing process even in our advocacy roles. This combination is what makes us so effective!

We systemically Assess or gather data. We differentiate objective versus subjective, and quantitative versus qualitative data. We are accustomed to the phrase “as evidenced by,” and it comes naturally to us to be armed with supporting data and observations. We arrive at a Diagnosis or problem statement in terms that can be clearly understood by others. Our Planning includes the development of defined action steps and outcomes by which we measure progress and success. We recognize that the specific desired results must be established. Next, we implement the plan, knowing that unless the plan is communicated to and enacted by all involved parties, we will not meet the desired outcomes. Finally, we accept the responsibility of Evaluating results, by defined criteria, at specific points in time, and then modifying the plan as needed.

All of this relates to nurses’ strength in advocacy and the talent we can bring to the board room. We have a logical, systematic, data-driven and best-practice approach to addressing issues and problems, and measuring results and outcomes, which readily transfers to other settings. We are perceptive; we are good listeners and communicators. Throughout all phases, we are tuned into working in an interdisciplinary mode and tapping the strengths and perspectives that each brings to the table. We are collaborators. We are leaders.

The political arena presents one venue for advocacy. The current election season is wrapping up, but we can plan for the next round. Think about joining other Maine nurses who have stepped into the legislative ring: Christine Burstein, a nurse practitioner currently serving a term in the Maine House of Representatives; Moira O’Neill, a nurse educator from Surry, who is running for the Maine Senate District 7 seat in November; and Susan Henderson, well-known to ANA-Maine, who is campaigning for a seat on the South Portland city council. Perhaps you are on a board already and, if so, consider other nurses you might recruit or mentor. Or perhaps you have thought about joining a board but feel uncertain about your preparedness and accepting the challenge may seem daunting. Do you know someone you could ask to mentor you? The NOBC website – nursesonboardscoalition.org – is available with valuable information and links. You can also contact Laurie Benson, Executive Director of the Nurses on Boards Coalition at laurie.benson@ana.org, or contact us at ANA-Maine if we can be of assistance.

A good first step might be to research committee or board opportunities in your community – in local government, in the local school system, with local businesses or the Chamber of Commerce, or other non-profit organizations. If there is an organization whose work is appealing, consider serving as a volunteer or committee member as a first step. That was the path that led me to a board position with a local lung association many years ago. My first foray into local politics was running a successful write-in campaign for a position on the school committee. I then ran two traditional campaigns for and won seats as a ward councilor and later an at-large councilor in my city.

Nurses’ voices are needed in policymaking positions. When Florence Nightingale was appointed to lead a group to Turkey to provide care for British soldiers during the Crimean War, she said, “I did not think of going to give myself a position, but for the sake of common humanity.” So it is with the challenge to add our names to ever-increasing number of nurses who join boards, panels and commissions. Let us bring our talent forward and exercise the power of one and the power of many, to help build healthier communities!

With warm regards,

Patricia Boston
MENAC Nursing Workforce Meeting

Maine faces pressing health challenges – an aging population, increasing numbers of patients with multiple chronic conditions, an uninsured population challenged to access services they need, and a nursing workforce that is generally older than nursing workforces in other states. The aging of Maine’s nursing workforce is creating a shortage that will become more critical in the next few years. The Board of Directors of the Maine Nursing Action Coalition invites you to a presentation of Maine’s nursing workforce data and impact projections for consumers of healthcare, stakeholders, healthcare providers, and policy makers.

MENAC has contracted with the Northeast Ohio Nursing Initiative (NEONI) to conduct a nursing workforce analysis for Maine – projecting the supply and demand for nurses statewide. The data has been compiled and is compelling. This will impact all segments of the health care system and will affect the ability of consumers of healthcare seeking services.

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Be comfortable at work! The perfect scrubs pant for those who live in yoga pants.
On Thursday, September 22, 2016, co-authors of Maine Nursing: Interviews and History on Caring and Competence, Valerie Hart, Susan Henderson, Juliana L’Heureux and Ann Sossong, presented to students in Carla Randall’s Nursing 101 class at the University of Southern Maine in Portland. Students asked questions about the ways that quality nursing practice has advanced during the time the co-authors have been professional nurses.

Students in NUR 100 Introduction to Professional Nursing class at University of Maine in Portland, with co-authors of Maine Nursing: Interviews and History on Caring and Competence, from left Juliana L’Heureux BS, MHSA, RN, Valerie Hart EdD, APRN, PMHCNS-BC, and Susan Henderson MSN, RN

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ANA-Maine 2016 President’s Award

The ANA-Maine 2016 President’s Award was given to the four co-authors of Maine Nursing – Interviews and History on Caring and Competence - Valerie Hart EdD, APRN, PMHCNS-BC; Susan Henderson, MA, BS, RN; Juliana L’Heureux, MHS, BS, RN; and Ann Sossong, PhD, RN, NE-BC. The book was published in the spring of this year. Patricia Boston, ANA-Maine President, chose this group for recognition based on their dedication and collaboration to generate this important work. The book memorializes the efforts of nursing pioneers and leaders in Maine and records important events in our history. The book has been included in the nursing archives at the Howard Gotlieb Archival Research Center at Boston University. The authors have conducted many book signing events. Maine Nursing is available for purchase through the publisher, the History Press, on Amazon.com or from the authors. All royalties from the sale of the book will be directed to the American Nurses Foundation to support nursing research in Maine.

Agnes E. Flaherty Leadership and Sister Consuela White Awards

The annual ANA-MAINE awards ceremony was held at the Hilton Garden Inn in Freeport on September 29, 2016. Catherine Lorello-Snow, PMHRN-BC, recipient of the Agnes E. Flaherty Leadership award, was nominated by Irene Eaton, RN, MSN-CS.

The Agnes E. Flaherty Leadership Award: Defining qualities include the ability to:

- Develop a work environment that fosters autonomy and creativity.
- Value and empower others.
- Affirm the uniqueness of each individual.
- Motivate others to work toward a common goal.
- Identify common values.
- Be committed to the profession and society.
- Think long-term and be visionary.
- Be politically astute.
- Think in terms of change and renewal.

Annette Bettencourt, RN, received the Sister Consuela White Spirit of Nursing Award. Annette was nominated by Gregory Dalzell, BSN.

The Sister Consuela White Spirit of Nursing Award: Defining qualities include the ability to:

- Listen on a deep level and to truly understand.
- Keep an open mind and hear without judgment.
- Deal with ambiguity, paradoxes and complex issues.
- Believe that honestly sharing critical challenges with all parties and asking for their input is more important than personally providing solutions.
- Be clear on goals and good at pointing the direction without giving orders.
- Use foresight and intuition.
- See things whole and sensing relationships and connections.
Dr. Marjorie Wiggins Delivers Keynote Speech at Annual Meeting

On September 29 and 30, ANA-Maine joined OMNE in Freeport for a two-day conference, organizational business meetings, and awards ceremony. The conference theme was The Profession of Nursing Is Alive and Well in the State of Maine: Reasons for Optimism.

Dr. Marjorie Wiggins, DNP, MBA, RN, FAAN, NEA-BC, Senior Vice President & Chief Nursing Officer at Maine Medical Center, delivered the keynote address, “Opportunities for Developing the Professional Nurse of Tomorrow.” She reviewed many changes that we have experienced in healthcare over the years, including the focus on quality and safety, outcomes measurement and outcome-based reimbursement, and the electronic health record, to name a few. Dr. Wiggins shared data demonstrating that nurses spend 65% of their time on indirect activities and only 35% on direct care activities, while caring for more acutely ill patients during shorter lengths of stay. She reported that schools of nursing have turned away tens of thousands of applicants, mostly attributable to faculty vacancies, despite an anticipated nursing shortage of 1.2 million nurses by 2020.

Dr. Wiggins urged us to undertake the following corrective action steps:

1. Change the paradigm of nursing education through collaboration between practice and academia so that both are current and synchronous;
2. Review the role of support staff to fully utilize them within the limits of licensure; and
3. Create true systems of care across the continuum to promote seamless handoffs among caregivers.

In support of her first recommendation, Dr. Wiggins challenged ANA-Maine and OMNE to work together with representatives of nursing practice and academia in Maine to explore the redesign of nursing education. She urged us to be bold, be innovative and enter true partnerships to create the future of nursing in Maine.
ANA-MAINE ANNUAL MEETING

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AMEOES
Our Mission
The Nurse Licensure Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

Issue
Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet this need.

Solution
The enhanced Nurse Licensure Compact (NLC), which creates a more mobile nurse workforce, increases access to care while maintaining public protection at the state level.
- The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states.
- There are 25 member states in the current NLC.

Benefits of the NLC
- Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
- Allows nurses to quickly cross state borders to provide vital services in the event of a disaster.
- Helps maintain the nurse-patient relationship during a health crisis, such as the current opioid epidemic.
- Facilitates telenursing and online nursing education.
- Cost Effective
  - Nurses do not have to obtain an additional nursing license(s), making practicing across state borders affordable and convenient.
  - The compact removes a burdensome expense not only for nurses, but also organizations that employ nurses and may share the expenditure of multiple licenses.

Proven, Safe and Efficient
- The NLC has been operational and successful for more than 15 years.
- All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.
- All the safeguards that are built into the current state licensing process are required before a nurse is issued a multistate license.
- The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.
- Less than 1 percent of U.S. nurses ever require discipline by a board of nursing (BON), but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, nursys.com.

A Modern Nurse Licensure Solution for the 21st Century
The enhanced NLC increases access to health care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery – for today and in the future.
To join the NLC, states need to enact the enhanced NLC model legislation and implement a federal criminal background check system for nurse licensure.

MAKE YOUR VOICE HEARD
Support the NLC!

For more information about the enhanced NLC, visit nursecompact.com.
If you have a specific question, contact nursecompact@ncsbn.org.

Unlocking Access to Nursing Care Across the Nation

Facts about the NLC

Some of the Organizations Supporting the NLC Include:
- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Family Nurse Practitioners Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- CGFNS International, Inc.
- Citizen Advocacy Center (CAC)
- Commission for Case Manager Certification
- Emergency Nurses Association (ENA)
- Health IT Now
- National Governors Association
- National League for Nursing
- National Military Family Association
- National Organization for Associate Degree Nursing (DADN)
- National Patient Safety Foundation
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Nurses and Climate Action

Katie Huffling, MS, RN, CNM
Director of Programs
Alliance of Nurses for Healthy Environments

Climate change is the most pressing public health challenge facing the world today. As President Obama stated when he announced the Clean Power Plan, his signature climate change policy, “We are the first generation to feel the impacts of climate change, and the last generation who can do anything about it.” Nurses are the most trusted health professionals and their engagement on this issue can have a significant, positive impact on the health of their patients, communities, and policy decisions. On September 21, 2016 a group of Maine nurses, including ANA-Maine President Patricia Boston, came together at the University of New England to discuss the health impacts of climate change and how nurses can become engaged on this issue that is vital to the health of all of Maine’s citizens.

At this workshop, the results of the recently released report “The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment” were reviewed (https://health2016.globalchange.gov/). This is the most comprehensive climate and health assessment completed to date and provides an excellent framework for nurses to gain an in-depth understanding of this issue. With climate change we are seeing changes in the severity, frequency, and duration of both climate and weather events. These changes include longer warm seasons, higher temperatures, heavier snow and rainfall, and more drought. These events can then lead to a variety of human health impacts, either through new health problems that emerge as the climate changes, or changes in duration or severity of health issues already impacted by changes in the climate or weather.

Health impacts related to climate change include longer allergy seasons, more asthma attacks and other respiratory issues, increased rates of vector-borne diseases such as Lyme disease, more water-borne diseases, and floods. These then lead to a variety of mental health impacts, either through new mental health problems that emerge as the climate changes, or changes in duration or severity of mental health issues already impacted by changes in the climate or weather.

Climate Action and the Clean Power Plan

In the summer of 2015 President Obama finalized the Clean Power Plan. This is a historic plan to reduce carbon pollution from power plants, the largest source of carbon pollution in the United States. With this plan, by 2030, carbon pollution will be reduced by 32% below 2005 levels. This is equivalent to the emissions produced by 70% of the nation’s cars. Besides the positive climate impacts, the Clean Power Plan will have significant, positive impacts on the health of Americans. The Environmental Protection Agency (US EPA) estimates that, by 2030, the Clean Power Plan will prevent every year: 1,500 to 3,600 premature deaths, 90,000 asthma attacks in children, up to 1,700 heart attacks, 1,700 hospital admissions, and 300,000 missed school and work days. For every dollar spent on the Clean Power Plan, there will be at least four dollars saved in reduced health care costs.

The Clean Power Plan is currently on hold. Twenty-four states have sued the US EPA, stating they don’t have the authority to regulate carbon emissions in this way. On September 27, 2016 the United States Court of Appeals for the District of Columbia Circuit heard oral arguments from both sides on whether the Clean Power Plan should move forward. No matter which side wins, there will be an appeal and it is likely this lawsuit will be sent to the US Supreme Court.

Nurses and the Climate Action

As the most trusted health professionals and with our unique nursing perspective, nurses have a duty to be part of climate solutions. One way nurses can make a positive difference is to voice their support of the Clean Power Plan. They can do this by writing letters to the editor in support of the Plan. They can also call their elected officials asking for their support of the Plan.

Nurses can also become engaged in local efforts to address climate change. Many communities have established committees to address their response to climate change. Having a health voice on these committees is important so that the health impacts are recognized and taken into account as plans are developed.

It’s also important for nurses to engage their colleagues and their clients on this issue. For example, if seeing a client with asthma, discussing with them that the high ozone days that trigger attacks are becoming more frequent due to climate change. The Alliance of Nurses for Healthy Environments (ANHE) and Moms Clean Air Force created a pamphlet that can help providers to incorporate climate change into their practice. You can download this pamphlet at: http://bit.ly/2dztsfk.

ANHE (http://enviRN.org) also offers free educational webinars, many with free CE credits, throughout the year on climate change and other environmental health issues. If you would like more information on these webinars please contact ANHE’s Director of Programs Katie Huffling at katie@enviRN.org.

By addressing climate change, nurses have an amazing opportunity to have a positive impact on the health of their patients and the health of future generations. As stated by Sally Melcher-McKeagney, one of the ANA-Maine nurses who attended the September 21 workshop, “When you have clients and family members who are having more asthma attacks and being diagnosed with respiratory diseases due to poor air quality, you know you have to act.”

To all our staff at Hawthorne House & Freeport Place, thank you for all you do.

Happy Holidays!

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The City of South Portland is engaged in a lawsuit with the Portland Pipeline Corporation concerning the city’s right to prohibit the construction of two 70-foot smoke stacks on its shore. The smoke stacks would be needed to burn the toxic chemicals necessary to dilute the viscous, tar sands oil the company desired to ship through the pipeline and load onto ships in South Portland. The pipeline has existed since the World War II era and served to transport oil from ships in South Portland to Canada. The Pipeline Corporation sought to reverse the flow in the pipe and ship oil from Canada to South Portland. This reversal of the flow is significant for several reasons. The tar sands oil flowing to South Portland would be heavy and viscous, requiring toxic chemicals to dilute it so that it could flow. If a spill were to occur as the oil traveled across Maine, it would be particularly difficult to clean up. The pipe line passes through areas that feed major watersheds that supply our state. In the city of South Portland, the smokestacks, in addition to maring the beauty of the coast, would present air pollution concerns. The chemicals are toxic and some are known carcinogens. Therefore, the city took action.

Roberta Zuckerman, a member of Protect South Portland, stated: “In 2014, the small seaside city of South Portland, Maine, passed a local land-use ordinance to protect its citizens from the health impact of a massive crude oil export terminal on the shores of beautiful Casco Bay. Plans by the Portland Pipeline Corporation, a subsidiary of ExxonMobil and Suncor, to reverse the flow of the Portland-Montreal pipeline would have made South Portland, at the end of the pipeline, home to a massive tar sands export terminal, including two 70 ft smokestacks, on the shores of Casco Bay. With an enormous swell of public support, the City Council adopted the Clear Skies Ordinance using its ‘home-rule authority’ to protect the health & welfare of its citizens, environment, and local economies. Subsequently, Portland Pipeline Corporation, a subsidiary of ExxonMobil & Suncor Corporations has sued South Portland, and this small city bears the burden of defending in court against one of the world’s most powerful corporations. We can’t allow the oil industry to force the City to abandon its defense of the Clear Skies Ordinance because of the financial burden. This is a true David & Goliath situation. The consequences of losing this battle could be dire for the air, water and climate of communities everywhere.”

Protect South Portland is developing fund raising activities and seeking donations from individuals and environmental groups to help fund this David and Goliath battle that affects the health of many in the state. Donations can be made to the Clear Skies Legal Defense Fund on the city’s website: www.southportland.org. Donations can help with legal fees, but also show support for the lawsuit. At stake is whether or not we as citizens in our local communities have the right to prohibit corporate actions that we believe will cause us harm.

The Standing Rock Sioux in North Dakota are taking action to halt the construction of an oil pipeline they believe will pose a threat to their water and disturb sacred sites. An event in Portland Maine on October 17 sponsored by several environmental groups, including speakers from 350 Maine and the Penobscot Nation, was held to express solidarity with the Sioux.

For more information about how to donate or assist in stopping the Dakota Access Pipeline, please visit www.350maine.org.

Pictured, left to right, are Rachel Burger, Susan Henderson, Cokie Giles, Willow Femmecichild and Priscella Skerry. The Portland event brought together many groups to demonstrate the solidarity of those concerned about protecting health by protecting our environment.
Climate Change, Energy & Health Workshop

Patricia Boston, MSN, RN, RRT

In September, I attended the Climate Change, Energy & Health workshop conducted by Physicians for Social Responsibility (PSR), the Alliance of Nursing for Healthy Environments (AHNE), and Maine Conservation Voters (MCV) in Portland. The program was specifically directed at nurses. The speakers were very knowledgeable and articulate and, though the attendance was light, those present were strongly committed and active in efforts to promote the maintenance of healthy environments.

One of the speakers offered that she was once asked why nurses would be involved in advocating for environmental issues. What a surprising statement! In Florence Nightingale’s Notes on Nursing, she wrote that the incidence of disease is related to “…the want of fresh air, or of light, or of warmth, or of quiet or of cleanliness…” One of the fundamental lessons we were taught in our nursing curricula is Maslow’s Hierarchy of Needs. The most basic needs are Physiological (air, food, water, sex, sleep, and other factors that promote homeostasis, such as clothing and shelter). The next higher category level is Safety (security of environment, body, employment, resources, morality, the family, health and property). How is meeting those fundamental levels of human needs NOT related to nurses’ roles in promoting health, wellness and healing?

Topics addressed included Positive Actions for a Healthy World, the Clean Power Plan and State-Level Advocacy, Skills Building for Advocacy, and Working with the Media. We certainly concluded the day more informed about current issues and initiatives and with greater skills for addressing them in our communities.

One of the challenges of responding to a public health emergency is Safety (security of environment, body, employment, resources, morality, the family, health and property). How is meeting those fundamental levels of human needs NOT related to nurses’ roles in promoting health, wellness and healing?

Most assuredly, we have all experienced situations when unfulfilled needs at the physiological and safety levels precluded patients from adhering to the recommended plan of care or predisposed them to illness and injury. A home health nurse once described working with a patient with a wound. There was a clear description of what the patient was supposed to do for self-care, but no one had asked about the living situation and the patient had no running water! We could all cite many other examples: from experience with children who have been exposed to lead paint; adults exposed to second-hand smoke or hazards in the workplace, etc. With the increasing acceptance of the reality of climate change, its dire consequences, and the need for decisive action, we can readily respond to the question of why nurses are active in environmental issues and safety on a global level.

You may choose to learn more about or become active in the organizations that sponsored this workshop. It has also been mentioned that ANA-Maine was previously more active in this arena. It has been suggested that ANA-Maine form a committee of interested members who would like to work on issues in Maine. If you have such an interest, please contact us at info@anamaine.org.
Joe Niemczura

At the end of the time in Biratnagar, the farmers planted the entire paddy behind the guest house, as well as others. During this period, it’s like the hospital is an island in a large lake that’s only six inches deep. Thirty million people live in Nepal, and 99.999999999% of them do not live anywhere near Everest. Nepal also has a large rice-growing region, where western tourists are rarely seen. See the above photo!

Since 2011, CCNEPal has worked on a project to improve health care for those people. Maybe that’s a little vague. Try this: Imagine a hospital with no Code Blue team. Nobody knows CPR, they don’t do “Rapid Response Teams” and if a patient crashes due to a predictable complication after routine surgery, it’s a hit or miss proposition as to the outcome. That’s the situation for most hospitals in Nepal.

It’s easy to say “Oh, it can’t be helped. Nepal is a low income country after all and they are used to a short life span.”

CCNEPal’s answer? Yes, it can be helped! Our answer is simple: we teach critical care skills in a two- or three-day intensive course based on the ACLS course of the American Heart Association (We adapted the content to fit Nepal and it is not the “official” course). We have taught ninety sessions, and given certificates to 2,885 nurses and doctors in that time in many regions of Nepal. We have created widespread awareness of the training and recognition of the need for this training after five years of work.

In 2017, the plan is to build on this work. So – The Himalayan Zap Trek 2017 was born.

What is a “Zap Trek”?

“Zap” is the sound made by a defibrillator when you shock a dying patient. ( Actually, “zork” is a more accurate term, but “zap” is used by doctors and nurses worldwide, so zap it will be) . “Zap” is an onomatopoeia.

A “trek” is a long-distance hike in Nepal, such as the “Annapurna Trek” – considered to be the finest such experience on the planet and a lifetime bucket list item for any diehard outdoorsperson. http://www.backpacker.com/trips/international/the-perfect-circle-hiking-the-annapurna-circuit/ CCNEPal teaches how to defibrillate; we travel; therefore the name was born.

CCNEPal eschews trendiness, but – Zap Trek 2017 will have a trendy appeal.

If we can get funding, our goal is

- to stay in Nepal for five months
- teach 2,000 people
- provide materials and equipment for hands-on training
- teach at ten or more Medical Colleges, including every Medical College outside Kathmandu Valley
- improve our network of on-site trainers in all the large cities of Nepal, so that the training becomes embedded everywhere.

If you browse this site, you will see our track record of success, but more needs to be done. joeniemczura.wordpress.com

CCNEPal Plans 2017
Trip to Nepal
The Himalayan Zap Trek 2017
Correct Care Solutions (CCS) is one of the nation’s leaders in public healthcare, providing medical & behavioral health services for nearly 250,000 patients located in state hospitals, forensic treatment & civil commitment centers, as well as local, state & federal correctional facilities.

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