



ANA-MAINE JOURNAL

The Newsletter of the American Nurses Association–Maine
Quarterly publication direct mailed to approximately 25,000 RNs and LPNs in Maine.



SPRING 2017

PRESIDENT'S MESSAGE

By **Patricia Boston, MSN, RN, RRT**
ANA-MAINE President

Greetings and welcome to the Nurses Week edition of the ANA-Maine newsletter!

May 6th, which is both National Nurses Day and National RN Recognition Day, marks the beginning of our week which concludes on May 12th, Florence Nightingale's birthday. The week raises awareness and provides recognition for the important work that nurses do round-the-clock day in and day out. ANA also designated May 8th as National Student Nurses Day and we are happy to recognize those who will soon be joining our ranks.

This is the 42nd Nurses Week I have celebrated since completing my nursing program! It provides an opportunity for me to reflect on my career choice and where it has taken me. I invite others of you to also take some time to....

Consider what led us to this profession. Some will say they knew from childhood that nursing was their calling. Others made the choice later in life and some chose nursing as a second career. I had never considered a future in nursing and it was not on my radar as I headed to the University of Maine at Orono. I was determined to obtain a degree in mathematics and become a teacher. At the end of my sophomore year, however, I decided to change my major to nursing, based largely on stories my college roommate recounted about her mother who was an LPN. And I have had no regrets about that decision.

Consider the number and cross-section of people that nursing has brought into our lives – patients, families, colleagues, other coworkers, and community members. Many have left very lasting impressions. What a rich experience!

Consider the roles and settings in which we have had the opportunity to practice. Many of us who are seasoned, as we say, have enjoyed a wide variety of



Patricia Boston

experiences during our careers. Others have found their niche and have grown there. There is such a breadth of opportunity in nursing. This is one strongly positive aspect of our profession that I frequently highlight to students or others considering nursing.

Consider the respect and trust that the public holds for us. I will shamelessly point, once again, to our number one position in the Gallup poll for professional honesty and ethics. We earn that slot, individually and collectively, every day in every encounter.

Consider our commitment to our colleagues. My analogy is that nursing is a team sport and that we succeed or fail as a team rather than as individuals. We need to support and encourage each other as we build the strongest team we can be. We can do this through mentoring, promoting evidenced-based practice, peer-to-peer support, and many other less formal methods. Much has been written and discussed about incivility and bullying. It is hoped that, based on our awareness of these phenomena, we are creating cultures and environments that clearly define expectations, and that respond swiftly if and when unacceptable behavior occurs.

Consider our commitment to our profession. Perhaps you are familiar with Salada tea lines, the sayings that were printed on the tags attached to that company's tea bags. Decades ago, I saw one that said, "Leadership is nothing without followship." That statement certainly rings true in nursing. Leaders need followers and followers need leaders. Leaders can set a direction and plan but unless others are inspired and committed to join in and participate, progress is limited. Each shares responsibility with the other for advancement and success; each is crucial. If you are not an ANA member or would like to become more involved, we invite you to join us in our work to advance our profession.

Consider our commitment to society as a whole. Our role in this arena includes such aspects as adherence to ANA's Standards of Practice and to the ANA Code of Ethics, as well as collaboration with other health professionals and the public, and participation in the development of health policy. Nurses have increasingly become advocates on the political scene for patients, families and communities. We see firsthand both the

beneficial and detrimental effects of healthcare and environmental policies on these groups and are in a position to exert influence. We should not step back from that position but rather embrace it.

While we are celebrating Nurses Week, I hope you will find time to reflect on your journey in our profession of nursing – where you began, where you have been, and where you hope to be in the future. I trust that you share my pride in being a member of such a talented and respected team upon whom the public relies for their well-being. And I thank you for your support. Happy Nurses Week!

Mark your calendar and plan to attend

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SHARE YOUR TALENT WITH ANA-MAINE

Do you have an idea for an article for the ANA-Maine newsletter or would you like to author one? Perhaps there is something in your workplace that is innovative that would be of interest to other nurses in Maine or maybe you have a human interest story. We can assist with getting your column ready for publication.

ANA-MAINE is also looking for interested members to participate in standing committees such as Bylaws, Finance, and Legislative, and to work with us on short-term projects.

If these opportunities appeal to you, please contact us at info@anamaine.org.

ANA-Maine Executive Director Search

The Executive Director acts as the administrative agent for ANA-Maine and is responsible for the implementation of all the programs and policies of the ANA-Maine. This is a part-time position working from a virtual office.

Key qualifications include:

- Registered Nurse licensed in the State of Maine.
- Active member of ANA and state's nursing associations, preferred.
- Baccalaureate degree in nursing, required: Master's in nursing, MBA or related field preferred.
- Demonstrated leadership capabilities.
- Prior leadership experience in nursing or related health field.
- Knowledge of current health care and nursing issues: state, national, and international.
- Knowledge of legislative procedure and parliamentary law.
- Public speaking and advocacy experience.
- Ability to travel, both in and out of state, & attend national meetings.
- Strong financial acumen.
- Association management skills.

More information and detailed job description is located at www.anamaine.org/Executivedirectorsearch. Those interested in this position should submit a resume and cover letter to info@anamaine.org by July 1, 2017.

ATTENTION ANA-MAINE MEMBERS!

Nominations for open seats on the board of directors will begin June 19, 2017.

This is the third year that ANA-MAINE is utilizing the secure online nomination and voting system to elect members to fill open positions on the board. Nomination submissions will be accepted through July 18 and the electronic ballot will be available August 22 – September 21.

Positions to be filled are:

Position	Term
President-elect	2 Years
Treasurer	2 Years
Director	2 Years
Director	2 Years

As a member of ANA-MAINE, you have the opportunity to determine the leadership of our organization. Details about the electronic voting process will be emailed to members and may be found on our website at www.anamaine.org. To be eligible to submit a nomination, you must have an ANA-MAINE member ID number. If you need assistance with obtaining this number, log in to the member portal, also found on our website.

ANA-MAINE eagerly anticipates the activities planned for the next work year. Your participation in this process is a way to positively affect the continued work of your organization.

To request a paper nomination form, please call the ANA-MAINE office at 1-877-810-5972 x700.

Deadline for submitting online nominations is July 18, 2017

The newly elected board of directors will be announced on September 28, 2017 at the ANA-MAINE annual business meeting. More details regarding this event may be found at www.anamaine.org.



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Contents of this newsletter are the opinion of the author alone and do not reflect the official position of ANA-MAINE unless specifically indicated. We always invite leaders of specialty organizations to contribute.

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ANA-Maine Joins Northeast Multi-State Division to Launch Shared Services Business Model

New York, NY – ANA-Maine, New Hampshire Nurses Association, ANA-New York, ANA-Rhode Island, and ANA-Vermont are pleased to announce the establishment of the Northeast Multi-State Division (NE-MSD). NE-MSD is a shared services business model that allows the State Nurses Associations (SNA) to improve efficiencies and costs by streamlining resources, tools and technologies.

“The establishment of the NE-MSD is a win for all SNAs involved. It allows each state to strengthen both its financial and support systems by shared services, while retaining each state’s unique identity and governance,” states Christine Ryan, Executive Director for both NE-MSD and ANA-Vermont. “It should be an exciting future for all SNAs.”

A primary function of the NE-MSD is to support the states’ nurses by providing quality continuing nursing education (CNE) that meets the national standards established by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC/COA).

The most significant shared resource for the states involved is the creation of the Northeast Multi-State Division Continuing Nursing Education Unit (NE-MSD CNE Unit). As a unified CNE Unit the NE-MSD will streamline applications, combine resources, and establish better communication flow with its continuing nursing education applicants both individual activity clients and approved providers.

In addition to education, the NE-MSD will focus on advocacy, enhancing membership, and overall professional development. The NE-MSD has opened its offices in New York at 2113 Western Avenue, #3, Guilderland, NY 12084. The NE-MSD will also be supported by the ANA and its capabilities and support systems.

Donna Policastro, who served as NE-MSD Executive Director throughout the pilot period and was instrumental in establishing the present NE-MSD service corporation, stated, “The establishment of this new model is a culmination of four years of working with the American Nurses Association to provide a

business entity that will guarantee ‘success’ for these State Nurses Associations.”

For more information, visit www.NEMSD.org

CONTACT

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 703-405-6814
 Northeast Multi-State Division (NEMSD)

The Northeast Multi-State Division (NE-MSD) is defined as a collaborative group of individual autonomous states (Maine, New Hampshire, New York, Rhode Island, and Vermont) with the purpose of enhancing membership, advocacy, education, and to streamline specific operations for the good of its members.



Join ANA in celebrating... The American Nurses Association is proud to celebrate the role nurses play in delivering the highest level of quality care to their patients. ANA’s National Nurses Week 2017 theme “Nursing: The Balance of Mind, Body, and Spirit”. Let’s support nurses in self-care so they in turn can take great care of patients!

For more information and learn how you can participate, go to www.nursingworld.org/NationalNursesWeek.

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Nurses Day at the State House 2017

Media Event Highlights Nursing Workforce Report

Patricia Boston, MSN, RN, RRT

On Tuesday, February 14, ANA-Maine and OMNE joined to host the annual Nurses Day at the State House. The event is intended to provide an opportunity for nurses and nursing students to learn about the Maine legislative process; observe the House, Senate, and committees in session; interact with legislators; and tour the State House.

The group was welcomed in the Hall of Flags, where they visited exhibitor tables while enjoying a continental breakfast. Legislators had been invited to join us and several stopped by to speak with us informally. Many legislators related personal experiences with nurses, all of which were positive, or to share stories about family members who were members of our profession.

During the nursing advocacy briefing which followed, attendees were informed about how a bill becomes law in Maine and how advocacy efforts can be most effective. This very enlightening briefing was conducted by Lisa Harvey-McPherson, RN, MBA, MPPM, EMHS Vice President Government Relations.

The next hour included tours of the house and senate chambers while they were in session, as well as visits to the state library and other offices given by Juliana L'Heureux, RN, BS, MHSA, who also provided historical background along the way.

At mid-day, Lisa Harvey-McPherson led a media event. Lisa highlighted the recent release of the North East Ohio Nursing Institute's (NEONI) Maine Nursing Forecaster, a report on the supply and future demand for nurses in Maine. The study was sponsored by the Maine Nursing Action Coalition (MeNAC), of which Lisa is a member. The troubling conclusion of that study is a projected shortage of 3,200 RNs in Maine in 2025.

Though 2025 may sound like a long time away, it means that there are only about eight years to devise and implement solutions that increase Maine's nursing workforce to meet anticipated demand. Because there are multiple causative factors for the upcoming shortage, there is no single silver bullet. Some of these causes include, but are not limited to:

1. The demographics of Maine reveal an increasing percentage of elderly along with a decrease in the young adult population.
2. The average age of nursing faculty and working nurses in Maine is higher than in other parts of the country. There will be a significant impact as this group approaches retirement.

3. Schools of nursing in Maine cannot attract a sufficient number of doctorally prepared nurses to increase their capacity.
4. A significant number of qualified nursing student candidates are denied admission each year due to the capacity limits of nursing programs.
5. Opportunities for clinical experience are insufficient to expand programs.

A variety of strategies will be required to resolve this situation and assure that we are ready to meet the nursing care needs of people in Maine. This will involve the active participation from nursing education, nursing practice, professional nursing organizations, the board of nursing, employers of nursing, policy makers and others.

Senator Amy Volk, Senate Chair of the Labor, Commerce, Research and Economic Development (LCRED) Committee spoke and told the assembly that she is sponsoring legislation to ensure that Maine will be a participant in the Enhanced Nurse Licensure Compact. This will assure that Maine maintains its status as a compact state, which is one aspect of attracting nurses to our state.

Patricia Boston, MSN, RN, RRT, ANA-Maine President, reviewed the key role that nurses play in the delivery of healthcare and the special way they connect with patients, their families and communities. She reported that nursing again topped the annual Gallup poll for honesty and ethics in professions. She also stated that nursing comprises the largest segment of the healthcare workforce and that we need to assure the future of our profession.

Representative Anne Perry, a practicing Nurse Practitioner and the only nurse currently in the legislature, discussed how she is consulted by and relied upon by her legislative colleagues because she is in touch with policy and economic issues in the current system and their impact on Mainers. She is a voice for nursing and patients in Augusta.

Both Senator Volk and Representative Perry were recognized as Nursing Champions for their continued efforts in the legislature.

Mary Mayhew, Maine's Commissioner of Health and Human Services, reported that Governor LePage was aware of the NEONI report findings and Senator Volk's bill. She announced that the Governor, along with the University of Maine Chancellor, will be convening a nursing summit, with representation of appropriate parties, to explore causes of and solutions to the projected nursing shortage in Maine.

Also at the media event were James Page, Chancellor of the University of Maine system, and Robert Neely, Vice-Chancellor. The Vice-Chancellor spoke of the university's interest in and concern for providing a sufficient supply of nurses and their commitment to the summit to begin addressing the issue.

The media event was covered by several TV, radio and print news outlets and reports were included in articles and broadcasts in the following days.

The Legislative Day concluded with an opportunity to sit in on committee hearings and work sessions.

The feedback from the day was quite positive and we look forward to an even better event next year.



Rep. Denise Tepler of Topsham and Rep. Erik Jorgensen of Portland, visited the nursing exhibits in the Hall of Flags



Greetings to Rep. Anne Perry of Calais, a Nurse Practitioner and an experienced Maine legislator who served in previous sessions with Juliana L'Heureux



Patricia Boston, ANA-MAINE President, addresses the attendees at Nurses Day on February 14 at the State House Hall of Flags, Augusta, Maine



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Nurse Practitioners Advocate for Patient Access to Quality Primary Care

*Brien Davis FNP and reported by
Juliana L'Heureux BS, MHSA, RN*

PORTLAND – Advocacy for patients at risk for losing health insurance was the subject of a press conference on March 18th in Portland, with the Maine Providers Standing Up for Health Care. Brien Davis, a Family Nurse Practitioner, is the Director of the Camden Family Care LLC. He spoke in support of his health agency's patients, who rely on coverage provided by the Affordable Care Act, often called "Obamacare."

"I am a Nurse Practitioner working in a small family practice in Camden Maine," he said. "About one-third of our patients are covered by Obamacare. Many of them will not be able to buy coverage under the Republicans' 'American Health Care Act.' In fact, the cost of the coverage will be too expensive. Many of our patients are over 50 years old and they have chronic health conditions, making their coverage five times more expensive than what it costs under Obamacare."

Without health insurance coverage, the patients with Camden Family Care will not have access to colonoscopies, mammograms, blood tests for diabetes management or receive immunizations. In fact, the list of health services at risk of cuts to benefits is a long one, because lack of coverage will prevent the patients from receiving preventive care.

"Our patients will not have the opportunity to sit down with a doctor, a nurse or nutritionist to make a plan to lose weight or start an exercise plan to relieve

the pain in their arthritic knees. They will not see a counselor to help them with being depressed."

"I know this because I remember how our care was impacted before the Affordable Health Care Act was passed in May 2010," said Davis to the 100 people who gathered at the Portland Public Library, to attend the press conference.

"Our goal must be to find ways to offer affordable healthcare to more people who live in our community," he said. By providing access to health care to more people, the clinic could reach out to more people to provide preventive care. "We could work toward preventing disease and living healthier lives or managing their chronic health conditions, before their needs become catastrophic. Before they need to visit the emergency room. Before the need for emergent care that will potentially cost tens of thousands of dollars that the patients can't pay."

In the Republican proposed plan called the American Health Care Act, as many as 56,000 people in Maine will lose their health care insurance in 2018. It's unclear who will pay for their bills if they end up in the hospital because their illnesses exacerbate. How many of them will lose their homes or businesses as a result of high medical costs?

Moreover, many of the patients who find themselves in need of catastrophic care could have avoided their crises with preventative care.

We have an opportunity to come together over this issue of healthcare. This is not a Republican or Democrat issue. Our shared goal should be to provide the maximum number of citizens with health care.

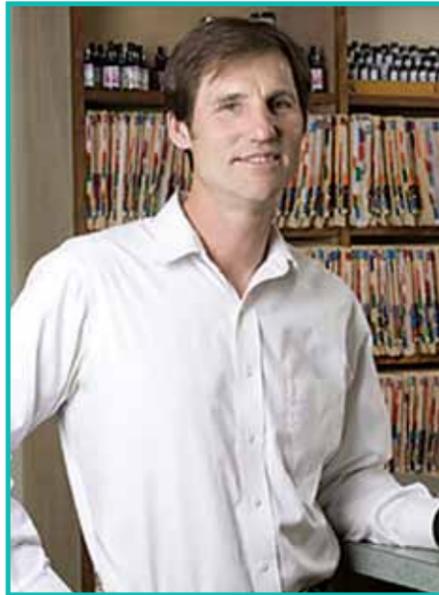
"I am certain that if the Republican 'American Healthcare Act' is enacted, thereby causing fewer people to be covered by insurance, the cost of health insurance for those who will be paying premiums, will go up. That's called 'lose-lose.'"

Nurses in Camden are asking our Congressional Representatives and Senators in Washington DC to work together to make healthcare work for all citizens of Maine. That means, getting a maximum number of citizens covered by insurance. In my opinion, the 'win-win' is when there are more people in Maine and in America with health insurance. When this eventually happens, premiums will drop because everyone will be paying for something.

Maine Providers Standing Up for Health Care is a growing number of physicians, nurses and health providers who support providing quality health care to everyone. Check the Facebook page Maine Providers Standing Up for Health Care.



Phil Caper, MD and Kathryn Vezina, RN, MSN, Esq. at "Maine Providers Standing Up For Health Care" event at the Portland Public Library on March 18, 2017



Brien Davis, FNP, Camden, ME who provided testimony at the "Maine Providers Standing Up For Health Care" press conference.

Nurses Recognize Legislative Leadership at Hall of Flags Day

*Lisa Harvey McPherson RN, MBA, MPPM
EMHS Vice President Government Relations*

AUGUSTA, ME – Our progress towards creating a positive nursing presence with lawmakers in Augusta was supported by our annual Nurses Day in the Hall of Flags. Many thanks extend to all the organizers and participants who made the State House day a success.

On February 14th, nurses from across the State of Maine gathered at the State House for our annual nursing day event. This year we honored Senator Amy Volk, of York County, as the primary sponsor of legislation to authorize the Maine State Board of Nursing (MSBON) to enter into the national enhanced nurse licensure compact. The event also recognized Representative Anne Perry of Calais, who is the only legislator in Maine who is also a nurse. Comments at the event noted Maine's nursing workforce challenge as nurses in Maine are older than nurses nationally and we are particularly challenged with older faculty noting that 32% of nursing faculty in Maine are over the age of 60. The Maine Nursing Action Coalition (MeNAC) announced nursing workforce projections showing a shortage of 3,200 RN's in Maine by 2025 should our education programs not increase nursing graduate capacity. Leaders from the University of Maine System Chancellor's office and Commissioner Mary Mayhew representing the Governor's office also joined the event to announce plans for a joint summit to address Maine's nursing workforce challenge. Work is underway to plan the important summit event.

It was an honor for me to recognize the leadership of Senator Volk and Representative Perry during the press conference ceremonies, during our day long program in Augusta. Thanks to everyone who made our day a success.

The Maine Nursing Action Coalition is partnering with health care organizations, colleges, universities and professional colleagues to support innovative solutions where nurses are leading the way to address Maine's health challenges. Contact information for the MeNAC and proposed summit is at this <http://campaignforaction.org/state/maine/>.




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TOGETHER WE'RE STRONGER

University of New England Announces Nurse Leadership Institute

The Department of Nursing at the University of New England (UNE) is pleased to announce the launch of the 3rd cohort of the Population-focused Nurse Leadership Institute. The purpose of this certificate program is to offer a forum for community and public health nurses to enhance their skills and capabilities in organizational leadership, leadership within collaborative interprofessional teams, and leadership within a community of interest.

Nurses employed in population-based settings commonly manage large caseloads in fairly autonomous environments. The Institute was created to provide the tools, networks, mentoring, and resources needed to advance personal leadership and career development specifically for public health/ community nurses

prepared at varying educational levels. As part of the program, participants complete a leadership profile (the DiSC® Work of Leaders Inventory), and leadership strengths and areas for growth are subsequently explored. Interprofessional competency development is achieved through examining processes which support collaborative team-based care and core capabilities of communication, teamwork, knowledge of disciplinary roles and responsibilities, and ethics. Participants identify a practice-problem and project aimed to favorably impact the unique population each serve. Knowledge and skills gained from the Institute are applied to participants' respective workplaces, generating impetus for the ongoing analysis of health systems, quality improvement, and optimal population-oriented outcomes.

The members of the third cohort of the Population-focused Nurse Leadership Institute include:

Katie Addicott, Maine Medical Center
Kathleen Beers, Nursing Faculty, University of New England
Deborah Braxton, Cape Elizabeth School Department
Emily Brown, Mount Desert Island Hospital/ AOS 91
Gina Easley, Greater Portland Health Center
Christine Harrington, Maine Association of School Nurses/ Belfast Schools
Laura Hesselink, Portland Public Schools
Hallie Logan, BSN student, University of New England
Laura Malitsky, New England Rehabilitation, Nurse Liaison
Maxine Pare, RSU 19 School District
Todd Phillips, LincolnHealth
Barbara Steele, Maine Health Accountable Care Organization
Bobbi Jo St. Peter, Biddeford School Department

The faculty for the Nurse Leadership Institute include:

Karen Pardue, Associate Dean, Westbrook College of Health Professions, UNE
Jennifer Morton, Director, Department of Nursing, UNE
Judith Metcalf, Project Manager, Department of Nursing, UNE

This Institute is funded through a grant from the Health Resources Services Administration (HRSA) Nursing Education Practice Quality and Retention (NEPQR) program, and reflects a collaborative partnership between UNE and Greater Portland Health Center, Portland's only federally qualified health center. The grant, entitled UpStream Nursing, aims to increase career interest in community/population-health nursing among pre-licensure nursing students. Jennifer Morton, Director of the Department of Nursing at UNE and PI on this grant, was awarded funding which runs from July 2016 through June 2018.

It is anticipated a call will be issued over the summer of 2017 seeking participants for the next Nurse Leader Institute, scheduled to run from fall 2017 through spring 2018. For more information, contact Institute Director Karen Pardue at kpardue@une.edu; or HRSA project Principal Investigator Jennifer Morton at jmorton@une.edu.



Members of the Nurse Leadership Institute:

Front row, left to right: Bobbi Jo St. Peter, RN, BSN, MPH; Barbara Steele, RN, AS; Maxine Pare, RN, BSN; Karen Pardue, RN, BS, MSN, PhD, ANEF; Emily Brown, RN, BSN, APRN. Second Row, left to right: Jennifer Morton, RN, BSN, MPH, DNP, APHN-BC; Laurie Hesselink, RN, MSN; Kathy Beers, RN, BSN, MSN; Laura Malitsky, RN, BSN; Hallie Logan, BSN student, University of New England. Third Row, Left to right: Deborah Braxton, RN, BSN, MSN; Katie Addicott, RN, BSN, MSN, FNP; Judith Metcalf, RN, BS, MS, APRN, FMGS.



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Nominate a Nurse!

Agnes E. Flaherty Leadership and Sister Consuela White Awards

Nominations are open for [The Agnes E. Flaherty Leadership Award](#) and [The Sister Consuela White Spirit of Nursing Award](#) in both categories listed below. **Nominations close July 1, 2017.** Awardees will be honored as our guests at the ANA-MAINE Conference Awards Dinner on September 28, 2017. Please mark your calendar in the event your nominee is chosen.

A blind review and selection of the nominee is assured by Award Committee Cooperative Exchange with our colleagues in the Northeast Multistate Division. Winners are notified prior to the Awards event. Do you have questions? Please E-mail the Awards Committee at awards@anamaine.org.

There are two categories of practice for each award. Indicate the category of choice in the online nomination form (found at www.anamaine.org/awards) and upload your descriptive document for expedient electronic submission.

- The first category includes administrators, educators, public office holders or nominee, and health care providers in advanced practice roles
- The second category includes staff nurses in any setting: schools, community, long term care, acute care, home care etc. Preceptors for students would fall into this category.

The Agnes E. Flaherty Leadership Award

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 - 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.

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.
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- 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.

Online submissions at www.anamaine.org/awards

Deadline: July 1, 2017

Kate Preston, RN, Receives DAISY Award

From Central Maine Medical Center website

LEWISTON, ME – Registered nurse Kate Preston was recognized as a Central Maine Medical Center DAISY Award recipient, featured in an article on the hospital’s website, on January 3, 2017.

The DAISY Award is sponsored by the DAISY Foundation and recognizes nurses who consistently demonstrate in their work the following attributes: compassion; critical thinking skills; passion about life; patient- and family-focused care; patient advocacy; support of all healthcare team members; and nursing profession role model.

Ms. Preston works in the Special Delivery Family Birthing Center located on the third floor of the Chalke (formerly Memorial) Wing. She was nominated for the award by the family of a patient in her care.

“Kate was so very attentive to the needs of not only my daughter but to her husband. What stands out the most is that they used laughter when my daughter and son-in-law needed it, yet when compassion was needed they flipped over and were quiet and attentive to my daughter’s needs,” remarked the nomination story. “[She] is very much a patient advocate, she listened closely to what my daughter said and her facial expressions for pain and discomfort. [Preston] has the ability to focus on many tasks at once and make the patient feel confident in her care.”

Ms. Preston was also helping orient a new nurse to the unit during the delivery, and maintained a high standard of patient care along with her teaching. The patient’s family noted, “Kate guided, taught, and mentored [the new nurse] all the while keeping the patient updated.”

The DAISY Award was established in 1999 by the family of J. Patrick Barnes, who died at 33 from complications of idiopathic thrombocytopenic purpura. DAISY is an acronym for “diseases attacking the immune system.” The foundation is headquartered in Glen Ellen, Calif.

The DAISY Award was created to show gratitude to the nursing profession, because the Barnes family



Kate Preston RN, Central Maine Medical Center in Lewiston honored with the DAISY award for nursing.

believed that nurses are truly “unsung heroes.” The DAISY Foundation says the program “honors the super human work nurses do at the bedside each and every day.” The foundation also funds research for the J. Patrick Barnes Grants for Nursing Research and Evidence-Based Practice Projects.

Many hospitals in Maine nominate and award nurses with DAISY recognitions. Let us know if you are among the hospitals where this award is presented. Please send news clips with biographies and pictures, if possible, about the heroic nurses who receive this important recognition.

Maine Medical Center Recognized

The following article was published in MaineBiz magazine on April 3, 2017. Congratulations to our friends and colleagues at Maine Medical Center!

Maine Medical in top 2% of U.S. Hospitals for Nursing Excellence

Maine Medical Center in Portland was designated Thursday a Magnet hospital, the highest national recognition awarded for nursing excellence. It’s the third consecutive time that MMC has achieved the designation, an honor that about 2% of U.S. hospitals can claim.

MMC was first recognized as a magnet hospital in 2006, was re-designated in 2011 and continued to sustain this high level of quality since.

Magnet status is awarded by the American Nurses Credentialing Center, an independent organization within the American Nurses Association. The Magnet Recognition Program recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Magnet recognition is widely considered to be the ultimate credential for high quality nursing care.

“Every member of our nursing staff takes great pride in our magnet designation because it is objective proof that we deliver personal, patient-centered care to everyone we serve,” said Marge Wiggins, MMC’s Chief Nursing Officer and Chief Nursing Executive at MaineHealth.

Out of more than 6,000 hospitals in the United States, only 441 organizations have achieved the Magnet designation. This is approximately 7% of U.S. hospitals. Only about 2% (roughly 120 hospitals) of U.S. hospitals earn that recognition three times.

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Overview of Opioids – Issues and Interventions

Juliana L'Heureux, BS, MHSA, RN

Deaths from prescription-opiate overdoses have been quadrupling in the past 15 years in the United States. It has become increasingly clear that opiates carry substantial risks and uncertain benefits, especially as compared with other treatments for chronic pain. (The *New England Journal of Medicine*: Reducing the Risks of Relief – The CDC Opioid-Prescribing Guideline)

Maine Quality Counts hosted an excellent series of webinars to educate clinicians about the laws and best practices to implement in our collective efforts to reduce the morbidity and mortalities associated with overprescribing opioids. On March 15, 2016, the Centers for Disease Control and Prevention (CDC) released a "Guideline for Prescribing Opioids for Chronic Pain" to chart a safer, more effective course. The guideline was designed to support clinicians who care for patients outside the context of active cancer treatment, or palliative or end-of-life care.

Additionally, the Maine Opiate Collaborative published a report in May 2016, that included actions recommended for law enforcement, treatment, prevention and harm reduction.

In summary format, the *Maine Quality Counts* seminars provided expert advice about (a) morphine milligram equivalents in reducing dependency on opiates, (b) the administration of Naloxone, (c) opioid tapering, and (d) caring for patients with benzodiazepines and opioids. All the Maine QC webinars are available on the website. Four of them are summarized in this article.

Understanding & Using Morphine Milligram Equivalents (MMEs) to Comply with Maine's Opioid Prescribing Law – Maine's new Opioid-Prescribing Law, Chapter 488, places limits on the total daily dose of opioid medication that most patients may legally be prescribed. Those limits are measured using "Morphine Milligram Equivalents," or MMEs. But measuring MMEs for various opioid medications can be tricky and prescribers, naturally, have questions. For example:

- Which MME Calculator to use? <http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>



- How will MMEs be handled by Maine's Prescription Monitoring Program?
- How can providers keep track of changes in patients' daily MME dosage?
- How can practices use EMRs to record providers' opioid prescribing by MME?

The webinar's presenters were Elisabeth Fowlie Mock, MD, MPH, FAAFP, and Donald Medd, MD, FACP. They explained what is currently known about the use of MMEs, how they will be used to assure compliance with the Chapter 488 law. Also, they described how one large primary care system in Maine is using its Electronic Medical Record (EMR) to help providers understand their own opioid dosage trends. Highly recommended reading from Dr. Mock about opioids is to read these 3 pages: The *New England Journal of Medicine* Article: "Reducing the Risks of Relief – The CDC Opioid-Prescribing Guideline."

Naloxone and Compassionate Care was presented by Elisabeth Fowlie Mock, MD. Communities with Overdose Education and Naloxone Distribution (OEND) programs have demonstrated how effective naloxone prescribing is in the number of lives reported to have been saved. Dr. Mock explored how to prescribe naloxone, how to talk to patients about the importance of having the drug and knowing how to use naloxone, as well as how to access naloxone affordably. Dr. Mock, regularly teaches providers about naloxone use and other opioid-related clinical topics for MICIS, the Maine Medical Association's academic detailing program. An overview of the naloxone program was provided.

Caring for ME: Compassionate Opioid Tapering: Case Studies: Maine's new opioid prescribing law requires providers to limit the daily opioid dosages with chronic pain patients. This webinar offered information about how providers can meet legal requirements while also limiting their patients' distress. Case study examples described common tapering scenarios, challenges and sharing techniques for effectively and compassionately tapering opioid dosages. Presenters were Noah Nesin, MD; and Eva Quirion, NP.

Caring For ME: Benzodiazepines and Opioids – A Volatile Combination – Vijay Amarendran, MD, is a psychiatrist and Medical Director at Acadia Hospital in Bangor, ME. He presented the issue of benzodiazepine prescribing, including the risks associated with concurrent use with opioids. In 2014, one in three overdose deaths in Maine included benzodiazepines. He discussed why it is important to avoid starting benzodiazepines; and highlighted how to safely taper patients from benzodiazepines.

Maine Quality Counts is located in Manchester, Maine. The organization brings together the people who give care, get care, and pay for care. In multiple ways, through educational programs, seminars and outreach, the organization works collaboratively with the people who provide leadership, and tools to improve health and health care in Maine. A copy of the annual report is available on the website at MaineQualityCounts.org.

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Community Health Roles in the U.S. Opioid Epidemic

Allison Scully, University of Maine Nursing Student and Kelley Strout, PhD, RN, University of Maine Professor

The United States and the State of Maine are amidst an opioid crisis, and nurses need to be fully prepared to support opiate prevention and treatment. The population of individuals who are injecting heroin is increasing at a much faster rate than any other form of drug of abuse (National Institute on Drug Abuse, 2014, p. 1). The number of people reporting current heroin use nearly doubled from 2007 (161,000) to 2013 (289,000).” (United States Drug Enforcement Administration, 2015, p. 8).

As a result of the intravenous drug use in Maine communities, several non-profit organizations have developed syringe exchange programs (SEP), to promote safety and patient-centered care by encouraging safe needle disposal and injection while providing regular access to mental health professionals. During the first semester of my senior year of nursing school, I completed my community health clinical rotation at Health Equity Alliance in Bangor, ME in the SEP. Approximately 200,000 needles were exchanged at this program in 2016. Over the course of my time

in the SEP, I discovered that nurses play a critical role in care of individuals with substance use disorders and that we can offer them some level of clarity that others cannot. At Health Equity Alliance, I was able to observe evidence-based practice in action. The site adheres to the Centers for Disease Control and Prevention (2016) recommendations and offered a variety of prevention materials (e.g., alcohol swabs, vials of sterile water, condoms) and services, such as education on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs including medication-assisted treatment; and counseling and testing for HIV and hepatitis C.

I quickly learned how much these individuals *trusted* me after I stated that I was a student nurse. They would allow me into their lives as I emphasized the importance of safe needle practices. In an ideal world, all of the clients would have the desire to undergo rehabilitation. However, because rehabilitation programs are not easily accessible, and because many clients use drugs to self-medicate mental illness, it is and was my duty to provide quality and compassionate care in the moment. I demonstrated quality and compassion

through countless hours on the phone with the Maine Department of Health and Human Services; advocating for clients in need of a place to stay; assessing injection sites for signs of infection; engaging the community through collecting food for the food bank; and assisting in procuring donated items for those in need. During my time in the SEP, I learned that as nurses we must forgive clients for the times when they do not meet up to what we expect of them, that we must show ourselves and others grace, and that patience in change is critical. I saw the trust clients had in me, and it is my hope that as nurses, we live up to our commitment to provide high-quality, compassionate care to all patients as we work together to address the heroin crisis.

Health Equity Alliance, staffed mainly by mental health professionals, offers a glimmer of hope to those who feel that the world is a lonely place. Supporting harm reduction programs as nurses means that we are meeting patients where they are and are fighting the stigma associated with addiction. By listening, educating, speaking out, and advocating we are creating a shift in the mindset of the greater community to include empathy and compassion, which ultimately empowers the vulnerable to utilize the resources they need to become healthier, more productive members of society.

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A Day in the Life of a Nursing Student - Circa 1948

Blanche Alexander, RN, MSN

I have shared some of this with some of you before, but I have been thinking about it lately, and thought you might find it of interest. If any of you have a friend or family member who is currently in the nursing education system, you might want to share it with them as well.

We rose early and had to be totally dressed in our student nurse uniform by 6 a.m. and ready to go downstairs to the nurses' residence living room for morning prayers. All 21 of us stood in a circle while we were inspected. Correct hem length, snow white shoes, stocking seams straight and no wrinkles! After inspection, the head nurse teacher would read a prayer, then one of the older students played the piano and we sang a hymn. Once a month, we were weighed and measured. They did not like us to gain weight, even though we were still in our teens. (I leave it to you to guess why they did this???)

Then we would all go to breakfast and I have to tell you it was pretty bad. Burned toast, some sort of hot cereal which, I think, was watered down oatmeal. There was milk and juice. Classes began at 8 a.m. and some of us would eat a quick breakfast so we could lie down for an hour before class.

Classes were chemistry, chem lab, microbiology, anatomy and physiology, materia medica, nutrition, professional ethics, and sanitation. As we progressed, we had additional courses such as medical-surgical, cardiac, and orthopedic nursing.

Classes were from 8 a.m. to 12 noon and then to lunch. Nothing memorable in the luncheon menu. We were free until 1 p.m. so we usually would go to our rooms, rest and have a cigarette, secretly.

The afternoon was spent learning nursing procedures and what would be expected of us to do in the care of our patients. Our nursing instructor would demonstrate the procedure, and then we would practice on each other until we got it right. After we learned the procedure, we would spend the afternoon on the hospital wards practicing on real patients. Bed baths, back rubs, temperatures, blood pressures, wound care, oral and injectable medications, etc. We practiced on oranges first. We set up oxygen tents, oxygen tanks, delivered the meals from a diet truck. There were no orderlies or nurse aides to help. We did it all.

So many of the things we were taught are no longer ever used. One notable one was a flaxseed poultice. We made a hot mixture out of flaxseed and wrapped it in a cloth and put it on an achy part as ordered by the physician. Hot saline throat rinses for bad sore throats. Many medications came in one size. We had to figure out how to dilute to give the patient the right dosage.

This was our first year. Evening and night duty came later. When we were on the night shift, we were there alone. It was pretty scary at first, but the night nurse supervisor made rounds frequently and was a phone call away. We never disturbed a doctor at night unless it was absolutely necessary.

There are many stories to tell. Patients we saw get well, and patients we lost. It was especially hard to lose a baby or a child. You learn to take it in your stride. We had gym, we had dances, visited in classmates' homes. The first time I ever saw TV was in a friend's home.

People have asked me if I had to do it over again. There is no doubt in my mind whatsoever. I always felt that nursing was my calling in life. I have had a wonderful career and no regrets.





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Giving Thy Self: Why Self-Care is Important

Donna J. Davis-Rankin, BSN, RN

My Personal Journey of Self-Care

When I returned to the University of Maine at Augusta in pursuit of my BSN, I had no concept of what self-care really meant. I had dabbled in the idea of self-care through my employer. My employer hosted a motivational presentation by LeAnn Thieman, who has co-authored *Chicken Soup for the Nurses Soul*. Her presentation launched the *Self Care for HealthCare* 12-month program. We were asked to take a personal self-care survey, which evaluated our present level of self-care. At the time, I thought I was doing a great job at balancing my personal and professional life, only to find the contrary. I scored very poorly on the survey. Instead of taking heed, I took the self-care workbook and put it in an unused desk drawer, convincing myself that the survey did not really represent the success I felt in balancing my life.

When self-care became a requisite in the RN to BSN curriculum, my initial reaction was, "Oh, here we go again!" This time there was no choice in throwing self-care into a drawer. I had to open my mind and heart to the importance of self-care and overcome my arrogance of thinking I was doing fine and that I did not need someone or a book to tell me otherwise.

I have done a complete about face with how I define and now practice self-care. What I realized is that I did a great job at managing my professional and personal life but the cost was complete self-neglect. I share a particular passage that was on UMA's Facebook page, which struck a chord with me:

People who care value caring by other people and tend to encourage and further it in others. The caring person is drawn toward other caring people... if my carings are inclusive enough, they involve me deeply and fruitfully order all areas of my life. Caring then provides a center around which my activities and experiences are integrated. This results in a harmonizing of the self with the world that is deep seated and enduring (Mayeroff, 1997, p. 66-67).

I make a conscious effort daily to take time to refuel my depleted self. During the day I may sit quietly in the spiritual center or healing garden for 15 minutes of my lunch break. I chose to take yoga and Reiki as my two nursing elective courses. Now I practice meditation, yoga and self-reiki on a regular basis. I have also started journaling, even if it is just a line or two; I try to focus my attention on being grateful. My heart and mind are open to new discoveries of self-care. I continue to explore a balanced, healthy lifestyle that I can share with my family, friends, colleagues and patients. Each of us can find our own path to self-care through exploration and looking to those who can lead by example. I wish to be a mentor for others. My daily mantra is, "Take time to make time." We are worthy and in need of self-care.

While stress is reality of life and unavoidable, it can lead to detrimental effects on one's psychological and physiological well-being. If stress is not properly managed through self-care practice it can become chronic and debilitating. For those of us in the helping professions, the strain of caregiving can further deplete physical and emotional energy. Richards, Sheen & Mazzer (2014) noted, "Compassion fatigue and burnout are consequences for empathetic caregivers who do not make replenishment of self a priority within their professional role" (p.5). Nurses may find themselves neglecting their self-care needs, which will have significant consequences for the nurse as well as the patient. This reflective paper will address the psychoneuroimmunological implications of stress management and self-care, how self-care impacts holistic leadership and will conclude with my personal journey of self-care.

Psychoneuroimmunology and the Stress Response

Many of us can identify when we are stressed, but may not be aware of the destructive assault stress places on the body. Psychoneuroimmunology is the study of the complex relationship between conscious thoughts and behaviors and how they impact the central nervous system and the immune system (Clark,

2014). Examining the stress response in relation to illness and wellness is of particular interest in psychoneuroimmunology (Clark, 2014).

Chronic stress causes damage physiologically at the cellular level. Stress causes a rise in cortisol levels in response to the "fight or flight" phenomenon (Rao et al., 2015). If stress becomes chronic, the adrenal glands continue to produce cortisol, which can lead to adrenal exhaustion (Rao et al., 2015). In addition, cortisol hinders the protective nature of telomerase, which is known to protect chromosomal telomere length. Damage to telomere length has been implicated poor health and diseases such as cancer, diabetes, and cardiovascular maladies (Clark, 2014).

The Effect of Stress on Nurse Interactions: Self-Care and Ethics

Balancing personal and professional stress is crucial in providing exceptional nursing care. Clark (2014) provides a sobering description of the effects of stress in the delivery of care to patients. Clark (2014) noted that stress is shared between the nurse and patient through a neurological exchange. According to Clark (2014), "...the nurse's stress state is easily communicated via mirror neurons to the patient, potentially causing harm as the stress related neural pathways are physiologically mirrored and replicated in the patient" (p.4). When one looks at the detrimental effects stress has on an individual and how stress can directly affect patient care, ethical concerns arise.

Ethical nursing practice mandates that we do no harm to our patients. The Code of Ethics for Nurses provides clear expectations for nursing conduct. Clark (2014) summarized the Code of Ethics for Nurses, noting the role of the nurse is to alleviate suffering and to promote health and wellness. If we are inflicting harm to patients as a result of our own stress response, we have a moral and ethical obligation to change our pattern of behavior through a firm commitment to self-care practices (Dossey & Keegan, 2016). Self-care is not a self-absorbed activity, it is not a luxury, it is necessary for our self-healing and the healing of others.

Self-Care and Holistic Nurse Leadership

Chronic stress for nurses can lead to burnout. Burnout is a crippling condition that causes the disintegration in our ability to remain truly engaged and connected in life (Epp, 2012). The end result of burnout is the erosion of our sense of purpose and value as a human being.



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The Pleasant Point Health Center is seeking a qualified and licensed applicant for the position of Family Nurse Practitioner. The Pleasant Point Health Center is an Indian Health Service contracted clinic serving the Native American population in the Passamaquoddy Tribe's federally designated service area. The clinic is located on the Pleasant Point Reservation, Washington County, Maine near the City of Eastport and the Town of Perry.

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The interconnection of stress, self-care and burnout cannot be overlooked. There is somewhat of a circular relationship, which is driven by the influence of stress and the presence or absence of effective coping skills (Gibbons, 2010). When looking at leadership through a holistic lens there is the desire to nourish the wholeness of others. Helping others to develop self-care practices can be instrumental in caring for the mind, body and soul and may prevent burnout (Epp, 2012). Holistic nurse leaders should lead by example, demonstrating self-care practices, and mentoring others on the consequences of stress (Dossey & Keegan, 2016). Helping nurses to discover the benefits of self-care is a win-win outcome for nurses and their patients.

If burnout is left unattended, it will lead to the loss of spirit and leadership. Burnout diminishes the fulfillment of the nurse and patient experience (Epp, 2012). Evidence supports the importance of taking time to regenerate and rejuvenate daily for personal and professional survival.

Conclusion

Stress is an inevitable part of life, and if left to its own devices, can cause significant health issues. Psychoneuroimmunology has provided convincing evidence of the harmful effects of chronic stress and the damaging effect it has not only on an individual, but also on the dynamic relationships we have with those in our personal and professional lives. In order to care for others, we must care for ourselves.

For those of us in the healthcare profession, we have a moral and ethical obligation to practice self-care. We cannot look at self-care with skepticism nor can we be dismissive in finding our own journey towards self-care. Self-care should not be viewed as option, but rather a necessity of our basic human needs. We need to nourish our mind, body and soul daily.

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