



ANA-MAINE JOURNAL

Journal Highlights

Nurses



Building A Healthy America

National Nurses Week 2009
Page 4



ANA Handle With Care
Recognition Program
Page 8

The Newsletter of the American Nurses Association-Maine

SPRING 2009

President's Message

Nursing Care: A Penny Well Spent

by Susan Henderson

My mother used to talk about the problems of "being penny wise and pound foolish." I tend to think about that statement quite a bit in relation to cost containment strategies in health care. I do believe that we, as nurses, quickly recognize these "penny wise and pound foolish" strategies. I hope that as health care decisions are made this spring in Maine and in the nation, we will not be "penny wise and pound foolish."



Sue Henderson

On March 27, 2009, the Advisory Council for Health Systems Development (ACHSD) heard public testimony on a draft report: the ACHSD Cost Driver Report and Recommendations to the Maine Legislature, April 2009.

In 2003, when the Maine Legislature enacted Dirigo Health Reform, it included the formation of the Advisory Council on Health Systems Development. This 19-member stakeholder advisory group meets monthly and advises the governor's office concerning the State Health Plan and is also responsible for an annual cost driver study. The council is charged with bringing recommendations from this study to the legislature.

The draft cost driver report notes that per-person spending on health care in Maine is above the national average, but comparable to spending in New England. Poor health is identified as a major factor in the high cost of care, and the draft report notes that all of this care may not contribute to increased health. The draft also notes that experts on the national level describe about one-third of healthcare spending as unnecessary or ineffective. Therefore, the draft report sought to identify potentially avoidable admissions to inpatient and outpatient facilities in Maine. While this report did not address nursing, the concept of potentially avoidable admissions is important to nursing because nursing interventions can have an important role in avoiding admissions and in improving quality and decreasing the cost of health care.

President's Message continued on page 2

Index

President's Message	1
ANA's Health System Reform Agenda	1
ANA-Maine Position Statement	3
Book Review	4
National Nurses Week 2009	4
Confident Voices	5
Mid Coast Hospital Nursing Leader Named	5
Continuing Education Calendar	6, 7
ANA Handle With Care Recognition Program	8
ANA Backs Coalition's Recommendations	8
Environment, Health & Safety	9
Safe Staffing Campaign	9
ANA's Testifies Before the Institute of Medicine	10
Membership Application	11

ANA's Health System Reform Agenda

February 2008

Executive Summary

The U.S. health care system remains in a state of crisis. Despite incremental efforts at reform, the number of uninsured continues to grow, the cost of care continues to rise, and the safety and quality of care are questioned. The overwhelming problems of the health care system require significant attention on the part of health professionals, policy-makers, and the public.

In 1989, the American Nurses Association (ANA) Board of Directors appointed the Task Force on Health Policy Support of Access, Quality and Cost Efficiency. This committee's work, in collaboration with the broader nursing community, resulted in the publication of *Nursing's Agenda for Health Care Reform* (ANA, 1991), a blueprint for reform that was endorsed by over 60 nursing and other health organizations. In 2003, noting that the American health system had continued a pattern of fragmentation and increasing costs over the past years, the ANA Board of Directors asked the Congress of Nursing Practice and Economics to review and update the 1991 document. The revised document, *ANA's Health Care Agenda 2005*, was forwarded to and approved by the ANA House of Delegates in 2005. While not initially addressed in *Nursing's Agenda for Health Care Reform*, the renewed policy statement recognized the cyclical shortage of registered nurses and other health care workers as a demonstration of the fragility and

flaws in the health care system. For health care delivery to be effective, fair, and affordable, there must be an adequate supply of well-educated, well-distributed, and well-utilized registered nurses.

Since 2005, a rapidly growing body of scientific research has further reinforced the need to adopt the reforms articulated by the nursing community. ANA remains committed to the principle that all persons are entitled to ready access to affordable, quality health care services, and thus offers *ANA's Health System Reform Agenda*, an update of ANA's 2005 policy. The highlights of this updated policy are summarized below.

ANA believes that health care is a basic human right (ANA, 1989; ANA, 1998). Thus, ANA reaffirms its support for a restructured health care system that ensures universal access to a standard package of essential health care services for all citizens and residents.

- ANA believes that the development and implementation of health policies that reflect the six Institute of Medicine (IOM) aims (*safe, effective, patient-centered, timely, efficient, and equitable*) and are based on outcomes research will ultimately save money.
- The system must be reshaped and redirected away from the overuse of expensive, technology-driven, acute, hospital-based services in the model we now have, to one in which a balance is struck between high-tech treatment and community-based and

Health System Reform Agenda continued on page 3

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President's Message continued from page 1

Nursing studies have shown that nursing interventions can help avoid hospital admissions across the lifespan. Studies have addressed the ability of nursing care to allow for home care of fragile neonates (Brooten); another study demonstrated that monthly home visits to at-risk infants resulted in up-to-date immunizations, appropriate development and significantly less child abuse at the age of one year than those infants who were not visited. Nursing assessments and interventions have been shown to decrease the hospital admission rates of the elderly. The role of nurses in chronic disease management in terms of medication instruction, patient monitoring and support, and teaching skills for self-care has been demonstrated as efficient and effective.

Yet this role of nursing has barely been tapped. This is likely due to several reasons related to attempts at cost containment. Third-party payers need to be convinced of cost-effectiveness. In hospitals, nursing is billed under room and board. In office practices, an RN cannot bill for time, so it can appear more profitable to business managers to not hire registered nurses. In home health, the prospective payment system tightly circumscribes what is reimbursable. Finally, the fragmentation of our health care delivery system in the United States can result in a tendency for each fragment to focus on its own well-being to the detriment of the system as a whole.

Patients are human beings who have both feelings and thoughts. They may need time and help in processing feelings in order to pursue the knowledge needed for self-management of their illnesses. Patients may need assistance in self-monitoring. They can be motivated by engagement in a caring relationship. Patients need support in managing facts and feelings and need to feel respected as the individuals they are, with all the warts, wounds, bumps and bruises that accompany the condition of humanness. All of this requires an investment in provider time, both physician and nurse. The nursing profession could play a much larger role in providing cost-effective, quality care if health professionals in both the private and public sector developed policies to allow them to fulfill this potential.

Concern for the system as a whole speaks to a concern for patient outcomes and for the society in which we all live. If the concept of potentially avoidable admissions is used to provide the services and supports that patients need, both quality and cost containment will benefit. The "if" depends on whether policy makers and special interest groups can move beyond being "penny wise and pound foolish" to serve the long-term public interest.



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Health System Reform: The Cost of Inaction

SILVER SPRING, MD—The American Nurses Association (ANA) believes that meaningful health system reform must be accomplished this year to increase access to care, improve health care quality and make coverage and services more affordable for all people in the United States.

ANA's stance on health system reform supports the conclusion in a new report issued by the U.S. Department of Health and Human Services, *The Costs of Inaction*.

ANA has long advocated that health care is a basic human right and that all people in the U.S. are entitled to ready access to a standard package of essential and affordable healthcare services. As the organization representing the largest sector of the healthcare workforce, ANA also believes that the current nursing shortage must be addressed to create a more effective and affordable health care system.

“The data cited in this report confirms what we know is true: Our current health system is too fragmented and costly and does not work effectively for too many people. Patchwork approaches are not the answer because we are in a state of crisis,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “Nurses have seen the negative effects of a system that excludes too many up close, and we stand ready to make comprehensive health reform work for our patients this year.”

The Costs of Inaction, released online at <http://www.healthreform.gov/reports/inaction/>, highlighted data from numerous healthcare studies showing how rising healthcare costs, decreasing access and uneven quality make the current system untenable beyond 2009.

Health System Reform Agenda continued from page 1

preventive services, with emphasis on the latter. The solution is to invert the pyramid of priorities and focus more on primary care, thus ultimately requiring less costly secondary and tertiary care.

- Ultimately ANA supports a single-payer mechanism as the most desirable option for financing a reformed health care system.

The need for fundamental reform of the U.S. health care system is more necessary today than at any time in the past several decades. Bold action is called for to create a health care system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for every citizen and resident in a cost-effective manner. Working together—policy-makers, industry leaders, providers, and consumers—we can build an affordable, high-quality health care system that meets the needs of everyone. “The existing health care system stands as evidence of the futility of patchwork approaches to health care reform” (ANA, 1991). *ANA's Health System Reform Agenda* continues to be a viable solution to the country's health care crisis.

ANA-Maine Position Statement

Adopted by the ANA-Maine Board of Directors January 17, 2009

Access to Health Care for Maine Citizens

Background and Problem

ANA-Maine is deeply committed to the health of the people of Maine. To achieve that end we desire the establishment of an excellent health plan based on a commitment to the common good.

Position

We would like to make the following points:

- ANA-Maine strongly supports the need for Registered Nurses (RNs) to participate in planning for health care in a meaningful way. The American Nurses Association (ANA) has been a leader in researching quality of care and patient outcomes in developing ANA's Agenda for Health Care Reform 2008. As the state constituent assembly of ANA, we urge that a member of ANA-Maine be included in the development of the State Health Plan. We strongly urge planning of health care reform include participation from a broad base of nurses and nursing organizations.
- ANA-Maine is in favor of coordinated planning for delivery of services.
- ANA-Maine is in favor of expanding coverage to presently uninsured groups. We believe health care

is a right of all Americans. We support the state of Maine's actions to make health insurance more readily available.

- ANA-Maine supports the use of Advanced Practice Registered Nurses (APRNs) in primary care roles throughout the state. APRNs are cost-effective practitioners with proven quality patient outcomes and patient satisfaction. For this reason, we urge the planners to include APRNs in planning the workforce needs for primary care in Maine, and to use APRNs to deliver services where appropriate.
- ANA-Maine supports meeting the health care needs of vulnerable populations, including children, women, the economically disadvantaged, minorities, older adults and those with mental and behavioral health needs.

In summary, ANA-Maine applauds the willingness to address the complicated issue of health care reform through the establishment of the Dirigo Health Plan. While health care is but one of many basic social concerns in our society, we support the right of all Americans to have basic health care. ANA-Maine supports a spirit of collaboration within the entire community of interest in working to achieve a health plan that provides access, quality and affordable health care to all Maine citizens.

Book Review: Prescription for an Ailing Healthcare System *Health Care, Guaranteed: A Simple, Secure Solution for America*

by Ezekiel J. Emanuel, MD, PhD
Published by Public Affair
(Perseus Book Groups), 2008,
Philadelphia, PA
Reviewed by Penny Higgins, RN, EdD

Dr. Ezekiel J. Emanuel has provided every American with an easy-to-read, fascinating, and comprehensive text regarding the history and current status of U.S. health care, and offers a brief comparison to other western nations in which we come up short. However, he does what many other authors don't do, and that is to recommend a clear, workable structure to reform our system, while providing basic health care for all. Dr. Emanuel foresees many pitfalls and obstacles, but he also sees that the current growth of health care devours increasing amounts of our GDP. He believes change will occur, and that it will be much more positive change for everyone if a clear, coherent plan is developed that guarantees health care for all.

Even with the obstacles of special interests, self-interested, fearful persons unwilling to give up what they have, and those who prefer "the devil they know to the devil they don't," the author points out that changes in voting rights, as well as civil and women's rights, resulted in similar tough hurdles in the past. He states, "Right now

there is a cacophony. Before the champions (of a changed healthcare system) can do their job effectively, they must coalesce around a single comprehensive reform proposal that they are all willing to fight for. That has not yet happened."

Although his early chapter outlines a program much like that enjoyed by our elected Washington officials, Dr. Emanuel recognizes that this program may not pass as it is. He recommends that any bill must include the following: 100% guaranteed coverage for all Americans; effective cost controls; high quality coordinated care with government oversight; choice of insurance, doctors, and hospitals; fair funding; reasonable dispute resolution; and economic revitalization that will result from removing health insurance from the purview of business. Medicare and Medicaid would gradually be phased out as a more sound and effective plan emerges.

All health care workers, including nurses, need to spend an evening or two reading and discussing this book. It is not only informative, it offers a workable plan that we as responsible professionals must support and work toward in order to ensure our own healthy futures and that of others before an economic disaster forces change that may not have a positive outcome.

National Nurses Week 2009: Nurses: Building a Healthy America

National Nurses Week begins on May 6, the date also known as National Nurses Day, and ends on May 12, the birthday of Florence Nightingale, the founder of modern nursing. Along with ANA, the ANA-ME Board of Directors salutes nurses across the nation and the state of Maine. The theme for this year's celebration is, *Nurses: Building a Healthy America*, which reflects the commitment nurses make every day to their patients, their communities, and their country.

During National Nurses Week, ANA reaffirms its commitment to improve the quality of health care and the working conditions of nurses. The growing shortage of RNs poses a real threat to the nation's health care system and the public's health, and ANA is dedicated to fighting

for a workplace environment that will encourage current nurses to continue in their careers, and inspire young men and women to consider nursing as a profession.

Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

For more information on National Nurses Week, please visit <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/NationalNursesWeek.aspx>.

Florence Nightingale Pledge

This modified "Hippocratic Oath" was composed in 1893 by Mrs. Lystra E. Gretter and a Committee for the Farrand Training School for Nurses, Detroit, Michigan. It was called the *Florence Nightingale Pledge* as a token of esteem for the founder of modern nursing. This pledge, typically recited at nurse pinning ceremonies across the U.S. is being reprinted in honor of National Nurses Week.

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.



Join ANA-Maine Today!

An Even Sweeter Pot at Maine Coast Memorial

Staff in the OB Unit of Maine Coast Memorial Hospital were thrilled to receive a gift of Simply Divine Brownies from the Harold Alfond Scholarship Fund in celebration of Harold Alfond's birth. According to the Finance Authority of Maine, more than 1,000 families have requested information about the \$500 Harold Alfond College Challenge grant available to all babies born in the state of Maine.

Showing off their delicious treats are Connie Evans, RN—holding one of the newborns eligible for the \$500 scholarship—Deb Provencher, RN, and Connie Curtin, CNM.



Confident Voices

The Q & A for nurses facing difficult issues with communication, conflict, and workplace dynamics

Welcome back to the column where nurses' communication and conflict issues are discussed. In each issue, nurse consultant Beth Boynton, RN, MS, offers insights for nurses dealing with complex workplace dynamics. If you are a staff nurse, nurse leader, or if you work closely with nurses and have a challenging or intriguing situation to share, please contact Beth at: ConfidentVoices@earthlink.net. Confidentiality and anonymity will be honored.

Dear Beth,

I recently attended a workshop where I was asked to describe a professional situation where I felt inspired about my work. First I had to share my story with one colleague and then in the larger group of 12. It only took me a minute or two to think of a situation where I felt very inspired by something I did, and yet when I went to describe it I heard myself saying, "I really didn't do much of anything." I realized right after I spoke that I limited the value of what I did even though it was a profound experience for me. I'd like to share my story with you and ask if you can help me to understand or perhaps find words to explain the value of my intervention.

Here is my story:

As a high school nurse, one of the graduating seniors was a young woman whom I had seen over the years because of issues she faced with unstable Type I diabetes. She was a bright young woman who was well known in the school for her beautiful singing voice. She was in my office one day recovering from a low blood glucose level and I asked her what her plans were after graduation. She told me that she didn't really have any and that she believed her diabetes would prevent her from pursuing a career in teaching or singing. She expressed concerns about missing classes and worries about being unreliable. I remember listening to her and nodding. I understood her concerns and told her that I could imagine how difficult it might be. I asked her if she ever considered going to school part-time. It was such a simple question, but a light bulb went off. Her whole face lit up. "Can I do that?" she asked.

"I don't see why not," I said. I suggested she talk with one of the guidance counselors and offered to be a resource. I also knew the nurse at her endocrinologist's

office and suggested that she might have some resources too.

To make a long story short, this student did go to school and became a part-time music teacher at an elementary school. She writes to me every now and then, and I always feel good about the role I played in helping her. It seems like communication was an important part of what I did, yet how do I describe it? I'd appreciate your insights.

Signed,

Inspiring, but not sure why!

Dear Inspiring,

Thank you for your wonderful story and the opportunity it creates to focus on the value of what you did! I believe you are right about communication being an important part of your intervention and yet this may be much more complicated than it appears. Let's put it under the microscope and see some of the beautiful complexities involved.

Your Relationship

It sounds like you had developed a rapport with this student and over the years became a trusted resource. She felt safe in sharing her fears with you.

Your Listening Skills

You listened and nodded as she shared her worries. Sometimes such a simple thing as nodding says so much. *I hear you. I understand you. I care about you.* Your unspoken messages may have been extremely powerful. Non-verbal communication can account for over 90% percent of what we share.

Your Expertise

Not only did she trust you with her worries, but I bet she believed that you understood what limitations her diabetes caused. As a nurse professional, you have knowledge and experience that made you a credible resource. Your sense

of what this student would be facing and/or what she could do included a genuine understanding of her disease process.

Your Networking

Your connections with the guidance counselor and specialty nurse provided safe avenues for the student to investigate opportunities. The trusting relationship she has with you provides a similar foundation for those you refer her to. Think about how powerful this might be in helping her to take the risk of seeking more support. After talking with you, the young woman can say, "The nurse (at my school) thought I should talk with you about going to school part-time."

Your Encouragement

When you asked her if she ever considered going to school part-time and expressed belief that it was possible, it embodied all of the above! Your relationship, your listening, your expertise and your networking all contributed to her taking these life-changing steps.

Brava to a wonderful example of celebrating the role that nurses play every day—not always easy to articulate, but profound in professional and personal ways. I wonder how often we contribute to patient care in such a way.

Take care,
Beth

Beth Boynton, RN, MS is a nurse consultant specializing in communication and conflict issues that impact nurses. She publishes the free eNewsletter, Confident Voices for Nurses: The Resource for Creating Positive Workplaces. She is an adjunct faculty member with New England College's graduate program in Healthcare Administration. She is the creator of the Conflict Coach podcast series for nurse leaders and her book, Confident Voices: The Nurses' Guide to Improving Communication and Creating Positive Workplaces, is due Spring 2009. She can be reached at bbbboynton@earthlink.net or 207-363-5604.

ANA Member Mary Wakefield Named Administrator for HRSA

SILVER SPRING, MD—The American Nurses Association (ANA) commends President Obama on appointing Dr. Mary Wakefield, PhD, RN, FAAN as Administrator of the Health Resources and Services Administration (HRSA.) Dr. Wakefield is widely acknowledged as an expert on rural health and nursing workforce issues, and has extensive knowledge of the health care system and policy making process. As HRSA Administrator, Dr. Wakefield will lead the agency in improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

"At a time when the country is in need of bold and innovative health system reform, ANA is confident that Dr. Wakefield will be an invaluable asset to the administration's health care team," remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. "We at ANA are thrilled to see such a qualified and respected nurse selected for HRSA Administrator, especially given the Agency's vital role in delivering much needed care to underserved areas."

Dr. Wakefield, a longstanding ANA member, was most recently the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Sciences, where she was a tenured professor and Director for the Center for Rural Health. She has distinguished herself as a dedicated nurse, educator and leader within the nursing profession, as well as the health care public policy arena. She has demonstrated that she can serve as a dynamic catalyst for change at the local, state, and national level.

Mid Coast Hospital Nursing Leader Named a Robert Wood Johnson Fellow

Chief Nursing Officer Lois Skillings is one of 20 selected nationwide for top honor

Lois Skillings, RN, MS, NEA-BC, vice president for nursing and patient care services at Mid Coast Hospital, has been selected as a national Robert Wood Johnson Executive Nurse Fellows.

The RWJ Executive Nurse Fellows Program, based out of the Center for the Health Professions at the University of California, San Francisco, is an advanced leadership program for nurses in senior executive roles who aspire to lead and shape the U.S. healthcare system of the future.

This prestigious program is extremely competitive, selecting only 20 applicants from across the country each year since 1998. The fellowships provide participating nurse leaders experiences, insights, competencies and skills necessary to executive leadership in an ever-changing healthcare environment. Fellows participate in a 3-year program of meetings and seminars and develop a leadership project in their community.

Since 1995, Skillings has been the chief nursing officer at Mid Coast Hospital, Maine's newest full service medical center, and provides leadership to the Mid Coast Health Services long-term care, senior health, and home health care affiliates.

During her tenure in that position and as coordinator of clinical nursing services previously, Skillings was instrumental in merging the nursing teams at Bath Memorial and Brunswick Regional Memorial hospitals when those organizations merged and Mid Coast Hospital was formed. During the preparation for moving to the new Cook's Corner facility that opened in 2001, she chaired the transition committee, which included oversight of the patient move and readiness and operations of the new facility. She has also served as a volunteer and board member for the United Way of Mid Coast Maine, and is the past chair of the board and the community campaign for this organization.

Skillings has earned a Master of Science in Nursing at the University of Southern Maine, concentrating on Nursing Administration and Adult Health as well as degrees from the State University of New York (Albany) and Northeastern University College of Nursing.

She is a past president of OMNE: Nursing Leaders of Maine and she received its Leadership Achievement Award in 1999. She is on the editorial board for the national, peer-reviewed journal, *Nursing Administration Quarterly*.



Continuing Education Calendar for Maine Nurses

Although we attempt to be as accurate as possible, information concerning events is published as submitted. We do not assume responsibility for errors. If you have questions about any event, please call the event planner directly.

If you wish to post an event on this calendar, **the next submission deadline is June 21 for the Summer issue.** Send items to publications@anamaine.org. Please use the format you see below: date, city, title, sponsor, fee, and contact information. There is no charge to post an educational offering.

Advertising: To place an ad or for information, contact sales@aldpub.com.

ANA-Maine is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CE information, please go to www.anamaine.org

To obtain information on becoming a ANCC-COA CE provider, please contact anamaine@gwi.net

USM/CCE indicates the class is offered through University of Southern Maine/Center for Continuing Education. For course descriptions, visit www.usm.maine.edu/cce or call 207-780-5900 or 800-787-0468 for a catalog. Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.

CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.

PESI HealthCare seminars in Maine, visit <http://www.pesi.com>

statewide conference on Alzheimer's disease, research and care. \$90 for professionals; \$45 for family members. 8:30 a.m.-4:30 p.m. Holiday Inn by the Bay, Portland. For more information and to register, call 1-800-272-3900 or register online at www.alz.org/maine.

20 Portland, USM. **Vicarious Traumatization.** Visit www.usm.maine.edu or call 207-780-5900.

27 Bangor, PESI. **Challenges and Complexities in Cardiac Care.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

28 Portland, PESI. **Challenges and Complexities in Cardiac Care.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

June 2009

May 2009

Falmouth **ACLS Challenge** is offered by Emergency Medical Consultants by appointment. The testing offers recertification for providers who routinely use these skills in the clinical setting only. This option is being provided under NEW AHA guidelines. \$100; \$40 for optional pre-testing manual. Call EMC for more information or to make an appointment: 207-838-3105.

Waterville **Breastfeeding Support Group.** Held every Friday at 1p.m. Babies welcome! The Birthing Center at Inland Hospital, 200 Kennedy Memorial Drive. For more information contact: inlandhospital@emh.org or 861-3100.

7-June 20 Portland, USM. **Putting It All Together: An RN Refresher Course.** Visit www.usm.maine.edu or call 207-780-5900.

7-8 Portland, USM. **Assessing the Risk of Violence** (1. Mentally Ill and 2. Domestic Violence). Visit www.usm.maine.edu or call 207-780-5900.

11 Portland, USM. **Certificate Program in Advanced Assessment of the Older Adult.** Visit www.usm.maine.edu or call 207-780-5900.

13-14 Portland, USM. **I.V. Therapy for Registered Nurses.** Visit www.usm.maine.edu or call 207-780-5900.

18-22 Portland, USM. **Co-Occurring Disorders Institute.** Sponsored by CCSME. Abromson Center. For additional information, contact 207-878-6170 or events@ccsme.org, or visit www.ccsme.org.

19 Portland. **2009 Annual Conference: Improving Care for People with Advanced Dementia,** the Alzheimer's Association, Maine Chapter's annual

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1 Bangor, PESI. **Diabetes in Children.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

Continuing Education Calendar continued on page 7



Continuing Education Calendar for Maine Nurses



Continuing Education Calendar continued from page 6

3 Waterville. **Diabetes Support Group.** (First Wednesday of each month.) 6:30 p.m.– 8 p.m. Medical Arts Conference Room, Inland Hospital. For more information, visit inlandhospital@emh.org or call 207-861-3292.

4 Greater Portland. **Advanced Cardiac Life Support Provider/Renewal Course.** One-day course for providers and re-certs with American Heart Association ACLS instructors. 7:30 a.m.-5 p.m. \$175 (includes ACLS manual, pre-course materials, lunch and refreshments; does not include CE fees). Registration deadline May 4. For more information, contact EMS at 207-838-3105.

4-5 Portland, USM. **Beginning Nursing Leadership and Management Concepts.** For more information, visit www.usm.maine.edu or call 207-780-5900.

8 Bangor, PESI. **When Something Goes Terribly Wrong: Avoiding the Latest Legal Issues in OB Care.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

9 Portland, PESI. **When Something Goes Terribly Wrong: Avoiding the Latest Legal Issues in OB Care.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

18 Portland, USM. **Mindfulness-Based Stress Reduction: An Advanced Workshop.** For more information, visit www.usm.maine.edu or call 207-780-5900.

20 Falmouth, EMC. **BCLS Instructor Course.** Offered by Emergency Medical Consultants at its office, 417 U.S. Route 1, Falmouth. \$175 (includes all instructor manuals). For more information contact EMC at 207-838-3105.

July 2009

Falmouth **ACLS Challenge** is offered by Emergency Medical Consultants by appointment. The testing offers recertification for providers who routinely use these skills in the clinical setting only. This option is being provided under NEW AHA guidelines. \$100; \$40 for optional pre-testing manual. Call EMC for more information or to make an appointment: 207-838-3105.

Waterville **Breastfeeding Support Group.** Held every Friday at 1p.m. Babies welcome! The Birthing Center at Inland Hospital, 200 Kennedy Memorial Drive. For more information contact: inlandhospital@emh.org or 861-3100.

6 Bangor, PESI. **High Risk Skin: Effective Wound Care Strategies.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

7 Portland, PESI. **High Risk Skin: Effective Wound Care Strategies.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

27 Bangor, PESI. **Rapid Response Teams: Improve Patient Outcomes with Accurate Assessments and Quick Interventions.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

28 Portland, PESI. **Rapid Response Teams: Improve Patient Outcomes with Accurate Assessments and Quick Interventions.** \$179. For additional discount information, call 800-843-7763 or visit <http://www.pesihealthcare.com>.

ANA Handle With Care Recognition Program

ANA has a long history of advocating for nurses' wellbeing in the workplace. In 2003, ANA launched the Handle with Care® campaign to advocate for the elimination of manual patient handling in healthcare settings. ANA applauds healthcare facilities who have invested in safe patient handling programs to benefit, nurses, other healthcare personnel and patients. The ANA Handle with Care Recognition Program™ was developed to reward these organizations. The ANA Handle With Care Recognition™ will help recipients spotlight their facilities' comprehensive safe patient handling program.

Research, technology and legislation are changing the way healthcare facilities approach various aspects of workplace safety. Nurses require a safe work environment which includes moving patients without the risk of musculoskeletal disorder injuries which can lead to days away from work, burnout, nurse turnover and early retirement from nursing. It is becoming increasingly vital from both a legislative and workforce satisfaction point of view to implement safe patient handling programs in these facilities and to showcase the benefits of these programs to the nursing staff and local nursing and health care community.

Program Overview

About the Recognition

The ANA Handle with Care Recognition Program was developed to help healthcare facilities promote their safe patient handling programs to their nurses and other front line health care workers as a major workforce safety initiative. In addition, the program will acknowledge those facilities with comprehensive safe patient handling programs and provide a competitive edge in the facilities' efforts to recruit and retain nurses.

Recognition will be awarded for a three year term. Recognition recipients will be eligible to utilize the program logo during the recognition term.

Healthcare facilities are required to submit annual update reports during the three year term. Additionally, any significant programmatic changes at the recognized facility, as outlined in the application manual, must be reported. Recipients must be in compliance with state and federal safe patient handling regulation at the time of application and throughout the recognition term.

What It Means For Your Facility

- Recognition will differentiate healthcare facilities as a leader in a safe patient handling and workforce safety initiative to aid in nurse recruitment and retention.
- National recognition from the American Nurses Association will indicate to nurses that the facility has invested in their safety and well-being.
- Recognition will provide healthcare facilities the opportunity to access local and national media exposure regarding it's commitment to safe patient handling.
- Recognition will reinforce the healthcare facility's commitment to patients, the community, donors and other stakeholders to work toward a safe environment leading to fostering quality health care.
- The program's site evaluation process will provide a thorough assessment of the facility's safe patient handling program based on ANA criteria and standards.

What It Means For Nurses

- Recognition will enhance nurses' job satisfaction and ensure confidence in the healthcare facility as it meets the standards of the nation's nursing leader, the American Nurses Association, for workplace safety in safe patient handling.
- Recognition will enhance nurses' job satisfaction and ensure confidence in the healthcare facility as it meets the standards of the nation's nursing leader, the American Nurses Association, for workplace safety in safe patient handling.
- Nurses in the community will want to work at a healthcare facility with an ANA recognized safe patient handling program ensuring their safety.
- If a safe patient handling program is new to a healthcare facility and that facility wants to start preparing for application to the program, nurses and other healthcare professionals will have an ideal to strive for as they train and adjust to the transition to safe patient handling.



Key Program Components for Eligibility

- The safe patient handling program must be in place at the facility for a minimum of three years.
- Have a dedicated facility-based champion to manage and oversee the program
- Have a multidisciplinary committee including front line nursing staff focusing on the safe patient handling program since the inception of the program
- Have had hazard and walkthrough assessments of high risk tasks
- Department specific safe patient handling plans
- An equipment selection process that includes front-line staff
- Include front-line healthcare staff involvement in program planning and evaluation
- Include front-line healthcare staff use of patient-handling equipment
- Provide education/training to all employees involved in the program
- Defined policies and procedures specific to safe patient handling program
- Ongoing program evaluation processes
- Compliance with state and federal regulations
- Completed a comprehensive evaluation regarding patient handling of all patient care areas with appropriate hazard controls implemented as necessary

Application Process

The application process includes an initial application accompanied by an application fee. The program application consists of a series of questions requesting a detailed description of various elements of the safe patient handling program. Supplemental documentation will be necessary for many of the questions. Both the application and supplemental documents are submitted electronically. Organizations with multiple facilities must complete a separate application for each facility seeking the recognition award. Each facility will be assessed and reviewed as separate entities. If the application is complete and meets the eligibility criteria, a site visit will be scheduled. The reviewers will submit their report and recommendation to a review committee. The review committee will make the definitive recognition decision based on a blind facility survey report. The program application manual and application will be posted to the ANA website soon (<http://www.nursingworld.org/>).

ANA Backs Coalition's Recommendations on Health Care Quality

SILVER SPRING, MD—The American Nurses Association (ANA) endorses recommendations by Stand For Quality, a national coalition of more than 150 health-related organizations, for improving the quality of care in a reformed national health system.

Stand For Quality, based in Washington, issued six recommendations geared to advance the health reform debate now before Congress. The coalition's press release and related materials are available at www.standforquality.org.

"For over 100 years, ANA has been working to improve patient safety by promoting nursing quality," said Linda Stierle, MSN, RN, NEA-BC, chief executive officer of ANA. "Nurses are key to delivering high-quality care, and the Stand For Quality coalition understands that promotion of quality will be a vital part of health system reform," said Stierle, who represents ANA on the Stand For Quality steering committee.

Environment, Health, & Safety

Slips, trips, and falls of healthcare workers

by Nancy L. Hughes, MS, RN

Slips, trips, and falls (STFs) are a significant problem for healthcare workers and can result in serious injury and occupational injuries that cause time off from work. STFs are the second leading cause of serious injury among hospital workers, with over exertion being the first leading cause of nonfatal occupational injuries and illnesses according to the United States Bureau of Labor (BOL).

In 2007, BOL statistics showed incidence rates of 35 injuries per 10,000 full-time RNs that involved days away from work as well as selected events or exposures for RNs that led to injury or illness due to STFs. Data show that hospitals have a 67% higher rate of STF incidence than all other employers in U.S. private industry. The average cost to an employer when a worker experiences a fall is \$12,470. Therefore, employers who implement a prevention program can experience substantial savings.

What is causing these injuries? STFs may be due to multiple factors, including wet floors, low-profile equipment and cords, poor lighting, improper footwear, improper drainage, and adverse weather conditions.

Wet floors can occur as a result of spills or routine housekeeping or can be related to weather or even assisting patients to the shower. Wet floors can best be signaled by placing highly visible "Caution: Wet floor" signs, preferably 4 feet tall and with flashing lights, in areas that have been mopped recently, or wall-mounted pop-up tents can be placed over the wet area so employees are aware of the hazard until housekeeping can address the spill. Barriers should be

removed promptly once the floor is dry so they do not become trip hazards.

Anticipatory planning to avoid wet spots reduces falls. Providing lids on all cups being transported helps to avoid spills, which are particularly prone to occur at exits from the cafeteria or in an elevator. Paper-towel holders strategically placed in these high-spill areas help employees clean up the spills promptly. In clinical areas, pads can be used to temporarily cover a spill that occurs in an operating room, since fluids spilled during surgery create hazards. Nurses who assist patients in the shower can provide positive-grip shoe covers so they do not slip or fall.

Pathways must be kept clear, particularly of low-profile equipment and cords that can be overlooked in patients' rooms, hallways, operating rooms, or other care areas. Lighting must be adequate to visualize pathways, particularly stairways, when supplies or other items are being carried. Outside parking areas and entrances/exits must have proper lighting to aid personnel traversing the area.

Proper footwear is important in preventing STFs. Lessons can be learned from industries, such as food service and commercial fishing, in which anti-slip footwear is standard. Some manufacturers make specialized slip-resistant footwear. In addition to being slip resistant, shoes should fully surround the foot and provide support. Certain weather conditions can lead to water being tracked indoors or can cause drainage problems across parking areas and outdoor walkways, which can create icy conditions in cold weather. Walk-off mats help when the water source is weather-related. Umbrella bags available to those entering the facility from outside in

inclement weather help contain liquid that would otherwise drip onto the floor.

It is important to correct external drainage problems when possible. In some STF prevention programs, employees were provided with conveniently located ice melt that could be applied as soon as icy weather conditions occurred. Employees received weather alerts to help them plan the proper outdoor footwear and to exercise caution. Ice cleats can be offered to nurses who must traverse icy or snowy areas when providing home health care.

Because of the diversity of healthcare workers in terms of age, job duties, and experience in their current roles, an STF program is critical to create a safe work environment. During program development, each healthcare facility conducts a hazard vulnerability analysis to look at the facility's unique set of hazards so they can be appropriately addressed in a workplace safety program that targets STFs.

Although STF injuries are a significant problem for healthcare workers, many STF injuries are preventable through a comprehensive preventive program.

Nancy L. Hughes is the director of ANA's Center for Occupational and Environmental Health.

Safe Staffing Campaign Secures Important Victory for Patient Safety

In June 2006, ANA, the New York State Nurses Association (NYSNA) and the Washington State Nurses Association (WSNA) filed a lawsuit to address RN staffing levels in most of the nation's hospitals. The lawsuit focused on the U.S. Health and Human Services (HHS) Department's failure to require The Joint Commission to apply RN staffing standards that were as high as the standards in the Medicare program.

While the lawsuit was pending, critical dialogues took place with The Joint Commission about needed improvements in its standards to meet every patient's reasonable expectation that a nurse will be readily available when they need one. The lawsuit has since been dismissed; however, those crucial dialogues were instrumental in effecting important change to Commission standards. Beginning in July 2009, The Joint Commission's performance elements require that each department or nursing unit must make certain that, when needed, a RN is immediately available for bedside care—a fundamental new legal requirement in support of patient care.

Get more information about ANA's *Safe Staffing Saves Lives* campaign (<http://www.safestaffingsaveslives.org/>).

ANA Resource For Nursing Students

The American Nurses Association knows that nursing students are the key to all of our futures. ANA wants to expose students to all that ANA has to offer while they are in nursing school by giving them access to the Members Only section of [NursingWorld.org](http://www.nursingworld.org) at no cost to them!! This is not a membership type but will give them access to information that they can use in school and help prepare them for their nursing career. Highlights include:

- * Full ANA Position and Policy papers on important nursing issues
- * A chance to sign up for Smart Brief—our members only daily news feed that brings together nursing and healthcare news from around the country every business day
- * Access to the current electronic versions of The

American Nurse and the ANA columns in American Nurse Today

- * Access to the OJIN — a peer reviewed electronic journal available to ANA members on the hot issues facing nursing today
- * NurseSpace—ANA's new social network just for nurses!!
- * Discount opportunities on a variety of personal and professional products

We hope faculty will share this special offer with students, and that students will avail themselves of this resource. Click on this link to sign up: www.nursingworld.org/students

Note: Students will be asked for a Promo Code which will give them free access at the bottom of the form when they sign up. The promo code they can use is "EDU".

HHS Makes \$268 Million in Recovery Act Funding Available to Support Hospitals Serving Uninsured, Vulnerable Americans

Building on President Barack Obama's efforts to ensure access to health care for millions of uninsured Americans, the U.S. Department of Health and Human Services today announced that states can access an additional \$268 million authorized by the American Recovery and Reinvestment Act to help pay hospitals to treat their most vulnerable patients.

"Millions of people rely on the care provided by their community hospitals," said Acting HHS Secretary Charles E. Johnson. "Through the help provided by the Recovery Act, we can make sure they continue to get the care they need in those hospitals."

Eligible hospitals are those that serve a disproportionate share of low-income or uninsured individuals and are known as Disproportionate Share Hospitals (DSH). States receive an annual allotment to make payments to DSH hospitals to account for higher costs associated with treating uninsured and low-income patients. This annual allotment is calculated by law and includes requirements to ensure that the DSH payments to hospitals are not higher than the actual costs incurred by the hospital to provide the uncompensated care. The Recovery Act increases the amount of allotments available to states from approximately \$11.06 billion to \$11.33 billion for 2009.

The Centers for Medicare & Medicaid Services (CMS) will notify states about the availability of the increased portion of allotments for hospitals. Not all states spend their full DSH allotments; so, before this new funding can be accessed, states must demonstrate they have used all of their existing fiscal year 2009 DSH allotments. States must request the additional funds from CMS as part of their quarterly Medicaid budget request and the funds will be distributed as separate Recovery Act DSH grants.

"Thousands of hospitals around the country are the first place many families take their sick children for care or the only place where some of the more than 45 million uninsured Americans can receive some form of health care," said Acting HHS Secretary Johnson. "The funding from the Recovery Act will help ensure hospitals can keep their doors open to the people who need care most."

To see a complete list of the revised DSH allotments that include additional funding provided through the Recovery Act, please visit <http://www.hhs.gov/recovery/cms/dshstates.html>. To track the progress of HHS activities funded through the Recovery Act, visit www.hhs.gov/recovery. To track all federal funds provided through the Recovery Act, visit www.recovery.gov.

ANA Testifies Before the *Institute of Medicine* on Nursing's Priorities for Health Care Research Spending

SILVER SPRING, MD—As part of its long-standing commitment to enacting meaningful healthcare reform, the American Nurses Association (ANA) testified March 20, 2009, before the independent Institute of Medicine (IOM), identifying how the work of nurses can be included in studies aimed at improving patients' health and determining outcomes from nursing interventions.

"How we keep people healthy is as important as how we treat their diseases," said ANA's Chief Programs Officer Mary Jean Schumann, MSN, MBA, RN, CPNP. "Comparative effectiveness research must address the maintenance of health in addition to treatment of disease."

IOM invited ANA, along with the American Medical Association, American Academy of Family Physicians and other groups to provide recommendations on how to spend \$400 million allocated in the American Recovery and Reinvestment Act of 2009 (the Stimulus Bill) toward comparative effectiveness research (CER), which evaluates how different treatment therapies for a certain health condition compare to each other. The Stimulus Bill requires the IOM to submit a report to Congress and the U.S. Department of Health and Human Services by June 30, 2009, that provides recommendations for spending the comparative effectiveness research funds ANA emphasized that nursing's perspective

in evaluating how to improve care and decrease costs comes from its constant vigilance and engagement in the healthcare system, regardless of setting, population or specialty.

Among the recommendations ANA offered to the IOM Committee on Comparative Effectiveness Research Priorities were:

- Incorporate the nursing performance measures tracked by ANA's National Database of Nursing Quality Indicators® (NDNQI®), such as patient falls and hospital-acquired pressure ulcers, into the CER agenda.
- Base research priorities on the six priorities and goals identified by the National Priorities Partnership, a group of national organizations, including ANA, working toward health care system change. The Partnership, established by the National Quality Forum, supports goals such as engaging patients in managing their health, coordinating care, improving safety and eliminating overuse of care.
- Study the systems and delivery models that incorporate registered nurses, advanced practice registered nurses (APRNs) and other professions to determine the best provider mix and most effective collaboration models to provide the best care outcomes.

Membership

ANA-Maine Membership

MEMBERSHIP BENEFITS

The American Nurses Association-Maine (ANA-Maine) is part of the federation of Constituent Member Associations (CMAs) of the American Nurses Association. Therefore, your membership in ANA-Maine becomes part of an influential and effective national network of registered nurses who impact the nursing profession.

When you JOIN ANA-MAINE, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. Together we can make a difference! As a full member—you are a full voting member in ANA-Maine and the American Nurses Association and entitled to valuable products and benefits that help you:

Be heard: Advocating for nurses where it matters

- Federal lobbying on issues important to nursing and health care—issues such as safe staffing, nursing workforce development, overtime pay and access to care.
- State-wide phone or e-mail campaigns on issues vital to your scope of practice and support of your efforts as a Legislative Buddy with your Maine State Legislator.
- Representing nursing where it matters on a national level, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Human Services and many others, right up to the White House.
- Speaking for nursing through the media including stories in the Wall Street Journal, Chicago Tribune, USA Today, 60 Minutes, NBC Nightly News, CNN, and NPR to name a few.
- Speaking for U.S. nurses as the only U.S.A member of the International Council of Nurses and attending meetings of the World Health Organization.

Guide the Profession: Ensuring nursing quality and safety

- Maintaining the Code of Ethics for Nurses which was first developed by ANA in 1926.
- ANA develops and publishes the Scope and Standards of practice for nursing and many of its specialties.
- Through the National Database on Nursing Quality Indicators, ANA is collecting data that link nurse staffing levels to quality nursing care.
- Addressing workplace hazards such as back injuries, latex allergies, safe needles and workplace violence.

Influence Decisions: Becoming involved

- Join one of the many committees and boards at the national, state and local level that are shaping the direction of the association and the profession.
- Participate in member surveys that let you influence the association's agenda.

Promote yourself: Professional development tools and opportunities

- Members save up to \$140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org—ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center—developed in cooperation with Monster.com.

Stay informed: Publications that keep you current

- Free subscription to The American Nurse—a \$20 Value.
- Free online access to OJIN—the Online Journal of Issues in Nursing.
- Free subscription to The Journal, ANA-Maine's state newsletter.
- Free access to ANA's Informative listserves including—Capitol Update and Members Insider.
- Access to the new Members Only web site of NursingWorld.org.

Save money: Discounts and privileges for members

- Professional Liability Insurance—a must have for every nurse, offered at a special member price.
- Introducing ANA Nursing Rewards+, the rewards credit card that designed just for nurses. Developed by the American Nurses Association and National City Bank, the ANA Nursing Rewards+ Visa earns points with every purchase you make—and those points can be redeemed for travel, cash and rewards unique to the nursing profession! Combine that with a low interest rate—0% for the first six months—and you have a credit card that fits in anyone's wallet. [Apply Now.](#)
- Marsh Affinity Group Services—Major Medical, Dental Insurance and Best Benefits—Marsh Affinity Group Services can help you find and compare major medical plans, and tailor a plan to your needs. Our new Dental Insurance program covers not only the cost of routine care, but also special services. And the Best Benefits program provides discounts on such services as eyewear, prescription drugs, chiropractic and hearing services.
- Dell Computers—ANA is pleased to announce a new member benefit. ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133—refer to code HS45927362, or [visit Dell's web site.](#)
- CBCA Life and Health Insurance Plans—Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- Nurses Banking Center—free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule.
- Avis and Budget Car Rental—Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000 Call Budget—1-800-527-0700 and give ID# X359100
- VPI Pet Insurance Pet Insurance helps you take care of the other



ANA-MAINE MEMBERSHIP APPLICATION

P.O. Box 3000 • PMB #280 • York, ME 03909 • www.anamaine.org
info@anamaine.org

Last Name _____ First Name _____ MI _____

Credentials _____

Home Address _____

Home Address _____

Home City _____ State _____

County _____

Employer Name _____

Employer Address _____

Employer City _____ State _____

() - _____
 Home Area Code/Phone

() - Ext. _____
 Work Area Code/Phone

() - _____
 Home Fax Number

() - _____
 Work Fax Number

Home Zip Code _____

Home E-Mail _____

Work E-Mail _____

Employer Zip Code _____

_____/_____/_____
 Date

_____-_____-_____
 Social Security Number

 Basic School of Nursing

_____/_____
 Graduation (Month/Year)

 RN License Number

 License State

ANA-MAINE MEMBERSHIP DUES

Membership Category (check one)

- M Full Membership Dues**
- \$240—Employed Full Time
 - \$240—Employed Part Time
- Available to any registered nurse in a US state, territory or possession and whose license is not under suspension or revocation in any state.
- R Reduced Membership Dues**
- \$120—New Graduate of a basic nursing education program provided the application is initiated within 6 months after graduation.
 - \$120—62 years of age or over and not earning more than Social Security allows.
 - \$120—62 years of age or over and not employed.

ANA-Maine 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 ANA-Maine/ANA is not deductible as a business expense and changes each year. Please contact ANA-Maine for the correct amount.

"NOTE" *By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA-Maine/ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA-Maine/ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA-Maine/ANA will charge a \$5 fee for any returned drafts or chargebacks.

Choice of Payment (please check)

- E-Pay (Monthly Electronic Payment)**
 This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
- Checking:** Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.
- Credit Card:** Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

MONTHLY ELECTRONIC DEDUCTION AUTHORIZATION SIGNATURE
 SEE "NOTE" BELOW

- FULL ANNUAL PAYMENT**
- Check payable to "ANA-MAINE"
 - Visa MasterCard
- CREDIT CARD INFORMATION**

Bank Card Number _____ Expires: Month/Year _____

Signature for Bank Card _____

Printed Name _____ AMOUNT \$ _____

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

ANNUAL CREDIT CARD PAYMENT AUTHORIZATION SIGNATURE SEE "NOTE" BELOW

Please mail your completed application with payment to:

ANA-MAINE
 c/o American Nurses Association
 Customer & Member Billing
 P.O. Box 17026
 Baltimore, MD 21297-0405

Or you may fax this completed form with your credit card payment to:

ANA-MAINE
 c/o American Nurses Association
 Fax: (301) 628-5355

TO BE COMPLETED BY ANA-MAINE

Maine STATE _____ DISTRICT _____ REGION _____

Expiration Date ____/____/____

Employer Code _____ 8/31/2005

Approved by _____ Date _____

Amount Enclosed _____ Check # _____

Sponsor, if applicable: _____

ANA-Maine membership # _____

- members of your family—your pets. A VPI Pet Insurance policy provides affordable health coverage to help you pay the treatment costs for your pet's accident, illness and routine medical care. As a member of the ANA, you are eligible to receive a discount off the base premium, which makes a VPI Pet Insurance policy even more affordable.
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
 - Online discounts on all your floral needs through KaBloom.

WAYS TO GET INVOLVED

Your Participation is the Key to Higher Standards of Nursing Practice

Members of ANA-Maine have the power to influence nursing practice in Maine by their involvement in a number of ways within the association, which include:

- **ATTEND THE ANNUAL ANA-MAINE BUSINESS MEETING.** Many decisions are made at the annual meeting. This is a great time to learn about the work of your organization and meet other members from across the State as well as pick up a few contact hours.
- **SERVE ON ONE OF ANA-MAINE'S MANY STANDING COMMITTEES.** This is a great way to influence the direction of the organization and nursing practice in Maine.
- **BECOME POLITICALLY ACTIVE.** Share your e-mail address with us (send it to info@anamaine.org) and become an active part of the many legislative e-mail campaigns. In this way you can have an opportunity to influence legislation impacting on nursing practice, the nursing profession and the people receiving health care in this great State. Learn how to go about being a legislative buddy and let your legislator know how his or her decisions impact nursing care in Maine. Get involved with the [ANA Political Action Committee](#). Follow candidates for political office and discover their views on issues that affect nursing in Maine.
- **COMMUNICATE YOUR VIEWS AND THOUGHTS TO NURSES WHO ARE OFFICERS OR COMMITTEE**

MEMBERS. ANA-Maine can only speak for the nurses of Maine if Maine nurses speak up. Contact one of the officers or committee members you know or e-mail us at info@anamaine.org.

- **RUN FOR ELECTED OFFICE.** Member participation in leadership positions is essential for the success of ANA-Maine.

ANA-MAINE MEMBERSHIP CATEGORIES

There are two categories of membership (full and reduced membership categories) in ANA-Maine and three types of memberships to choose from:

- **Full Dues Membership:** Available to any registered nurse in the State of Maine whose license is not under suspension or revocation.
- **Active Member**—Dues \$240
- **Reduced Dues Memberships:**
- **Active Member Retired**—Available to any registered nurse, 62 years of age, not earning more than the maximum Social Security system allows, or 65 years of age and not employed. Dues \$120.
- **Active Member New Graduate**—Available to any graduate of a basic nursing education program provided the application is initiated within six months after graduation. Dues \$120.

ANA-Maine dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

JOIN ANA-MAINE ONLINE

To join ANA-Maine online go to the online membership form.

ANA-MAINE MEMBERSHIP APPLICATION [PDF]

Download Application—If you don't want to join online, you may download a PDF file of membership application form, complete and return by mail with a check.

COMPLETE APPLICATION AND MAIL WITH PAYMENT TO:

American Nurses Association-Maine, c/o American Nurses Association
 Customer & Member Billing, P.O. Box 17026, Baltimore, MD 21297-0405
 Or fax completed form with credit card payment to: (301) 628-5355.