

# The Maryland Nurse

## News and Journal

The Official Publication of the Maryland Nurses Association

A Constituent Member Association of the American Nurses Association, Representing Maryland's Professional Nurses Since 1904.

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### MNA President's Message

by Neysa Ernst

The frenetic pace of autumn with family visits and preparation for Thanksgiving and the holidays find some of us ready for a change. Winter is here. What do you do when all of the resolutions have evolved into unresolved....Reboot? Recess? Retreat? Re-do?

I think winter is a time for RENEWAL. As nurses, much of our professional and personal energies focus on care-giving for others. Every day we endure long, exhausting work shifts, sicker patients, more work demands, less resources, family commitments, volunteer activities, school, home responsibilities. Whew....!

Take a moment to curl up with your favorite blanket this winter to reflect on why you became a nurse; to remember that you are a member of a profession that is held in high esteem by the patients and families you care for; to remember how hard you work for the betterment of your patients; to remember how much time and energy you gave to getting that degree, or certification, or new role on the health care team; to remember that each one of the 68,000 Maryland nurses have made a difference in many, many unique ways.

Take some time this winter to REFLECT. What can you do to refresh yourself personally and professionally?

All of us here at the Maryland Nurses Association support your personal and professional renewal... and the growth that inevitably follows. Please join us as we renew the profession of nursing in so many different ways. One of them is just right for you.

We wish you all a Happy, Healthy, Renewed 2013!



Neysa Ernst

### MNA Legislative Update

## Nurses Play Leading Role In End-Of-Life Care

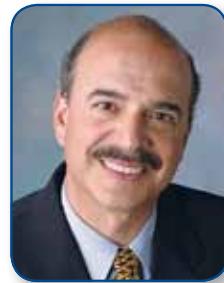
by Delegate Dan Morhaim

Nurses can play a key role in addressing one of the nation's most pressing issues. As our country faces the "fiscal cliff," the debate centers on raising revenues versus reducing benefits, especially in Medicare and Medicaid. Everyone wants to control health care spending, yet one critical approach is being overlooked.

Approximately thirty per cent of Medicare dollars are spent in the last six months of a patient's life, and the costs to Medicaid and private insurance are equally staggering.

But we clinicians know that too much of this "care" is futile, hurtful, and wasteful. While some will opt to "do everything" no matter how painful the treatment or how unlikely the chance for recovery, most people do not want to die in this manner. Advances in medical technology are truly miraculous, and we are reaping their benefits through longer and healthier life spans. But the end comes for everyone, and today more and more Americans are choosing to die at home or in hospice, surrounded by their loved ones. The medical and legal systems need to be prepared to support that choice.

Care at the end of life raises some deeply personal choices. Who should make them? Doctors and nurses? Government? Insurance companies? Hospitals? Ethics committees? Religious institutions? As both a physician and a legislator, I believe that the operative values should be the patient's. And the only way to ensure that outcome is through the completion of advance directives. When patients haven't expressed their wishes or designated someone who can act for them if they're incapacitated, controversy and painful family upheaval can ensue.



Dan Morhaim

Who can forget the tragic story of Terri Schiavo, the young woman whose family was torn apart as she succumbed to irreversible brain damage in 2005?

While it's important to encourage physicians and nurses to have those discussions, there is no need to wait for legislation. Advance directives, legal in every state, provide a way for people to make known the values and choices that should inform their care. Advance directives protect individual rights and cost little or nothing to carry out. They also support families by easing decision-making during what is often a stressful time. And what is particularly relevant to state, federal, and private insurance expenditures is that in most cases advance directives reduce costs. And they do so not by cutting services at the direction of government or insurance companies, but by respecting patients' individual rights and wishes.

*Legislative Update continued on page 7*

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**PUBLICATION****The Maryland Nurse Publication Schedule**

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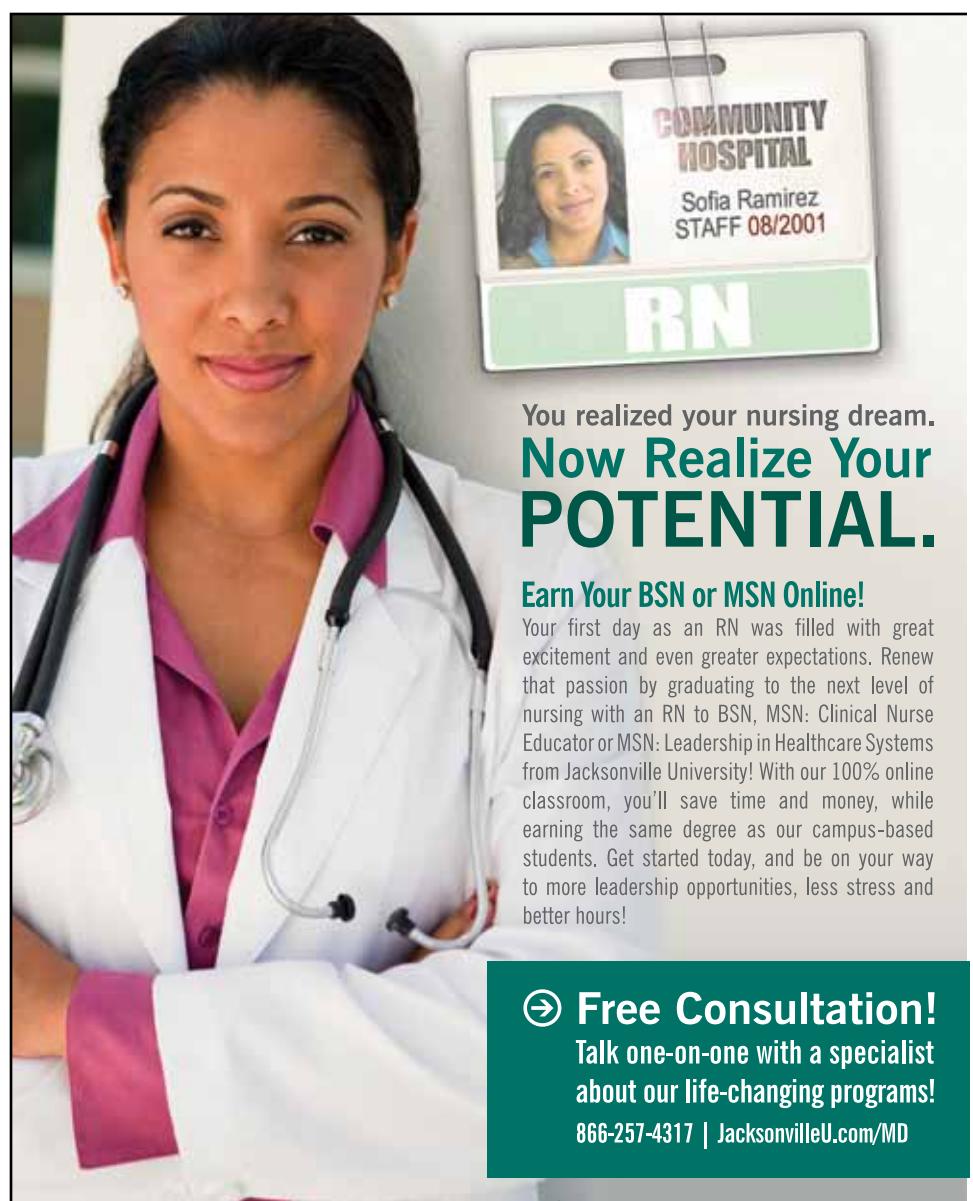
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## ANA / MNA News

# Nurses' Voice and Fracking in Maryland

by Luke Michaelson, PhD, RN and Karin Russ, MS, RN

**Dr. Michaelson is a member of the MNA Legislative Committee, and Ms. Russ is the Chair of the MNA Environmental Health Committee**

Year after year, the national Gallup Poll rates nurses as the most trusted professionals.<sup>1</sup> Nurses have a special role in educating our clients about ways to keep healthy and potential risks to good health. In 2007 the American Nurses Association issued the "Principles of Environmental Health for Nursing Practice with Implementation Strategies," which states: "Nurses, other health care workers, patients, and communities have the right to know relevant and timely information about the potentially harmful products, chemicals, pollutants, and hazards to which they are exposed."<sup>2</sup>

Currently, an environmental danger with potential health risks edges closer to Maryland residents.

US energy policy currently plans to use "all-of-the-above"<sup>3</sup> when considering possible sources of energy production. This inclusive policy has reinvigorated interest in the complex and difficult process of removing natural gas from shale rock. The process requires drilling thousands of feet below to reach special shale rock containing natural gas. Very high pressure mixtures of chemicals, sand, and water then "fracture" the shale rock to release trapped natural gas, thereby providing the eponym for the process—hydraulic fracturing or "fracking." However, very little data exist evaluating the health risks to people associated with removal, storage, and transport of natural gas using hydraulic fracturing.

As the labor population and sites supporting the fracking industry grow, illnesses and injuries related to such dangerous work will require the appropriate nursing care. For example, the National Institute for Occupational Safety and Health (NIOSH) stated silica exposure represents a significant health hazard during fracking because a large volume of sand must be used to support the well. The silica forms approximately 99% of the sand, potentially inducing acute or chronic silicosis. This fine particulate matter represents only a portion of the health hazards associated with fracking.

Proponents of fracking refute the dangers associated with the process and gloss over the potentially severe outcomes and since few state or federal laws regulate the actual procedures, fracking supporters have

operated with lax oversight. For example, the Energy Policy Act of 2005 effectively removed fracking from regulation under the EPA Underground Injection Control Program. This means the fracking companies do not need to follow the same regulations in the Safe Drinking Water Act and Clean Water Act as other companies performing similar operations, such as those performing carbon dioxide sequestration. Furthermore, those same fracking companies do not need to report the composition of their fracking slurry to the Toxics Release Inventory Program, nor must they dispose of their wastewater in accordance with the National Pollutant Discharge System. The limited oversight has pervasive environmental and health effects. Not only does the public not know what carcinogenic and toxic chemicals are in the slurry, the companies have been legally eliminating some portions of the wastewater in municipal waste treatment facilities.<sup>7</sup> Only now are some states beginning to understand the magnitude of the health effects associated with this industry.

In December, a grassroots coalition consisting of environmental, medical, and religious groups presented the "Drilling Down" fracking conference at University of Baltimore.<sup>8</sup> The event gathered nearly 300 people concerned about the health effects of fracking, including 6 members of the Maryland Nurses Association Environmental Health Committee. Susan Jacobson RN, BSN, an emergency department nurse from Frederick County, spoke on the expert panel

to discuss health problems associated with fracking activities. She detailed how truck drivers responsible for driving potable water to be used in the fracking slurry have the highest rate of mortality from vehicular crashes of any category of truck drivers.<sup>9</sup> They are exempt from the same sleep requirements truckers must follow in other industries.<sup>10</sup> Her presentation also revealed how the fracking industry refuses to indicate all of the chemicals included in the fracking mixture.

Current federal laws do not require the industry to disclose all of the chemicals<sup>11</sup> within the fracking fluids, primarily because the industry feels the proprietary nature of the fracking slurry justifies their evasion of these reporting requirements.<sup>12</sup> Limited knowledge of the slurry constituents can impede proper health care, and pose an occupational health risk to nurses.<sup>13</sup> Ms. Jacobson presented the story of a nurse in another state who had treated a worker covered with fracking slurry. After treating the patient, the nurse developed multiple organ failure requiring hospitalization in the critical care unit.

**ANA/MNA News continued on page 4**

### Chesapeake Bay Society of Perianesthesia Nurses



**Happy**

**PeriAnesthesia Nurse Awareness Week!**

The CBSPAN leadership wish to recognize all the perianesthesia nurses of Delaware, D.C., and Maryland for the *Compassionate, Caring, and Competent* patient care that you deliver every day.



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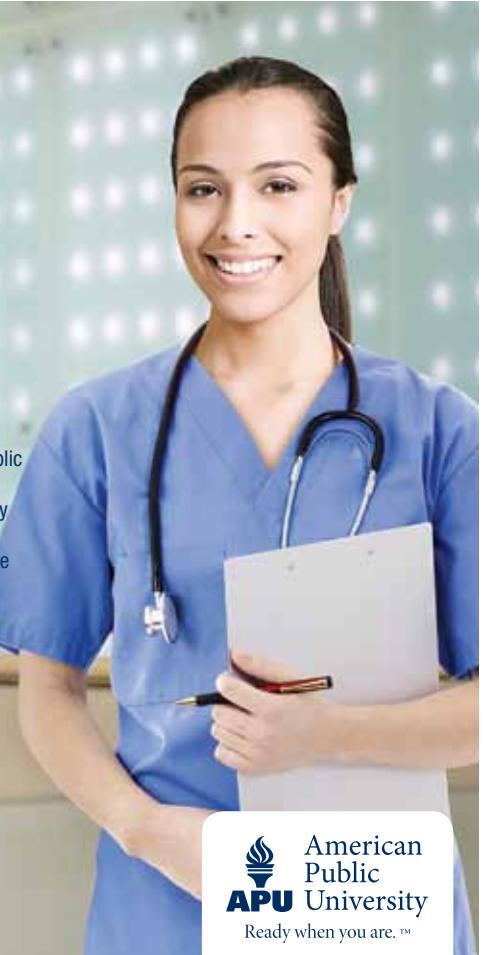
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## ANA / MNA News

### **ANA/MNA News continued from page 3**

Proper treatment of any disease process requires the knowledge of the actual insulting agents. In this nurse's case, treating physicians did not know what chemicals she was exposed to because of the fracking chemical disclosure laws. Furthermore, gas industry forces were successful in enacting a 'gag' order on medical professionals in Pennsylvania. This state's law requires the presiding practitioner to sign a non-disclosure agreement preventing the free discussion of any material findings related to the slurry only when concerning the affected patient.<sup>14</sup>

A former Pittsburgh City Councilman, Doug Shields introduced legislation to ban fracking in Pittsburgh which passed 9-0, citing case studies of other Pennsylvanians who had indicated neurological side effects most likely from fracking.<sup>15</sup> At the conference, he reviewed the significant pressure the large energy companies placed on municipal legislators. The companies' emphasized economic benefits while denouncing any significant detrimental health effects to individuals. The fracking slurry contains hundreds of chemicals in addition to the sand and water used to forcibly fracture the shale containing the natural gas. Several detected airborne pollutants include benzene, toluene, ethylbenzene, and xylene, commonly abbreviated as "BTEX." Research analyzing workers with chronic exposure to benzene have developed aplastic anemia and leukemia.<sup>16</sup> Additionally, non-organic radioactive material (radon), ground based ozone, and noise and light pollution provide additional health insults.<sup>17</sup>

Children are extremely susceptible to many of these pollutants. Research has highly correlated early airborne benzene exposure to neural tube defects, diminished birth parameters, and childhood leukemia.<sup>17</sup> Additional data suggest endocrine disruptors also constitute a portion of the fracking water.<sup>18</sup> This fact should concern nurses because in July, 2012 the United States Food and Drug Administration banned bisphenol-A (BPA) from "sippy" cups and baby bottles.<sup>19</sup> BPA does exhibit estrogen like properties, and researchers consider it an endocrine disruptor. Since legislators can ban the known endocrine disruptor BPA, why must the public endure the likely probability they will be exposed to similar chemicals?

In the mid-twentieth century, physicians prescribed DES (diethylstilbestrol) to many pregnant women in order to relieve post-partum symptoms. Twenty years later the young women who had experienced intrauterine exposure to DES developed a spectrum of disorders. The presence of an adenocarcinoma of the cervix in relatively young women provided the impetus to evaluate



**Suzanne Jacobson,  
RN, BSN**

the possible cause.<sup>20</sup> Researching physicians found *in utero* exposure to DES highly correlated with this malignancy. Longer cohort analyses also found increased risks for infertility, spontaneous abortion, preterm delivery and ectopic pregnancy.<sup>20</sup> In 1971, the Food and Drug Administration withdrew federal approval of DES. The stories of DES and BPA are cautionary tales of how exposure to agents without full knowledge the range of health effects can have devastating consequences.

As nurses, we are concerned not only with the treatment of existing disease but with the maintenance of good health and the prevention of disease. Our national nursing organization, American Nurses Association (ANA), provided recognition this year about the potentially harmful health effects of energy production in a new resolution.

Delegate Heather Mizuer (D) from Montgomery County is sponsoring a bill requesting a moratorium on fracking in the state of Maryland until thorough studies of the health and ecological effects of the process are completed. The proposal included provisions for the gas industry to pay for the studies prior to initiating operations in Maryland.<sup>22</sup> Delegate Shane Robinson from Maryland's 39th district has gone one step further and proposed a ban on fracking activities in the state, citing evidence from other state's experiences of harm to water supplies and public health.<sup>23</sup> Delegate Robinson also plans to re-introduce a bill that failed to pass in the 2012 general assembly: a ban on the import of fracking waste water from other states into Maryland.<sup>24</sup> This bill would prohibit nearby states like Pennsylvania, New York, West Virginia and Ohio from disposing of their fracking waste water in Maryland water treatment facilities, which are ill-equipped to process the contaminants out of the water.

Maryland nurses are fortunate to be in a position to evaluate crucial questions about health impacts of fracking prior to the process beginning in Maryland. Will the fracking companies intend to pay for long term cohort studies? How will the fracking companies protect our health? Should we expect a health practitioner 'gag order' law in Maryland? As nurses, we must proactively protect our environment since it directly affects all Marylanders' health.

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**(L-R) Joe Romm, Suzanne Jacobson,  
Doug Shields, and Dana Shimrock**



**Maryland nurses: (L-R) Lisa Jordan, Barbara Friend,  
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and Katie Huffling**



## ANA / MNA News

# Nurses Earn Highest Ranking Ever, Remain Most Ethical of Professions in Poll

### **ANA Urges Policymakers to Listen to Nurses on Health Care Policy, Funding**

SILVER SPRING, MD—The public continues to rate registered nurses (RNs) as the most trusted profession according to this year's Gallup survey that ranks professions based on their honesty and ethical standards.

"This poll consistently shows that people connect with nurses and trust them to do the right thing," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "Policymakers should do the same as they debate crucial budget decisions that will affect health care quality and access for millions of Americans."

Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness, and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of leadership posts on bodies developing policy recommendations related to a wide-range of health care policy issues.

Along with physician and hospital associations, ANA released a report in September that found up to 766,000 health care and related jobs could be lost by 2021 as a result of the 2 percent sequester of Medicare spending being debated as part of Congress' broader "fiscal cliff" negotiations. ANA has warned against making hasty, large-scale Medicare spending cuts that could decrease the quality of care for patients as a deficit-reduction measure. ANA is working with coalitions representing health care professionals, consumers, and other groups to prevent potential declines in quality and is urging nurses across the country to tell Congress to avoid harmful Medicare actions.

Additionally, as states develop health insurance exchanges, ANA and its state nurses associations are advocating for nurses to serve as members of governing boards for state exchanges and for the recognition of qualified nurses to fully participate in Qualified Health Plans.

For the 13th out of 14 years, nurses were voted the most ethical and honest profession in America in Gallup's annual survey. Eighty-five percent of Americans rated nurses' honesty and ethical standards as "very high" or "high," the highest rating for RNs since nurses were first included in the poll in 1999. Since the profession's first appearance, nurses have received the highest ranking each year except in 2001, when firefighters ranked first after the 9/11 terrorist attacks.

Nurses consistently capture patient and public trust by performing in accordance with a Code of Ethics for Nurses that supports the best interests of patients, families, and communities. They often are the strongest advocates for patients who are vulnerable and in need of support.



ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

# A Call to Action from the Nation's Nurses in the Wake of Newtown

Like the rest of the nation, America's nurses are heartbroken as we grieve the unthinkable loss and profound tragedy that unfolded December 2012 in Newtown, Connecticut. This horrific event is a tipping point and serves as a call to action. The nation's nurses demand that political and community leaders across this country address longstanding societal needs to help curb this endless cycle of senseless violence.

Our country has witnessed unspeakable acts of mass shootings. The common thread in each of these tragedies has been the lethal combination of easy access to guns and inadequate access to mental health services.

As the largest single group of clinical health care professionals, registered nurses witness firsthand the devastation from the injuries sustained from gun violence. We also witness the trauma of individuals, families, and communities impacted by violence.

The care and nurturing of children in their earliest years provides a strong foundation for healthy growth and development as they mature into adulthood. Children, parents, and society face growing challenges with respect to widespread bullying and mental illness, and nurses understand the value of early intervention. Over the past decade, ill-advised and shortsighted cutbacks within schools and community health care systems have seriously impeded critical and needed access to school nurses and mental health professionals trained to recognize and intervene early with those who are at risk for violent behavior.

The public mental health system has sustained a period of devastating cuts over time. These cuts have been exacerbated during the Great Recession despite an increase in the demand for services for all populations, including our nation's veterans. States have cut vital services, such as community and hospital-based psychiatric care, housing, and access to medications. Looming budget cuts could lead to further cuts in services.

It is time to take action. The nation's nurses call on President Obama, Congress, and policymakers at the state and local level to take swift action to address factors that together will help prevent more senseless acts of violence. We call on policymakers to:

- Restore access to mental health services for individuals and families
- Increase students' access to nurses and mental health professionals from the elementary school level through college
- Ban assault weapons and enact other meaningful gun control reforms to protect society

The nation's nurses raise our collective voice to advocate on behalf of all of those who need our care. As a nation, we must commit to ending this cycle of preventable violence, death, and trauma. We must turn our grief into action.

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## Learning IOM

SILVER SPRING, MD—The American Nursing Association's (ANA) latest nursing quality title, **Learning IOM**, the student companion guide to the popular **Teaching IOM: Implications of the Institute of Medicine Reports on Nursing, 3rd Edition**, has been recognized for an *American Journal of Nursing (AJN)* Book of the Year Award in the "Nursing Education" category. AJN's distinguished panel of nurse experts chose **Learning IOM** as being one of nursing's most valuable texts in that category.

AJN's Book of the Year Award judges called **Learning IOM** an "excellent resource" and noted that "Students often say that they don't know how to locate IOM reports, that they don't understand the purpose of these reports or how they affect practice. Those statements are no longer valid," thanks to the content presented in **Learning IOM**.

**Learning IOM** illustrates in a clear, easy-to-use format how the Institute of Medicine reports are critical to understanding nursing's future. The book explains the importance of the IOM's groundbreaking Future of Nursing report and covers all 39 IOM reports for nursing. Learn more at [www.teachingIOMlearningIOM.com](http://www.teachingIOMlearningIOM.com)

ANJ also awarded ANA's **Essential Guide to Nursing Practice: Applying ANA's Scope and Standards in Practice and Education**, in the "Professional Development and Issues" category. AJN's Book of the Year judges noted that "*The Essential Guide to Nursing Practice* is new, unique, and a substantial resource intended to support the American Nurses Association's two foundational texts."

The **Essential Guide to Nursing Practice** serves as a guide to practitioners, educators, and administrators on how to use and apply the scope of nursing practice and the standards of practice. It takes nurses on a step-by-step journey through ANA's Scope and Standards of Practice with real-life case studies and examples of how to get the most out of nursing professional standards. Learn more at [www.anaessentialguide.com](http://www.anaessentialguide.com)

All the winning entries were featured in the January 2013 issue of *AJN*.

Press copies are available upon request by contacting Francine Bennett at [francine.bennett@ana.org](mailto:francine.bennett@ana.org).

### **ABOUT LEARNING IOM**

**Author/Editor:** Anita Finkelman, MSN, RN and Carole Kenner, DNS, RNC, FAAN

**Published:** 07/12

**Page #:** 250

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### **ABOUT THE ESSENTIAL GUIDE TO NURSING PRACTICE**

**Authors:** Kathleen M. White, PhD, RN, NEA-BC, FAAN and Ann O'Sullivan, MSN, RN, CNE, NE-BC

**Release Date:** 06/12

**Page #:** 240 pages

**ISBN:** 9781558104587



## Education News

# University of Maryland School of Nursing (UMSON) Receives Health Resources and Services Administration (HRSA) Grant to Improve Health Care for Underserved Populations

**by: Linda Costa, PhD, RN  
Assistant Professor  
University of Maryland School of Nursing**

The Institute of Medicine's (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* stresses the importance of preparing nurses to lead the charge in advancing health care. The University of Maryland School of Nursing (UMSON) is answering the call.

Robin Newhouse, PhD, RN, NEA-BC, FAAN, professor and chair, Department of Organizational Systems and Adult Health at UMSON, has received a HRSA grant focused on increasing access to quality health care by providing a diverse and culturally competent workforce of Doctor of Nursing Practice (DNP) graduates.

UMSON has offered a post-master's DNP program since 2006 and has a master's specialty in Health Systems Leadership and Management, but there

previously were no courses at the doctoral level for the executive nurse. This grant will help align the curriculum with the recommendations of IOM's report, to double the number of doctoral candidates by 2020.

The IOM report recommends the integration of leadership and business courses into the nursing curriculum. The UMSON executive series consists of four three-credit electives focused on executive health care leadership, leading innovation in the business of health care, health care economics, and executive level practicum. Courses are offered in a hybrid format to facilitate flexibility in scheduling. Each course has two in-class sessions and three synchronous online classes, with the remainder of the classes being asynchronous. This format, currently used in UMSON's DNP program, has received positive evaluations from DNP students who can enroll full- or part-time. The executive electives are not linear, but each elective is separate so they can be taken in any sequence.

This grant also aims to provide educational opportunities for nurses who currently serve in rural, medically underserved areas, in addition to those who represent ethnic minorities. Additionally, the grant will provide an opportunity to assess the

cultural context of the DNP program in making it more relevant to the needs of the underserved through coursework specifically designed for nurse executives. Since nurse executives function in a variety of roles, the recruitment focus for this track, and for nurse executives in acute care, will be executive leadership skills, which include long-term care, ambulatory care, and leading professional organizations.

When the grant period ends, the courses will continue to be offered to students in the DNP program who aspire to or are currently in executive nurse practice.

#### Reference:

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2010). National Academies Press: Washington, D.C.

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**Legislative Update continued from page 1**

As an emergency medicine doctor, I've seen what happens when there is no advance planning or discussion about end of life care. A frail, elderly nursing home patient is brought in by ambulance with shortness of breath, irregular heartbeat, and plunging blood pressure. The wasted and contracted limbs indicate years of incapacitation, and the medical record reveals a long history of dementia. As we work to restore stability, the patient suddenly goes into cardiac arrest.

Because there is no record of an advance directive or a "Do Not Resuscitate" (DNR) order, the ER team jumps into full cardiopulmonary resuscitation (CPR) mode. If "successful," the patient will endure pain and confusion that may last for hours, days, weeks, or a few months before dying. Whether the patient recovers from this episode or not, one thing is clear: this will be costly, both in human and financial terms.

The only ethical and legal way to avoid this situation is when patients have made their wishes known beforehand, appointed someone they trust to make decisions when they are no longer able to, and made that information readily available to health care providers.

We Americans cherish the right to make our own decisions. In light of this ardent individualism, it's puzzling that so few of us exercise this right when it comes to something almost all of us will face: medical care at the end of our lives.

Studies show that only about one-third of Americans have completed advance directive forms, and the rate of completion is even lower among minorities and the poor. But the studies also show that Americans want to be able to discuss these issues with physicians and nurses more than from any other source of information.

What if ninety per cent of Americans had advance directives? What if completing these forms were as routine as renewing a driver's license or paying taxes? Doctors and nurses would begin to utilize them as a standard part of every medical record, and care would be more personalized and humane. And because most people choose not to undergo heroic treatment for every conceivable condition, billions of dollars would be saved. And for those who opt for those heroic treatments, their choices would be honored as well.

Historically, nurses have been leaders in addressing sensitive patient care needs. Nurses work in palliative care and are especially active in hospice care where their efforts are respected and appreciated. The public trusts nurses because nurses have the training to review complex issues with patients, and their input is valued.

Respecting individual rights is the best and right way to reduce health care costs, and this is one area where health care providers can find common ground. We must recognize that many of our patients want us to initiate end-of-life care discussions or for us to listen and participate fully when they bring up the topic. The issues are unavoidable and the implications are profound in both human and financial terms. We are, after all, the first generation in human history that likely has some say about how we die.

Nurses and physicians—and other members of the health care team—can work together in helping our patients through this challenging time, and by doing so, patients can obtain comfort and peace of mind. We have a key role to play, and the public is looking to us to take the lead. The tools are there; we just need to use them.

The author, Dan Morhaim, M.D., is a board-certified physician, House Deputy Majority Leader in the Maryland State Legislature, faculty at The Johns Hopkins Bloomberg School of Public Health, and author of "*The Better End: Surviving (and Dying) on Your Own Terms in Today's Modern Medical World*" (Hopkins University Press), [www.thebetterend.com](http://www.thebetterend.com).

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## Practice

# Maryland Nurse Anesthetists Providing Patient Care Extraordinaire

In recognition of their profession's commitment to exceptional patient care, Certified Registered Nurse Anesthetists (CRNAs) in Maryland and across the country are celebrating the 14th annual National Nurse Anesthetists Week, January 20-26, 2013, with this year's theme of "Patient Care Extraordinaire."

Established by the American Association of Nurse Anesthetists (AANA), National Nurse Anesthetists Week was created to encourage CRNAs to take the opportunity to educate the public about anesthesia safety, questions to ask prior to undergoing surgery, and the benefits of receiving anesthesia care from nurse anesthetists.

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The theme of this year's campaign emphasizes the high standards which CRNAs adhere to when administering anesthesia.

#### About the Maryland Association of Nurse Anesthetists (MANA)

The Maryland Association of Nurse Anesthetists was founded in 1946 and incorporated in 1975. The first State meeting was December 2, 1946. There are approximately 650 Certified Registered Nurse Anesthetists in the state. We have two graduate anesthesia programs in the state of Maryland: The University of Maryland, Baltimore Nurse Anesthesia Program in Baltimore, and The Uniformed Services University of Health Services in Bethesda. The Maryland Association of Nurse Anesthetists hosts two annual meetings to educate, inform, and provide a forum of discussion for Registered Nurses, Student Registered Nurse Anesthetists, and Certified Registered Nurse Anesthetists. Additional information about MANA is available on the Internet at [www.crnasofmd.org](http://www.crnasofmd.org).

#### About the American Association of Nurse Anesthetists (AANA)

Founded in 1931 and located in Park Ridge, Ill., the AANA is the professional organization for more than 45,000 nurse anesthetists. As advanced practice registered nurses, Certified Registered Nurse Anesthetists (CRNAs) are anesthesia professionals who safely administer more than 33 million anesthetics to patients each year in the United States. CRNAs practice in every setting where anesthesia is available and in some states are the sole anesthesia providers in nearly 100 percent of all rural hospitals. Additional information about the AANA is available on the Internet at [www.aana.com](http://www.aana.com).

For more information contact:  
Shannon Segres, MSN, MS, CRNA  
Phone: 443-392-7572  
[shannonsegres@gmail.com](mailto:shannonsegres@gmail.com)

# NPAM Celebrates 20 Years

The Nurse Practitioner Association of Maryland (NPAM) celebrated their 20 year anniversary recently. NPAM is the unifying voice for all nurse practitioners in the state. The organization provides consistency and expertise in guiding the profession. It also provides information and serves as an advocate for those outside the nurse practitioner (NP) role. Through NPAM, NPs can accomplish as a group what they cannot as individuals, thereby decreasing the barriers to practice and expanding the NP role.

The Executive Committee of NPAM includes President, Shannon Idzik, DNP, CRNP, CCRN; President-Elect, Tonya Appleby MSN, CRNP; Past-President, Susan Delean-Botkin, MSN, CRNP; Secretary, Jennifer Loud, MSN, DNP; and Treasurer, Tyree Morrison, MSN, CRNP.

**What is the greatest thing that happened with NP practice in the past 10 years?** We got rid of the 17 page written collaborative agreement that took 2 to 6 months to process.

**What is still the most disappointing thing about NP practice?** We can't sign our own home health and hospice orders. We might be caring for a patient in a nursing home who takes a turn for the worse and we can't certify incapacity so advance directives can go into effect. We know that our patient is a danger to herself and others, but we can't sign the emergency commitment papers. We can't sign federal workman's compensation forms. We can't sign home schooling forms for pregnant teens in some counties. We hear all kinds of health care commercials telling consumers to discuss something with their doctor. We get reimbursed 75-85% of what our physician colleagues get. And we still have to submit a 1 page attestation form to the Board of Nursing that takes 1-2 months to process every time we change jobs!

**What's a nurse practitioner to do?** How about join NPAM and keep fighting! Our dedication, quality care, cost efficiency, and patient satisfaction ratings speak volumes about us. But how are we going to get legislators and other healthcare stakeholders to understand how important it is to allow us to practice to our full scope and overcome these barriers to truly provide the access to care that is needed across the state? We can do it with a unified voice advocating for NP care in Annapolis and at the Department of Health and Mental Hygiene. We need the power of 3500 NPs speaking in boardrooms at Carefirst and United Healthcare. We need leaders who can speak of Medicare issues for all Maryland NPs in the halls of Congress in Washington. We need YOU!

Consider the accomplishments of NPAM and what your job would be like right now if there had been no NPAM to unify Maryland NPs over 20 years ago and move our practice forward. Will you join us for the future of NP practice in Maryland?

Visit our website [NPAM@npedu.com](mailto:NPAM@npedu.com) or contact our office manager, Marty Buonato at [martybuonato@npedu.com](mailto:martybuonato@npedu.com) or at 443-367-0277. We want to hear from you!

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## Robert Wood Johnson Foundation Awards

### State Implementation Program Grant to Maryland Action Coalition

Congratulations to **Barbara Nubile, MSN, RN**, Associate Dean/Director of Nursing at Montgomery College and **Rebecca Wiseman, PhD, MSN**, Assistant Dean for the University of Maryland School of Nursing Program at Universities at Shady Grove in Rockville, MD for being awarded a \$150,000 grant from the State Implementation Program of the Robert Wood Johnson Foundation. Barbara Nubile is the Chair of the Maryland Action Coalition's Recommendation #4 which is included in the Education Progression Pillar of the Future of Nursing Campaign for Action. The purpose of the grant is to increase the percentage of nurses with baccalaureate degrees in Maryland through a dual-enrollment strategy.

This award will enable the Maryland Action Coalition to further the mission of the Institute of Medicine's Report: Future of Nursing Campaign for Action to advance health care change. The Maryland Action Coalition is working to address all eight goals outlined in the IOM report.



**Barbara Nubile,**  
MSN, RN



**Rebecca Wiseman,**  
PhD, MSN



*From left to right: Patricia Travis, MNA Past President and ANA Board Director at Large; Janice Hoffman, MNA President Elect; and Rosemary Mortimer, MNA Past President and ANA Congress on Nursing Practice and Economics attended the private screening made available to friends of ANA and ANCC on Thursday 13 December 2012 of Producer/Director Kathy Douglas, RN, MHA's newly released film: **NURSES: IF FLORENCE COULD SEE US NOW** at the AFI Silver Spring in Silver Spring Maryland. "Through The Eyes And Voices Of Nurses, A Rare Look Into Their World."*

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## MNA Members in the News

The Maryland Organization of Nurse Executives recently elected **Sherry Perkins, PhD, RN**, Anne Arundel Medical Center's (AAMC) chief operating officer and chief nursing officer, as president of the organization. In this role, she will provide leadership to the members of the organization in the areas of nursing administration, advocacy, and policy.

Perkins joined AAMC in 2006 as chief nursing officer. Perkins serves on several AAMC boards including Pathways Alcohol and Drug Treatment Center, the Executive Quality Council, Board Quality and Patient Safety Committee, and provides executive

insight and support at regular meetings of the Medical Executive Committee and the Board of Trustees.

Perkins also co-leads the state-wide effort to improve transition to practice under Institute of Medicine recommendations for nurse residency, serves on the Maryland Hospital Association Council on Clinical Quality and the Board of Trustees of the Maryland Patient Safety Center.

**Beverly Lang, MScN, RN, ANP-BC**, was appointed the Executive Director of the Nurse Practitioner Association of Maryland. In this role she will work with the Executive Committee to further the visibility of Nurse Practitioners in Maryland and to assist with the implementation of special projects of the organization.

Lang has many years of experience in nursing education most recently at Howard Community College. She has served on the Board of Directors of the Maryland Nurses Association as Second Vice-President, and is the editor of *The Maryland Nurse*.



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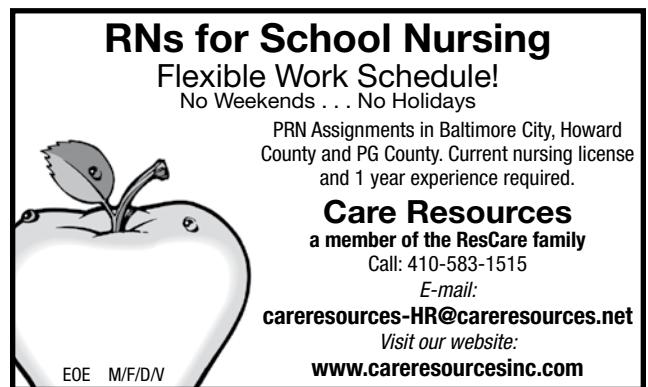
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## MNA Convention

### Student Reflections

by Stacey McLean

I feel so fortunate for the timing of my practicum course for my Master's degree at Stevenson University and for Neysa Ernst, the President of the Maryland Nurses Association (MNA) agreeing to be my mentor and to examine strategies to increase interest and attendance at the MNA convention. I was invited to be a member of the convention committee and see how pieces come together to make a convention like this happen.

It is unbelievable the amount of time and effort that is volunteered in preparation for a large event. The committee "met" by conference calls that were directed by the chair, Kristy Kovacs. The members who volunteer become responsible for tasks because it takes a team effort to tackle a project this large. I was responsible for the mugs that each speaker received and the gratitude I received for this simple task was overwhelming and much appreciated. I was welcomed and hope to continue to be part of this great team.

During the convention, I volunteered to assist where ever I was needed. I was assigned to help monitor the poster presentations and showed people how to rate them using Survey Monkey. This was a great learning opportunity! I have to present my own poster for my final practicum project in a couple of weeks and this gave me an opportunity to see great examples of professional posters. I learned the parts of a poster, presentation style and was able to evaluate the information. Although I did not get to attend as many speaker sessions as I planned, the networking that occurred in its place was invaluable to me. The benefits of networking include career advancement, continued learning, professional guidance and developing rewarding relationships.

I assisted in collecting the meal tickets, was a sounding board for compliments and complaints from vendors, speakers, and presenters, and served as a fresh set of eyes to the team. I plan to use

this experience, my research and the convention evaluations to suggest changes for next year's convention and will continue to be an active member of the convention committee.

I am able to put faces to names and voices that I have talked with on conference calls. I made new friends and acquaintances with fellow MNA members and leaders in the organization. Most importantly, by attending this convention, I understand what MNA does, what passion the members and leadership team have for nursing and what a great organization this is to be a member of.

I want to thank Stevenson University for making this real life practicum a requirement for my degree, and Dr. Gotschall for suggesting that I write this article about my experience. I again want to thank Neysa Ernst for agreeing to be my mentor and involving me in every aspect of MNA. I hope to find continued fulfillment and passion for nursing and to serve as both a member and a leader in this professional organization.

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## District News

### Letter from the President: Christie Simon-Waterman

Dear District 2 Members,

I had the honor of being elected President for the coming two years. This is a real privilege to me. I hope that I can contribute to the growth of MNA District 2.

Allow me to first thank Hershaw Davis Jr., who served as District 2 President from 2010-2012. He provided great commitment and leadership over the past two years. I also wish to extend my gratitude to the previous board members who just finished their term. In addition, I would like to welcome three new members to the Board (Natasha Loving—First Vice-President, Karen Evans—Second Vice-President, and Tina Bracy—Director) their experience and guidance will be appreciated. We have put together a terrific team and I thank everyone for their participation. It is important that the outgoing members as well as the incoming members know that MNA District 2 recognizes their substantial contribution to the association. I encourage others to let me know if they would like to get involved. There are several vacancies on the Board that we would like to fill.

The strength of MNA District 2 is in its members. The MNA Districts were established to provide a forum for our nurses to share best practices, job opportunities and life experiences, and to provide a means for each of us to stay connected with others who share a common history. We are delighted that you have joined with us and look forward to contributing to your development as a District 2 member.

My aim as President is to provide you with ongoing opportunities that enhance your professional and personal life experiences. Looking forward, we have a very exciting year ahead with a few great events planned. As of now, the following events for District 2 that are being planned include:

- 1) Our first monthly meeting;
- 2) Wound Care Presentation (part of our monthly meeting); and,
- 3) An Administrative meeting for all board members.

Our District is committed to promoting the services of Nursing Professionals, and serving as a resource for the Professional Development of our members. As District President, I encourage you to take advantage of the many resources and networking opportunities afforded members. Additionally, the District will sponsor networking events, speakers, presentations, and conference to increase your professional knowledge and expand your business contacts.

Lastly, I just want to let you all know how humbled I am by this entire experience working with and for all of us. It is a tremendous task that we as the Board have taken and I urge that everyone within our District who is interested get involved, to contact me or one of our Board members.

Thank you so much for allowing me this opportunity to serve as District 2's President. I very much look forward to working with you over these next two years and meeting you all. Let's build on the vitality and vibrancy of District 2.

Sincerely,  
Christie Simon-Waterman  
President District 2



**Christie Simon-Waterman**

### MNA District 4 Board Members 2012/2013



**Standing Left to Right:**  
**Sharon Stagg, President Elect;**  
**Sandy Wieland, Director;**  
**Elaine Kennedy, Director;**  
**Marie Holley, Director Sitting:**  
**Phyllis Brodsky, Treasurer;**  
**Mae Esh, President**

**Not Pictured:**  
**Debra Webster, Director**

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The Nursing Foundation of Maryland (NFM) hosted their holiday party on December 7, 2012. Pictured left to right are:

Patricia Travis, NFM Trustee; Ed Suddath, MNA Executive Director; Linda DeVries, NFM President; Rob Hendrickson, NFM Trustee; Susan Prentice, MNA Continuing Education Coordinator/Administrative Assistant; and Peggy Soderstrom, NFM Secretary. Not pictured are Tina Zimmerman, NFM Treasurer, Ric Talley, NFM Vice President, and Maryanne Reimer, MNA First Vice President and Board Liaison to the NFM.

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- 62 years of age or over and not employed

Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that 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 Annual Payment
- Check
- Mastercard or VISA Bank Card (Available for annual payment only)

Electronic Dues Payment Plan (EDPP)-\$16.16 Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

**Signature for EDPP Authorization**

#### Bank Card Number and Expiration Date

#### Signature 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 your employer and the association to make such deduction.

#### Signature for Payroll Deduction

#### Payment Plan (continued)

## M E M B E R S H I P   A P P L I C A T I O N

There are currently 8 districts in MNA. you may select membership in only one district, either where you live or where you work.

District 1: Allegany County Garrett County	District 3: Anne Arundel County	District 5: Montgomery County Prince Georges County	District 8: Frederick County Washington County
District 2: Baltimore City Baltimore County Howard County Carroll County	District 4: Eastern Shore Except Cecil County	District 7: Harford County Cecil County	District 9: St. Mary's County Charles county Calvert 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:

For All Districts	Full Dues	Reduced Dues	Special Dues
Annual	EDPP*	Annual	EDPP*
\$248	\$21.17	\$124	\$10.84

Annual Dues to belong to the Maryland Nurses Association and your District only are:

Full Dues Annual - \$150 for all Districts Full Dues EDPP\* - \$13 for all Districts.

\*EDPP - monthly Electronic Dues Payment Plan

Make checks payable to:

Send complete application and check to:

American Nurses Association  
P.O. Box 504345  
St. Louis, MO 63150-4345



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