

The MARYLAND NURSE



The Official Journal
of the Maryland
Nurses Association

The State Nurses Association
affiliated with the American
Nurses Association, and
Representing Maryland's
Professional Nurses
since 1904

SAVE THE DATE

April 18, 2020

Nursing Education Summit
Call for Abstracts

See page 10



Inside this Issue...

ANA/MNA News	
District News	3
ANA Updates	3
116th MNA Annual Convention.....	4
2019 ANA Membership Assembly	8
MNA Annual Awards	9
NFM Annual Scholarships	9
Education	
Johns Hopkins School of Nursing	10
Montgomery College	12
Notre Dame of Maryland University	12
Legislation and Regulation	
Meet the Maryland Board of Nursing	18
NCSBN Delegation Guidelines.....	18
Practice	
Mercy Hospital EBP & Research Symposium	14
JHH Celebrates Nurses Week	15
Medical Cannabis	19
Clinical Appeals	21
MNA Membership Application	22

current resident or



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August, September, October 2019

Circulation 90,000 to all Registered Nurses, Licensed Practical Nurses and Student Nurses in Maryland



PRESIDENT'S MESSAGE

Dear Colleagues,

Celebrating all four seasons is one of the benefits of living in Maryland. Although the summer brings long hot days, we know that the fall is coming. For many, this means back to school time. Although online education programs go year round and health care demands are endless, I still find back to school time meaningful, as it signifies a start to new learning. I confess, I look forward to fall, not just because my day job in academia starts in full swing, but because I love the challenge of new learning. No matter what area of nursing is special to you, the spirit of inquiry is important to all of us and I hope you will consider MNA opportunities to expand your learning horizons.



Mary Kay DeMarco

Recently, Maryland Nurses Association's Continuing Education Provider Unit (CEPU) received re-accreditation from the American Nurses Credentialing Center. Special thanks to Dr. Kathy Martin, Lead Nurse Planner for the CEPU, and Susan Prentice, Director of Continuing Education Application Services, for their work to complete the self-study required for accreditation. The process to award Continuing Education is not simple, but it is well worth the effort to grant formal recognition to nurses seeking learning opportunities. I hope all nurses presenting educational offerings in Maryland will apply to award Continuing Education through MNA's Provider Unit.

Although Maryland RNs are not required to complete continuing education to renew licensure, a new law in Maryland will now allow RNs to renew with continuing education. The Maryland Nurse Practice Act now states that an option for license

renewal includes completion of 30 continuing education units (CEUs) within the two years immediately preceding the date of the renewal application. Options to renew by active employment in nursing, approved refresher course, or approved preceptor experience remain in effect. MNA supports this new policy and I hope that nurses who are no longer actively practicing will take advantage of this opportunity to renew their license.

Of course, a great way to enhance your nursing knowledge and network with nurses across the state will be to attend the 116th Annual MNA Convention.

President's Message continued on page 2



Participants at MNA District 9 Annual Awards dinner 2019

Miss Maryland 2018 Adrianna Christine David, Delegate Dr. Edith J. Patterson Charles County District 28, Dr. Melani Bell District 9 MNA Board of Directors Representative, and Rear Admiral Joan Hunter United States Public Health Service Commissioned Corp Senior Advisor to Vice Admiral Dr. Jerome Adams United States Surgeon General

MNA's 116th Annual Convention

MNA
MARYLAND NURSES ASSOCIATION

SAVE THE DATE

November, 14-15, 2019 | Sheraton Inner Harbor Hotel | Baltimore, MD

Register Today
See page 4

PUBLICATION

The Maryland Nurse Publication Schedule

Issue	Material Due to MNA
November 2019	September 15, 2019
February 2020	December 15, 2019
May 2020	March 15, 2020

The Maryland Nurse, the official publication of the Maryland Nurses Association, is published quarterly with an annual subscription of \$20.00.

MISSION STATEMENT

The Maryland Nurses Association, the voice of Nurses, advocates for excellence in nursing and the highest quality healthcare for all.

Our core values:
Courage, Respect, Integrity,
Accountability, Inclusiveness
Approved by MNA BOD, 2019

President's Message continued from page 1

This year's convention will be held November 14 and 15 at the Sheraton Inner Harbor. The theme this year, *Healthy Nurse, Healthy Maryland*, will feature a wide range of educational sessions focusing on improving the wellbeing of the patients/clients that we serve as well as improving our own health. As you schedule your fall back-to-school activities, please consider this great educational opportunity as MNA returns to a two day event. I hope to see you there!

As nurses we are well aware that not all learning takes place in a formal setting. Being a member of MNA allows you to grow through many education, advocacy, and leadership experiences. Our membership continues to grow and it is my high hope that MNA will be the 10th largest state association in ANA by our annual membership meeting in November. We are currently the 11th largest in the country! If you are not a member, please consider joining. Your support at any level makes us great. Thanks for all you do.

Sincerely,

Mary Kay DeMarco PhD, RN, CNE
President, Maryland Nurses Association.



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The Residences at Vantage Point formerly known as Columbia Vantage House, a senior living community built on the promise of kinship and diversity in the heart of downtown Columbia seeks an RN to work 11pm - 7:30am is responsible for the accurate and timely administration of medications, treatments, documentation and emergency calls as indicated. Assures the overall supervision of nursing staff in the community. Supervises all resident care issues. Assists charge nurses in emergencies as needed.

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Preparing the Manuscript:

1. All submissions must be submitted to TheMarylandNurse@gmail.com in WORD format with 12 point font and double spacing.
2. A separate 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, and telephone contact, if applicable.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 1/2 X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed 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.
7. Photos must be submitted as separate attachments.

Editing:

All submissions are edited for clarity, style and conciseness. Scholarly submissions are double-blind peer reviewed by at least two reviewers. Reviewer comments may be returned to the authors if reviewers request significant clarification, verification or amplification. 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*.

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The Maryland Nurse attempts to select authors who are knowledgeable in their fields. The views and opinions expressed by authors are those of the authors and do not necessarily reflect the opinions or recommendations of the MNA, the Editors, the Editorial Board members, or the Publisher.

Submissions must be sent electronically to TheMarylandNurse@gmail.com.

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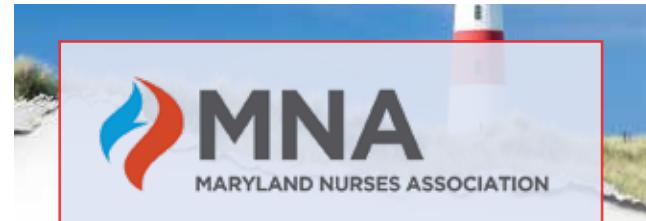
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August, September, October 2019



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2018-2019

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★ ANA/MNA NEWS



MNA Districts 3 and 5 Leadership together at their May 23 joint meeting on Disaster preparedness.

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Maryland Nurses Association

2020 NURSING EDUCATION SUMMIT

Saturday, April 18, 2020

8:30 a.m.- 4:30 p.m.



“Educating for the Future of Nursing” Conference Center at the Maritime Institute

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Abstracts for Oral Presentations and Posters due November 18, 2019

Accepted Abstracts will be published.

The Call for Abstracts will be available June 15 online at marylandrn.org and district2mna.org, and in The Maryland Nurse, August 2019.

Benjamin Roberts, Nurse Coordinator for Palliative Care and Faculty at Johns Hopkins University, to Address Common Confusion about Palliative and End-of-Life Care at September 19 Baltimore Dinner Seminar

Benjamin Roberts, MSN, RN, Nurse Coordinator for Palliative Care at Johns Hopkins Bayview Medical Center, will address nurses at District 2's Annual Dinner and Seminar at Martin's West in Baltimore on Thursday, September 19, 2019, 6:30-8:30 PM. His topic is "But I'm Not Dying: Clarifying Confusion about Palliative and End-of-Life Care."

Mr. Roberts is a co-author of the Oxford Textbook of Palliative Nursing. He has worked for five years

in inpatient settings including ICU, telemetry, psychiatry. He developed and facilitates novel End-of-Life simulation in the MSN program at the Johns Hopkins School of Nursing.

For information and registration go to District 2's website: www.mnadistrict2.org. Nurses and nursing students who have questions about the Seminar can email mnadistrict2@gmail.com. District 2 has applied for Continuing Nursing Education (CNE) contact hour approval for this activity.

ANA Hill Day 2019



American Nurses Association (ANA) Hill Day 2019 took place on Thursday, June 20th. This is an annual event for nurses and nursing students to meet with representatives in the United States Congress. These discussions with legislators are critical advocacy opportunities, as legislators are not health care experts and the guidance nurses supply is influential for the passage of bills that impact our profession and healthcare for all Americans.

Over 30 Maryland Nurses Association (MNA) members attended this year's event, including MNA President, Dr. Mary Kay DeMarco; Past MNA President and current MNA Member-at-Large Representative to the ANA Membership Assembly, Rosemary Mortimer; Past MNA President, ANA Secretary, and current Chair-Elect for the ANA Committee on Bylaws (COB), Dr. Patricia Travis; Member of the MNA Legislative Committee and

the MNA-Maryland Hospital Association Steering Committee on Workplace Violence, Donna Zankowski; and MNA Treasurer, Dr. Mary Jean Schumann. Visits to Maryland's Members of Congress focused on ANA priority issues, including providing safe staffing, preventing workplace violence, planning home health, and funding nursing education.

All nurses should urge their representatives to co-sponsor and support the following bills:

- *The Workplace Violence Prevention for Health Care and Social Services Workers Act* (S.851/H.R.1309), which addresses needed protection efforts and improved record keeping and reporting of violent incidences in the workplace. Maryland has been active with this issue on the local level and partnered with the Maryland Hospital Association to investigate best practices to protect nurses;
- *Home Health Planning Improvement Act of 2019* (S.296/H.R.2150), which will allow Advanced Practice Registered Nurses (APRNs) to order home health services now only authorized by physicians due to outdated Medicare policies; and
- *Title VIII Nursing Workforce Reauthorization Act* (H.R.728 and S.1399), which renews funding for all levels of nursing education, from pre-licensure through doctoral programs.

For more information on Hill Day and ANA Legislative priorities, visit: anacapitolbeat.org.

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MNA's 116th Annual Convention



SAVE THE DATE

November, 14-15, 2019 | Sheraton Inner Harbor Hotel | Baltimore, MD

Attention All Nurses in Maryland Healthy Nurse! Healthy Maryland!

The MNA Convention Committee has planned the 116th Annual MNA Convention to be like no other. With the theme "Healthy Nurse! Healthy Maryland!" it will be held on November 14th and 15th, 2019, at the beautiful Sheraton Inner Harbor Hotel, 300 South Charles Street, Baltimore, MD 21201. The registration rates are as low as we could go. Note that for this year we have a new category for retired nurses who are at the same rate as students.

The goals of this learning experience are to share best practices, foster collaboration, and provide a forum for peer to peer interactions among RNs in Maryland. Additionally, this Convention offers an intimate learning environment to facilitate interactions among attendees and faculty.

This year, we will feature 20-minute Spotlight Sessions as well as the traditional hour-long sessions along with many posters. There will be added bonuses focusing on the theme of "Healthy Nurse! Healthy Maryland!" We are very fortunate to have three highly acclaimed Keynote and Plenary Speakers: Robert Neall, Dr. Alison Trinkoff, and Holly Carpenter.

To register go to the MNA website: www.marylandrn.org



Robert Neall

Secretary of the Maryland Department of Health
Senior Advisor to Maryland Governor Larry Hogan
Director of the Governor's Office of Transformation and Renewal (2016 – 2018)



Alison Trinkoff, RN, ScD, FAAN, Professor

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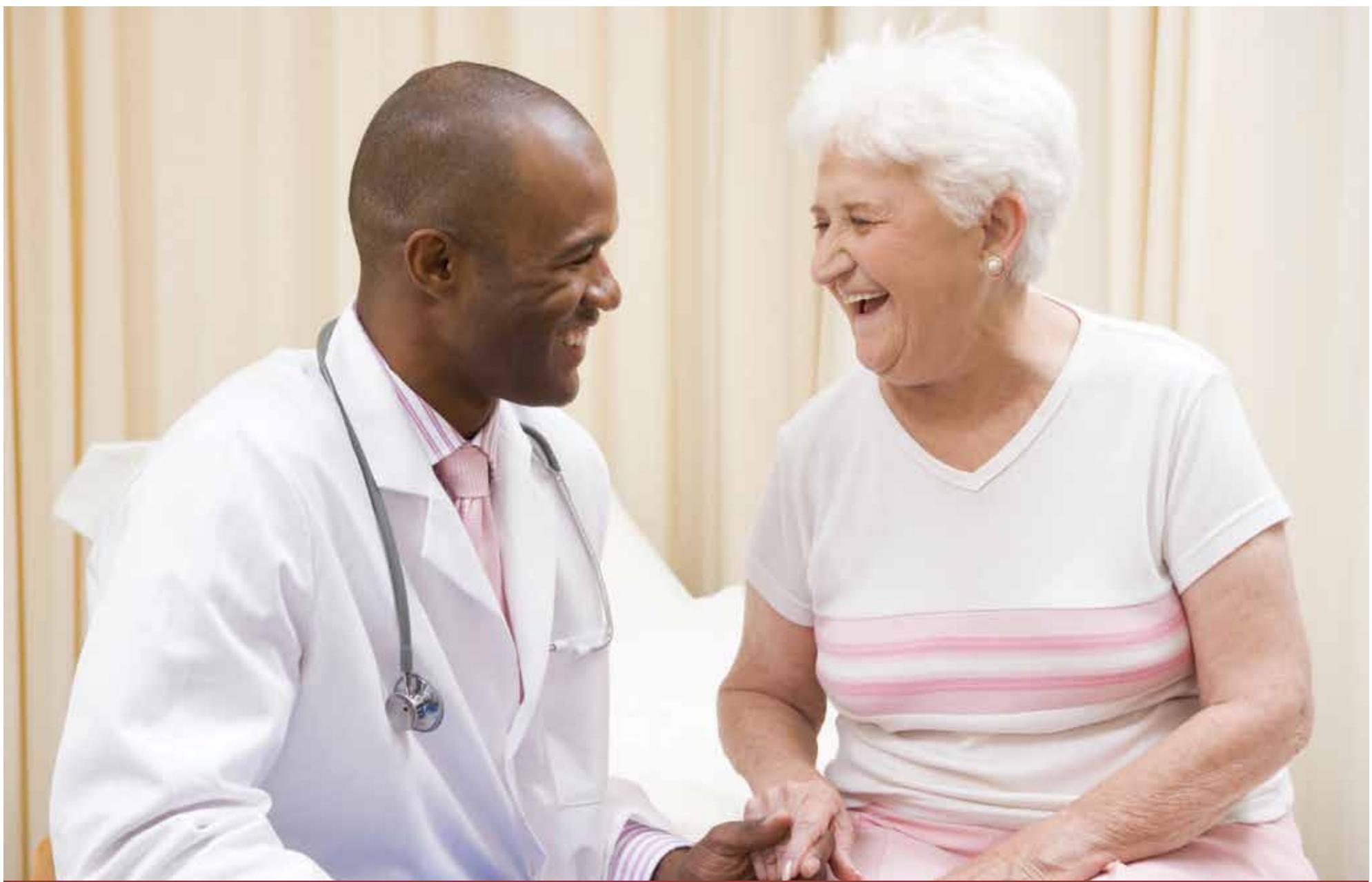
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★ ANA/MNA NEWS

District 9 Annual Awards Dinner

Shirley Michele Allen, MSN, RN-MNA Legislative Committee and Melani Bell, DNP, RN-DNA 9 Bylaws and Policy, DNA 9 Board Representative to MNA Board of Directors

On May 6, 2019, MNA District 9 hosted their Annual Awards Dinner prepared by Chef Kendall Selby of Middleton Hall in Waldorf, MD celebrating the accomplishments of seasoned nurses and providing scholarship opportunities for those pursuing a degree in nursing. District 9 nurses ensure that the extraordinary contributions of nurses are recognized annually. They continue to educate nurses and the public about nurses' role in healthcare and are committed to protecting, promoting, and improving healthcare for all. District 9's board members vow to remain engaged in current community health challenges providing information that is relevant and offers ways to improve best practices in public health and inpatient settings.

This year's star-studded event included notable distinguished guests and MNA District 9 nursing legislative advocates. They included the Honorable Delegates Dr. Edith J. Patterson District 28 and Susie Proctor District 27A; Senator Jack Bailey's Legislative aide and District 9 member Lynn Delahaye, BSN, RN; Miss Maryland 2018 and one of the top-ten runner ups for Miss America 2019 Adrianna Christine David, and renowned keynote speaker Rear Admiral (RADM) Joan Hunter, United States Public Health Service Commissioned Corps, current Senior Advisor and former Assistant Surgeon General to the United States Surgeon General (SG), Dr. Jerome Adams; RADM Hunter is a native of St. Mary's County.

District 9's focus was directed toward the alarming increased use and abuse of prescribed and non-prescribed opioid and the resulting deaths plaguing our communities. This epidemic can be positively influenced by healthcare providers, if proper initiatives are taken. Through evidenced-based research, we noted the spotlight of the Surgeon General (SG) on combatting opioid misuse globally; this led to our banquet topic, "The Opioid Crisis." Upon request, RADM Hunter graciously accepted our invitation to speak on the crisis. Her presentation educated multi-specialty nurses on the SG's "plan of care;" she offered heartfelt words and gratitude to those currently working in mother/baby areas dealing with dual challenges of opioid addicted mothers

birthing opioid addicted babies. Following a brief introduction, RADM Hunter expressed sentiments on behalf of the SG and his emphasis on the importance of proper use of Naloxone keeping it in close proximity to reverse the effects of an opioid overdose for those battling opioid use disorder. Throughout the discussion, there was additional emphasis geared toward the importance of nurses becoming more involved in advocating for those battling addiction and prevention of opioid misuse, including the following topics:

1. Talk about it
2. Be safe
3. Understand pain
4. Know addiction
5. Be prepared

At the conclusion of RADM Hunter's speech, information on additional education and outreach through social media (see below) on behalf of the SG's office was provided for the audience to be shared with others during public health initiatives. District 9 expresses their sincere gratitude to RADM Hunter for her immediate "Yes" to the invitation to be the District 9 Banquet speaker and her words of

wisdom and empowerment for all nurses to advocate on behalf of the SG's office conquering opioid addiction one community at a time.

Miss Maryland 2018 Adrianna Christine David, has been recognized in 2019 in the Maryland General Assembly by Delegate Dr. Edith J. Patterson, Charles County District 28, the late Speaker of the House Michael Busch, Senate President Thomas V. Mike Miller and Senator Benjamin F. Kramer District 19 for her non-profit organization Charities Angels involvement with "The Kidney Project." Adrianna addressed the audience with a special Nurses Week message, thanking them for their dedication and commitment to the profession. Adrianna bought awareness to her platform, End Stage Renal Disease (ESRD) through her involvement in a University of California, San Francisco project focused on the creation of a free standing, surgically implanted bioartificial kidney designed to treat ESRD. Adrianna's message was from the heart as she discussed her cousin Julianna's battle with ESRD leading to dialysis and kidney transplant which her body rejected beginning at age 14 as a result of her diagnosis with Lupus at age 10. Miss Maryland's mission to advocate for patients, research, nursing



**Dr. Melani Bell, Tonya Farley, RN,
RADM Joan Hunter, Shirley Allen, MSN, RN,
Donna Noccolino, MSN, RN**



**Grace E. Brown Basic Nursing Program
Scholarship awardee
Abena Okyere Acheampong and Miss Maryland
2018 Adrianna Christine David**

Nurse Leaders and the Maryland Hospital Association (MHA) Plan to Work Together

On June 6, 2019, nurse leaders representing administration, education, practice, advocacy and policy met with Bob Atlas, MHA's president and CEO and key MHA leadership at the headquarters in Elkridge, Maryland. How the mission, vision and aims of MHA's new strategic plan and their five (5) pillars: Quality and Safety; Access; Stakeholder Alignment; Workforce and Financial Performance aligns with the Maryland Organization of Nurse Leaders (MONL), Maryland Nurses Association (MNA), and Maryland Action Coalition (MDAC)'s goals were discussed.

Practical implications for future collaborative action plans among healthcare teams in diverse workplace settings were shared. Serving on advisory bodies for each other's programs and initiatives was considered as a first step for working together. The mutual vision for strengthening this partnership offers great potential for innovative opportunities that could focus on optimizing healthcare outcomes for all Marylanders.



★ ANA/MNA NEWS

and legislative involvement mirrored District 9's efforts shedding light on the importance of using our voices to raise awareness through community health forums. MNA District 9 is forever grateful and would like to extend a personal note of gratitude to Adrianna for bringing awareness on ESRD to healthcare constituents in the State of Maryland. District 9's Dr. Bell also extended a special thank you to the Miss America Organization (MAO) for being inclusive of the nursing profession as a pillar in the annual pageant welcoming healthcare advocacy as an important platform from the contestants, bringing national awareness to the healthcare challenges many face globally.

As the anticipation heightened on who the selected awardees would be, the nominees were **ALL** recognized as winners by District 9's Member at Large Donna Noccolino, MSN, RN during a powerful and emotional speech. This year there were two male nurses who excelled in a female dominated profession displaying the epitome of

a nursing professional taking home prestigious awards for nursing excellence. Nurse of the Year: Maurice Graham, MSN, RN, APRN, FNP-BC, Doctoral Candidate, and Joanne Zwick Caring Award: Michael Howard, RN. District 9's awardees also included Grace E. Brown Nurse Educator of the Year: Charlene Sparkle Lopez, MHEP, BSN, IBCLC, CHES, and Nursing Student of the Year Jessica Fantaccione. There were two Grace E. Brown Scholarships awarded, Basic Nursing Program: Abena Okyere Acheampong and Advanced Degree Nursing Program: Tanshanika Helem, MSN, RN; congratulations to all on exceeding expectations going above and beyond in your clinical and academic setting!

District 9 would like to thank our sponsors Tasha Piris Independent Consultant Mary Kay Cosmetics, Shelita Battle, BSN, RN District 9 member and Independent Consultant Paparazzi Jewelry, Fran's Nu Image/Home Health Products Express, and Makia

Burgess Vitas Healthcare your contributions added to our success we are grateful for your presence!

For more information on Dr. Jerome Adams United States Surgeon General's Advisory on Naloxone and Opioid Overdose visit the Office of the Surgeon General online or follow on social media through the following sites:

Online: www.surgeongeneral.gov, <https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html> or <https://addiction.surgeongeneral.gov/>

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For more information on MNA District 9 visit us via Facebook: Maryland Nurses Association-MNA District 9 or email MNADnine@gmail.com



Nurse of the Year Maurice Graham, MSN, RN, APRN, FNP-BC and Shirley Allen, MSN, RN



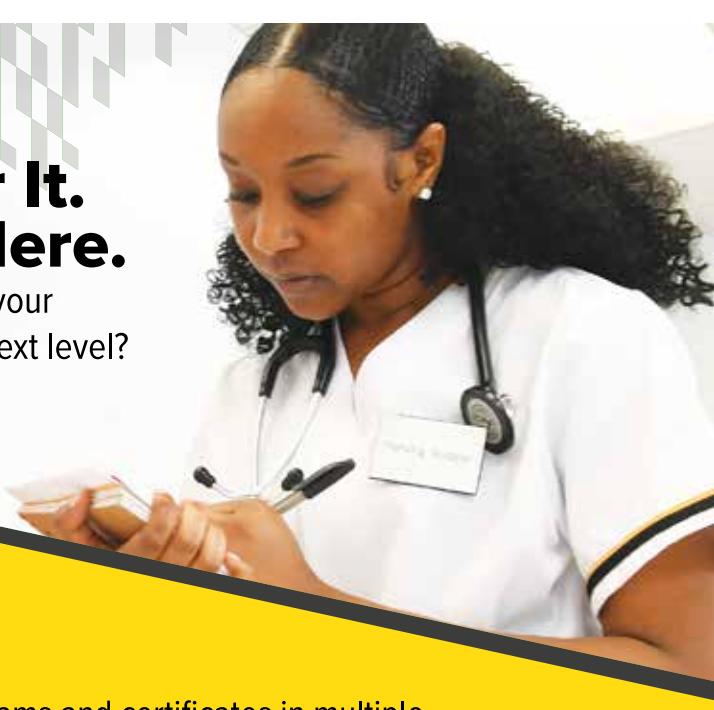
Miss Maryland Adrianna Christine David and Grace E. Brown Educator of the Year awardee Charlene Sparkle Lopez, MHEP, BSN, IBCLC, CHES



Miss Maryland 2018 Adrianna Christine David and Rear Admiral Joan Hunter

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ANA/MNA NEWS

2019 ANA Membership Assembly Update

**Linda J. Stierle, MSN, RN/MNA Member-At-Large
ANA Representative**

On June 21 & 22, 2019, Maryland Nurses Association (MNA) was represented by its four elected voting representatives to the ANA Membership Assembly (MA). The two MNA Officer Representatives were current MNA President, Dr. Mary Kay DeMarco, and MNA Secretary, Dr. Barbara Biedrzycki; the two MNA Members-at-Large were Ms. Rosemary Mortimer and Ms. Linda Stierle, Past ANA CEO & Chair, MNA Committee on Bylaws & Policies. Also, in attendance as an MNA official observer was MNA member, Mr. Christopher Rhodes. Two other MNA members were also in attendance representing their organizations as ANA Organizational Affiliates: Dr. Vernell Dewitt, Director of Diversity & Inclusion, American Association of Colleges of Nursing and Dr. Katherine Fornili, President of the International Nurses Society on Addictions. And last, but certainly not least, MNA Executive Director, Ms. Jennifer Arigo.

On Friday evening after a long day of dialogue and debate, MNA Representatives met with our colleagues from the Eastern Seaboard Regional Executive Conference (ESREC); this is one of four informal geographic ANA regions. ESREC is comprised of the following states: CT, DE, MA, MD, ME, NH, NJ, NY, RI and VT. MNA had met with the ANA Parliamentarian and gave an update on what to expect on Saturday during the COB Report block of time, as well as shared a strategy for success. MNA's Executive Director was unanimously elected as Chair of ESREC for the 2019 to 2021 term.

The first major item of business was the adoption of the ANA Board of Directors (BOD) 2019 proposed amendments to the June 2017 ANA Bylaws. MNA submitted written comments on 33 of 47 separate amendments to the COB prior to the Bylaws Hearing. At the Bylaws Hearing on Friday, the proposed amendments were divided into 25 subsets. MNA was the driving force and spoke to each of the 17 proposed amendments that MNA opposed; other Constituent/State Nurses Associations (C/SNAs) and the Individual Membership Division (IMD) went to the microphones to support MNA's position. Consequently, the ANA BOD requested that nine of the 25 subsets be withdrawn for consideration by the ANA MA voting representatives, and the ANA COB concurred; MNA was opposed to all nine of

those subsets. On Saturday, 16 of the 25 subsets were considered for adoption by the ANA MA voting representatives. MNA was opposed to four of these subsets, and all four subsets were defeated and the 2017 ANA Bylaws language was retained. ANA adopted new bylaws language addressing the following: ANA Functions; Organizational Affiliates; Individual Members; Individual Affiliates (E-Members); Apportionment of Votes at the MA; Removal from the MA; BOD Qualifications, Task Forces & Meetings; ANA Leadership Council Authority, Composition & Voting; Nominations; and Subsidiaries of ANA. MNA received many positive comments from C/SNAs, ANA Staff and ANA BOD members for orchestrating such a successful campaign against the proposed amendments that many believed jeopardized fundamental and long-standing rights of ANA members and C/SNAs.

The next major item of business was the adoption of three ANA Policy proposals. The first was the adoption of an amended ANA MA Dues Policy allowing each C/SNA to decide if they wanted to participate in the Value Pricing Program. MNA was a participant in the pilot program for the past 27 months, and MNA membership has grown by 32% during that time. It was adopted by 96% of the voting representatives. There were four subsets to the Dues Policy and they all were adopted overwhelmingly with 95-98% of the MA representatives voting in support. The proposal to delay the dues escalator

decision until 2021 also was adopted by 99% of the voting representatives. The ANA MA voting representatives also adopted a revised position statement on the Nurse's Role When a Patient Requests Aid in Dying; it was adopted by 98% of the 409 voting representatives. This policy focuses on education and critical conversations on hospice care and the process of Aid in Dying (AID) in approved states. The final ANA Policy considered for adoption was the ANA BOD's recommendation to rescind the 1985 ANA House of Delegates policies on Presidential Candidate Endorsement & Endorsement Procedure and adopt a revised MA policy, ANA Presidential Election Engagement. This item of business generated considerable discussion which could have gone on for quite some time with each group reiterating their same position over and over. The question was called and the voting representatives voted to stop discussion. The Presidential Election Engagement proposal was adopted by 87% voting in favor of the new policy. ANA will no longer endorse Presidential candidates, but will educate nurses on candidate views on health care issues and encourage all members to vote.

There were four Professional Dialogue Forums on Friday: Removal of Outdated ANA Language to Increasing Access to Vaccination Compliance; Deferred Action for Childhood Arrivals (DACA) Recipients Eligibility to Take the NCLEX; Visibility of Nurses in the Media; and Human Trafficking: A Nursing Perspective on Solving a Public Health Crisis. On Saturday, the recommendations from all four dialogue forums were adopted with support ranging from 93% to 99% by the voting representatives. MNA will be posting the formal recommendations/policy statements on each of the ANA positions on the MNA Members Only website so all MNA members can be more informed about the issues impacting the nursing profession and the populations we serve.

The four MNA Voting Representatives cast the MNA eight weighted votes for candidates for the MNA Board of Directors and the ANA Nominations and Election Committee. There were seventeen candidates for eight elected positions. The ANA election results were as follows: Susan Swart elected as Vice President (IL); Treasurer Jennifer Mensik was reelected for a second term (OR); Director-at-Large James "Jeff" Watson (TX); Director-at-Large Recent Graduate, Marcus Henderson (PA) and four members to the Nominations & Elections Committee (NEC): Gayle Peterson, Chair, (MA); Sara McCumber (MN); Larlene Dunsmuir (OR); and Laure Marino (WV). MNA was pleased with the election results and believe that both ANA members and the profession will be well served by the newly elected ANA leaders when they start their term of office on January 01, 2020 thru December 31, 2021. It was two very intense and long days, but also very rewarding days, as together we were positively impacting our chosen profession, Nursing, and its future!



MNA Delegation with ANA President:
Left to Right: Barbara Biedrzycki, Rosemary Mortimer, Patricia Travis, Mary Kay DeMarco, ANA President Grant, Linda Stierle, Christopher Rhodes, Jennifer Arigo



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MNA Table

Standing L to R: Chris Rhodes, President of Infusion Nurses Society, Jennifer Arigo
Sitting L to R: Rosemary Mortimer, Linda Stierle, Mary Kay DeMarco, Barbara Biedrzycki

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★ ANA/MNA NEWS

MNA Annual Awards

The Maryland Nurses Association has eight (8) awards that are given annually at its convention. Please consider nominating a nurse for these awards. Each award is competitive and will be selected by the Awards Committee, except as noted. Awards will be presented at MNA's 116th Annual Convention November 14-15, 2019 at the Sheraton Baltimore Inner Harbor Hotel.

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 materials.
5. Please complete the 2019 MNA Awards Application and submit the application, along with all other Nominating materials, to MNA's Office by Monday, September 30, 2019 for consideration.
6. The awardees will be recognized at the 2019 Annual Convention.

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 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 an 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 Rosalie Silver Abrams Award

Given to a MNA member who has made a significant contribution on behalf of nursing in the legislative arena – federal, state or local. Activities must demonstrate a favorable reflection of nursing's interests. This award is selected by the Legislative Committee.

*The Legislator of the Year Award

This award is presented to the Legislator who has significantly contributed or been involved in nursing/health issues in Maryland. Nominations may come from individual MNA members or MNA Districts. This award is selected by the Legislative Committee.

NFM Annual Scholarships

The Nursing Foundation of Maryland is currently accepting nominations for its annual scholarships. Application forms are available by contacting the MNA office @ 410-944-5800 or at jarigo@marylandrn.org. The NFM/MNA office must receive all applications and materials no later than Monday, September 30, 2019 for consideration. Awards will be presented at MNA's 116th Annual Convention November 14-15, 2019 at the Sheraton Baltimore Inner Harbor Hotel.

Ruth Hans Scholarship

The Ruth Hans Scholarship promotes lifelong learning and best practices in nursing by awarding an education scholarship to a Baccalaureate nursing student in Maryland. This can include an RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. Ruth Hans received her entry nursing education from the Lutheran Hospital School of Nursing and this award was established in her honor in 2006. The recipient will exemplify academic achievement, leadership and community service. The scholarship is for \$500.

Maryland General Hospital School of Nursing Alumnae Association Education Scholarship

The Alumnae Association of Maryland General Hospital awards one scholarship of \$1,000.00. Preference will be given to the student enrolled in an Associate Degree Nursing program. The recipient must demonstrate financial need in addition to academic achievement and community service.

Arthur L. Davis Publishing Agency Scholarship

Art Davis established the Arthur L. Davis Publishing Agency, the publisher of *The Maryland Nurse*. Now deceased, the business he began remains a family business dedicated to supporting the nursing community. The Arthur L. Davis scholarship was established in 2003. The scholarship will be awarded to one applicant in the amount of \$1,000. The recipient must be pursuing a master's degree in nursing as part of the preparation to teach in a Maryland nursing program. The recipient will exemplify academic achievement, leadership and community service. Applicants for this scholarship must be members of the Maryland Nurses Association.

Travis Nursing Scholarship

The Travis Nursing Scholarship is being established to honor the memory of the mother of long-time MNA/ANA member, Patricia Travis, RN, PhD, CCRP. The recipient should be a student enrolled in a nursing program with an interest in promoting a seamless transition for end of life palliative care and home hospice. The beneficiary needs to exemplify academic achievement, leadership, and community service. The scholarship is for \$500.

Mercy Hospital Nursing Alumnae Scholarship

The Mercy Hospital Nursing awards one scholarship in the amount of \$500. Preference will be given to a Baccalaureate nursing student in Maryland whose intention is providing elder care as the focus of practice. The recipient must demonstrate financial need in addition to academic achievement and community service.

Scholarship for Global Health

The Scholarship for Global Health established by Jonas Nguh, PhD, FACHE, NEA-BC, RN and family, focuses on improving the health and health equity of all people worldwide by collaborating across country boundaries to research and implement multi-sector policies and programs. The recipient will be a student enrolled in a nursing program in the state of Maryland. The beneficiary needs to exemplify academic achievement, leadership, and community service. This scholarship is for \$500.

Shauna Parker Memorial Scholarship

The recipient of this scholarship is a nursing student pursuing a BSN degree. The application denotes that the recipient needs to demonstrate academic achievement with a GPA of 3.0 or higher, be a resident of Maryland, and demonstrate community service. The recipient will be awarded \$1,000.

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NURSING SCHOOLS & EDUCATION

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JOHNS HOPKINS SCHOOL OF NURSING NEWS

Three faculty from the Johns Hopkins School of Nursing (JHSN) have been selected for induction as Fellows of the American Association of Nurse Practitioners (FAANP). Jason Farley, Kimberly McIlroy, and Vinciya Pandian were chosen for their contributions to health care practice, research, education, and policy.

Johns Hopkins School of Nursing (JHSN) Assistant Professor Kimberly McIlroy, DNP, CPNP, CWOCN, has been chosen to serve as director of the school's Doctor of Nursing Practice (DNP) program—most recently ranked No. 1 in the country by *U.S. News & World Report*.

Marie Nolan, PhD, MPH, RN, FAAN, professor and executive vice dean for the Johns Hopkins School of Nursing (JHSN), received the Distinguished Career Achievement Award from the Hospice and Palliative Nurses Association. The award celebrates Nolan's major contributions to research, theory, and education in nursing and interdisciplinary palliative care.

Johns Hopkins School of Nursing Dean Patricia Davidson, PhD, MEd, RN, FAAN, has been named as one of **Maryland's Top 100 Women for 2019** by *The Daily Record* in recognition of her professional accomplishments, community leadership, and mentoring.

The Johns Hopkins School of Nursing (JHSN) announces a nurse anesthesiology option available starting in May 2020 as part of the advanced practice track of the Doctor of Nursing Practice (DNP) program. Applications open August, 2019. Upon successful completion of the program, students will earn a doctor of nursing practice degree, be fully knowledgeable and skilled in administering anesthesia to diverse populations, and be prepared to apply for certification as a registered nurse anesthetist (CRNA).

Phyllis Sharps, PhD, RN, FAAN, Johns Hopkins School of Nursing (JHSN) associate dean for community programs and initiatives, has been selected as the 2019 Black Nurse of the Year by the Black Nurses Association of the Greater Washington, D.C. Area, Inc. She was chosen for her commitment to nursing service and practice and exemplary work within the community.

Johns Hopkins School of Nursing (JHSN) Professors Cynda Rushton and Sarah Szanton have been selected for induction into the Sigma Theta Tau International Honor Society of Nursing (Sigma) 2019 International Nurse Researcher Hall of Fame. Both were chosen for significant contributions to the nursing profession and their sustained research efforts to improve the care and health of people, specifically in the areas of aging and nursing ethics.

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2020 Nursing Education Summit



"Educating for the Future of Nursing" Conference Center at the Maritime Institute Linthicum Heights, MD Building #3 North Academic Wing

Saturday, April 18, 2020
8:30 am - 4:30 pm



Co-sponsored by Districts 9 & 5

The Maryland Nurses Association, the Voice of Nurses, advocates for excellence in nursing and the highest quality healthcare for all.

CALL FOR ABSTRACTS: POSTERS AND PRESENTATIONS

MNA District 2 is seeking **nurse educators** to share innovative ideas and programs.

The Maryland Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

All nursing faculty and nurse educators are invited to submit abstracts for either an oral or a poster presentation. Authors may submit abstracts of completed work or work in progress. Abstracts will be reviewed and selected through a blind peer review process.

Submission deadline is November 18, 2019, by 11:59 p.m.

Summit Purpose:

This event will bring nursing faculty and other nurse educators and nursing leaders together to share innovative educational initiatives and new pedagogies.

Topics of interest include:

- Strategies to promote clinical reasoning, clinical judgment and evidence-based practice
- Incorporating QSEN, NLN, AACN competencies or IOM recommendations into the nursing curriculum
- Incorporating technology or informatics into nursing education
- Development of a professional, ethical nurse
- Development of effective communication and conflict negotiation skills
- Promoting self-care among nurses
- Implementing innovative strategies to improve student learning or to transform nursing education
- Implementing evidence-based practice initiatives to identify outcomes that improve clinical nursing education and/or practice
- Using standardized assessments (e.g. policies, benchmarks, remediation) to improve program and/or learner outcomes
- Promoting graduate education in Nursing: MSN, Direct Entry MSN, APRN, DNP, PhD
- Strategies to improve student retention, graduation, articulation, certification and licensure performance, leadership, engagement, advocacy, research, service or collaboration with other healthcare professionals, to increase patient access to quality care as boomers retire.

Presentation Options:

The conference is organized to include both **oral presentations and poster sessions**.

- Oral presenters** will have a total of 20 minutes for the presentation, 15 minutes for presentation followed by a five minute question and answer period.
- Poster presentations** should be a stand-alone visual display of a topic of interest. The author is required to be present during the poster viewing sessions to respond to questions posed by Summit attendees.

Abstract submissions are due no later than **November 18, 2019 at 11:59 p.m. No Exceptions.**

Acceptance Notification:

Authors will be notified of the status of their submission via email by **Monday, January 6, 2020.**

Summit Registration:

Participants who are not presenting: \$100.00
Presenting authors (oral/poster presentation): \$80.00
Students (ID Required): \$40.00

All authors presenting by podium and/or poster must register for the summit no later than Monday January 13, 2020.

Go to the District 2 website for abstract submission, details, at www.mnadistrict2.org

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NURSING SCHOOLS & EDUCATION

MHEC supports Doctoral Education for Nurse Faculty

In 2012, the Maryland Deans and Directors of Nursing Programs recommended that the Maryland Higher Education Commission (MHEC) Nurse Support Program II (NSP II) create a new program to support existing nurse faculty in expediting doctoral degree completion. The *Nurse Educator Doctoral Grants for Practice and Dissertation Research (NEDG)* guidelines were developed with guidance from leaders at nursing programs. In 2017, a program evaluation of the NEDG found that over 60% of nurse faculty awarded were attending out of state doctoral programs. In a follow up survey, the participants provided feedback that the majority wanted more information on in-state programs, counseling on the financial aid available through NSP II, especially the free tuition and fees through the *Hal and Jo Cohen Graduate Nurse Faculty Scholarship* for in-state doctoral programs for educators and finally, a listing of all doctoral degree programs that a nurse faculty may consider as they seek a good fit for their career goals and areas of interest.

In response, the NSP II collaborated with Dr. Marie Nolan at Johns Hopkins University School of Nursing (JHUSON), Dr. Jane Kirschling at University of Maryland School of Nursing (UMSON), Dr. Lisa Seldomridge at Salisbury University, Dr. Maija Anderson at Morgan State University and Dr. Tracey Murray at Coppin State University to provide the first Doctoral Education Summit for Nurse Faculty on July 9, 2018. With enthusiastic support from nursing leaders, Dr.



Representatives of schools with doctoral programs, MHEC financial aid & Laura Taylor's GuiDE program were available to answer questions of nurses considering doctoral education.



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Meg Johantgen at the UMSON and Dr. Rita D'Aoust at JHUSON co-hosted the Second Annual Doctoral Education Summit on June 10, 2019 with NSP II staff Dr. Peg Daw and Kim Ford. Over 50 potential doctoral students working in nursing programs or hospitals, representatives of some of Maryland's doctoral programs and expert panelists discussed the opportunities, financial aid resources and ways to approach the decisions required to pursue doctoral education. Representatives from GuiDE- a program to assist future doctoral students in navigating the process, Salisbury University's Doctor of Nursing Practice (DNP), University of Maryland's Doctor of Philosophy (PhD) in Nursing, the new PhD in Health Professions Education and DNP, Johns Hopkins University's PhD in Nursing, DNP, Dual degree PhD/DNP, DNP/MBA and Maryland Higher Education Commission's Office of Student Financial Services Hal and Jo Cohen Graduate Nurse Faculty Scholarship program were on-site to answer questions.

The goals for participants were: 1. to describe the breadth of doctoral programs in Maryland, including PhD and EdD in areas other than Nursing. 2. compare and contrast DNP and PhD degrees and programs. 3. select a doctoral program congruent with career goals. 4. understand how to prepare for application to a doctoral program.

Future Doctoral Education Summits will be held to continue outreach to current full time faculty, part-time clinical instructors, adjunct faculty and nurses who may be interested in pursuing a career in education.

The information from these presentations, along with a listing of all doctoral degree programs, contacts and NSP II financial support for nurse educators is available on the NSP website at www.nursesupport.org.



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NURSING SCHOOLS & EDUCATION

Montgomery College Nursing Program Studies Healthcare in the Dominican Republic



By: Maria Cicci and Kathleen Snyder

The Montgomery College Nursing Program participated in an inaugural study abroad trip in the Dominican Republic. The trip was created and led by Professor Lena Choudhary, JD, RN, Sabrina Bielefeldt, MS, RN, and Kathleen Snyder MS, RN and attended by Jazmin Castrillo, Kristi Barrington, and Maria Cicci. The trip was coordinated by Education First (EF) Tours, who provided a tour director and organized all of the activities and travel. The group of twenty-five was composed of students and faculty from Montgomery College in Takoma Park, MD, Hampton University in Hampton, Virginia, and Normandale College in Bloomington, MN. This mix of mainly Nursing and Biology students was augmented by a criminal justice student and a retired Army soldier. For many of the students and faculty, it was the first time participating in a study abroad program and the excitement and anticipation was palpable on arrival to the Dominican Republic.

The tour director, Tasha Gough, met the group at the airport in Santo Domingo. Ms. Gough is a Marine Biologist who runs a non-profit focused on preserving the beaches and mangroves of the Dominican Republic. Born to an American father and Dominican mother, she demonstrated deep cultural knowledge about both countries. The cultural contrasts facilitated understanding of the countryside and the people. Ms. Gough is genuinely connected to the work of tour groups in San Jose de Ocoa. The service projects are made possible by a group named Asociación para el Desarrollo de San Jose de Ocoa (ADESJO). ADESJO empowers the local provincial communities to provide healthcare, renewable electricity, sustainable farming, and other projects that the communities identify. Ms. Gough's expertise created an immersive and personal experience for the students and faculty in the group.

ADESJO organized multiple service projects, which included visiting a nursing home, a school for children with special needs, a high school with a training program for students who wanted to be nurses, and visiting a self-sustainable

community in a rural mountain region. The healthcare students worked at a local primary care clinic and completed home visits in a nearby community. We also toured the hospital in San Jose de Ocoa, where the group got to see healthcare in action and provide some comfort and conversation to the patients. ADESJO provided a panel discussion with two experienced nurses and the students were encouraged to ask questions about Nursing practice and structure of the national healthcare system. ADESJO provided an unparalleled experience through a thoughtfully constructed itinerary and amazing Spanish language translators. The translators captured not only the meaning of the words, but the emotion and culture behind the conversations. The experience bridged the divide between the two countries and put all participants at ease.

Prior to the service projects in the primary care clinic, the ADESJO translators taught the group useful medical Spanish words to ease conversation with the community members. The students were challenged by communication barriers and supply limitations. The students bridged the communication gap with the help of the translators, gestures, and a few simple words. The group quickly formed cohesive teams and quickly jumped into the work with one size of gloves, very few cotton balls and alcohol wipes, two glucometers, and three blood pressure cuffs to screen fifty patients. It was a valuable lesson in supply conservation and teamwork to achieve the goal of patient care, comfort, and quality healthcare.

The home visits were another unique experience. Coming from the United States where many poor and rural communities have running water and electricity, it was humbling to see people living in modest homes made from basic materials with dirt or concrete floors. The group broke into teams and each team knocked on neighborhood doors to offer blood pressure and glucose screening. There were limited space and supplies, but the gratitude and hospitality demonstrated by the home owners was impressive. They invited us into their homes and offered us fresh fruit from their gardens. The experience and relationships made the teams feel welcome rather than intrusive.

The experience with Ms. Gough and ADESJO allowed the group to make connections with people and places beyond the tourist districts in the Dominican Republic. The group was taught the culture and history of the Dominican Republic, including the enduring effects of colonization and slavery, and the effects of governmental policy and health and healthcare in both urban and rural communities. For example, all communities have limited waste removal services. The massive rainstorms wash the accumulated trash into the rivers and oceans. This creates sanitation issues and increases the risk of exposure to hepatitis and water-born illnesses. This trip reinforced the importance of investigating health problems, performing thoughtful cultural assessments, and avoiding stereotypes.

The lessons from this trip were numerous, but the one that will change Nursing practice for this group is impact of a patient's social, living, and environmental history on their health. This content is taught in the classroom, but until seeing it in practice changes the idea from theory to action. This trip allowed the group to develop long-term friendships in the Dominican Republic and also from around the United States. The trip pushed the entire group outside of their "comfort zones" and increased understanding of Dominican culture and global health issues.

Notre Dame of Maryland University: Inaugural Accelerated Second-Degree BSN Program

Notre Dame of Maryland University, School of Nursing launched an Accelerated Second-Degree Bachelor of Science in Nursing (ABSН) program in early June. This program is designed for individuals who have completed a bachelor's degree in a non-nursing field and want to change career direction. The program is designed for 15 months, excluding required pre-entrance courses. The overarching goal is to increase the number of baccalaureate-prepared nurses who can serve in Maryland hospitals and healthcare facilities and are prepared to care for poor, underserved, and marginalized populations within a framework of caring science. The ABSН program is generously supported by the Nurse Support Program II grant through the Maryland Health Services Cost Review Commission and the Maryland Higher Education Commission.



Maryland nurse educators attend the Anne Boykin Institute for the Advancement of Caring in Nursing 2019 Summer Institute:

A call to social justice as caring action



Left to right: Dr. Nancey France, Geneth Johnson, Dr. Peggy Chinn, Dr. Mary O'Connor, Rodnita Davis, Dr. Marlaine Smith, Hannah Murphy-Buc, Dr. Mary Packard, and Molly Helie

 PRACTICE

The Maryland Breastfeeding Coalition



The Maryland Breastfeeding Coalition focused on legislation and on equity at the state and federal levels during their May 8 meeting at the Howard County Library. For more information go to mdbfc.org.



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Meritus Medical Center receives Magnet® recognition

On April 17, 2019, Meritus Medical Center received Magnet® recognition following years of dedication and work demonstrating excellence in nursing practice. Celebration took place with all staff during Nurses' Week 2019, which included a guest speaker for nurses, Lisa Riggs, MSN, ACNS-BC, CCRN-K, president of the American Association of Critical Care Nurses or AACN on the topic of healthy work environments; and evidence based practice and quality improvement poster presentations for everyone to see. Nurses' Week also brought a recognition reception to honor the professional achievements of 202 nurses where Ms. Riggs again spoke, this time on "Our Voice, Our Strength, Powerful Beyond Measure;" and a pinning ceremony when nurses and other employees at Meritus Medical Center received special Magnet® support pins from leadership.

As one of seven hospitals within the state of Maryland to receive Magnet® recognition from the American Nurses Credentialing Center or ANCC, Meritus Medical Center is honored to demonstrate its dedication to excellence in nursing in the western Maryland region. Magnet® promotes quality nursing, improved patient outcomes and an investment in the organization's nursing staff. Meritus Health's continued commitment to its staff and the community it serves is essential to the well-being of the region.



Pictured left to right: Zachary Horton BSN, RN, NE-BC, Melanie Houston RN, DNP, NEA-BC and CNO of Meritus Medical Center, Chris Thomas BSN, RN, CCRN

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PRACTICE

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Karissa Dushel, Deena Conti, and Alicia Dillon



Siti Banks, Taylor Wells, Erica Herdecker



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Nurses Week Celebration Indian American Nurses Association of Maryland (IANAM)

The Indian American Nurses Association of Maryland (IANAM) celebrated Nurses Week on May 11th, 2019 honoring nurses with a theme "4 Million Reasons to Celebrate Nursing."

Dr. Mary Kay DeMarco, the President of Maryland Nurses Association was the chief guest and Dr. Patricia Davidson, Dean of Johns Hopkins School of Nursing and Dr. Neda Gould, Director of Mindfulness Program at Johns Hopkins were the guest speakers.

This was IANAM's third Nurse's Day Celebration. The first Nurse's Day Celebration on May 7th, 2016, was a landmark moment for Indian immigrants in the State of Maryland. Nurses and nursing students with Indian heritage came together to celebrate Nurses' Week, and under the leadership of Dr. Alphonsa Rahman, kicked off the first ever meeting of the Maryland State chapter of the National Association of Indian Nurses Association of America (NAINA): the Indian Nurses Association of Maryland (IANAM) is a non-profit 501 C (3) organization serving as a resource for professional development, mentoring, and networking for all licensed Indian American nurses and nursing students. The vision of IANAM is to promote professional excellence in nursing practice

and healthcare through empowerment, professional renewal, cultural identity, and optimization of contributions to the health and well-being of individuals, families, and communities. IANAM had the honor of having Dr. Sabita Persaud, the president of Maryland Board of Nursing during the inauguration in 2016 along with Deans, faculty, local and national nurse leaders.

"It was a great beginning. Starting with twelve nurses in 2016, we now have more than 100 nurses in our organization, and we are growing every day," says Dr. Rahman, the founding President of IANAM. IANAM won the Chapter Excellence trophy and award at the Biennial National Conference of National Association of Indian Nurses of America, at Dallas, Texas on October 26, 2018. This award was to recognize the outstanding achievements of a Nursing Association based on the criteria of purpose and goals of the association, achievements, Professional Development, Education, mentoring, membership growth, community service, charity initiatives, public relations, cultural, social programs, and overall growth of the nursing association.

For more details please visit IANAM website: www.ianam.org



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PRACTICE

Red Cross Dinner



Disaster Nurses and other Maryland area Red Cross Volunteers met together for the 2019 Red Cross Volunteer Appreciation dinner at the Baltimore Museum of Industry on March 28. Since last fall Central Maryland volunteers have helped more than 1,600 local families after a fire, and more than 70 deployed out of state in disaster. For more information go to <https://www.redcross.org/local/maryland-delaware.html>.

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The Clinical Practice & Professional Development team of University of Maryland Medical Center downtown and midtown campuses. This extraordinary team recently received the CNO Award for Team Excellence during the 2019 Nurse's Week celebration.

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NURSING ORGANIZATIONS

NPAM Hosts Spring Membership Meeting Newly Elected Officers Announced

On Thursday, May 2, NPAM hosted the annual 2019 Spring Membership Meeting at the Sheraton Towson. Following a two hour APRN Preceptor Training Workshop sponsored by University of Maryland, Baltimore, attendees learned about how to protect and defend their license from keynote speaker, Jamaal (Jay) Stafford, Esq.

Additionally, Claire Bode, NPAM Legislative Committee Co-Chair and Julia Worcester, JD, NPAM Legislative Consultant, presented the 2019 Legislative highlights and explained many of the bills that were reviewed by the Legislative Committee during the recent legislative session.

Incorporated in 1992, the first officers for NPAM were elected in 1993. Below is a list of the Past Presidents who have contributed so much to the success of NPAM. We thank these leaders for their dedicated service to NPAM!

1993-96	Janet Selway
1996-97	Margie Koehler
1997-98	Laurie Scudder
1998-99	Pat Papa
1999-2000	Joan Stanley
1999-2000	Marilyn Edmunds
2001-02	Kerry Palakanis
2002-03	Deborah Baker
2003-04	Teresa Yeo
2004-05	Elaine Crain
2005-06	Liz Shilling, Deb Baker
2006-07	Carolyn Buppert
2007-08	Jane Kapustin
2008-09	Diana Heffner
2009-11	Sandi Nettina
2011-12	Susan Delean Botkin
2012-13	Shannon Idzik
2013-14	Tonya Appleby
2014-15	Andrea Schram
2015-16	Dale Jafari
2016-17	Veronica Gutchell
2017-18	Roseann Velez

NPAM is very excited to announce the 2019/20 officers and members of the Board of Directors: Tonya Appleby, President; Kathleen Herberger, President Elect, Roseann Velez, Past-President, Barbara Biedrzycki, Secretary; Veronica Quattrini, Treasurer, Suzette Heptinstall, Baltimore District Director, Elizabeth Joyall and Cherie O'Neil, Capital District Co-Directors, Lindsay Ward and

Patricia McLaughlin, Central District Co-Directors; Sharon Stagg and Nancy Smith, Eastern District Co-Directors; Jisoon Hwang, Howard County District Director; Cathy Chapman, Mountain District Director; Sharon Fisher, Northwest District Director; Linda Muehl and Teri O'Neil, Western District Co-Directors; and, Ellen Farrell and Naila Russell, Southern District Co-Directors.

NPAM thanks the following outgoing members of the Board of Directors: Allison Carew, who served two terms as Secretary, and Maureen Kelley and Lauri Lonberger, who served as Co-Directors of the Howard County District for many years providing members with timely and informative district meetings.

On October 12, 2019 NPAM will be hosting a Fall CE Conference at Howard Community College where NPs will gather to learn and network. Plans are being made and we hope to see many of our members and NP friends at this one-day pharmacology focused continuing education event. More information along with registration materials are posted on the website at www.npamonline.org.

Other exciting events are in the works and you will know as soon as they are announced by checking our home pages or through our weekly email blasts, if you are a member.

More information about NPAM and the work we do to break down practice barriers in Maryland can be accessed on our home pages at www.npanonline.org. We invite you to join NPAM and get involved! For more information or to join, contact our Association Manager, Marty Buonato at martybuonato@npedu.com or Beverly Lang, NPAM Executive Director, at NPAMExDir@npedu.com.

The author, Beverly Lang is the Executive Director of NPAM and can be reached at NPAMExDir@npedu.com.



**Tonya Appleby,
NPAM President**



**Veronica Quattrini,
NPAM Treasurer**



**Kathleen Herberger,
NPAM President-Elect**



**Roseann Velez,
NPAM Past-President**

Maryland Action Coalition Annual Summit Focuses on Improving Health Outcomes and Minimizing Disparities

Nurses are an integral part of addressing the nation's substance abuse epidemic, and it all starts with changing the conversation, according to Marla T. Oros, MS, RN, president of the Mosaic Group, a management-consulting firm with expertise in community health.

Oros shared her vision for the tremendous impact nurses can make on combating the substance abuse crisis as the keynote speaker at the 2019 Maryland Action Coalition (MDAC) Summit held May 20 at the University of Maryland School of Nursing (UMSON). The summit's theme was "Fostering a Culture of Health Where People Live, Work, and Play: Implications for Nursing Education and Practice."

MDAC, the state's arm of the national Campaign for Action, serves as one of the driving forces for transforming health care in Maryland. Recognizing the important work already underway in the state and with a goal of improved health outcomes for its residents, MDAC leads innovation in the health of the population through efforts that build and sustain a culture of health. UMSON Dean Jane M. Kirschling, PhD, RN, FAAN, and Patricia Travis, PhD, RN, CCRP, senior associate director of clinical research, Johns Hopkins University School of Medicine, co-chair MDAC.

More than 120 leaders in nursing education and practice statewide, representing 16 colleges and universities and more than 21 health care entities, attended this year's event, which included a full-day agenda of panel discussions, podium and poster presentations, and Stop the Bleed training.

Earlier in the day, representatives of three of Maryland's hospital systems participated in a panel discussion titled "Maryland Health Care: Advancing the Culture of Health in Our Communities." Panelists Linda Dunbar, PhD, vice president, Population Health, Johns Hopkins HealthCare; Vickie Ensor Bands, MSN, MSA, RN, director, Community Outreach, University of Maryland Upper Chesapeake Medical Center; and Ryan B. Moran, MHSA, director of community health – Baltimore City, MedStar Health, discussed their organizations' initiatives aimed at improving population health in the communities they serve.

While Moran touched on MedStar's efforts related to substance use treatment through an Opioid Survivor Outreach Program, the panel discussion focused on more broadly reaching, holistic approaches to improving population health, including

coordinating care, reducing readmissions, increasing HPV vaccination, creating employment pathways, reducing gun violence, facilitating self-management, and reducing health disparities.

Registration costs for this year's summit were subsidized by the University of Maryland, Baltimore's Maryland Nursing Workforce Center, funded by the Nurse Support Program (NSP) II, which in turn is funded by the Maryland Health Services Cost Review Commission and administered by the Maryland Higher Education Commission.

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LEGISLATION & REGULATION

NCSBN and the ANA issue New Joint National Guidelines for Nursing Delegation

National Council State Boards of Nursing and the American Nurses Association have issued new joint National Guidelines on Delegation utilizing new research findings and evidence in the literature to update and standardize the nursing delegation process. These guidelines are applicable to all levels of nursing licensure (advanced practice registered nurse [APRN], registered nurse [RN], licensed practical/vocational nurse [LPN/VN]) where the nurse practice act (NPA) is silent.

These guidelines can be applied* to:

- APRNs when delegating to RNs, LPN/VNs and assistive personnel (AP)
- RNs when delegating to LPN/VNs and AP
- LPN/VNs (as allowed by their state/jurisdiction) when delegating to AP

"Health care is rapidly evolving and this evolution is shaping the roles and responsibilities of both licensed nurses and assistive personnel," comments Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN.

Today, the abilities to delegate, assign and supervise are critical competencies for every RN. Being that states/jurisdictions have different laws and rules/regulations about delegation, it is the responsibility of all licensed nurses to know what is permitted in their jurisdiction.

Alexander notes, "When certain nursing care needs to be delegated, it is imperative that the delegation process and the jurisdictional NPA be clearly understood so that it is safely, ethically and effectively carried out. The new guidelines are designed to provide greater clarity surrounding delegation and help reduce confusion about responsibility and accountability."

Debbie Hatmaker, PhD, RN, FAAN, ANA chief nursing officer, adds, "The delegation process is multifaceted with responsibilities shared among nurse leaders, licensed nurses and 'delegates,' those to whom nursing care responsibilities are delegated. The decision of whether or not to delegate or assign is based upon the nurse's judgement concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required if a task is delegated."



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Maryland Board of Nursing



Rhonda A. Scott

Maryland Board of Nursing new Deputy Director and Director of Enforcement

Rhonda A. Scott Esq, BSN, RN, CRNI, SD - CLTC, RN - CLTC joined the Board of Nursing in March 2019. Ms. Scott comes with a wealth of experience in Post-Acute Services, Education, Management and Clinical experience.



Maryland Board of Nursing Members

1st Row - Charles A. Neustadt - Consumer Member, Demare Vickers - LPN Member, Bonnie Oettinger - Secretary - Delegating Nurse - Group Living Member, Karen E. B. Evans - Executive Director, Brenda L. Overton - RN Practical Educator Member, Emalie J. Gibbons-Baker - Advanced Practice Member, Lois V. Rosedom-Boyd - Consumer Member

2nd Row - Mariah Dillon - Advance Practice Member, Gary N. Hicks, President - RN Clinician Member, Ann Turner - Acute Care Nurse Member, Jeannette Logan - RN BS Educator Member, Jenell P. Steele - Licensed Nurse Member, Rhonda A. Scott - Deputy Director and Director of Enforcement, Joycelyn Lyn-Kew, LPN Member

Absent - Gregory D. Raymond - RN Nurse Administrator, Laura V. Polk - RN AA Educator

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Medical Cannabis Update: What You Want to Know

Diane Lehman DNP, RN, CNE
Laura Barrett-Nutting MBA, RN

The use of cannabis is currently approved for medical use in the state of Maryland (Maryland Medical Cannabis Commission, 2018). People are increasingly seeking alternative modalities to complement or replace traditional medicine to lessen effects of disease or improve wellness. This article seeks to answer generalized questions about cannabis that you want to know the answers to, but may be afraid to ask.

Is cannabis legal in Maryland?

Originally, in 2016, House Bill 104 (Medical Cannabis – Written Certifications – Certifying Providers) was approved by Governor L. Hogan authorizing good standing healthcare providers, like physicians, nurse practitioners, and nurse midwives, registered with the Maryland Medical Cannabis Commission (MMCC), to provide written certifications for medical cannabis to qualifying patients. A written certification comes from a provider with the criterion to provide a statement about a bona-fide patient, over 18 years of age, or younger with a guardian, after conducting a face to face examination, who has a qualifying medical condition where medical cannabis would be beneficial (HB 104, 2016). So, yes, since June 1, 2017, cannabis for use as medicine is legal in Maryland.

Can anyone get a prescription for cannabis?

According to HB104 (2016), the MMCC is encouraged to accept applications from patients with chronic or debilitating conditions requiring palliation or hospice care, or such conditions producing cachexia, anorexia, or wasting syndrome; severe or chronic pain; severe nausea; seizures; or severe or persistent muscle spasms, or any condition of which traditional treatment has failed and the provider assesses that medical cannabis would benefit the patient. The healthcare provider recommending cannabis to his or her patient, must have an existing, familiar relationship with the qualifying patient.

What is the process to get medical cannabis?

To obtain a certification for medical marijuana, a patient first registers with the MMCC, then upon receiving a pre-certification number from the MMCC, sees a provider who is registered with the commission. Once the provider certifies the patient, the patient may visit any licensed Maryland dispensary (MMCC, 2018; American for Safe Access, 2019). Persons interested in learning more about this process can go to https://mmcc.maryland.gov/Documents/Infographics/Patient_QuickRef.pdf

Where can patients purchase medical cannabis?

Patients registered with the MMCC, and with written certifications in Maryland, may only obtain their cannabis from Maryland-licensed dispensaries (AFSA, 2019). Of note, regulations have been updated by the MMCC as of April 1, 2019 requiring a patient to obtain a physical ID card for his or her certification. The cost of this card is \$50 and is included as part of the new application and/or renewal process. For a list of dispensaries in your Maryland county, visit <https://mmcc.maryland.gov/Documents/04.08.2019%20Dispensaries%20List.pdf>

What is the difference between marijuana and cannabis?

There is no difference between the two products. Cannabis is a more formal name and Maryland chose to use the term cannabis, instead of marijuana, to help reduce the stigma surrounding the name.

Can people still get ‘high’ taking medical cannabis?

Yes. Cannabis is comprised of over 100 cannabinoids (a constituent of cannabis); the most prevalent of these are THC (tetrahydrocannabinol) and CBD (cannabidiol). THC is the component that has the greatest psychoactive potential and evidenced based research (Backes, 2017) for its medicinal value. Psychoactive substances, like some prescription drugs, alcohol, and heroin, alter the way a person thinks and feels (State Library New South Whales, 2017; Backes 2018).

The difference with medical cannabis over cannabis purchased illegally on the street, is the understood safety and reliability of the product. The MMCC requires medical cannabis products go through rigorous, third party, lab testing to ensure product safety. This examination includes testing for mold, yeast, metals, and bacteria. The requirements ensure testing standards also include analysis for cannabinoids and terpene, which allow patients to obtain a ‘reliable effect’ as they purchase medicine from different providers based upon cannabinoid or terpene content (State Library New South Whales, 2017).

How does medical cannabis work?

The cannabinoids in cannabis and hemp bind with receptors in the body, which are also known as the endocannabinoid system. “CB1 and CB2 receptors are naturally found in the central nervous system, particularly in the brain, organs, eyes, lungs, kidneys, liver, and digestive track” (Americans for Safe Access, 2016, p. 9). These receptors are virtually unfound within the brainstem, so therefore, respiratory and cardiac function are not impacted by cannabis (AFSA, 2016). As of 2016, there were no reports of death solely from the use of cannabis (AFSA).

Can people using medical cannabis get arrested?

A “qualifying patient with a 30-day supply of cannabis that is suited to the patient’s diagnoses as written for by the provider, may not be subject to arrest, prosecution, or any civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege, for the medical use of cannabis” (HB104, 2016, p. 5) as long as the patient is following the guidelines established for the safe use of medical cannabis in the state of MD. Patients are provided these rules during application and sign a terms agreement again, when they visit a new dispensary.

Conclusion

The state of Maryland has joined 30 other states in America legalizing the use of cannabis for medical therapy (CannaHealth, 2019). This legislation leaves many healthcare providers and lay people with growing questions. Check your local community

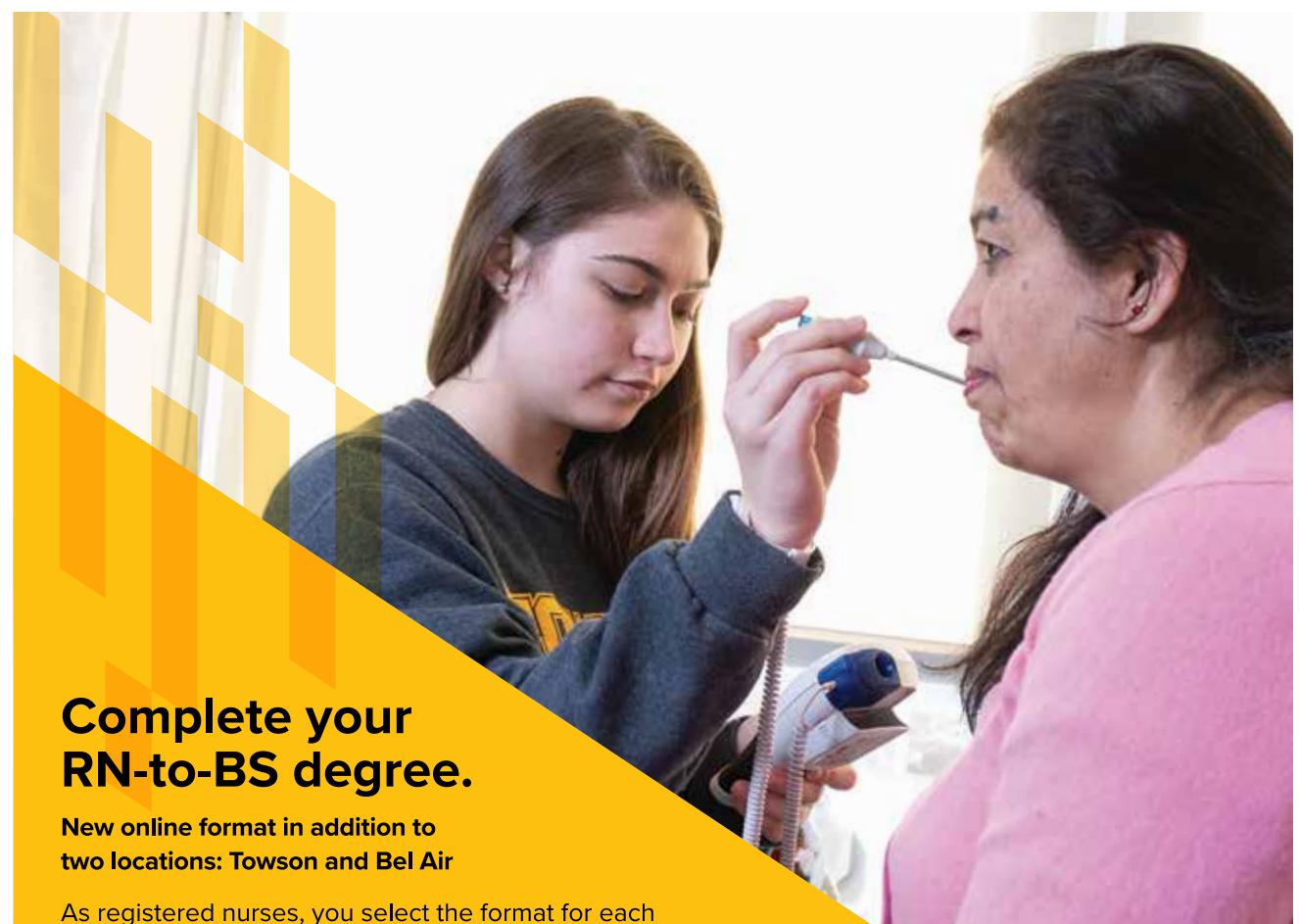
centers, senior centers, or dispensary for educational opportunities. Many dispensaries offer free workshops on medical cannabis to the general community. Nonprofit organizations like AFSA and Project CBD offer online education and research learning opportunities. This article has attempted to answer some of the most basic and commonly anticipated questions one may have regarding medical cannabis.

Diane Lehmann, DNP, RN, CNE is an assistant professor at Notre Dame of Maryland University. Her practice and research interests lie in complementary medicine. Diane completed her doctoral research work on assessing nurses’ knowledge and attitudes of patient herbal supplement use. She wishes to further study complementary medicine and wellness.

Laura Barrett-Nutting, RN, BSN, MBA, is a wellness and certified cannabis nurse who brings over 20 years of experience helping patients cope with critical illness and chronic disease. Her enthusiasm for wellness and natural healing led her to explore the multiple medical cannabis/cannabinoid options available. Laura works with Maryland providers, patients, and caregivers to educate, inform, and collaborate to find the best alternatives for improving lives.

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Influence Through Policy: Nurses Have a Unique Role

Dr. Jonas Nguh, PhD, RN, FACHE, NEA-BC

Background

The eight Millennium Development Goals (MDGs), established during the Millennium Summit of the United Nations in 2000, marked a pledge by 189 nations to foster international relations with shared values of freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. As global citizens determined to accelerate progress towards MDGs, nurse clinicians have been sharing knowledge and partnering with colleagues in low- and middle-income countries to identify effective ways of working within the context of their healthcare systems. The practice-based process and strategies applied to improve individuals', organizations', or communities' ability to address health issues is referred to as capacity building. Beyond the expiry of the MDGs, it is argued that "the health of people in all countries" must be an overarching goal of a post-2015 framework. Emerging trends, for instance, majority (70%) of the world's poor now reside in middle-income countries, and associated challenges necessitate applying post-2015 goals to all countries, with modification of targets and indicators depending on country context. The sentiment of our shared health concerns and coming together of experts and disciplines to address global challenges is implied in the term "One World, One Health."

Transformative Nature of Knowledge Transfer, Reverse Innovation, and Two-Way Learning

The term capacity building has been reframed to include notions such as working collaboratively to enhance people's leadership and commitment to effect change in the conditions of their communities through action (e.g., discovering new ways of doing things) or responsiveness to the changing environment. Moving beyond the colonial perspective to a more ethical, equitable approach leads to framing this process in terms of the quality of the relationships that are nurtured between nurses. This spirit and approach are best characterized by the concept of knowledge transfer. Knowledge transfer promotes access to new knowledge, generally created through research, to those who will use this knowledge. The use of this knowledge is intended to improve outcomes of health and ensure effective use of resources and time. Knowledge transfer entails a social process in which a knowledge manager or broker seeks out existing evidence or seeks to bring research activities more in line with users of knowledge. Nurses need to participate in new ways within this social process, developing competencies to promote social, economic, and political action

that not only exposes the health inequalities (e.g., social determinants of health but also) identifies innovative approaches to reform healthcare delivery. The knowledge transfer experience should be transformative to all individuals engaged in the experience: creator of knowledge, broker of knowledge, and user of knowledge.

Cross-cultural competencies are one strategy to improve patient outcomes and eliminate racial and ethnic disparities in health outcomes. Health inequities, however, are also rooted in social determinants of health (e.g., social status, income, gender, disability, or sexual orientation). Nursing involvement in the global innovation flow offers an opportunity to support learning in utilizing the social determinants of health framework "at home" to increase access to not only quality care but health resources thereby reducing health inequities. Indirectly, it increases nursing workforce diversity, which has been identified as an important strategy to overcome health inequities. Nursing engagement in the "global innovation flow" is an innovative strategy to reduce inequality within countries—nursing's contribution to moving towards Sustainable Development Goal. To ensure an effective healthcare system that is accessible, safe, effective, and affordable around the world, nurses also need to change the conversation to influence policy (health and social).

Nursing: Engagement in Changing Conversation

Nurses have the potential and often the interest to participate in addressing many of the global health issues (e.g., noncommunicable disease) through engagement in areas of healthcare reform that are common across all countries, despite contextual differences. They are uniquely positioned to facilitate shared learning globally and engage in reverse innovation and reverse capacity development (i.e., two-way learning). Studies suggest that nurses are viewed as trusted professionals who have the ability to influence elements of healthcare reform. Nurses will need to better understand the global health discourse and shape and reshape the conversations at multiple levels (i.e., intrapersonal, interpersonal, organizational, and sociocultural) to inform world views and promote behavior change, that is, involvement in healthcare reform that will lead to health for all. Two-way learning creates an openness to "change the conversation" that is, engage in discourse to promote change in thinking and behavior (i.e., taking action in global healthcare reform). Two-way learning promotes respect for intellectual partnerships and shared exchange of knowledge, ideas, skills, and innovation across borders. It does

not, however, dispel the power dynamics or the view of them and the "other." Capacity development although helpful is not sufficient and must be complemented by an understanding that embodies the complex interrelationship between community engagement and core values of social responsibility, justice, and equity.

Implications for Nursing and Health Policy

Access to high-quality and high-value care should be a fundamental right of every patient, regardless of the country in which they are receiving healthcare services. The post-2015 United Nations Sustainable Development Goals aspire to this agenda in ways that differ from the "donor-recipient" paradigm of the MDG as it empowers every individual to action. Participation of nurses, a key principle of the Sustainable Development Goals, at every level will be imperative to reform healthcare to move towards this agenda (i.e., improving access and quality while making healthcare affordable). Nursing academic and professional institutions are integral to creating an enabling environment for nurses to develop the skills and competencies to participate in addressing inequities in health and healthcare delivery. Professional nursing education programs must help nurses develop competencies (e.g., political leadership, team work) and attributes (e.g., influence, professional credibility) that are fundamental for nursing engagement in global health and health reform. To improve health system performance, leadership, critical reasoning, and data management skills are required to generate and use data to inform decisions regarding clinical, research, and education practice and policy. Nurses are apt at adopting and implementing policy but appear to be peripheral in informing and shaping policy. Interprofessional education to promote networking, collaboration, nonhierarchical relationships, and common goals will resolve issues related to professional silos and exclusion of nurses at the policy table. Emotional intelligence (i.e., self-awareness and social astuteness) will enable nurses to manage social and cultural factors that impede their involvement in promoting changes in practice, education, and policy. Professional institutions maintain the responsibility of (a) ensuring nursing presence during policy decision-making, (b) preserving a united front, and (c) guiding nurses to remain proactive in lobbying government and stakeholder to address social determinants of health, which influence health, and access to healthcare. Nurses will need to hold governments, nongovernmental organizations, private sectors, and academic and professional institutions, among others, accountable to the commitments made in delivering priorities in the Post-2015 Development Agenda.

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The Nurse and the Clinical Appeals Process

Kathleen K. Brewer, PhD, RN,

Public (Medicare and Medicaid) or private insurers may deny payment for drugs, medical devices, procedures, and/or facility services. Briefly, the process is claim submission, denial letter from the payer, and telephonic or written response from the provider. The clinical appeals process should be of interest to nurses to enhance their awareness of the health care reimbursement process, to improve the quality of nursing documentation, and finally, as an opportunity for career growth for experienced nurse clinicians.

Clinical claims for drugs, medical devices, procedures, and facility services may be denied for reimbursement by payers due to lack of medical necessity, as unproven or experimental, incorrect coding, or for contractual reasons. In 2017, of \$3 trillion in claims submitted by hospital providers, approximately 9%, were initially denied by payers (Lagasse, 2018). Of these, approximately 10%-15% are egregious denials, another 10%-15% are not appealable, and the remainder fall into a gray area.

Clinical Appeals Team

Clinical appeal team members should include a physician or nurse practitioner, registered nurse (RN), medical coder, and contract person from the facility. Ideally, the lead clinician should be a generalist, family medicine or emergency room practitioner, or internist. A physician will tend to be most effective in communication with all attending clinicians. There has been emphasis in some organizations on hiring RNs with case management experience to perform clinical appeals. However, a strong clinical background, attention to detail, and good writing and critical-thinking skills are more crucial. The basics of case management for health care reimbursement purposes can be taught in on-the-job training if necessary.

Clinical Appeals Process

A sound clinical appeals process consists of:

- Careful review of the denial to understand the specific basis for failure to reimburse
- Review of the medical record
- If the payer reviewer missed or misinterpreted facts present in the medical record it may be possible to appeal the case on the record alone.
- An argument to the effect that the physician considered the care plan to be the best for the patient is insufficient. Research of the medical literature for one to two supporting evidence-based medicine arguments is needed.
- Elements of the one to two page appeal letter should include patient demographics, diagnosis, and co-morbidities, a pertinent synopsis of the clinical course under dispute, a recap or direct quotes from one to two referenced evidence-based arguments supporting the issue in dispute, and a closing conclusion refuting the denied payment. Why the patient met the standard of care (SOC) or, why the patient did not meet the SOC and the clinical judgement of the physician was justified in selecting another alternative must be clearly stated.
- A more qualified second set of eyes should review the appeal before it is sent to the payer.
- Administrative quantification of results – what was submitted and resulted in reimbursement and which arguments worked or didn't work?

Clinical Research Resources for Appeals of Denied Claims

Regarding research of the medical literature, this can best be designated to RNs with research experience or exposure to research. It is recommended to rely on peer-reviewed literature and/or evidence-based medical specialty guidelines. Databases of peer-reviewed literature available for free on the Internet include PubMed Central, Google Scholar, Open Access, and with an American Nurses' Association membership, the Cumulative Index of Nursing and Allied Health Literature. Key medical

guideline databases pertinent to clinical appeals that are available on the Internet for free include the American College of Emergency Physicians, Institute for Clinical Systems Improvement, National Comprehensive Cancer Network, National Institute for Health and Care Excellence, Ontario Health Technology Assessment Series, and the Scottish Intercollegiate Guidelines Network.

The strongest support for clinical appeals, in order of decreasing weight, comes from systematic reviews, reviews, controlled studies (ideally randomized controlled trials) followed by uncontrolled studies, and large case series. Medical specialty guidelines may be evidence-based or consensus-based, or expert opinion, the latter being less valuable. Medical textbooks may be useful for clinical appeals as indicators of the SOC, including admission as inpatient versus observation status. A caveat with use of textbooks is that the content tends to be dated. Relevant Food and Drug Administration cleared- or approved-indications should be provided verbatim if on-point to the denial. CMS National Coverage Determinations are relevant to both Medicare and non-Medicare denials, as they come from the highest health care authority in the United States.

Literature sources to avoid due to high-risk of at least one source of bias include conference abstracts, commercial web sites (eg, a manufacturer website, a spine surgery center), and consumer advocacy sites. Results of research performed in patients with limited relevance to the general United States population should be used carefully, if at all. A reference more than five years old should be avoided unless the technology is older and nothing more recent is available, or if the work is seminal. Be sure to use the most recent medical specialty guidelines.

Maintain a centralized library of arguments that is consistent in grammar and a formatting style of choice. Be sure to follow conventions for quoting exact text precisely. Some high volume controversial procedures and services will be repeatedly denied (eg, percutaneous coronary interventions and minimally invasive back procedures) so you will want to be sure to recycle supporting arguments for these and others.

The appeal must be based on review of full text of the research, not just the abstract. Ordering full text of references from a vendor can be costly. A more economical work-around for obtaining full text of manuscripts is to utilize copying services of a nearby medical library. The provider facility must retain a copy of the full text reference. It is best to download the text to a central location as Internet links may be moved.



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Why Not to Appeal Justified Denials

Finally, for several reasons, it is strategically unsound to waste resources on cases for which the denial of payment is truly justified. Facility administration may need to be educated on this point. First, a disproportionate amount of time will be spent on these cases with low yield in reimbursement. Second, appeal of futile cases perpetuates misuse of healthcare resources. Not surprising, vendors who provide clinical appeal services overlook this point. The clinical team lead should make the determination not to appeal. Appropriate feedback to the attending clinician on lack of medical necessity or inadequate documentation must be provided.

Conclusion

Nurse awareness of the clinical appeals process has significant potential for impact on reimbursement, does require a rewarding learning process, and can be a very satisfying career development option.

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Changing Lanes: Making a Nursing Leadership Transition

Kathleen Ogle, PhD, RN, FNP-BC, CNE
Hayley Mark, PhD, RN, FAAN

Nurses know that change is a continuous and unfolding process. We also know that it is normal for there to be some resistance to change. A transition in nursing leadership in a clinical or academic setting affects the entire unit, nurses, faculty, patients and students. McNamara (2015) states that “moving into a new position creates both a fresh start and stress” (p.32). The same might be said for those working with the new and former leaders. While the new leader may be adjusting to a new position and institution, others will be wondering how the change will affect them. This article will review lessons learned in the transition from one former chief nursing administrator (FL) to another, new leader (NL) in an academic setting.

The first step with any change is to examine the factors that affect the transition. In our case, a previous chair made many changes on arrival, but then only stayed with the unit for a short time, leading to some unit . The former leader (FL) who took over after that chair departed, addressed some of the resulting chaos; however, issues remained for the NL to address. McNamara (2015) states, “Know that your first few months’ actions and decisions are a strong predictor of your overall success or failure.” (p. 33). One important component in this transition was that after the NL was hired, the FL stepped back into a faculty role; so, the FL remained in the unit. Another factor impacting the transition was the parent organization was also undergoing transition with an interim president and interim provost.

In order to overcome these transition issues, the NL and FL made a deliberate decision to work together and minimize the impact of difficult change. The FL's actions and behavior showed support for the NL during the transition. Robinson-Walker (2015) states that leaders who are leaving positions should be willing to let go and become a lame duck. One way is to give opinions only when asked and be sure to refer

any questions or issues to the NL. In this way, the FL demonstrates support for the NL.

One of our initial steps was to identify the stakeholders on the unit and how the transition would affect them. We tried to identify who would be supportive of the transition, as well as who would resist. One question we had to answer was whether anyone was likely to sabotage the process; if so, then how to avoid or overcome efforts to sabotage the transition. Both of us were very aware of the “watchers” from within and outside the unit. Some were waiting for failure, while others were contributing to assure a successful leadership transition.

A major factor in our successful transition was early and frequent communication between the FL and NL. We met several times before the NL took her position to discuss issues such as schedules, personnel, immediate department needs and possible challenges. We made it obvious to all stakeholders that we were cooperating in the transition process and encouraged patience. We collaborated in monitoring the status of the unit and organization; we also did a SWOT (Strengths – Weaknesses – Opportunities – Threats) analysis early in the process. The NL demonstrated she valued what had been accomplished, as well as the staff responsible for the unit’s performance. Functional teaching or

management teams were not changed, but they were tasked to accomplish an internal assessment.

Key to the success of the transition, was reviewing current policies and procedures and deciding what to maintain, update or replace. It was important for the NL to establish herself as in charge, but at the same time respect the work that had been done before she arrived and the culture of the unit. The FL was consulted about the history of the unit and the rationale for current policies and procedures. As changes are made, it is important to identify the “sacred cows” and carefully decide the need to make those changes. Listening to all the players and having respect for their opinions can help new leaders avoid mistakes early in a new position.

New leaders can certainly expect some issues with transition. Some of those include criticism, conflict, jockeying for position and resistance to change. By working together, anticipating problems and issues, and putting the good of the organization first, a FL and NL can make changing lanes a smooth leadership transition for the organization and personnel.

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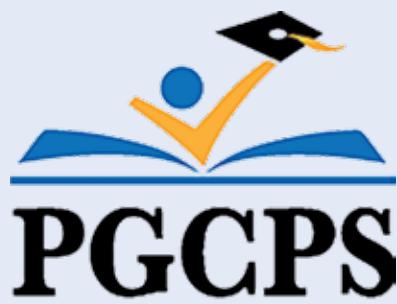
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