Leadership for Healthcare Change: Navigating Today’s Healthcare

Message from Your President

Patricia Travis, RN, Ph.D. CCRP
MNA President

It has been a productive year, highlighted by MNA’s 107th Annual Conference and Business Meeting held October 7th and 8th at the Anne Arundel Medical Center Health Sciences Institute Conference Center. It was in my opinion, a really good conference. This seems to be an exceptional meeting location particularly with the special accommodations provided to us by Dr. Sherry Perkins and her attentive staff. This state of the art site is a manifestation of CEO, Chip Doordan’s wonderful vision, and he graciously blessed us with a personal visit. The new “lunch and learn” sessions and National Electrical Manufacturer Association’s (NEMA) sponsored student presentation were well received. A legacy of past presidents in attendance (Delegate Addie Eckardt, Rosemary Mortimer, Denise Moore, Sandy Bryan, Nunc McCaslin and Mary Beachley) coupled with the keynote speakers addressing this year’s theme, “Leadership for Healthcare Change: Navigating Today’s Healthcare,” left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused, left the 225 nurses attending on Thursday and the 125 nurses on Friday challenged, enlightened, enthused.
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.

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Elected at the American Nurses Association's, (ANA), House of Delegates meeting in June 2010, to serve 4 year terms on the Congress of Nursing Practice and Economics (CNPE), two members of the Maryland Nurses Association (MNA) attended their first meeting. Rosemary Mortimer MS, M.S. Ed, RN MNA's immediate past president, and Trinna Jones MSN, RN of district 7 (Harford County), excitedly attended the meeting held September 26, 2010–September 28, 2010 at ANA headquarters in Silver Spring, Maryland. The two day meeting, hosted by ANA staff, was the initial meeting of the newly elected CNPE. The purpose of the meeting was to orient the new CNPE to their roles and to lay the foundation for their work over the next few years.

The 56 member CNPE, (32 elected and 24 appointed by ANA's affiliate organizations), is a diverse group of nurses from various places across the United States that collaborate and make recommendations to the ANA Board of Directors about relevant nursing issues and evaluate and make suggestions to revamp ANA position statements. Currently the Congress is divided into four interrelated work groups (Education, Workforce, Health Policy and Practice Regulation). The Education work group will be primarily concerned with nursing education issues such as working on the BSN in 10 campaigns. The Workforce group is charged with addressing environmental issues such as nursing shortage, staffing and other occupational health concerns. The Health Policy work group tasks consist of the implementation of health system reform including the challenges associated with Medicare and Medicaid. Lastly, the Practice Policy workgroup will have the opportunity to address issues related to nursing practice regulation, including advance practice and other clinical matters. Rosemary has been assigned to the Workforce group and was selected as a co-chair of the committee. Trinna will be working with the Health Policy work group. It is expected that the recently released IOM report will have a significant impact on the discussions of the congress.

Also present at the first meeting of the CNPE were ANA President Karen Daley, PhD, MPH, RN, FAAN and Marla Weston, PhD, RN (CEO). ANA staff members were also instrumental in contributing to the success of the meeting and did an excellent job of helping the new CNPE identify and understand their roles and expectations. Staff additionally worked with the individual workgroups helping to develop a work plan. The staff will continue to be available for the group as the work progresses. Some of ANA's affiliate organizations also addressed the CNPE. Representatives from The American Nurses Credentialing Center (ANCC), American Nurses Foundation (ANF), American Academy of Nurses (AAN), Center for Ethics and Human Rights (CEHR), Center for Occupational and Environmental Health (COEH), and National center for Nursing Quality (NCNQ) gave organizational overviews, and offered insight as to how each group collaborates with ANA.

A discussion ensued regarding the importance of the mid-term elections and ways in which we, as nurses, could assist. The group was challenged to contribute to the ANA PAC and the members contributed over $5,000 which was the largest amount ever raised in an initial of any Congress.

Mortimer and Jones agree that they have their work cut out for them, but both are ready and willing to meet the challenges of their new positions. They are elated to be working with such an enthusiastic cohesive group of nurse colleagues and to be the representative voice of our peers. Jones and Mortimer are looking forward to serving on the congress for the next four years and being instrumental in the forward progress of our profession. As the most trusted profession, nurses must continue to set the standard for the healthcare system in the United States. Every voice needs to be heard, and we intend on making sure that we are accurately and effectively representing the professional nurse.
The Maryland Nurses Association’s 107th Convention was held October 7 and 8 at the Anne Arundel Medical Center’s Health Sciences Institute Conference Center in Annapolis. Some highlights include:

- MNA First Vice President Linda DeVries received the 2010 Outstanding Leadership Award.
- Nursing students attend the convention thanks to NEMA’s donation to the Nursing Foundation of Maryland.
- Coppin State University students with MNA President Pat Travis at the Convention.
- Delegate Sue Kullen received the MNA Legislator of the Year Award. Pictured left to right, MNA President, Pat Travis, Delegate Kullen, ANA President, Karen Daley.

Convention Scholarship Winners

- Tina Zimmerman and Barbara Suddath Scholarship Winner, Binta Bojang-Daniels, student at Coppin State University.
- Tina Zimmerman and Nursing Foundation Scholarship Winner, Louise Stevens, student at Coppin State University.
- Tina Zimmerman, Nayna Philipsen and Ruth Hans Scholarship Winner, Marlyn Guevara, student at University of Maryland.
- Tina Zimmerman and second prize poster winner from Anne Arundel Medical Center.
- Tina Zimmerman and Arthur L. Davis Publishing Scholarship Winner, Reemell Hercules, student at Coppin State University.
- Tina Zimmerman and first place Mae Muhr Poster Award Winner, Kimberly Moorel, student at Johns Hopkins University.
Saint Agnes Hospital and Associated Italian American Charities of Maryland, Inc. Jointly Present $10K Scholarship and Nursing Job to Local Student

Mary Tola, CRNP
Recipient
2009/2010 USM Regents’ University System Staff Award

Mary Tola, CRNP was awarded the 2009/2010 USM Regents’ University System Staff Award in the category of “Outstanding Service to Students.” On September 17, 2010 the University System of Maryland Board of Regents bestowed Ms. Tola with this highest honor for her exceptional contribution to Frostburg State University.

Ms. Tola received the award for her work with students at the Brady Health Center at Frostburg State University where she is the director. She has been on staff at Frostburg since 2003.

In her nomination it was noted that in this past year alone she planned and developed a campus-wide response to the H1N1 outbreak and has supported a campus wellness initiative for which she received a competitive grant. She also spearheaded the re-accreditation of the health center by the Accreditation Association for Ambulatory Health Care. She is considered by her colleagues to be extremely dedicated to her students and a great student advocate. They, also, consider her knowledgeable, professional and a wonderful role model who is very concerned about her staff. She was recognized in 2009 as the Nurse Practitioner of the Year in Allegany County.

Ms. Tola is a graduate of Niagara University in New York where she was active in the NSNA and was a commissioned officer in the United States Army for six years. She was stationed at Madigan Army Medical Center in Tacoma, WA for three years following her successful completion of basic training at Ft. Sam Houston, Texas. From 1975-76 Ms. Tola undertook military course work for nurse practitioner at Ft. Ord in California where she graduated with honors. She was assigned to Ft. Meade, MD as an Adult Nurse Practitioner.

She was honorably discharged in 1977 from the Army and worked for two years as an NP at the Baltimore City Hospital. She moved to Cumberland, MD with her family. Ms. Tola enrolled in the masters nursing program at the University of Maryland where she degree with a Masters of Science in Nursing. She taught for a time at Allegany Community College. She worked part-time for as an NP several years at the Allegany Health Department going full-time in 1987 as the Assistant Director of Nursing and head of the Adult Health and Communicable Diseases Prevention.

She is married to Fred Tola and they have four adult children.

Tom Pedroni, AIAC Office and Saint Agnes Hospital Liaison; Malinda Small, Saint Agnes Hospital Foundation President; Sarah Scarmazzi, Scholarship Winner for 2010.

From left; Dr. Tom Bowling, VP Student and Educational Services, Frostburg State University; William E. Kirwan, Chancellor, University System of Maryland; Mary Tola, CRNP, Frostburg State University and Charles Kendall, Chair, Board of Regents

Sarah Scarmazzi is very passionate, focused and determined, and she will be a tremendous asset to our team in the future.”

When Scarmazzi joins Saint Agnes Hospital after graduation, she will be assigned to a nursing unit pending vacancy areas and where the highest needs are for nurses. Jack Stansbury, Chair of the Saint Agnes Foundation, believes this scholarship program sends a powerful and impactful message to the hospital’s associates about how much they are valued.

“This program allows us to invest in our future, and shows our staff that we are committed to adding the highest quality people to our team,” said Stansbury. “If our employees are happy and feel supported, our patients will be happy and feel supported too. On an ongoing basis, supporting nursing students is a top priority of the Saint Agnes Hospital Foundation.”

Scarmazzi appreciates the financial support this scholarship offers, as well as an opportunity to begin her nursing career within an organization where she will be valued and presented continuous opportunities for growth. “I am so excited to be part of Saint Agnes Hospital in the future,” Scarmazzi said. “Everyone is so positive and welcoming, and winning this scholarship makes me feel that my hard work is paying off and is also being recognized.”

This award was made possible through a mutually beneficial and supportive relationship between Saint Agnes Hospital and the AIAC. The AIAC has contributed to patient care initiatives and enhancements at Saint Agnes in recent years and the hospital has returned support by sponsoring the AIAC’s annual dinner dance and golf tournament events. AIAC, the ninth largest charitable organization in the state of Maryland, holds fundraising event throughout the year with a goal to support charitable organizations and provide scholarships to individuals of Italian descent.

“We have a very special relationship with Saint Agnes Hospital and are thrilled to partner with them to implement this scholarship program, which supports not only a deserving student but also the hospital in its pursuit of committed and talented nurses for the future,” said Tom Pedroni, who serves as an officer of the AIAC and liaison for the Saint Agnes partnership.

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CareFirst Awards $25,000 Grant to Stevenson University’s Nursing Program

In its 73rd year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit health care company which, through affiliated and subsidiary companies, offers a comprehensive portfolio of health insurance products and administrative services to nearly 3.4 million individuals and groups in Maryland, the District of Columbia, and Northern Virginia. Through its CareFirst Community Benefit and other public mission activities, CareFirst supports efforts to increase the accessibility, affordability, safety, and quality of health care throughout its market areas.

Stevenson University is the third-largest independent university in Maryland with more than 3,400 students pursuing bachelor’s, master’s, and adult accelerated degrees in the classroom and online. The University is committed to providing a career-focused education and placed 95 percent of its December 2008/May 2009 graduates in jobs or graduate programs. Visit Stevenson’s website at www.stevenson.edu.

Advancing Nursing Education: Past, Present and Future

Janet Haebler MSN RN
Associate Director
ANA State Government Affairs

It has been more than forty years since the American Nurses Association (ANA) published its position paper calling for the baccalaureate degree as the minimum requirement for entry into professional nursing practice. Release of “1965 ANA position paper” recommended three types of educational preparation for distinct levels of practice: baccalaureate degree for beginning professional practice; masters degree for beginning technical practice; and vocational education for assistants in the health service occupations. Even before the release of this paper, there was an explosion of associate degree in nursing programs, which were intended to prepare “technical” nurses. Differentiated practice, however, never came to fruition.

In 1978, the ANA House of Delegates revisited education policy and adopted a resolution that reaffirmed their previous position of bachelor of science in nursing (BSN) on entry but this time set forth a date as a goal for implementation—1985. Only one state, North Dakota, was successful in changing the nurse practice act to require baccalaureate education for licensure as a Registered Nurse. After more than decade, the law was rescinded, largely due to the difficulty of addressing licensure endorsement for nurses entering the state who were not in possession of a baccalaureate degree. At the federal level, the military (US Army, Navy and Air Force) advanced policy which requiring a baccalaureate degree for nurses on active duty, while the Veteran’s Health Administration which requiring a baccalaureate degree for nurses entering the state who were not in possession of a basic certificate of registration while exempting those licensed nurses and enrolled nursing students from the educational requirement at the time the law is enacted; the law would apply to future licensees. None of the bills have passed as yet, with each state nurses association committed to bill introductions in the next legislative session.

So why this model and why now? Increasingly more complex healthcare needs of a multi cultural and aging population underscores the need for advanced education. The “RN to BSN in ten years” approach continues to recognize all educational entries into the profession while acknowledging the changing health care environment and associated competencies necessary to adapt to those changes. An incremental approach permits those choosing to enter the profession with a diploma or associate degree to pursue additional skill sets while strengthening entry level competencies: moving from novice to expert. It has been demonstrated that nursing education advancement with work experience can result in greater relevance for the learner. Research has revealed the relationship between advanced education and patient outcomes, such as lower patient mortality. A stronger theoretical base and foundation in nursing research, found in BSN education, is needed given the increased emphasis on evidence based practice and more sophisticated treatment modalities. Sound leadership skills also promoted in baccalaureate education are essential for case management, and successful delegation and practice has been demonstrated in the case of licensed practical nurses (LPNs) and nurse extenders within the framework of varying care delivery models. Ultimately, advanced education will better enable nurses to practice as full partners on a multidisciplinary team, particularly given the increased educational levels of a number of other health professions.

Let’s learn from our past; place little emphasis on the present as the world is changing much too quickly, and focus on the future. What shape do we want the profession to take and what will we need to get there; might it be nursing education advancement?!
Saint Agnes Hospital Earns Designation by Aetna Institutes of Quality for Orthopedic Care

(Baltimore, MD)—Saint Agnes Hospital has earned designation as an Institute of Quality™ facility in spine surgery, as well as hip and knee surgery by the Aetna Institutes of Quality for Orthopedic Care. This designation recognizes Saint Agnes Hospital as a “premier” provider for spine surgery and hip and knee surgery based on its experience with specific orthopedic procedures, publicly reported results on orthopedic care, participation with improvement programs and overall value to the Aetna network.

The Aetna Provider Network evaluated hospitals and healthcare systems that are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Healthcare Facilities Accreditation Program (HFAP), and designated those that provide a comprehensive scope of orthopedic services with quality improvement and patient satisfaction programs in place for orthopedic patients. The intended outcome is to assist members of the community with choosing facilities and physicians that provide consistently high-quality and high-value orthopedic care.

“Recognition by the Aetna Institutes of Quality demonstrates efficiency and structure in our orthopedic program,” said Shirley Sutton, Director of Managed Care and Government Relations at Saint Agnes Hospital. “As insurance companies are becoming more selective with where to direct patients for surgical procedures, this designation supports our efforts to continuously improve service to our patients.”

Saint Agnes Hospital does more hip, knee and/or spine surgeries than any other hospital in its primary service area, with approximately 1,100 procedures completed in the past year. The hospital’s Orthopaedic & Spine Institute offers comprehensive treatment and continued care for patients with spine, hand and joint problems or injuries. Patient care is coordinated by a multi-disciplinary team of clinicians, who take a leading-edge approach to the prevention, assessment, treatment and rehabilitation of musculoskeletal conditions and injuries.

Janice J. Hoffman, PhD, RN, was recently named Assistant Dean for the UMSON Baccalaureate Program. In this role, she will provide leadership and oversight to UMSON’s undergraduate program.

Hoffman brings more than 30 years of diverse experience in teaching, leadership and management, and direct patient care to her new position.

She has been a member of UMSON’s faculty since 2008, serving as assistant professor and vice-chair of the Department of Organizational Systems and Adult Health.

She previously taught in the undergraduate and graduate programs at the Johns Hopkins University School of Nursing. Prior to working as a nurse educator, Hoffman held a variety of clinical, educational, leadership, and administrative positions in hospitals in the Maryland-Virginia region, and in California while serving as an active duty nurse in the Navy.

Robert Wood Johnson Foundation Seeks Executive Nurses for Three-Year Fellowship

The Robert Wood Johnson Foundation Executive Nurse Fellows program provides a three year, world-class leadership development experience to enhance the effectiveness of nurse leaders who have already exhibited exceptional leadership skills but who want to improve the impact they have on the U.S. health care system. Each year, 20 nurses who aspire to lead and shape health care locally and nationally are chosen to strengthen their leadership capacity and improve their abilities to lead teams and organizations in improving health and health care.

For more information about the program, selection criteria, eligibility, and how to apply visit the RWJF Executive Nurse Fellows Web site or view the program’s Call for Applications. All qualified nurses are encouraged to apply. Key dates: January 18, 2011 (3 p.m. ET)—Deadline for receipt of applications. Apply online at www.rwjf.org/cfp/enf.
Las Vegas, Nev.—When emergency patients who are “boarded,” or held in the emergency department after admission to the hospital, reaches a certain threshold, the rate of other patients leaving without medical treatment increases “significantly,” according to research presented at the annual meeting of the American College of Emergency Physicians (ACEP). Additional research shows that when hospital leaders create and enforce policies to more rapidly move admitted patients out of the emergency department, the wait for an inpatient bed drops by more than 50 percent.

Other research presented shows that accountability to hospital governing boards can reduce boarding times, and with them waiting times, particularly for cardiac patients.

“Boarding harms patients and ACEP is committed to ending this dangerous practice,” said Sandra Schneider, MD, FACEP, president of the American College of Emergency Physicians. “The research shows that crowding in emergency departments cannot be resolved in the emergency department alone. Hospital leaders must be involved to ensure that these patients, often the sickest in the hospital, get the attention and expertise they deserve. As health care reform is implemented and emergency patient visits continue to rise, it is more urgent than ever that we exert pressure on hospitals and policymakers to end the practice of boarding.”

Dr. Schneider also said emergency departments use a triage process to ensure the most critically ill patients are treated first, but some very sick patients do not initially have the symptoms of a medical emergency. If the gridlock in emergency departments could be reduced by increasing throughput, patients would not leave without being seen, which can be dangerous, especially when millions more people are seeking emergency care every year, and visits are expected to increase, despite health care reform.


Researchers in Florida developed a model to calculate the point at which patients in the waiting room began to leave without receiving treatment. When boarding hours reached 8.5 percent of all available emergency department bed hours, patients in the waiting room were significantly more likely to leave.

“High rates of patients leaving without being treated are poor for patient safety,” said lead study author Jason Wilson, MD, of the University of South Florida in Tampa, Fla. “Our study affirms that long waiting room times correlate with larger numbers of patients leaving prior to physician evaluation. And we know that long waiting times are directly connected to boarding in most hospitals.”

Additional research showed that hospital policies can have significant effects on wait times. For example, a hospital that enforced a policy to make inpatient beds ready within 30 minutes for patients admitted from the emergency department to internal medicine or general surgery showed dramatic improvement in overall length of stay for those patients.

Hospital Leadership is Essential To Breaking Up Emergency Department Gridlock

“When our hospital implemented a policy of moving patients out of the ER and into inpatient beds within 30 minutes, overall time from bed assignment to transfer to the appropriate floor dropped by more than half,” said study author Daniel Pauze, MD, of Albany Medical College in Albany, NY. “It shows that we can get patients out of the ER and into inpatient beds if hospital leadership demands it. It’s good for both patient safety and the hospital’s bottom line when you stop people walking out the door and into the community.”

Another study showed that the interval between arrival at the emergency department and administration of angioplasty for heart attack patients was “significantly better” at hospitals where the frequency of emergency department boarding is reported to hospital governing boards. This is important in view of a study published in 2008 by Health Affairs showing that wait times for heart attack patients increased from by 150 percent from 1997 to 2004, and that a quarter of heart attack patients waited 50 minutes or more before seeing a doctor, a potentially dangerous delay in care.

“Reducing emergency department wait times and ‘boarding’ can only be solved by a concerted effort at multiple hospital levels and transparency about how long patients are actually being boarded,” said Dr. Schneider. “ACEP has advocated for years for everyone in health care, not just emergency physicians, to work together to end the practice of boarding. This research is important to this effort, because it shows that collaboration is effective. Emergency department boarding is an institutional problem that requires institutional solutions.”

ACEP is a national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.
Board Meeting, Leadership Presentation and PAC Meeting

Linda Cook and her handmade quilt which she brought to the Board meeting to give to Linda Devries as a donation to the silent auction for the Annual Convention.

Janice Hoffman with the needlepoint that she is donating to the silent auction.

Janet Haebler MSN RN, Associate Director, State Government Affairs, American Nurses Association receiving a plaque as a token of MNA's appreciation as the guest speaker for the Leadership Meeting.

Becky Colt-Ferguson, MNA's Legislative Committee Chair, attending the Board meeting to present draft testimony developed by the Leg Committee for the MNA Board’s review and approval for the September 27th Health Care Reform Workgroup panel meeting.
AACCN Applauds the New Institute of Medicine Report Calling for Transformational Change in Nursing Education and Practice

WASHINGTON, D.C., October 5, 2010–Today, the American Association of Colleges of Nursing (AACCN) applauds the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation for their visionary report on the Future of the Nursing: Leading Change, Advancing Health, which includes among its recommendations removing regulatory barriers to nursing practice, raising the education level of the nursing workforce, enhancing nursing’s leadership role in healthcare redesign, and strengthening data collection efforts. The IOM is calling for policymakers, educators, and leaders across the profession to take collective action to reform education, strengthen nursing roles, and amplify nursing’s voice in transforming the healthcare system.

“The IOM’s focus on the future of nursing comes at a time when healthcare reform presents new challenges and opportunities for the nursing workforce,” said AACCN President Kathleen Potempa. “AACCN stands ready to work with the Robert Wood Johnson Foundation and other stakeholders to ensure the report’s recommendations are implemented to enhance patient safety and the quality of care available to our nation’s diverse patient population.”

The four key messages that structure the recommendations in the Future of Nursing report include:

• Nurses should practice to the full extent of their education and training.
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States.

Specific action steps requiring a collaborative response include:

• Increasing the number of nurses with baccalaureate degrees from 50% to 80% by 2020 and encouraging nurses with associate degrees and diplomas to enter baccalaureate programs within five years of graduation.
• Doubling the number of nurses with a doctorate by 2020.
• Addressing the faculty shortage by creating salary and benefits packages that are market competitive.
• Moving to have at least 10% of baccalaureate program graduates enter master’s or doctoral degree programs within five years of graduation.
• Removing scope of practice barriers that inhibit Advanced Practice Registered Nurses (APRNs) from practicing to the full extent of their education and training and serving in primary care roles.
• Enhancing new nurse retention by implementing transition-into-practice nurse residency programs.
• Embedding leadership development into nursing education programs and increasing the emphasis on interdisciplinary education.
• Ensuring that nurses engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

“Implementing these recommendations will propel the nursing profession forward and better position nurses to become full partners in reforming our healthcare delivery system,” added Dr. Potempa. “AACCN is committed to leveraging our influence, data resources, and extensive network of nurse educators to advance these recommendations to better meet the health needs of the nation.”

The new report is the product of a study convened under the auspices of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, and is the result of the committee’s review of scientific literature on the nursing profession and a series of public forums to gather insights and evidence from a range of experts. The expert committee leading this work was chaired by Dr. Donna Shalala, president of the University of Miami, and included among its members Dr. Michael Bleich, dean of the Oregon Health & Science University School of Nursing. AACN was pleased to provide testimony, consultation, and assistance with data requests to the IOM Committee while the report was in development.

For more details on the Future of Nursing report, see the following links:


• The entire 620-page report can be downloaded for free as a PDF file or purchased as a print publication from the National Academies Press at http://www.nap.edu/catalog.php?record_id=12956.

Third Annual Nursing Research Conference at Franklin Square Hospital Center

Kathy DeHoff, BSN, RN, CNOR
Tiffany Willis, BSN, RN

Franklin Square Hospital Center’s Evidence-Based Practice and Research Council hosted their 3rd research conference on Thursday, June 3, 2010. The conference “Shifting Gears: Fine Tuning Your Research Engine” provided nurses with the opportunity to learn about the research process from writing and submitting proposals to the Institutional Review Board (IRB) for approval, critiquing and appraising the evidence, and disseminating the information.

The keynote speaker, Margaret L. McClure, RN, EdD, FAAN, Professor, New York University is an internationally recognized leader and expert on Magnet hospitals. In 1983, she co-authored the landmark publication “Magnet Hospitals: Attraction and retention of professional nurses.” Dr. McClure began the conference speaking about “Igniting the Engine: Research in Magnet Hospitals” in which she discussed the importance of nurses performing research in the clinical setting. Dr. McClure emphasized that data driven evidence characterizes nursing as a profession.

Joan Warren, PhD, RN-BC, NEA-BC, Director of Professional Practice and Research at Franklin Square Hospital Center spoke on “Assembling a Winning Proposal”. Dr. Warren reviewed how to write a research proposal including how to build a case for the project, developing the methodology, and evaluating outcomes.

Priscilla N. Alder, MRA, CCRP, and Angelique Dorsey, JD, CHRC, Research Compliance Director at Med Star Health Institute spoke on “Mechanics of the IRB” using case studies to highlight human rights protection.

One of the highlights of the conference was the panel discussion, “Testing Your Research Engine.” Panelists were Lauren M. Myers, BSN, RN, CWOCN; Dorothy Goodman, BSN, RN, CWOCN; Elizabeth Jesada, MS, CRNP, CWON; and Ruth Iliuta, MS, RN, CNS-BC, CWCN, COCN. They discussed their role in a multi-site Wound Photography Study currently being implemented at Franklin Square Hospital Center and Washington Hospital.

Nancy Woods, PhD, MPH, CNM, Associate Professor at Messiah College discussed the importance of critiquing evidence and identified evidence-based practice tools used to enhance literature critique.

The end note speaker, Kathleen Buckley, PhD, RN IBCLC, Associate Professor at the University of Maryland School of Nursing spoke on “The Final Lap: Disseminating the Information”. Dr. Buckley discussed the formats of dissemination of research, benefits and limitations of poster boards, applying evidence, and outlining strategies for writing a nursing publication.

Please join the Evidenced-based Practice and Research Council in June 2011 for our next conference.
MNA District #7 Honors Graduating Students

MNA District #7 honors graduating students at Harford Community College and Cecil College with subscriptions to the “American Nurse Today” at their respective pinning ceremonies. The recipients are selected by the nursing faculty at each school to receive this award.

Pictured receiving their awards are three members of the Class of 2010 of Cecil College at their pinning ceremony on Friday evening, May 14th.

Left to right: Wanda Brethauer, Treasurer of District #7, Elizabeth Bradfield, Sarah Blake-Heckman and Michele Bittner.
(Picture by Dede Pardee)

2010-2011 Judith Westing Scholarship

District 7 is pleased to announce the 2010-2011 Judith Westing Scholarship recipients. Each student received $350.00 to help with nursing program expenses. The winners are: Barbara Page, Leah Scott, and Lyn Robinson. Barbara is enrolled at the University of Maryland in the MSN program. Leah is a student at Cecil College and Lyn is a student at Harford Community College.

Barbara Page
Leah Scott
Lyn Robinson

Congratulations Students!
NCLEX®

Brenda Millet was selected as a Master Pool Review Panel FOR THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING LICENSURE EXAMINATION (NCLEX®)

NCSBN, headquartered in Chicago, is responsible for developing and administering the NCLEX-RN® and NCLEX-PN® licensing exams.

Brenda Millet, Clinical Nurse Specialist, of Dimensions Healthcare was approved by the Maryland Board of Nursing and selected by NCSBN to participate on the NCLEX® item development panel of subject matter experts that was held in Chicago, IL on August 16-19, 2010.

Ms. Millet was one of 6 nurses from across the nation to be selected for this assignment. She was nominated on the basis of clinical specialty and nursing expertise.

All nurses in the United States and its four U.S. territories must take the NCLEX®. The licensing exam identifies those candidates who demonstrate minimal expertise.

Nurses interested in contributing to the profession through volunteering to serve on NCLEX® item development panels, should apply by completing the application online at (www.ncsbn.org).

Harbor Hospital Takes the Lead by Introducing The Newborn Identification Program

Baltimore–August 24, 2010–At Harbor Hospital our highest priority is the safety of all of our patients, especially the safety of our newborn babies. Harbor Hospital has several systems in place to protect our patients. Now, the hospital has added another level of protection—DNA samples.

As soon as a baby is born, a few drops of umbilical cord blood are taken. This is a completely painless procedure for the baby. These few drops will be saved to provide a DNA sample. Just like a foot print or finger print, this information is obtained to identify the child in the unlikely event of an abduction, accident or natural disaster.

When the parent and baby are discharged, they are given the entire DNA sample for their records. The parents enjoy the peace of mind that they will be able to provide essential information, if ever needed.

Harbor Hospital has implemented this service to our safety program with no additional charge to our patients.

To learn more about the Women and Infants’ Center at Harbor Hospital, visit www.yourmiracletartharbor.org.

Harbor Hospital Names Associates of the Year

(Left to right) Dennis Pullin, Harbor Hospital president; Teresa Evans; Diann Howard; Fe Dulce Gamboa; and Lenora Addison, Vice President of Patient Care Services.

Warnings Re: Over-the-Counter Medication for Children: Less Is More

Las Vegas, Nev.–Parents may be giving their children more medicine than they should, according to new research being presented this week at Research Forum during Scientific Assembly, the annual meeting of the American College of Emergency Physicians. Two studies are raising concern about over-the-counter pediatric medications (“Liquid Pediatric Medication Dosing Cups Are Inaccurate” and “Do Parents in the Emergency Department Understand the Food and Drug Administration’s Recommendation on Cough and Cold Medication Use in Children Under Two Years of Age? A Survey”).

Measuring the actual doses delivered by liquid pediatric dosing cups in multiple over-the-counter medications, researchers found most are inaccurate, which may lead parents to give their children a larger dose of medication than intended. http://bit.ly/9iDuoh

“Parents may be unintentionally overdosing their children,” said lead study author Alison Tadros, MD, of West Virginia University in Morgantown, W Va. “When parents use a medication cup that delivers extra medication and then, as has been found in prior studies, they overfill the cup, a child may get more medicine than recommended. Multiply that by multiple doses over multiple days and a child may receive an amount that is not healthy. Our team is planning further research to study the actual medication amounts that parents would administer to their children using these dosing cups.”

Another study found that the majority of parents are not aware of a 2007 Food and Drug Administration (FDA) public health advisory recommending that children under the age of two not be given over-the-counter (OTC) cough and cold medications. http://bit.ly/5K5lo8

“Nearly two-thirds of parents we surveyed were not aware of FDA guidelines,” said lead study author Shawn Varney, MD, FACEP, of Wilford Hall Medical Center at Lackland Air Force Base in Texas. “Even among the minority who knew that OTC cough and cold meds are unsafe in the youngest children, only one-third knew that these medications had caused death in children under two.”

Both researchers emphasized that parents are the first line of defense when it comes to the health of their children.

“Emergency physicians are experts at treating childhood emergencies, but we’re also here to try to prevent them,” said Sandra Schneider, MD, FACEP, president of the American College of Emergency Physicians. “Parents: More is not better when it comes to medicine for your kids.”
Injuries Sustained While Riding Segway® Transporter “Severe”

Washington, DC–Injuries sustained while riding Segway® transporters are significant and on the rise, according to a case series of emergency department visits published online in Annals of Emergency Medicine (“Serious Injuries Related to the Segway® Personal Transporter: A Case Series”).

“The Segway® may seem cool, but there’s nothing cool about a head injury,” said Mary Pat McKay, MD, MPH, FACEP, of George Washington University in Washington, D.C. “One-quarter of the patients who came to our emergency department with Segway® injuries were admitted to the hospital. Forty percent of the admitted patients were admitted to the ICU because they had traumatic brain injuries.”

Researchers examined the records for 44 patients who came to the emergency department with injuries sustained while riding the Segway®. Only seven percent of the patients had worn helmets, which are not required by law for Segway® riders in Washington. The number of cases increased significantly over time, with three cases appearing in 2006, eight cases appearing in 2007 and 25 cases appearing in the first 11 months of 2008.

“All of the injuries were sustained by riders simply falling off, mostly from striking an inanimate object,” said Dr. McKay. “Segways® are pretty new to the marketplace and it’s often only as products become popular that the risks involved become apparent. We urge the Consumer Product Safety Commission to assign the Segway® a unique product code and collect data on injuries sustained from riding the Segway® so we can develop a clearer idea of the scope of the problem.”

In the meantime, all Segway® riders should wear helmets and pay close attention to what is in front of and around them when riding.”

Annals of Emergency Medicine is the peer-reviewed scientific journal for the American College of Emergency Physicians, a national medical society. ACEP is committed to advancing emergency care through continuing education, research, and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies. For more information visit www.acep.org.
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.noharm.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 also noted 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.
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 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 Dues

[ ] Reduced Membership Dues

[ ] Not Employed

[ ] Full Time Student

[ ] New Graduate from basic nursing education program within one year of graduation (NUR-700)

[ ] Special Membership Dues

[ ] Social Security

[ ] Totaly Disabled

Note: $75.00 of the SNA member dues is for subscription to The American Nurse.

Payment Plan (check one box)

[ ] Full Amount Payment

[ ] Check

Mastercard or VISA Bank Card (Available for annual payment only)

Bank Card Number and Expiration Date

Signatures for Bank Card

Mail with payment to MNA at the above address

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

Signature for Payroll Deduction

Signature for EDPP Authorization

PAYMENT PLAN OPTIONS

EDPP (Electronic Direct Payment Plan) $16.16

臊支付计划（电子直接付款计划）$16.16

Read, sign the authorization and enclose a check for first month’s EDPP payment. Make payment for annual dues. This is to authorize MNA to withdraw $16.16 from my checking or savings account and deposit it in the MNA’s bank account at the beginning of each month. MNA will notify you of any payment adjustments. Your bank will charge you a $15.00 fee for any returned checks.

MEMBERSHIP APPLICATION

DO NOT SUBMIT THIS APPLICATION WITH YOUR ANCC APPLICATION TO BE COMPLETED BY SNA

STATE

DISTRICT

Approved By

Date

EXP

AMOUNT ENCLOSED CHECK #

If applicable, Sponsor

SNA membership #

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.

District 1: Allegany County
Garrett County

District 3: Anne Arundel County

District 5: Montgomery County
Prince Georges County

District 7: Harford County

District 9: St. Mary’s County

District 2: Baltimore City
Baltimore County
Howard County
Carroll County

District 4: Eastern Shore
Except Cecil County

District 6: Frederick County
Washington County

District 8: Prince Georges County

District 10: St. Mary’s County

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

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

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Make checks payable to: American Nurses Association

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