Nursing Education Under Assault

by Janet Allan, PhD, RN, FAAN, Dean and Professor, University of Maryland School of Nursing

Nursing education is under assault. But never before has it been so critical not just to hold the line, but to raise the bar.

Recognition of nurses as professionals rather than skilled technicians has been hard won. Long gone is the hospital apprenticeship of Cherry Ames: only 75 diploma schools exist in the U.S. today, and nearly all are affiliated with colleges and universities. The movement of nursing into academia, at its most basic level, comes from the acknowledgement that nurses need a broad liberal arts education—a strong socio-cultural and scientific grounding, along with development of analytical skills, critical thinking capacity, and the ability to integrate knowledge.

Yet tension between health policy experts, on the one hand, and workforce planners on the other persists. Health policy experts argue for raising the level of academic preparation: the evolving sophistication of medical technology, complexity of health care delivery models, and application of evidence-based practice require advanced nursing education and an intensification of scholarship. Legislators, prodded by industry and fearing that a shortage of nurses will restrict access to care, push instead for pedagogical shortcuts, pared down didactics, and elimination of real life clinical experience to get more nurses to the bedside fast.

Some states have stepped so far into the danger zone as to enact laws or regulations that relax licensure criteria, opening the door to nurses who fail to meet established minimum standards—for example, allowing graduates of nursing programs that provide no structured, supervised clinical education whatsoever to qualify for initial RN licensure. This dubious workforce strategy ignores the conclusive findings of multiple studies showing that when nurses have more education, patient mortality drops and outcomes improve.

At the University of Maryland School of Nursing, the one hand, and workforce planners on the other persist. Health policy experts argue for raising the level of academic preparation: the evolving sophistication of medical technology, complexity of health care delivery models, and application of evidence-based practice require advanced nursing education and an intensification of scholarship. Legislators, prodded by industry and fearing that a shortage of nurses will restrict access to care, push instead for pedagogical shortcuts, pared down didactics, and elimination of real life clinical experience to get more nurses to the bedside fast.

We understand the urgency of building the nurse workforce without undermining its effectiveness. New thinking at the national level about how health care is defined and delivered heralds a more expansive, prominent, and autonomous role for nurses. Concepts like “prevention,” “wellness,” “primary care,” and “health homes” that are intrinsic to nursing’s holistic approach are now the watchwords of policy makers seeking a solution to the nation’s health care woes. The solution is right in their own backyards, at nursing’s doorstep, so long as we don’t squander the potential of the profession.

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Ten Maryland Schools Sign Alliance Agreement to Increase Diversity Among Health Care Professionals

Ten Maryland Schools continued on page 3

Healing Arts Tour of the Washington National Cathedral

On Sunday, April 25, 2010, District 5 Maryland Nurses Association sponsored a “Healing Arts” tour at the Washington National Cathedral. This event was in conjunction with the Evensong Service celebrating the 2010 International Year of the Nurse and the Centennial of Florence Nightingale’s Death. The tour provided one contact hour of continuing education provided by The Maryland Nurses Association, an ANCC approved provider of nursing continuing education. Kathleen Smith, MScEd, RN-BC, FHMSS, President of District 5 led the tour, as she is also a Docent at the Washington National Cathedral.

Throughout the Cathedral, people practicing the healing arts are depicted in needlework, bronze, stained glass, and carved stone. From Jesus performing miracles to Florence Nightingale’s transformation of the nursing profession, tour participants experience the healing arts.
The Editorial Board welcomes articles for publication. There is no payment for articles published in *The Maryland Nurse* and authors are entitled to free reprints published in *The Maryland Nurse*. 

1. Articles should be word-processed using a 12 point font. 
2. Articles should be double-spaced. 
3. Articles length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words). 
4. All references should be cited at the end of the article. 
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author. 
6. Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines. 

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate. 

Many publications accept articles as is. However, to meet *The Maryland Nurse*'s editorial board and publisher's requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant changes. 

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

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Inspired by the presence of the Honorable Louis W. Sullivan, MD, chairman of the Sullivan Alliance to Transform America’s Health Professions and former Secretary of the Department of Health and Human Services, ten Maryland academic health institutions, including all of the historically black universities, signed a memorandum of understanding on May 5 at Morgan State University, coming together as the Maryland Alliance to Transform the Health Professions.

Secretary of the Department of Health and Human Services, ten Maryland academic health institutions—at a time of rapid and diverse population growth. This new academic partnership is aimed at tackling the crisis. The Maryland Alliance to Transform the Health Professions is designed to directly contribute to addressing the state’s growing health care needs and at the same time, provide a working model for other states also committed to expanding and diversifying their health workforce. The Alliance will address the needs of the population for a diverse workforce to improve health outcomes in Maryland.

The Maryland schools in the Alliance are Bowie State University; Coppin State University; Johns Hopkins School of Medicine; Morgan State University; University of Maryland School of Nursing; University of Maryland, College Park; University of Maryland Eastern Shore; University of Maryland School of Medicine; University of Maryland School of Pharmacy; and University of Maryland Dental School.

“By providing more culturally competent and racially and ethnically diverse health professionals, Maryland’s citizens will have improved access to care, resulting in enhanced health literacy, better health outcomes and a stronger nation for all,” said Sullivan.

Over the past 25 years, America’s growing and increasingly diverse population has surpassed its number of trained health personnel. In 2006, the Association of American Medical Colleges recommended a thirty percent expansion in the number of physicians trained, in order to avert a doctor shortage—a shortage predicted to be 20,000 by the year 2015, according to the PricewaterhouseCoopers Health Research Institute. The U.S. Department of Health and Human Services has projected that the current shortage of nurses may grow to a deficiency of one million by 2020, if current trends continue.

Citing current demographic trends, The U.S. Census Bureau projects that by 2042, there will no longer be a white majority population in the United States. According to the Sullivan Commission Report (September 2004), only 4.6 percent of U.S. physicians are Blacks, Latinos or Native Americans, while racial and ethnic minorities comprise more than one-third of our nation’s population.

“Disparities in health outcomes are made more difficult to eliminate with a health workforce of physicians, nurses and pharmacists that does not reflect the diversity of the patients they serve” said Maryland Department of Health and Mental Hygiene (DHMH) Secretary John M. Colmers.

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“This collaboration to form the Maryland Alliance to Transform the Health Professions is a major step toward the elimination of these disparities.”

Those endorsing included E. Albert Reece, M.D., Ph.D., M.B.A., acting president, University of Maryland Baltimore; John Z. and Akiko K. Bowers distinguished professor and Dean, University of Maryland School of Medicine; Natalie Eddington, Ph.D., Dean; School of Pharmacy, University of Maryland Baltimore; Christian S. Stoler, D.M.D., Dean, School of Dentistry, University of Maryland Baltimore; Edward D. Miller, M.D., Dean and CEO, The Johns Hopkins University School of Medicine; Dr. Earl S. Richardson, President, Morgan State University; Janet D. Allan, Ph.D., Dean, School of Nursing University of Maryland Baltimore; Martha N. Hill, Ph.D., R.N., F.A.A.N., Office of the Dean, The Johns Hopkins University; Mickey L. Burnum, Ph.D., President, Bowie State University; Dr. Reginald S. Avery, President, Coppin State University; Marcella Copes, Ph.D, RN, Interim Provost, Coppin State University; Michael J. Klug, Ph.D., Dean, Bloomberg School of Public Health, The Johns Hopkins University; Janice E. Clements, Ph.D., Mary Wallace Stanton, Professor of Faculty Affairs, Vice Dean for Faculty, Professor and Director of Comparative Medicine, The Johns Hopkins University School of Medicine; Robert S. Gold, Ph.D., Dr. PH., F.A.S.H.A., F.A.A.H.B., Dean, The School of Public Health, University of Maryland College Park; and Thelma B. Thompson, Ph.D., President, University of Maryland Eastern Shore.

Through strong leadership, deep commitment and sustainable efforts the Sullivan Alliance aims to transform the health professions and help eliminate the gaps in health status and access to health care that affect too many Americans.

And CEO, The Johns Hopkins University School of Medicine; Dr. Earl S. Richardson, President, Morgan State University; Janet D. Allan, Ph.D., Dean, School of Nursing University of Maryland Baltimore; Martha N. Hill, Ph.D., R.N., F.A.A.N., Office of the Dean, The Johns Hopkins University; Mickey L. Burnum, Ph.D., President, Bowie State University; Dr. Reginald S. Avery, President, Coppin State University; Marcella Copes, Ph.D, RN, Interim Provost, Coppin State University; Michael J. Klug, Ph.D., Dean, Bloomberg School of Public Health, The Johns Hopkins University; Janice E. Clements, Ph.D., Mary Wallace Stanton, Professor of Faculty Affairs, Vice Dean for Faculty, Professor and Director of Comparative Medicine, The Johns Hopkins University School of Medicine; Robert S. Gold, Ph.D., Dr. PH., F.A.S.H.A., F.A.A.H.B., Dean, The School of Public Health, University of Maryland College Park; and Thelma B. Thompson, Ph.D., President, University of Maryland Eastern Shore.

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Maryland Attorney General Closes Fradulent Nursing School

An unapproved nursing “school” was shut down by the Consumer Protection Division of the Maryland Office of the Attorney General in June. The defendants agreed to return money to customers (“students”) and to cease offering nursing programs not approved by the Maryland Board of Nursing (MBON).

All nursing schools must be approved by the MBON (www.mbon.org) and the Maryland Higher Education Commission (www.mhec.state.md.us) for recognition and licensure.

The closed “school” was called Associated National Medical Academy (ANMC) and was located at 322 N. Howard Street in Baltimore. It was owned by MalMilVentures LLC, a business owned by Johnny Malone and John Miller. Malone and Miller will also pay costs and penalties. Their total payments are estimated at about $300,000.

ANMC falsely advertised that if offered accelerated licensed practical nurse and registered nurse bridge training programs, with clinical training in local hospitals. No hospital had a clinical education agreement with ANMC.
District 5 Awards Scholarship to Jo Ann Kim

On June 9, 2010, District 5 Maryland Nurses Association presented Jo Ann Kim, MSN with the 2010 Educational Scholarship. Ms. Kim is a PhD candidate in Nursing. She is studying the relationship between the Registered Nurse and the patient who attends an outpatient cardiac rehabilitation program. Based on the Quality-Caring model© by Duffy & Hoskins (2003), Kim seeks to find whether a relationship exists between the patient’s perception of nurse caring and a patient’s depression, anxiety, and adherence in their program.

Duffy& Hoskins (2003) suggests when a patient feels “cared for” it is easier for the patient to change poor habits into healthy lifestyle behaviors, which is essential for patients recovering from cardiac events such as myocardial infarctions, stent placement, or open-heart surgery. Results of her study may help direct patient care staff nurses, educators, and administrators to develop protocols based on evidence specific to the cardiac outpatient population. This study may also substantiate the value of nurse caring skills, such as listening.

Reference

Salisbury University Awarded Grant to Address the Need for More Baccalaureate Nurses

The Salisbury University (SU) Nursing Department was recently awarded $937,035 from the Maryland Hospital Association’s Who Will Care? Fund for Nurse Education. It was one of 23 education grants in Maryland from the Fund (www.whowillcare.org).

The three pronged grant is designed to increase the number of nursing graduates who earn a B.S. in Nursing. The department’s first initiative is to create a state-of-the-art simulation center with a mock labor and delivery suite, nursery, and pediatric emergency room. High-fidelity, computerized, life-like mannequins will replicate demanding, unpredictable clinical situations, including labor and delivery, and allow nursing students to make decisions to care for critically ill newborns and children. Video equipment will permit students to review and critique their interactions and decisions in the safety of a simulated encounter to prepare for real-life nursing situations.

The grant also will provide for the training of “standardized patients,” or student actors who follow scripts written by SU faculty to depict behaviors associated with common psychiatric or mental health disorders. The simulation center will feature a mock clinic setting where students can interact with these “patients.” Such learning will prepare more sensitive and effective nurses.

Finally, the grant will allow SU to develop a best practices in nursing course. Offered beginning fall 2010, it will help students connect classroom knowledge with clinical problem solving.

“This is tremendous news,” said Dr. Karen Olmstead, dean of the Henson School of Science and Technology. “The simulation center and related projects will be outstanding resources for all of our nursing students. This is the third major grant recently funded for the department and I commend all involved for their leadership in working to address Maryland’s nursing shortage.”

“Together these new endeavors will support modest expansion of enrollments in our second degree program, improve retention in both of our undergraduate nursing tracks, as well as create a state-of-the-art facility to improve clinical thinking and decision making for all nursing students,” said Dr. Lisa Seldomridge, department chair.

The department has been awarded more than $1.6 million in grants this year alone, under the leadership of its chair Dr. Seldomridge. The others were $635,601 from the Maryland Higher Education Commission for clinical educator hospital partnerships and $80,000 from the Robert Wood Johnson Foundation for nursing scholarships.

For two consecutive years, SU nursing students have had the highest pass rate of all baccalaureate programs in Maryland on the National Council Licensure Examination. For more information call 410-543-6030 or visit the SU Department of Nursing Web site at www.salisbury.edu/nursing.
Maryland Women’s Coalition for Healthcare Reform Promotes Expanding Care

by Elise Handelman, RN, MEd

MNA joined with numerous other organizations in June at a Leadership Forum sponsored by the Maryland Women’s Coalition for Healthcare Reform. MNA is an Organizational Member of the Coalition and several MNA members have been involved with the Coalition’s Steering Committee and events. The Leadership Forum included many of Maryland’s Commissions for Women and other women’s organizations.

“The Coalition members believe that women across Maryland want, need and will work for an improved health care system for themselves, their families and their communities”, says Elise Handelman, MNA member and representative to the Coalition.

Following passage of the federal health care reform legislation, this group’s next efforts will be to ensure that Maryland implements the new regulations efficiently and effectively. For more information, check out their web site at www.mdhealthcarereform.org. Individual membership is FREE and new participants are always welcomed!

Children’s Health Champion Awards to Delegate Hubbard and Senator Frosh for BPA Legislation

A coalition of consumer and public health groups presented “Children’s Health Champion” awards to Delegate James Hubbard and Senator Brian Frosh for their leadership in passing 2010 legislation to ban the toxic chemical bisphenol-A (BPA) in baby bottles and sippy cups, making Maryland the fourth state to restrict the use of the chemical when Governor O’Malley signed the bill into law on April 13, 2010.

The groups presenting the awards included Maryland Nurses Association, Black Nurses Association, Maryland PIRG, Black Nurses Association of Baltimore and MomsRising.org. Over thirty parents, children and other public health advocates joined the event to show their support for the two elected officials and the passage of the legislation.

Fielding Huseth, consumer advocate for Maryland PIRG, made the opening remarks: “Today, parents, children, nurses and public health advocates have come to say ‘thank you’ to Delegate Hubbard and Senator Frosh for leading the charge to protect children’s health.” Huseth noted, “It took the combination of growing public awareness, dogged citizen advocacy, and committed leadership to ensure the health of our little ones was put ahead of the interests of big chemical companies.”

Ariana Kelley of MomsRising.org, an organization representing one million parents and allies, said: “Thanks to the leadership of Senator Frosh and Del. Hubbard, Maryland is now one of the first states in the nation to act on the concerns of parents and public health advocates by banning BPA in children’s products. We need more leaders like Senator Frosh and Delegate Hubbard who put the health of our kids first.”

Delegate James Hubbard had been the lead sponsor of the legislation for four consecutive years. He was named MNA’s “2009 Legislator of the Year” for his dedication to protecting children from BPA. Upon accepting the award, Hubbard spoke to the broader issue at stake: “Our kids deserve to grow up in a safe and healthy environment. That’s why I have fought each year to protect the health of our children, whether from lead in toys, toxic BPA in children’s cups, or making sure that our children have clean air to breathe and clean water to drink. I will continue to work with doctors, nurses and other health advocates to ensure our children’s health is the priority.”

Senator Frosh added, “The BPA bill is a common sense measure that will protect the health of thousands of children. I’m delighted that it passed the Senate and House unanimously, showing that every now and then common sense carries the day.”

Over two hundred scientific studies have linked BPA exposure to breast and prostate cancer, obesity, hyperactivity, birth defects and other adverse health effects.
The American Nurses Association Elects New President

Karen Daley, PhD, MPH, RN, FAAN, of Boston, Massachusetts, was elected to a two-year term as ANA President by your nurse representatives at the ANA House of Delegates. Daley spent 27 years as a frontline staff nurse; she has served as a leader in many nursing organizations, and has been a vocal advocate on such nursing issues as safe needle legislation. 

ANA is the nation’s leading professional nursing organization representing the interests of the nation’s 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 16-19 in Washington, D.C.

President Daley is a past president of the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Center for Nursing. She served as a member of ANA’s Board of Directors (2008-2010) and as a director of the American Nurses Credentialing Center (ANCC). 

Looking to the future, President Daley called for nurses to move forward with a newly energized commitment to the work of nursing. “We have exciting and challenging work ahead,” said Daley. “As an association and profession, we must draw on the strength of our values—for the challenges that we face may have changed, but the things that we believe in do not.” President Daley holds a diploma in nursing from Catherine Laboure School of Nursing, a bachelor’s of science in nursing from Curry College, a master’s of public health from Boston University School of Public Health, and a master’s in science from Boston College. In addition, she earned a doctoral degree from Boston College. 

President Daley spent her nursing career as a frontline caregiver and staff nurse at Brigham and Women’s Hospital in Boston where she began her career in 1973; she served as a senior staff nurse in Brigham and Women’s emergency department until January 1999. Since that time, while continuing her role as a state association president, she became actively engaged as an advocate for legislation to mandate use of safer needle devices in health care practice settings. Daley was among those invited to the Oval Office to witness President Clinton sign the Needlestick Safety Prevention Act, into law on Nov. 6, 2000, legislation advocated for by ANA. In addition, she has been recognized with numerous awards for her outstanding leadership and excellence in practice. In 2006, Daley was recognized as a living nursing legend by the Massachusetts Association of Registered Nurses, and was inducted as a fellow into ANA House of Delegates. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 16-19 in Washington, D.C.

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Elected to serve two-year terms as officers of the board were Karen Ballard, MA, RN, FAAN, president of the New York State Nurses Association, elected as first vice-president; Kim Armstrong, BSN, RNC, member of the Washington State Nurses Association, re-elected as second vice-president; Teresa Gene Stone, BSN, RNC, PRP, of the Oregon Nurses Association, elected as secretary; Teresa Haller, MSN, MBA, RN, NEA-BC, a member of the Virginia Nurses Association, elected as treasurer. 

The director-at-large board members elected include Cindy Balkstra, MS, RN, CNS-BC, a member of the Georgia Nurses Association and Jennifer Mensik, PhD, RN, NEA-BC, president of the Arizona Nurses Association. The director-at-large staff nurse members elected include Barbara Crane, RN, CCRN, of the New York State Nurses Association and Rose Marie Martin, BSN, RN, OCN, of the Ohio State Nurses Association. Elected as the director-at-large, recent graduate, a new position on the board, is Jennifer Davis, BSN, RN, a member of the Ohio Nurses Association. Elizabeth Dietz, EdD, RN, CS-NP, a member of ANACalifornia, was appointed by the new board to fill the seat vacated by Daley. 

Remaining on the ANA board until 2012 are Linda Gural, RN, CCRN, a member of the New Jersey State Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association; Carrie Houser James, MSN, RN, CNA-BC, CCE, a member of the South Carolina Nurses Association.

Four nurses were elected to the Nominating Committee: Carla Lee, PhD, ARNP-BC, A/FPNP, CNS, FAAN; Patricia Messmer, PhD, RN-BC, FAAN; Sandra Olsonov, MS, RN; and Nessim Salmon-Wilson MSN, RN.
Reference Reports from 2010 ANA House of Delegates

Name of Action Report: Hostility, Abuse, and Bullying in the Workplace
Submitted by: Kathleen T. Ogle, PhD, RN, FNP-BC, Annapolis, District 3

Executive Summary:
Summary: In 2006, the American Nurses Association (ANA) House of Delegates (HOD) overwhelmingly supported a resolution forwarded by the Federal Nurses Association (FedNA) which was aimed at addressing workplace abuse and harassment of nurses. The HOD unanimously support the precept that all nurses have the right to work in healthy environments free of abusive behavior such as hostility, abuse of authority and reprisal for speaking out about abuses. It was also resolved that ANA provide guidance and support nurses who speak out about abuses, abuse of authority, and suffer reprisal for speaking out against such abuses. Since 2006, the problem of workplace abuse and harassment has continued to escalate. FedNA, the ANA Center for Ethics and Human Rights Advisory Board, the Center for American Nurses (The Center) and Texas Nurses Association (TNA) urge ANA to reaffirm and further strengthen the resolution passed in 2006 by reiterating that all organizations in which nurses practice, learn, teach, research, and lead must take appropriate action following incidents of hostile, abusive and bullying behavior including providing a follow-up mechanism for analysis of the incident(s), implementing corrective measures to prevent recurrence of similar incidents, and when necessary, institution a plan for disciplining offenders and counseling victims.

Final Resolves: (What the House has instructed ANA to do)
Resolve: The American Nurses Association will:
1. Reaffirm and further strengthen the existing priorities from the 2006 resolution related to workplace abuse and harassment of nurses and the promotion of healthy work and professional environments for all nurses; and
2. Work proactively to reduce the growing problem of workplace abuse, harassment and bullying of nurses and the serious consequences, including severe reprisal and retaliation; and
3. Explore collaborative solutions with other disciplines and organizations to leverage resources for research and education.

Financial Implications: $35,000-$49,999
Position of the Maryland Nurses Association: Full support.
Delegate voting report: The reference passed with a 99.5% approval vote of the HOD.
Action Report Passed

Name of Bylaw Report: Amendment #1–Stagger and Extend Congress on Nursing Practice and Economics (CNPE) Terms
Submitted by: Kathleen T. Ogle, PhD, RN, FNP-BC

Executive Summary:
This change will direct the Board to make appointments in such a way as to ensure staggering terms. The ability to be re-elected or re-appointed is consistent with the ability of members serving on other ANA units to be re-elected or re-appointed and for their tenure on said unit to not exceed eight consecutive years.

Final Resolves: ARTICLE VII, Section 4 of the ANA Bylaws will now read:
“Appointment and election of congress members shall be for a four-year term or until successors have been appointed or elected. Appointment and election of members will be done in such a way as to stagger terms of membership. No elected appointed member may serve more than two consecutive terms on the congress. Members having served 24 months or more shall be considered to have served a full term.”

Position of the Maryland Nurses Association: Full support
Delegate voting report: Pass with 97.9% support of the delegates.
Amendment Passed

Name of Action Report: Addressing Health Literacy Through Patient Literacy
Submitted by: Gewrek L. Nobles, MSN, RN, Delegate, District 2

Report Summary: Report #3 submitted by the Louisiana State Nurses Association, observes that healthcare reform is a monumental paradigm shift, which aims to transition the nation’s healthcare from a reactive delivery system to a patient-centered preventive/preventive model. Patients need a good understanding of their health status as well as an understanding of their provider’s instructions. Health literacy becomes an issue when patients do not understand matters and their role in health decisions and actions. Patient education addresses the problem of poor health literacy. The nation’s patients and consumers of healthcare services need nurses to drive initiatives to address health literacy concerns.

Final Resolves: Therefore be it resolved that the ANA shall:
1. Promote collaborative nursing initiatives to address health literacy problems; and
2. Utilize existing research findings to strengthen health literacy knowledge and skills in nursing school curricula and the workplace; and
3. Promote nursing research efforts to identify evidence-based practices that promote optimum health literacy.

Financial Implications: (if appropriate or known) $75,000–$99,999
Position of the Maryland Nurses Association: In support of report.
Delegate voting report:
For/Support Votes—97.9%
Against 2.1%
Abstained
Action Report Passed

Name of Action Report: Addressing Health Literacy Through Patient Literacy
Submitted by: Gewrek L. Nobles, MSN, RN, Delegate, District 2

Summary of Virtual Hearing Discussions:
Delegates referenced the discussion at the spring 2010 Constituent Assembly and noted that, based on that discussion, there will be no need to vote on this proposal if the proposal on pilot projects is passed.
The following response was provided before the ANA BOD to clarify the distinction between the existing individual affiliate membership and the proposed associate membership:
The individual affiliate membership as it exists in the ANA bylaws is an associate-type membership, i.e. a membership at a lower cost and with no governance rights. The current individual affiliate membership is not available to collective bargaining members of the ANA relative to past guidance from the ODL that indicated labor organization members could not be deprived of governance rights.

An overview of Illinois Nurses Association’s history with regard to this proposal was provided. The potential value of this proposal to collective bargaining members and members of specialty nurse organizations was noted.
The New York State Nurses Association Board of Directors expressed opposition to this proposed statement.

Summary of discussion from the Onsite Hearing: Several Constituent Member Affiliates spoke against this amendment.

The original submitters of the amendment stated that they wished to withdraw the amendment.
The Committee on Bylaws recommends amendment #4 not be adopted.

Position of the Maryland Nurses Association: In support of motion to postpone indefinitely.
Delegate voting report:
For/Support Votes—96.6%
Against 3.4%
Abstained
Action Passed

Name of Action Report: Advanced Practice Registered Nurses Signing and Certifying for Home Care Plans
Submitted by: Maryanne Reimer, RN, MSN, ANP-BC, District 8

Executive Summary: Submitted by the NYSNA, identifies the need for all qualified healthcare providers to be legally authorized to sign orders for home services and supplies needed by patients, for health promotion, maintenance and restoration. The current legislation limits these orders to physicians only. Delay for care of home health patients is often caused by poor access to physician’s ordering these services. A current H.R. Bill 4993 is being worked on in the House of Representatives that would support the widening of APRN scope of practice to cover this gap in important patient services. This resolution would reaffirm the 1984 House of Delegates action recommending that APRNs be authorized to determine and certify the plan of care for home health and continue to support Federal legislation that permits these practices by APRNs.

Final Resolutions:
1. Reaffirm the 1984 ANA HOD action that “recommend that the registered nurse be authorized to determine and certify the plan of care for home health”
2. Continue to support Federal legislation that would permit APRNs (including Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists) to sign orders for home care services and supplies for Medicare patients, as well as make changes to home healthcare plans, thereby reducing barriers that limit access to home care services.

Financial Implications: Estimated cost for supporting and lobbying for the passage of the Home Healthcare Planning Improvement Act of 2007 would be $35,000–$49,999.

Position of the Maryland Nurses Association: The MNA stands in favor of this Resolution.
Delegate voting report:
Yes–98%
No–1%
Abstain–1%
Resolution PASSED
Name of Action Report: Revision of House of Delegates policy “Representation of CMA’s in the ANA House of Delegates”–change in CMA Status

Submitted by: Rosemary E. S. Mortimer, MEd, MS, RN, CCBE–Immediate Past President

Executive Summary:
This item addressed the concern, “What would happen to HOD delegate apportionment if a CMA left ANA after delegate apportionment had been determined?” Ordinarily there are 675 seats which are given out in a ratio to the CMA’s. The CMA’s know how to budget with these numbers and an adequate facility must be negotiated for to hold the HOD. There was a question if the apportionment should be changed and more seats given to other states if a CMA or several CMA’s withdrew from ANA. This would, by necessity, be done at the last minute. There was a concern that especially small CMA’s could have an unjust financial burden if close to the HOD they were suddenly allowed more delegates than anticipated.

Final Resolve: The decision of the HOD was that it can seat to 675 seats though not all seats have to be filled. If a CMA left their seat, the seat did not have to be filled. As an example this HOD had no members from Alaska.

A question was raised about how to count quorum and the HOD was assured that quorum would be based on those attending/registered and not on the original number of 675.

Financial Implications: The cost of implementation was felt to be negligible.

Position of the Maryland Nurses Association: Approve

Delegate voting report:
For/Support: 518–97.2%  
Against: 15–2.8%  
Abstain: 9

Action Report Passed

Name of Action Report: Revision of House of Delegates Policy “Representation of CMA’s in the ANA House of Delegates”–Clarification Regarding Dues Paid for Members Without Governance Rights

Submitted by: Rosemary E. S. Mortimer, MEd, MS, RN, CCBE–Immediate Past President

Summary: This proposal was a recommendation that currently the policy was silent on how to deal with dues received from IMD or CMA’s who do not hold governance rights in ANA and as to whether or not those dues are to be included or excluded from the apportionment of delegates to the HOD calculation. This needed to be clarified as new membership categories are being added

Final Resolves:
It was decided without discussion that the CMA and IMD representation in the ANA HOD will be based on a percentage of ANA total dues income paid by the CMA and IMD on behalf of individuals with governance rights in ANA as specified in the ANA bylaws.

Financial Implications: Negligible

Position of the Maryland Nurses Association: Approve

Delegate voting report:
For/Support: 536–99.1%  
Against: 5–9  
Abstain: 5

Action Report Passed

Name of the Action Report: Editorial Cleanup of Dues Policy No. 2.108 “Assessment of ANA Dues from CMA’s”

Submitted by: Patricia Travis RN, PhD, CCRP, MNA President

Summary: The 2008 House of Delegates modified the American Nurses Association (ANA) Bylaws, Article II, Membership and Affiliations, to remove Associate Organization Members (AOM) from the ANA structure. This Report, submitted by the ANA Board of Directors, Chair of the Reference Committee, recommends the removal of the outdated language regarding AOMs from the ANA dues policy, as AOMs are no longer a part of the ANA structure.

Final Resolve: The American Nurses Association House of Delegates amended its policy on the ANA Dues from CMA’s, by deleting clause 11, and related footnotes 4 and 5, and amending clause 12.


Financial Implications: $0–$499.

Position of the Maryland Nurses Association: MNA supports this resolution.

Delegate voting report:
For/Support: 534–96.7%  
Against: 18–3.3%  
Abstain: 0

The editorial cleanup was Adopted

Name of Action Report: Mentoring Programs for Novice Nurses

Submitted by: Demetrius “Dee” Jones, MSN, RN, District 7

Executive Summary:
Novice nurses’ first year in practice has been identified as a critical time for the successful transition to the professional role. The issue of burnout and the need for improved retention among the nursing workforce, in particular recent graduates, is a national issue and concern. Investments in successful mentoring programs, in which strong nursing values and professional development can be nurtured, will not only benefit individual nurses but also contribute to the creation of a stronger, more committed nurse workforce. Well designed mentoring programs support the growth and development of novice nurses in their transition to professional practice and provide opportunities for leadership development. The importance of mentoring in the nursing profession has been identified but model mentoring programs have not been developed. The American Nurses Association is dedicated to ensuring that an adequate supply of highly skilled and well-educated nurses is available and is committed to meeting the needs of nurses as well as healthcare consumers.

Final Resolves:
The American Nurses Association will:
• Reaffirm its support of initiatives to facilitate the successful integration of novice nurses in the work environment; and
• Partner with the CMA’s, IMD and other nursing organizations to develop mentoring program demonstration projects; and
• Disseminate the findings of the mentoring program projects.

Financial Implications: $75,000–$99,999.

Position of the Maryland Nurses Association: Recommends the adoption of this resolution as revised.

Delegate voting report:
Support: 95  
Against: 2  
Abstain: 0

Action Report Passed

Name of Action Report: Social Networking and the Nurse

Submitted by: Demetrius “Dee” Jones, MSN, RN, District 7

Executive Summary: Social networking sites are the fastest growing applications on the web; and this new social arena is being used to create and maintain relationships between previously disparate individuals, groups, organizations, and communities. While social networking is creating beneficial opportunities for its users, it may also create problems; and the full impact of this new social networking environment is yet to be determined.

Final Resolves: It is resolved that the American Nurses Association will:
• Support the application of ANA’s Foundational documents–Code of Ethics for Nurses:
• Nursing’s Social Policy Statement and the Nursing: Scope and Standards of Practice–to the use of social networking; and encourage and support research on the use of social networking as it relates to nursing.

Financial Implications: none

Position of the Maryland Nurses Association: in favor of the resolution as a revised action report.

Delegate voting report:
Support: 974  
Against: 2  
Abstain: 0

Action Report Passed

Bylaws Change: Amendment #5: Extension of ANA Officers’ Term

Submitted by: Linda Cook, PhD, RN, CCRN, CCNS, ACNP, APRN-BC, District 5

Executive Summary: The purpose of this amendment change was to stagger the terms for the officers of the ANA and thus not have the potential for full turnover of the entire executive committee every two years. Currently ANA has five officer positions with each officer serving a two-year term and are elected at the HOD. All board members are limited to serving a maximum of two terms in any one position and a maximum of eight years on the ANA board. Concerned was voiced that the length of four year terms could reduce the talent pool and minimize the opportunities for those who may wish to run for board positions. The Committee on Bylaws had no recommendation regarding Amendment #5.

Final Resolutions: Amendment not adopted.

Position of the Maryland Nurses Association: The MNA stands against this Bylaw change.

Action Report: Safety and Effectiveness of Reprocessed Single Use Devices

Submitted by: Elaine B Kennedy, EdD, RN, District 4

Executive Summary: It is important for nurses to understand the ethical and safety issues related to the reuse of single use devices (SUDs). The U.S.Food and Drug Administration (FDA) has stated that certain SUDs can be reprocessed with reasonable safety and effectiveness. Further, environmental organizations, such as Health Care Without Harm, have endorsed the appropriate reuse of SUDs.

The House of Delegates instructed the American Nurses Association to support:
1. Ongoing research efforts in public health, environmental health and nursing to better understand the ethical and safety issues associated with utilizing single use devices; and
The dissemination of research on the practice of using reprocessed single-use devices, including the impact on patient outcomes and the environment.

3. Improve end-of-use management including the reprocessing of appropriately identified FDA labeled single-use devices based on law and regulations; and

4. Best practices for the various reprocessing methods and the safety of single-use devices for patients and healthcare workers.

The estimated financial implications of the resolution is $15,000-24,000.

The Maryland Nurses Association supports the resolution.

Delegate voting report:
For/Support: 510–94.1%
Against: 32–5.9%
Abstain: 5–<1%

Action Report Passed

Bylaws Amendment #3—ANA Board of Directors Pilot Programs (Article V, Section 5)

Submitted: Elaine B Kennedy, Ed.D, R.N., District 4

Summary: The change to the bylaws will permit ANA to respond to the changing environment and to test a variety of membership options and payment to ensure that they are successful for ANA and the constituent member associations (CMAs) prior to inclusion in the bylaws/policy and between sessions of the ANA House of Delegates.

The House instructed the ANA to amend the bylaws for Article V Board of Directors, Sec.5—Responsibilities to include:

1. For the purpose of retaining and/or increasing membership, the Board of Directors may establish membership categories, dues rates and payment options that may differ with ANA policies and bylaws. Such pilot programs with the written agreements of involved CMAs and shall not exceed the longer of two years or until the conclusion of the next scheduled House of Delegates after the completion of a pilot.

The Maryland Nurses Association supported the change to the bylaws.

Delegate voting report:
For/Support: 97.9%
No: 2.1%
Abstain: 0%

The Amendment Passed

Name of the Action Report: Continuation of the Automatic Dues Escalator

Submitted by: Patricia Travis, RN, PhD, CCRP, MNA President

Summary: This Report, submitted by the American Nurses Association (ANA) Board of Directors, acknowledges that the automatic dues escalator was passed by the 2004 House of Delegates (HOD) with the stipulation that it sunset in 2010. There was significant discussion regarding the financial impact of the structure that the ANA dues will take in the future.

The House instructed the ANA to amend the bylaws.

Delegate voting report:
For/Support: 95.8–87.3%
Against: 66–12.7%
Abstain: 1

The Resolution carried and the Action Report Passed.

Message from Your President

Musings from the desk of Pat Travis, RN, PhD, CCRP, MNA President

Recently, I participated in the Annanpolis Power Squadron’s “Wounded Warriors on the Bay” outing; traveled to Birmingham, Alabama to care for my three grand children, ages 6, 4, and 2 years; and upon my return home, spent another five days tending to my elderly parents, ages 91 and 88 years in their home in Potomac, Maryland. When I was back at work, it made me realize and appreciate, yet again, how very fortunate that I am a nurse with unique skills to be able to demonstrate through even the simplest acts that I care. It reminds me of the notion that loving and nursing come in a variety of opportunities, be it looking after children. In the broader sense, we should be grateful for the numerous circumstances to nurture and promote the quality of life of others.

On another note, I wish to relate that the 2010 American Nurses Association House of Delegates was productive, non-confrontational and visionary. Lobby Day was also successful in that nursing bills that impact MNA were brought forward and adopted by ANA. My view is that it is too early to have a clear vision of what Omnica Care will look like, as the devil is in the details, but our profession is positioned for a leadership role. I remain upbeat and positive that our concerns are being addressed at a national level.

Turning my thoughts to the future, as MNA prepares for the upcoming 107th Annual Convention and Business Meeting, it seems like just yesterday that Rosemary Mortimer turned the gavel over to me. I am all geared up for the installation of new officers and am looking forward to the participation of our membership as we deliberate on proposed amendments to the MNA Bylaws. As viewed by most members, Bylaws maintenance is a dull activity. However, Bylaws are the structure of any association. Bylaws define the association for the public as well as for members; they give the what, when, who, and how of the association’s activities. Bylaws require maintenance to keep them current with the association’s needs and to provide new direction for the association.

The dues escalator is based on the Consumer Price Index for Urban Consumers (CPI-U) and best reflects ANA’s cost. It does not go below 0% or exceed 2% per annum without additional authorization from the House of Delegates. There has not been an increase in the ANA dues for the past 21/2 years. It is currently calculated yearly (June to June) and implemented only once every 3 years, twice in 2005 and 2006. ANA believes the inflation has run successfully and the process has worked well for both the CMAs (Constituent Member Associations) and ANA. The sunset clause needs to be removed to allow the program to continue after 2010. Some delegates recommended a new sunset date of 2012 or 2014. Other delegates spoke for Article V Board of Directors, Sec.5—Responsibilities.

For/Support: 455–87.3 %
Against: 66–12.7 %
Abstain: 1

The Resolution carried and the Action Report Passed.

The MNA is fortunate to have an active and talented Bylaws Committee chaired by Linda Devries, MNA’s First Vice President. The Committee has proposed amendments to our Bylaws to be considered at our annual meeting. Each MNA member will receive notification delineating the exact proposed amendments. The following is an overview of these proposed amendments:

Proposed amendments mandated by ANA for constituency with our parent organization:

ARTICLE III, Section 2: Membership Qualifications: Add additional language of “is otherwise entitled by law to practice” to membership requirements.

ARTICLE III, Section 4: Membership Transfer: Insert statement “MNA is not required to refund to the member or the receiving CMA dues already paid.”

Editorial change throughout the Bylaws to reflect the new document name “Code of Ethics for Nurses”.

Proposed amendments recommended by the MNA Board of Directors:

Throughout the Bylaws: Strike references to membership and participation in the Center for American Nurses (CNA). The membership dues to this center have changed since its inception and MNA can no longer financially afford membership.

ARTICLE IX: Board of Directors: Due to the cost of annual audits, provide for the annual financial review to be conducted through other standard means such as a compilation to be performed by a CPA with an annual audit to be performed at least every five years.

ARTICLE XII: Committees: The addition of two Standing Committees: The Convention Planning Committee and the Environmental Health Committee.

Add the responsibility of policy formation and maintenance to the Bylaws Committee.

In closing, I want to express my appreciation for your teamwork during this exciting and unusually busy time.
The Nursing Foundation of Maryland Needs Your Help!

MNA Convention October 7-8, 2010
Silent Auction Fundraiser

Dear Nurses and Friends of Nurses,

Plans are underway now for the Annual Silent Auction to be held as a fundraiser for the Nursing Foundation of Maryland at the MNA Convention on October 7-8, 2010 at the Health Science Institute Conference Center at Anne Arundel Medical Center in Annapolis. We are asking for your donations for this important event.

The mission of the Nursing Foundation of Maryland is to promote and foster the education of Registered Nurses. The Foundation supports charitable, educational, scientific, and research ventures that promote and foster education for the Registered Nurse and quality care for our patients. Funds donated through the Foundation support nursing scholarships, nursing research poster awards, and educational speakers for member meetings or the MNA convention.

We are asking that you donate a new item or themed basket. You may also make a monetary donation for the silent auction event. Ideas for a themed gift basket include a crab basket, golf basket, graduate basket, hair product basket, movie theme basket, recipe basket, nursing basket, book basket, baby basket, health basket, car care basket, barbecue or picnic basket, skin products basket, gardening basket, bath and body basket, coffee basket, wine basket, children’s game basket, etc.

Other ideas for Foundation gift giving are art work, prints, paintings, sculpture, glassware, tickets to the theatre, ball teams (e.g. Oriole’s, Raven’s), hotel stays, travel packages, wine tours, gift certificates for restaurants, spa days, etc. Suggestions also include electronic items, jewelry, Longaberger baskets, needlepoint items, quilts, autographed sports memorabilia, and collectibles.

Please donate new items or true antiques. Yard sale type items or flea market items do not sell, so we cannot accept them. Remember we also will accept checks, which should be payable to “Nursing Foundation of Maryland”. Please solicit items from your nurse friends, organizations, and medical/nursing vendors. Below is a donation form for your use. A copy of the form that can be emailed will be posted on the Maryland Nurses Association website at http://www.marylandrn.org/. Please email or send this form to Linda DeVries at amendment19@yahoo.com or the address below, or to Pat Gwinn at the MNA, pgwinn@marylandrn.org.

If you have any questions do not hesitate to contact me. We appreciate your help with donating an item. Please know that you will be recognized for your donation in the Maryland Nurse and at the MNA convention. Also, all donations are tax deductible. You will receive a thank you note from the Nursing Foundation of Maryland for your contribution with the value listed for your taxes.

We greatly need your help now to raise these funds for the education of registered nurses in Maryland. Thank you for your willingness to support and honor nursing.

Sincerely,
Linda DeVries
Chair, Silent Auction Committee
Nursing Foundation of Maryland
7 Snowmound Court
Rockville, MD 20850

<table>
<thead>
<tr>
<th>Item/s to be donated:</th>
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<tr>
<td>1. ___________________ Value _____________</td>
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<td>2. ___________________ Value _____________</td>
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<td>3. ___________________ Value _____________</td>
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Amount of money (cash or check) to be donated: ___________________

Date that item/s can be delivered to the MNA office: _______________

* Please send this form to Linda DeVries, amendment19@yahoo.com, or to Pat Gwinn at MNA.

* Please contact Linda DeVries or Pat Gwinn, pgwinn@Marylandrn.org, if you may need someone to pick the items up for the convention.

All donors will receive prominent recognition in The Maryland Nurse and at the MNA Annual Convention for their donation. All donations are completely tax deductible as a charitable contribution. Letters of acknowledgement, with amount or the item donated along with its value, will be mailed to you after the convention for your tax records.

THANK YOU FOR YOUR KINDNESS AND GENEROSITY. Know that you are keeping education for registered nurses in Maryland in the forefront with these donations for speakers, scholars, scholarships, and poster awards. We appreciate any donations that are NEW or ANTIQUE. The Nursing Foundation of Maryland, Inc., is a 501(c)(3) non-profit organization.
Notes and Trends from ANA’s “Smartbrief”

HHS urges Easing of Visitation Restrictions
Hospital systems should not wait for new government rules to allow nonrelatives that act as surrogates to visit hospitalized patients, HHS Secretary Kathleen Sebelius said. The HHS and the CMS are working to ease visitation restrictions, beginning with a proposal that would ban hospitals from denying visitation privileges based on race, color, national origin, religion, sex, sexual orientation, gender or disability.

Hiring BSNs
Hospitals in several states including Pennsylvania are increasingly hiring nursing applicants with a bachelor's degree over registered nurses with an associate's degree or diploma school degree. The trend has not reached rural hospitals primarily because of the nurse shortage in those areas.

Schools May Be Overproducing Nurses
Data from Economic Modeling Specialists showed that last year’s number of nursing graduates in the U.S. exceeded the projected annual job openings for registered nurses through 2015 by 85,595. "There are still lots of job postings for RNs and other more specialized nurses. But anecdotally, we're hearing more and more how nurses in certain areas can't find jobs. It's a complicated issue, but clearly there is a supply/demand imbalance–as EMSI's data suggest,” an official of the research group said.

Nursing careers appear a bit “under the weather”
Some nursing graduates are having trouble finding jobs as health facilities implement hiring freezes or lay off workers, experts say. Job openings also were trimmed as older nurses stayed on the job longer or part-timers went full time during the recession, they say.

H1N1 Flu Year
The CDC said about 57 million Americans have had the H1N1 flu since the outbreak began last April and nearly 12,000 have died from it. Researchers said the death rate is lower than for a normal flu season but much higher for patients younger than 65.

Bringing Nursing back to basics
Nurses say using the “Theory of Human Caring” reminds them that nursing goes beyond technology and protocol and is really about listening to patients and helping them heal. Designed by Jean Watson, a nursing professor at the University of Colorado, the theory has been adopted in some form by about 100 hospitals.

Joint Commission: Violence Increasing
A Joint Commission sentinel event alert said violent crimes such as assault, murder and rape are increasing at health care facilities and urged providers to follow 13 steps to prevent such events. Hospitals were advised to beef up security in emergency departments, evaluate violence-prevention programs and pre-screen potential employees.

Ladies: Are you getting enough sleep?
A longitudinal study in the International Journal of Obesity found that middle-aged and older women who have trouble falling or staying asleep are likely to gain more weight than women who get enough sleep. Previous studies have found that sleep-deprived adults and children were more likely to be overweight, but did not establish whether the sleeping problems came before the additional pounds.
## District 2 Highlights Occupational Health

District 2 of the Maryland Nurses Association, representing Baltimore City and Baltimore, Howard and Carroll Counties, sponsored a recent meeting on Occupational Health in the Healthcare Setting.

Gewreka Nobles, President of District 2, welcomed a “full house” consisting of members, nursing students and guests on May 1 to the educational workshop at Kernan Hospital in Baltimore.

Violence against nurses is a growing concern. Georgia L. Perdue, CRNP-F, Eastern Shore Hospital Center, and Elise Handelman, MED, RN, COHN-S of the Occupational Safety and Health and Administration presented information on Workplace Violence.

Nancy L. Hughes, MS, RN, the Director of the Center for Occupational and Environmental Health of the American Nurses Association (ANA) and Joan Warren, PhD, RN-BC, of Franklin Square Hospital Center presented Safe Patient Lifting. Ms. Hughes discussed ANA’s Handle with Care® campaign to advocate for the elimination of manual patient handling in healthcare settings. Dr. Warren described the steps that Franklin Square has taken to eliminate unsafe patient lifting and avoid nurse injuries.

Holly Carpenter, BSN, RN, Senior Staff Specialist American Nurses Association Center for Occupational and Environmental Health, described the chemical exposures and risks for nurses in the workplace, and steps that ANA is taking to reduce these by shaping chemical policy reform to reduce our nation’s exposure to toxic chemicals, protect nurses and other workers, improve the health of Americans, and decrease the cost of health care.

### 107th Convention Schedule continued from page 11

#### Lunch & Learn A
- Healthcare and Education in Ghana
- Beverly Lang, MScN, CRNP
- Howard Community College
- Laura Sessions, RN, MScN, CNE
- Howard Community College

#### Lunch & Learn B
- Implementation of new procedures on your unit: subtitile-Preparing staff and patients change=
- lessons learned
- Connie Kuebeck, MS, MBA, RN, PCCN
- Frederick Memorial Healthcare System
- Theresa Maloney, BSN, RN
- Frederick Memorial Healthcare System

#### Lunch & Learn C
- Finding the Correct Path in Community and Home Health Care
- Deborah Tolliver, MS, RN
- Anne Arundel Community College

#### Lunch & Learn D
- Guided Reflection and Creativity: Helping Students to Provide Empathetic Care for Individuals with Mental Illness
- Debra Webster, EdD, RN, BC, CNE Assistant Professor
- Salisbury University

#### 1:30–2:00 PM Break/Exhibitors/Posters/Silent Auction

#### 2:00–3:00 PM Concurrent Sessions 3

<table>
<thead>
<tr>
<th>Session 3A</th>
<th>Session 3B</th>
<th>Session 3C</th>
<th>Session 3D</th>
<th>Session 3E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnering in Nursing: A Mentoring Initiative to Enhance Nurse Retention</td>
<td>Using Bacteriostatic Normal Saline as Interdermal Anesthesia for IV Starts: An Evidence-Based Practice</td>
<td>So you want to be a provider of continuing education? Updates on 2009 ANCC Criteria</td>
<td>The Power of Writing: Anatomy of Writing for Nurses</td>
<td>Poster Presentations/ Judging</td>
</tr>
<tr>
<td>Stacy Cottingham, MS, RN</td>
<td>Denise Deel, RN</td>
<td>Janice Agazio, PhD, CRNP, RN</td>
<td>Cynthia Saver, RN, MS</td>
<td>Attendees will review posters to select the winners of the $500 Foundation Poster Awards.</td>
</tr>
<tr>
<td>Doctoral Student University of Maryland–Eastern Shore</td>
<td>Nurse Manager Union Hospital of Cecil County</td>
<td>Associate Professor The Catholic University of America</td>
<td>President CLS Development, Inc.</td>
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<td></td>
<td>Connie Ceban, RN Staff Nurse Union Hospital of Cecil County</td>
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#### 3:05–4:05 PM Concurrent Sessions 4

<table>
<thead>
<tr>
<th>Session 4A</th>
<th>Session 4B</th>
<th>Session 4C</th>
<th>Session 4D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nurse Specialist as the Catalyst for Quality and Safety Outcomes</td>
<td>Mentoring Undergraduate Students in an Interdisciplinary Research Lab</td>
<td>The Choice is Yours: Making a Difference</td>
<td>The Relationship Between Team STEPPS and OB Simulations</td>
</tr>
<tr>
<td>Page Etzler, PhD, RN, FACHE</td>
<td>Tina Brown, RN, BSN, MSN, EdD</td>
<td>Jane Flowers, MSN, RN, CNOR</td>
<td>Robin Colchagoff, RNC, MSN</td>
</tr>
<tr>
<td>Director of Nursing Professional Development Frederick Memorial Hospital</td>
<td>Assistant Professor of Nursing Department of Nursing Salisbury University</td>
<td>Surgical-Ambulatory Manager Shore Health System</td>
<td>Clinical Educator for Labor &amp; Delivery Anne Arundel Medical Center</td>
</tr>
<tr>
<td>Cheryl Cioffi, MSN, ANP-BC</td>
<td>Michele M. Schlehofer, PhD</td>
<td></td>
<td>Holly Greener, RN, CN II</td>
</tr>
<tr>
<td>Manager Professional Development Frederick Memorial Hospital</td>
<td>Assistant Professor of Psychology Department of Psychology Salisbury University</td>
<td></td>
<td>Anne Arundel Medical Center</td>
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</tbody>
</table>

#### 4:05–4:40 PM Break/Exhibitors/Posters/Silent Auction

#### 4:45–6:30 PM Annual Business Meeting – Open to MNA Members only

### Day II–Friday, October 8, 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30–8:00 AM</td>
<td>Registration</td>
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<tr>
<td>8:00–8:50 AM</td>
<td>Registration/Exhibitors/Continental Breakfast</td>
</tr>
<tr>
<td>8:30–9:15 AM</td>
<td>Opening Session Welcome: Patricia Travis, RN, PhD, CCRP President Maryland Nurses Association</td>
</tr>
</tbody>
</table>
### 107th Convention Schedule continued from page 12

**Keynote:** “Nursing Leadership and Influence in Shaping Health Policy”
Deborah E. Trautman, PhD, RN  
Executive Director  
Johns Hopkins Medicine  
Center for Health Policy and Healthcare Transformation

### 9:15–9:45  
Break/Exhibitors/Posters/Silent Auction

### 9:50–10:50 AM Concurrent Session 5

<table>
<thead>
<tr>
<th>Session 5A</th>
<th>Session 5B</th>
<th>Session 5C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rethinking the 12-Hour Shift</td>
<td>Maryland and Healthcare Reform Issues: A Panel Presentation</td>
<td>Maryland’s Emergency Care Network: A “new” approach to time-critical illnesses and injury</td>
</tr>
</tbody>
</table>
| Jeanne Geiger-Brown, PhD, APRN, BC Associate Professor  
University of Maryland, School of Nursing | Rebecca Cole-Ferguson, RN, MS, NSCN  
Managing Chair, MNA Legislative Committee  
School Health Nurse–Baltimore County | Mary Beachley, MS, RN, CNAA-BC  
Chief, Hospital and Special Programs  
Emergency Medical Services Systems (MIEMSS) |
| Alison Trinkoff, RN, ScD, FAAN Professor  
University of Maryland, School of Nursing | Georgia Perdue, MSN, FNP-BC  
Co-Chair, MNA Legislative Committee  
Director, Central Services & Infection Control Prevention  
Eastern Shore Hospital Center | Anna Aycock, MHA, BSN, RN  
Director, Stroke Program  
Emergency Medical Services Systems (MIEMSS) |
| Nayna Philipsen, JD, PhD, RN, CF, FACCE  
Coppin State University Helene Fuld School of Nursing | Nayna Philipsen, JD, PhD, RN, CF, FACCE  
Coppin State University Helene Fuld School of Nursing | Lisa Myers, MS, RN  
Director, Special Programs  
Emergency Medical Services Systems (MIEMSS) |
| Vincent DeMarco, JD  
President, Maryland Citizens’ Health Initiative | Vincent DeMarco, JD  
President, Maryland Citizens’ Health Initiative |                          |

### 10:55–11:55 PM Concurrent Session 6

<table>
<thead>
<tr>
<th>Session 6A</th>
<th>Session 6B</th>
<th>Session 6C</th>
</tr>
</thead>
</table>
| The Brass Ring, Common Goals  
Toward Enhanced Outcomes  
Colleen Wareing, MS, BSN, RN,  
NEA-BC  
Vice President Patient Care  
Atlantic General Hospital  
Jeanette Troyer, MSN, RN, NE-BC  
Clinical Excellence Coordinator  
Atlantic General Hospital | Evidence Based Practice  
interships drive quality and patient safety outcomes  
Carol Ann Esche, DNP, MA,  
NE-C  
Clinical Nurse Specialist  
Franklin Square Hospital  
Pam Allik, BSN, RN  
Staff Nurse–Vascular Access Services  
Franklin Square Hospital  
Kathy Ellis, RN  
Staff Nurse–Telemetry  
Franklin Square Hospital  
George Gurrera, MS, RN, MPA,  
LCSW-C  
Staff Nurse–Psych Ed.  
Franklin Square Hospital  
Carol Selby, RN, MTI(ASCP)  
Infection Control Practitioner  
Franklin Square Hospital | The Changing Landscape of Hospice Care  
Jennifer Kennedy, MA, BSN, RN  
Regulatory and Compliance Director  
National Hospice & Palliative Care Organization |

### 12:00–12:30 PM  
Break/Exhibitors/Posters/Silent Auction

### 12:30–3:00 PM Awards Luncheon
**Keynote Speaker:** Karen Daley, PhD, MPH, MS, RN, FAAN  
ANA President

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**Lodging Information**
MNA has reserved a block of rooms for the Convention at the Sheraton Annapolis Hotel located at 173 Jennifer Road, Annapolis, MD. A standard room is $129 per night single or double occupancy; $149 triple occupancy and $169 quadruple occupancy plus 13% tax (7% occupancy and 6% state sales tax). To make reservations, please call 410-266-3131. Reservations must be received on or before September 6, 2010.
**Leadership for Healthcare Change  
Improving Your Workplace**

107th Annual Meeting of the Maryland Nurses Association  
October 7 & 8, 2010—Anne Arundel Medical Center Health Sciences Institute Conference Center

**REGISTRATION FORM**

Name (Please Print) ________________________ Credentials _______________  District ____________  
Home Address ________________________ City _______________ State _______ Zip ____________  
Daytime Phone ( ______) ________________________ Email ______________________

**EARLY REGISTRATION**—Before September 24, 2010—Includes Meals

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<th>Full 2 Day Convention</th>
<th>Thursday or Friday Only</th>
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<td>MNA Member $250</td>
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**LATE REGISTRATION** After September 24, 2010—Add $40—One day participants add $20

Awards Luncheon: (October 8)  
(Included in Conference Fee. Additional Tickets available for $25 each.)

Additional Awards Luncheon Tickets _____ X $25  Awards Luncheon ticket total=$__________

**Breakout Sessions:**

Place an “X” in one breakout session (see schedule) in each time slot, for each day you plan to attend

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**Payment Information:** Total Due $__________

Please make checks payable to the Maryland Nurses Association or complete credit card information below and mail with registration to: Maryland Nurses Association, 21 Governor’s Court, Suite 195, Baltimore, MD 21244-2721.

VISA, MC  Exp. Date  Signature  

Note: A $5.00 processing fee will be applied for all charges.

**Questions?** Phone: 410-944-5800  Fax: 410-944-5802  Email: esuddath@marylandrn.org

Business Meeting open to Members Only at no charge. Cancellations will be accepted until October 1, 2010 a $25.00 administrative fee will be charged. After that date, no refunds will be made.
Howard County General Hospital Signs Healthy Food in Health Care Pledge

Howard County General Hospital: A Member of Johns Hopkins Medicine (HCGH), in Columbia, Maryland, continually looks for ways to provide an even safer and healthier environment for its patients, visitors and employees. In line with that commitment, HCGH Food and Nutrition Services is working diligently to offer food products that are not only more nutritious, but also good for the local and global environment.

Eva Stevens, manager of HCGH Food and Nutrition, recently signed the Healthy Food in Health Care Pledge sponsored by the nonprofit Health Care Without Harm (www.noaharm.org). The pledge outlines steps the health care industry can take to improve the well being of patients, communities and the environment. It emphasizes that healthy food should not be defined only by nutritional quality, but also by a food system that is environmentally sustainable and economically just.

HCGH understands that having a robust supply of locally-grown food is important for a number of reasons. Typically, the food bought at supermarkets is shipped long distances and spends days, even weeks, off the farm before reaching the table. Buying locally means saving money, lowering truck emissions and eating fresh-picked food that is tastier and more nutritious.

Stevens notes that winter freezes in Florida and other major food producing areas often destroy crops, resulting in poor quality, high-priced fruits and vegetables such as oranges, tomatoes and strawberries. Supporting our local farmers decreases our dependence on distant food producers.

While she would like to buy directly from local farmers, Stevens explained, “There are many safety and insurance considerations when purchasing food for the Hospital. We need to buy from distributors who are insured and who guarantee inspection to protect the health of our patients and employees.” She does, however, purchase from distributors such as Keeney Produce, a purveyor that buys from local produce farmers, and hopes to find more sources of locally raised meat products. Stevens encourages her vendors to carry more and more local foods.

The hospital menu also has become healthier in recent years. Since 2006, Production Supervisor Denard Jones has purchased only zero trans fat foods for the Hospital and now is buying only hormone- and antibiotic-free milk. The Food and Nutrition Department also has reduced the size of some meat portions and Stevens encourages diners to make up the difference with extra vegetables and fruit and choose whole-grain breads—healthier choices. A vegetarian option is offered every day in the cafeteria and this option will soon be provided on the daily patient menu.

HCGH also encourages employees, patients and the local community to support local farmers’ markets and join community supported agriculture (CSA) efforts to help protect the environment and improve the quality of the food we eat.

HCGH joins 250 hospitals nationwide in signing the Healthy Food in Health Care Pledge, including Maryland facilities: Anne Arundel Medical Center, Baltimore Washington Medical Center, Bon Secours Baltimore Hospital, Calvert Memorial Hospital, Carroll Hospital Center, LifeBridge Health (Courtland Gardens Nursing & Rehabilitation Home, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital, Sinai Hospital, Long View Nursing Home, Mercy Medical Center, Mt. Washington Pediatric Hospital, Northwest Health and Rehab Center, Shady Grove Adventist Hospital, Sinai Hospital, Union Hospital of Cecil County, University of Maryland Medical Center, and Washington Adventist Hospital.

MedStar Nursing Research Consortium Elects Chair, Co-Chair

Recently, members of the MedStar Nursing Research Consortium elected Joan Warren, PhD, RN-BC, NEA-BC, Director of Professional Practice and Research at Franklin Square Hospital Center in Baltimore, Maryland as Chair, and Kathleen Srsic-Stoehr, MSN, MS, NEA-BC, Special Projects, Evidence-Based Practice, Quality and Education at Washington Hospital Center in Washington, D.C. as Co-Chair.

In the spirit of systemness, eight MedStar Health hospitals and the Visiting Nurses Association formed the MedStar Nursing Research Consortium. The mission of the Consortium is to support the application of evidence-based practice (EBP) and initiate the conduct of nursing research to improve patient and health care outcomes. Goals include: building resources to support networking and development of evidence-based practice (EBP) and research initiatives among the MedStar Health system; creating an education and mentoring program to foster EBP/research activities; and expanding multi-site IRB approved nursing research studies.

Currently, the Consortium is developing a Website to provide access to each of the hospitals’ and agencies’ various internal resources, initiatives and studies, and provide key links to evidence-based practice and research resources, grant opportunities, education conferences and workshops. In addition, Consortium member hospitals are engaged in several multi-site IRB approved studies such as wound photography and chemotherapy symptom assessment.

Founding hospital members of the Consortium include: Baltimore–Franklin Square Hospital Center, Good Samaritan Hospital, Harbor Hospital and Union Memorial; Washington, D.C.–Georgetown University Hospital, National Rehabilitation Hospital and Washington Hospital Center; Montgomery County, Maryland–Montgomery General Hospital; and MedStar Health Visiting Nurses’ Association.

Recently joining MedStar Health and the Consortium is St Mary’s Hospital in Leonardtown, Maryland.

Join the Maryland Nurses Association Today!

Application on page 18
Post Earthquake Nursing Challenges in Haiti—And How You Can Help

by Rachel Kimmek, BSN, RN

On January 12th, at 4:53pm local time in Port-au-Prince, the earth shook. On the heels of seconds later, there was devastation and chaos. Haiti, considered the poorest country in the Western Hemisphere, and ranked only 149th out of a total of 182 countries on the Human Development Index, had been struck by a magnitude 7.0M earthquake, centered roughly 16 miles outside of its capital city, in the town of Leogane.

The photos and the stories pouring out of the country were staggering. The Haitian government has estimated that between 217,000 and 230,000 people perished as a direct result of the quake, with another 300,000 or more injured, and over one million people displaced. Most of those who feared they had lost loved ones during the quake were forced to wait days, or weeks, for any news, as efforts continued to rescue those trapped underneath the rubble. For some, the news never came. Slowly rescue efforts turned into recovery, and the tremendous needs of those who had survived the initial disaster became increasingly apparent to the Haitian government and the hundreds of international relief organizations responding to the disaster.

A Maryland Nurse Makes A Difference

Into this environment, just two weeks after news of the earthquake broke, stepped the Johns Hopkins Go Team. This disaster relief team of physicians, nurses, and other health professionals included Dr. Beth Sloand, PhD, CRNP, an assistant professor at the Johns Hopkins University School of Nursing. Dr. Sloand has a long history of public health nursing and partnership in rural areas of southwest Haiti with organizations such as the Haitian Health Foundation. She has been taking undergraduate and graduate nursing students and faculty to the country for the past 10 years, helping them to participate in primary care and community health nursing there. Her work in the poverty-stricken town of Leon, Haiti, was recognized by the Maryland Daly Record in 2005, when she received the Maryland Volunteer Health Care Hero Award. As the heart-breaking news of the events in Haiti spread, Dr. Sloand was appointed by Dean Martha Hill of the Johns Hopkins University School of Nursing to oversee the school's Haiti earthquake response efforts.

Once in Haiti, Dr. Sloand’s first assignment was to the pediatric wards of the main university hospital in Port-au-Prince—four Red Cross tents filled with children and parents, many of them post-op and newly homeless. In spite of her experiences working with underserved families in Baltimore communities, coordinating the Pediatric Nurse Practitioner program at Johns Hopkins, and her decade of service in the country of Haiti, this was an environment unlike any she had ever experienced before.

She wrote in her online blog at the time, “There is so much new to me here. Though I have been in Haiti multiple times for many years, this post-earthquake situation is a war zone. There are so many people here who have come to help, but that is both a blessing and a challenge for us to play the role of NGOs in this disaster situation. Groups we have worked with here: the Haitian Red Cross, the Swiss Red Cross, the World Food Program, Unicef, the U.S. Army 82nd Airborne group, Wings of Help (Germany), a Spanish relief group, L’Auberge de la Paix, the Scientologists, etc. The challenge is huge, with coordination, communication with various languages, cultural differences, etc. Then there are the Haitians, who are in shock and grief mode. The Haitian pediatricians that I worked with seem numb, sad, barely there. All understandable. But that is difficult because we really need their expertise.”

As a nurse educator, Dr. Sloand was struck not only by the immediate losses, but also what these losses meant for the future of the country and its fledgling health care system. During that first week at the University hospital in Port-au-Prince she wrote, “One sad thing—the was a nursing school on the grounds of the University Hospital here. It collapsed. The bodies of many nursing students are still there—somewhere between 70 and 140 (I’ve heard varying estimates). It is terribly sad because this building is on the hospital campus and I walked past it several times today. The bodies are entombed there. So that represents another huge issue—the Haitian health system has lost many many nurses, physicians, and others that are so important in the already stressed system. They will have to work without these many other professionals as they rebuild the country and health system. As a nurse educator, I am still stuck every time I walk past that building. So very sad.”

Work within the makeshift E.R. tents of the University hospital and outlying clinics was grueling and ceaseless. On the first Monday they were there, the E.R. day shift saw 470 patients. Patients would line up to wait hours in the sun to be seen by a staff member. Those who had made it into the tents waited, often stonily, for their care. “The range was wide—a woman who had just been hit by a car, a man who was found unconscious on the street, a child with an infected orbital fracture, as well as those with back pain and headaches and fevers. We have a lab with basic capabilities, radiology that works for simple films, and a limited pharmacy. Supplies are available, but not always what you need or want. There are some Haitian nurses and physicians who are very helpful when they are on duty.” The prospect of discharge seemed a terrifying one to families who had nowhere else to go.

Dr. Sloand also worked in Gressier, a town along the southwest coast of Haiti about 45 minutes outside of Port-au-Prince. There in Gressier, as in Port-au-Prince, many of the staff and translators working at the clinic were in a similar position as the patients—sharing tents with other families and doing their best to adjust to life post-quake. On her way back to town after a Friday in the clinic, Dr. Sloand’s team passed a food distribution point secured by U.N. and U.S. soldiers. “Many people were in line for food and water,” she said, “I’m not sure if there is enough for all, but people were waiting patiently.”

Dr. Sloand spent over two weeks engaged in relief efforts on the ground before returning to the U.S. to coordinate additional teams of nurses who would participate in the relief efforts. Since that time, three additional teams, with a total of nineteen nurses, have deployed to Port-au-Prince and outlying clinics as nurse volunteers for the International Medical Corps. Most of these nurses are affiliated with Johns Hopkins, and they represent a wide variety of specialties, institutions, and backgrounds from across the state of Maryland and beyond. Their stories and photos will be featured in a future article for The Maryland Nurse. An online blog of their collective experiences working in Haiti can also be accessed through the Johns Hopkins University School of Nursing website at: www.son.jhmi.edu/Haiti

How You Can Volunteer

In the days and weeks following the disaster, Dr. Beth Sloand, like so many others with close ties to Haiti, received countless emails from potential volunteers wishing to assist with relief efforts. She responded, “The State Department, the UN, and other disaster experts discourage volunteers from going to Haiti on their own or in groups without an established and recognized organization. It can be frustrating to find an appropriate group to join in order to offer your time and skills. Aside from the current Haiti crisis, for those of you who have a heart and interest in such volunteering efforts, it might be a good time to start the application process when we are not in the midst of an emergency. That way, you are on the list, trained, and ready to be called on. In many cases, it seems that agencies mobilize those whom they have already worked with or communicated with.” She gathered a list of organizations that registered nurse volunteers might want to investigate when considering donating their time to the Haiti relief efforts. These organizations include the International Medical Relief Corps, National Nurses United, and Circle of Health International. The complete list, with explanations of each organization and their missions, can be found on her blog at: www.son.jhmi.edu/blogs/blogs/bsslond.

How You Can Contribute

In solidarity with the people of Haiti, students, faculty and staff of the Johns Hopkins University School of Nursing (JHUSON) are in the midst of a school-wide campaign to raise support for the rebuilding of Haiti after the recent devastating earthquake. Nursing students and faculty at the school have committed themselves to a fundraising goal of $10,000. This money will go directly to the Haitian Health Foundation (HHF) and the Haiti Nursing Foundation (HNF), two organizations that have direct ties to JHUSON and have been actively responding to the needs of the Haitian people since the earthquake on January 12. Fundraising efforts to date have included bake sales, a Clothing Swap, Hearts for Haiti, and a new initiative where nursing student and faculty volunteers plan to sell food and beverages at Orioles games in Camden Yards this spring and summer to raise money for the Haitian Health Foundation.

To participate in one of these fundraising events for the Haitian Health Foundation, you can contact Fundraising Chair Dr. Beth Sloand at bsloand@son.jhmi.edu.

Those who wish to contribute to these fundraising efforts, and the on-going relief work in Haiti, can do so through a secure website found at: http://hhuson.givezooks.com/campaigns/hopkins-nursing-for-haiti.
The Elephant in the Room: Huge Rates of Nursing and Healthcare Worker Injury – Part I

by Elizabeth White, RN
Reprinted with permission from The Utah Nurses Association Newsletter

Nearly all of us are aware of nurses with back pain—or we may suffer from it ourselves. What we may not realize is how enormous the problem is. A recent issue of the UNA Newsletter was dedicated to educating nurses about the risks they and their co-workers face in performing routine patient care and what they could to help themselves and their co-workers.

My name is Elizabeth White. I am an RN who graduated in 1976 from the BYU College of Nursing. In December, 2003, I was working in the Surgical ICU at Arrowhead Regional Medical Center, the San Bernardino, California county hospital. My assignment that night was a 374 lb patient who was on a ventilator and also on spinal precautions. I was able to get help to turn and bathe him only once that shift. However, because he was on spinal precautions his mattress was flat, but had to be in reverse Trendelenberg because of the vent. He slid down to the foot of the bed, of course. Only one other staff member was available to help pull him away from the foot of the bed. By the end of the shift, I was in so much pain I could hardly walk. I ended up leaving clinical nursing: nearly 6 six years later I still have pain on a daily basis.

Last year, over 71,000 nurses suffered a back injury—but these are only the injuries that can be directly traced to work. 48% of nurses complain of chronic back pain, but only 35% have reported a work related injury.i Many of the injuries will simply be endured by nurses and health care givers, with no recourse to any compensation. The cumulative weight lifted by a health caregiver in one typical eight hour shift is 1.8 TONS.ii Back injuries are incremental and pain often presents in unrelated circumstances.

Cost of the problem

Nurses back injuries cost an estimated $16 Billion annually in workers compensation benefits. Medical treatment, lost workdays, “light duty” and employee turnover cost the industry an additional $10 billion.iii

Bureau of Labor Statistics show an inexcusable situation. Fig. 1 is a 2007 Bureau of Labor Statistics chart of the industries with the highest numbers of worker injuries.iv The top category: hospitals. In addition, the fourth and fifth categories are also of health care workers. In total, over 505,000 health care workers were injured. We know that a large percentage of these injuries are due to patient handling.

Fig. 1

It is interesting that the Bureau of Labor Statistics divided health care into three categories, when they are really of one industry. A more accurate chart would look like Fig. 2:

Fig. 2

Healthcare worker injuries were three times the number of any other industry. Also, the RATES of injury are six times the rates of construction workers and dock workers. Why are we not angry? Perhaps it is because we are used to it, and figure that it can’t be any other way. After all, patients must be cared for, right?

THE CAUSES OF NURSING BACK INJURY, or, YOU MUST NOT BE USING GOOD BODY MECHANICS

Hospitals and nursing homes are well aware of the risks of back injury resulting from patient care. Virtually all of us have had numerous “back injury prevention” classes over our work life. Why then, are the injuries so high? Is it because we just don’t listen? Or, is it because there is no safe way to manually lift and care for patients?

To be continued in the next issue of The Maryland Nurse.
Maryland Nurses Association Membership Application

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

Last Name/First Name/Middle Initial

Basic School of Nursing

Credentials

Home Phone

Graduation (Month/Year)

Home Address

Work Phone

RN License Number

Home Address

Home Fax Number

License State

City/State

Work Fax Number

County

Zip Code

Employer Name

E-mail address

Employer Address

Employer City/State/Zip Code

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

FULL MEMBERSHIP

Employed–Full Time

Employed–Part Time

6 Reduced Membership Dues

Not Employed

Full Time Student

Reduced Membership Dues

New Graduate from basic nursing education program within six months after graduation (first 18 months)

5 Special Membership Dues

62 years of age or over and not earning more than Social Security allows.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, 90% of the percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Payment Plan (check one box)

Full Amount Payment

Check

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Mastercard or VISA Bank Card

(Available for annual payment only)

Bank Card Number and Expiration Date

Signature for Bank Card

Mail with payment to MNA at the above address

Signature for Payroll Deduction

PAYROLL DEDUCTION

APPLICATION TO BE COMPLETED BY SNA

STATE

DISTRICT

Approved By

Date

If applicable, Sponsor

SNA membership #

DO NOT SUBMIT THIS APPLICATION WITH YOUR ANCC APPLICATION

THERE ARE CURRENTLY 8 DISTRICTS IN MNA. YOU MAY SELECT MEMBERSHIP IN ONLY ONE DISTRICT, EITHER WHERE YOU LIVE OR WHERE YOU WORK. EACH DISTRICT SETS ITS OWN DISTRICT DUES.

There are currently 8 districts in MNA. You may select membership in only one district, either where you live or where you work. Each district sets its own district dues.

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

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

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Make checks payable to: American Nurses Association P.O. Box 504345 St. Louis, MO 63150-4345

Send complete application and check to: P.O. Box 504345 St. Louis, MO 63150-4345