Board of Nursing’s Pat Noble and Senator Hollinger to Open 105th MNA Convention

Maryland nurses will have an opportunity to hear the new Executive Director of the Maryland Board of Nursing, Pat Noble, MS, RN, as she opens the first day of the 105th MNA Convention on Thursday, October 16 in Linthicum. Former Senator Paula Hollinger, now working on the nursing shortage for the Maryland Department of Health and Mental Hygiene (DHMD) will open on Friday, October 17. There is a special session for nursing students on Thursday afternoon. Convention attendees will earn contact hours for each session. More information and registration materials are in this issue of The Maryland Nurse.

Leadership for Healthcare Change
JOIN US: October 16 & 17, 2008 at the Maritime Institute Conference Center, Linthicum, MD for the Maryland Nurses Association 105th Annual Convention

Thursday October 16, 2008
KEYNOTE: Patricia Noble, MSN, RN Executive Director Maryland Board of Nursing

Friday October 17, 2008
KEYNOTE: The Honorable Paula Hollinger, RN

Marylanders at ANA Lobby Day

Marylanders at ANA Lobby Day in June participated in an orientation session, followed by visits to their representatives in Washington, D.C. From left to right: Graham Bannerman (Columbia Union College-CUC Student), Jessica Suh (Legislative Representative for MANS), Brenda Afzal (District 2 Board), Gewreka Nobles (MANS advisor), Ronnalee Netteberg (CUC faculty), Mary Pat Howard (Dist. 2 President), Hershaw Davis (MANS President), Rosemary Mortimer (MNA President), and David Johnson (CUC student). Photo by Nayna Philipsen, MNA Legislative Chair

Tim Porter-O’Grady Delivers Opening Plenary at 2008 LEAD Summit

“You can’t take care of your patient if you don’t take care of yourself and your profession.”

Tim Porter-O’Grady, RN

by Nayna Philipsen, JD, PhD, RN, Coppin State University

Tim Porter-O’Grady, DM, EdD, APRN, FAAN, described the future of the nursing workforce as he delivered the Opening Plenary presentation at the 2008 LEAD Summit of the Center for American Nurses (CAN) in Washington, D.C. in June.

“Experience is not sufficient for competence,” he told the crowd of over 300 nursing leaders from throughout the United States. “A nurse with years of experience is experienced in an age that we are now leaving.” Evidence-based practice is the way nurses do our work in this age, and it is a “digital dynamic.” Nursing is a knowledge-based profession, requiring access to information, utilization of that information, and changing the information.

The nursing profession is moving forward, but Dr. Porter-O’Grady warned that “if nurses are oppressed enough, somebody else will take over.” Being “too busy” is not new to nurses. Running from task to task, instead of thinking, is an indicator of oppression.

Future nurses will be outcomes based. “It doesn’t matter how much you do; it’s whether it makes a difference. It is not volume, it’s value.”

Dr. Porter-O’Grady, himself an Associate Degree nursing graduate, pointed out that nursing requires lifelong learning, not practice according to static models. He holds graduate degrees in clinical leadership and two doctorates, one in learning behavior and a second in organizational and systems leadership. He is a 5-time winner of the ANA Healthcare Book of the Year Award and is active in professional organizations.

Inside this Issue...

- MNA Practice and Education Survey
- Scholarship Opportunities from Nursing Foundation
- Registration Information for MNA’s 105th Convention
- Board of Nursing’s Pat Noble goes to School
- Delegate Nathan-Pulliam Busy on Nurses’ Day
- Foundation Scholarship to Honor Mae Muhr
- New BSN Program at Morgan
- Madeline Turkeltaub, MNA President
- Western Maryland AHEC Announces November Conference
- MNA Delegates to the ANA Convention
- Reports from ANA Convention
- Advanced Practice Nurse Interview
- ANA Moves to Restrict Patient Access to Nurses
- Sinai Hospital Earns Magnet Status
- Advanced Practice Nurses Donate Service
- Is Health Care Finally “Going Green?”
The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at marylandnurse@marylandrn.org. Be sure to include your name and contact information.

Please Send In Your Nursing News

The Maryland Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Subscription price of $20.00 yearly.

November/December/January 2009

Revised 6/4/04

The Editorial Board welcomes articles for publication. There is no payment for articles published in The Maryland Nurse and authors are entitled to free reprints.

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

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

Many publications accept articles as is. However, to meet The Maryland Nurse’s editorial board and publisher’s requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board’s comments or suggestions.

It is standard practice for articles to be published in only one publication. If your submission has been previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and supporting documents, as appropriate.

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care.

Revised 6/4/04

If you are interested in reviewing, reporting, or writing for the Maryland Nurse, contact us.

Contact us at marylandnurse@marylandrn.org

August, September, October 2008

The MNA Practice and Education Committee would like to know what the nurses of Maryland think about the direction of nursing education in the future. To take our 10 question survey, go to this link:

http://www.surveymonkey.com/s.aspx?sm=kY_2fWmN7CnjzBZZ_2hPkKkgiQ_3d_3d.

We will share preliminary results at the convention in October. See you there!

August, September, October 2008
by Rosemary Mortimer, MNA President

The nine Maryland delegates to the American Nurses Association came home tired but exhilarated to have participated in a convention that should really make a difference for all nurses. The delegation came together quickly, and though not everyone knew each other we quickly found how similarly we all thought on many of the issues. It was a good hard working group who really thought about the issues and voted the way we hoped our Maryland colleagues would want us to. The two most important parts of the convention for me were a new bylaws amendment and a resolution.

It was amazing and gratifying to be in the same room with 600 delegates who debated numerous bylaw changes and resolutions that will directly impact patient care. I always enjoy being at national meetings and noting that regardless of where we come from, nurses really do keep patient care at the forefront. I always enjoy listening to the different regional accents. Maryland’s nine member delegation and one non-voting member discovered that only 2 had been born in Maryland and two in Massachusetts. Four of us were military veterans. Interesting what a transient state we are!!!

One of the poignant times was when every state president got up and presented the Nightingale Tribute, reciting the names of the members of their state who had passed away since the last convention. It was a time for reflection, time to shed a few tears, and one could hear a pin drop as the names were spoken. It served as a fitting tribute to those who loved our profession but are no longer with us.

We were able to include our former MNA president Madeline Turkeltaub who died only days before the Tribute.

One bylaw amendment that had tremendous appeal to me was the addition of a member of the ANA Board of Directors who will be a recent graduate out of school no more than five years. Many members of the NSNA and our own Maryland Association of Nursing Students (MANS) Board members were present to hear and participate in the discussion. There were concerns raised as to whether these new nurses would have the time to give to the association. Any of us who have been privileged to participate in MANS or NSNA knew that not only would these new graduates have the time, the experience will be invaluable for them and even more so for the ANA Board who will have much to learn from them. Without a doubt they are our future and we need to and must hear from them. I was personally and professionally ecstatic when the amendment passed overwhelmingly!!!

There was an interesting discussion regarding a proposal that New Jersey and New York have been working on to require a BSN for permanent nursing licensure in ten years or less after the initial time of licensure. This is NOT an entry into practice issue but one of continued professionalism. All nurses currently licensed would be “grand-mothered” in and the start date would be clearly noted for all students when they began their initial nursing programs. There was strong sentiment that this is what professional nurses really want and need, and that legislation will encourage employers to help make this happen for employed nurses. It would seem that the time for this has come, and the entire assembly voted to support work toward this legislation. Our 2008 MNA Convention Committee has requested speakers to come to our October convention to speak about this topic, and to discuss its implications for eventual legislation in this state.

The MNA Convention will be October 16 & 17 at the Maritime Institute in Linthicum. The Committee have some wonderful speakers coming. We will be graced by Sister Rosemary Donnelly from The Catholic University of America, and Ms. Pat Noble, the new Executive Director of the Maryland Board of Nursing, to name just two. Hope to see you and all our nursing colleagues and as many students as possible at the Maritime Institute!!!

Message from the President:
2008 ANA House of Delegates Promotes Nursing Education, Adds a New Grad to the ANA Board
The Nursing Foundation of Maryland Scholarship Opportunities

The Nursing Foundation of Maryland is pleased to announce five scholarships to be awarded at the 2008 Convention of the Maryland Nurses Association.

Curves Mid-Atlantic Scholarship
The Nursing Foundation of Maryland is pleased to announce that through the Foundation's partnership with Curves Mid-Atlantic a $1,000 scholarship will be awarded to a student entering a basic registered nursing program or a nursing student in a basic nursing program. This may apply to a second degree student seeking a degree in nursing. Curves is dedicated to helping women become and stay fit and healthy and through this scholarship is also committed to the education of nurses who help to ensure the health of the people for which they care.

Arthur L. Davis Publishing Scholarship
The Nursing Foundation of Maryland is pleased to announce the “Arthur L. Davis Publishing Scholarship” for 2008. Art Davis established the Arthur L. Davis Publishing Company, the publisher of The Maryland Nurse. Now retired, the business he began remains a family business dedicated to supporting the nursing community. This scholarship was established in 2003. This year the scholarship will be awarded to two deserving applicants in the amount of $500 each, one who is pursuing a master’s degree in nursing as part of the preparation to teach in a nursing program in the state, and a second for an associate degree student enrolled in a baccalaureate completion program.

Ruth Hans Educational Scholarship
The Ruth Hans Educational Scholarship was awarded for the first time in 2006. It is established in the name of a true champion of nursing. Ruth was a graduate of Lutheran Hospital of Maryland School of Nursing and this scholarship is being founded by the Nurses’ Alumnae Foundation of Lutheran Hospital of Maryland, Inc. and the Nursing Foundation of Maryland. Ruth was dedicated and committed to nursing and her compassionate spirit provided a learning setting where student nurses were empowered, had a voice and were highly respected for their individual ideas, skills and talents. This $100 scholarship will be awarded to a student entering a baccalaureate nursing program or a nursing student in the second degree student seeking a baccalaureate degree in nursing.

The Mae Muhr Master’s Student Nursing Research Poster Award
The Nursing Foundation of Maryland has established the Mae Muhr Master’s Student Nursing Research Poster Award for a Master’s Degree candidate in a Maryland nursing school. This is the first year that the Poster Award is offered. It was established to honor Mae Muhr, a Maryland leader in nursing education and professionalism. Up to two awards for $500 will be presented to graduate students who present a poster at the MNA 2008 Convention’s poster session describing their research in nursing. The applicant’s research interest must focus on a nursing topic which directly affects patient/client care. The applicant must be sponsored by a nursing faculty member (MSN or PhD credentials) with current engagement in nursing research, who can attest to the applicant’s ability to develop and conduct a research project.

Maryland Foundation Nursing Education Scholarship
The Nursing Foundation of Maryland is pleased to announce this scholarship to promote lifelong learning and the BSN degree for Maryland nurses. The Maryland Foundation Nursing Education Scholarship will be awarded to an RN to BSN or RN to MSN Maryland nursing student who exemplifies academic achievement, leadership and community service as required in the criteria. The scholarship is for $1,000.

Application Process for All Scholarships
The application deadline for all scholarships is September 22, 2008. All scholarship awards will be given during MNA’s convention at the Award Banquet to be held on October 16, 2008. Application materials may be obtained on line at www.marylandrn.org then click “Convention” or by contacting the Nursing Foundation of Maryland at 410-944-5800.
Welcome New & Reinstated Members

District 1—Allegany & Garrett Counties
Nicole Bonner
Zelda A. Faik
Sue Kimberly Maynard

District 2—Carroll, Baltimore, Howard Counties & Baltimore City
Brenda M. Alizal
Jacqueline K. Alligood
Amy K. Borth
Sengbu Bu
Theresa Michelle
Burchick
Clemente Aurora Butalid
Barbara D’Anna
Deborah A. Engel
Susan Helen Grady
Manizheh Habibian
Shenae Harold
Nancy A. Hedden
Martha A. Hite
Mary P. Howard
Vanetta V. James
Beth M. Kilmoyer
Rebecca A. Khitcheksi
Daniel D. Kopp
Robert A. Long III
Carmen Mahers

District 3—Anne Arundel County
Jacqueline Agnew
Roberta Anderson
Hilary A. Boyce
James M. Earley
Nancy L. Eaton
Nancy L. Eaton
Susan D. MacMillan

District 4—Kent, Queen Anne’s, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties
Lisa Botsis
Lisa A. Jeffers

District 5—Montgomery & Prince Georges Counties
Mary Ackah Pinkrah
Mary E. Blaber
Stephanie S. Bronsky
Gina S. Brown
Carly M. Clayton
Cari A. Cozzarelli
Catli Maria Victoria Furaon

District 7—Harford & Cecil Counties
Christine L. Copeland
Sharol L. Dudley-Brown
Ruth Fernando
Jennifer J. Gardner
Joyce Holland

District 8—Washington & Frederick Counties
Maura David
Joann M. Doherty
Kristy D. Fisher
Phylis Jones
Jodi L. McGreen
Evelyn K. Ogendi
Katherine D. Rabon

District 9—Charles, Calvert, St. Mary’s Counties
Katharine J. Besch
Alberta L. Hickman
Jennifer M. Ledford
Laura A. Palmer

Date Location Title CE Provider Contact
August 6 –December 17 Online Ostomy Management Education Program ANCC Accredited University of Washington, SON noleannh@u.washington.edu 206-221-2351

September 9 November 11 Four Points Sheraton at BWI Baltimore MD American Legal Nurse Consultants Dinner Meeting ANCC Accredited American Legal Nurse Consultants www.ancc-balt.org 410-244-7824

September 19 –December 5 Seattle (TBA) Nursing Leadership & Management in Long Term Care ANCC Accredited University of Washington, SON ucnec.org 206-4963

September 24 October 3, 13, 15 Call for Location Asthma Management & Education ANCC Accredited Asthma & Allergy Foundation of America LaSonia@aaaf.org 202-466-7643 X227

September 25 Atlantic General Hospital, Conference Room 2 Comprehensive Respiratory Assessment ANCC Accredited Atlantic General Hospital bmanion@atlanticgeneral.org 410-641-9275

Present
Online Nursing Grand Round Wound Academy Geriatric Health Promotion ANCC Accredited University of Washington, SON ucnec.org 206-543-1047

October 16-19 InterContinental Hotel on the Plaza, Kansas City, MD Creating Jazz Transforming Exchanges in Education & Practice 35th Annual National Conference on Professional Nursing Education & Development ANCC Accredited University of Kansas Continuing Education iuce@ku.edu 785-864-4790

October 16 Maryland Hospital Association Elkridge MD 2008 National Participants Conference: Keep the Planes Spanning ANCC Accredited Maryland Hospital Association www.qipproject.org 410-379-6200

November 12 University of MD, SON Environmental Excellence in Healthcare: Promoting Healthy Patients, Employees, and Communities in Maryland ANCC Accredited Healthy Environment (MD H2E) email: linda.lindquist.mdh2e@gmail.com

November 15 Hilton Baltimore Hotel, Baltimore, MD A Woman’s Journey Contact Hours Applied for Johns Hopkins Medicine Convention Center 410-955-9660 email: womanmansjourney@jhmi.edu

Continuing Education Calendar
MARYLAND NURSES ASSOCIATION
Leadership For Healthcare Change
105th Annual Convention
October 16 & 17, 2008
The Maritime Institute Conference Center
Day I—Thursday, October 16, 2008

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30–8:00 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00–8:45 AM</td>
<td>Registration/Exhibitors Continental Breakfast</td>
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</table>
| 8:45–9:30 AM  | Welcome: Rosemary E.S. Mortimer, MSEd, MS, RN President Maryland Nurses Association
               | Keynote: Patricia Noble, MSN, RN Executive Director Maryland Board of Nursing |
| 9:30–10:00 AM | Break/Exhibitors                                                      |
| 10:00–11:00 AM| Concurrent Sessions 1                                                 |

<table>
<thead>
<tr>
<th>Session 1A</th>
<th>Session 1B</th>
<th>Session 1C</th>
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<tbody>
<tr>
<td>CMS Initiatives</td>
<td>Nursing Issues for Maryland in 2009: How Nurses Will Lead</td>
<td>Health Effects of Global Warming and the Role of the Registered Nurse in Healing the Planet</td>
</tr>
<tr>
<td>Barbara Connors, D.O., MPH</td>
<td>Nayna Philipsen, JD, PhD, RN, FACCE</td>
<td>Kristen Welker-Hood, ScD, MSN, RN</td>
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<tr>
<td>Patricia Tuckerson, RN, BSN</td>
<td>Rebecca L. Colt-Ferguson, BSN, MS, NCSN</td>
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<td></td>
<td>Robyn Elliott, MHA MNA Lobbyist</td>
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| 11:00–11:15 AM| Break/Exhibitors|
| 11:15–12:15 PM| Concurrent Sessions 2|

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<tr>
<th>Session 2A</th>
<th>Session 2B</th>
<th>Session 2C</th>
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<tbody>
<tr>
<td>Relaxation and Stress Management for Nurses</td>
<td>Leadership Opportunities in Aging: The Changing Face of Geriatric Nursing</td>
<td>Inconsistencies between CPR Preferences and End-of-Life Treatment Preferences: A Secondary Data Analysis of the SUPPORT Study</td>
</tr>
<tr>
<td>Beverly Pierce, MLS, MA, RN, CHTP</td>
<td>Mary C. Fridley, RN, BSN, BC</td>
<td>Jean M. Seifarth, RN, MS, APRN-BC</td>
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| 12:15–1:45 PM| Awards Luncheon Workforce Solutions–Beth A. Batturs, RN, MSN|
| 2:00–3:00 PM| Concurrent Sessions 3|

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<thead>
<tr>
<th>Session 3A</th>
<th>Session 3B</th>
<th>Session 3C</th>
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<tbody>
<tr>
<td>If You Build It–They Will Come: Essential Elements of New Graduate Nurse Internships Programs</td>
<td>Why Health Care Reform is Important to Maryland Nurses</td>
<td>The Governor’s Health Quality and Cost Council–What Is It?</td>
</tr>
<tr>
<td>Janice Hoffman, PhD, RN, CCRN</td>
<td>Anne S. Kasper, Ph.D Leni Preston</td>
<td>Kathleen White, PhD, RN, CNAA, BC</td>
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</tbody>
</table>

| 3:00–3:15 PM| Break/Exhibitors|
| 3:15–4:15 PM| Concurrent Sessions 4|

<table>
<thead>
<tr>
<th>Session 4A</th>
<th>Session 4B</th>
<th>Session 4C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice &amp; Education Issues of Importance to Maryland Nurses Update By MNA P&amp;E Committee</td>
<td>Nurses Helping to Shape the Future of Military Health Care</td>
<td>School Nurses</td>
</tr>
<tr>
<td>Joann Oliver, MNEd, BSN, RN, NCSN Barbara D’Anna, DSL, RN, MSN, CNOR Tina Zimmerman, MSN, RN Karen Evans, MSN, RN</td>
<td>Colonel John S. Murray, PhD, RN, CPNP, CS, FAAN</td>
<td>Nancy Eaton, RN, MS, NCSN</td>
</tr>
</tbody>
</table>
MARYLAND NURSES ASSOCIATION

Day II—Friday, October 17, 2008

7:30–8:00 AM  Registration

8:00–8:45 AM  Registration/Exhibitors
Continental Breakfast

Keynote Address
8:45–9:30 AM  Keynote—The Honorable Paula Hollinger, RN

9:30–10:00 AM  Break/Exhibitors

10:00–11:00 AM  Concurrent Sessions 5

<table>
<thead>
<tr>
<th>Session 5A</th>
<th>Session 5B</th>
<th>Session 5C</th>
</tr>
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<tbody>
<tr>
<td>Cultural Competence: From National Standards to Practice</td>
<td>Breastfeeding Science and Promotion</td>
<td>Workplace Violence: Evidenced Based Approaches for Patient and Staff Safety</td>
</tr>
<tr>
<td>Kathryn A. Paez, PhD, RN, MBA</td>
<td>Nayna Philipsen, JD, PhD, RN, FACCE</td>
<td>Elise M. Handelman, RN, MEd, COHN-S, FAAOHN</td>
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<tr>
<td>Patricia Bascietto, RN, BSN, IBCLC</td>
<td>Lily Fountain, MS, CNM, RN</td>
<td>Kathleen M. McPhaul, PhD, MPH, BSN, RN</td>
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<td>Dana Lise Silver, MD, FAAP</td>
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11:00–11:15 AM  Break/Exhibitors

11:15–12:15 PM  Concurrent Sessions 6

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<thead>
<tr>
<th>Session 6A</th>
<th>Session 6B</th>
<th>Session 6C</th>
<th>Session 6D</th>
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</thead>
<tbody>
<tr>
<td>Community Associated MRSA: What is it, Who gets it, How to Prevent it?</td>
<td>Educational Advancement for Registered Nurses</td>
<td>Nurses' Role in Greening their Health Care Settings</td>
<td>From Theory to Practice: Lessons Learned from the First Year as a New Nurse</td>
</tr>
<tr>
<td>Brenda J. Roup, PhD, RN, CIC</td>
<td>Barbara Chamberlain, DNSc, APN, WCC, CCRN President, NJSN</td>
<td>Denise Choiniere, RN, BSN</td>
<td>Rachel Klimmek, RN, BSN</td>
</tr>
</tbody>
</table>

12:15–1:45 PM  Luncheon Speaker
Why Leadership in Healthcare is Needed
Sr. Rosemary Donley, PhD, APRN, BC, FAAN

1:45–4:15 PM  Annual Business Meeting

This educational activity is being provided by the Maryland Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Lodging Information
The Maritime Institute has reserved a block of rooms for the MNA Convention. Individuals wishing to stay at the Maritime Institute must make their reservations no later than October 1, 2008. A standard room is $130.00 per night single occupancy and $175.00 per night double. The package includes dinner. There is a full recreational facility with a pool, gym and game room. Parking is free. You can call 410-859-5700 then dial “O” to reserve a room. Make sure you indicate you are with the Maryland Nurses Association.

Attention: Nursing Faculty: SPECIAL STUDENT LEADERSHIP TIME AND RATE
Convention sessions on Thursday, October 16, 2008 from 2:00–4:15 PM will be available to nursing students currently enrolled in an undergraduate level nursing program for a discounted rate of $10.00 per student. Student rate is only available to pre-registered students. Students requesting this special rate must present valid school ID upon check in. Students must register by September 22, 2008 in order to receive this special rate.
Leadership for Healthcare Change
105th Annual Meeting of the Maryland Nurses Association
October 16 & 17, 2008 - Maritime Institute Conference Center

REGISTRATION FORM

Name (Please Print) ______ Credentials ______
Home Address _______________ City ___ State _____ Zip ______
Daytime Phone (____) _______ Email ______

EARLY REGISTRATION—Before September 30, 2008—Fee Includes Meals

Please circle applicable dollar amount

Full 2 Day Convention Thursday or Friday

MNA Member $235 $145
Full-Time Student $90 $50
Non-Member $265 $185

LATE REGISTRATION After September 30, 2008—Add $40—One day participants add $20

Awards Luncheon: (October 16)
(Included in Conference Fee. Additional Tickets available for $25 each.)

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

Breakout Sessions:

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

Thursday A B C Friday A B C D
1. 10:00 am 5. 10:00 am
2. 11:15 am 6. 11:15 am
3. 2:00 pm
4. 3:15 pm

Payment Information: Total Due $____________

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

VISA, MC ___ Exp. Date ___ Signature ___

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

Questions? Phone: 410-944-5800 Fax: 410-944-5802 email: info@marylandrn.org

Members 65 years and older please call for rate information. Faculty bringing 10 or more students call for special pricing. Business Meeting open to Members Only at no charge. Cancellations will be accepted until October 3, 2008; a $25.00 administrative fee will be charged. After that date, no refunds will be made.

ANA Inducts Dr. Hattie M. Bessent into Its Hall of Fame

The American Nurses Association (ANA) proudly recognized Hattie M. Bessent, MSN, EdD, RN, FAAN, with its Hall of Fame Award at the association’s 2008 Biennial House of Delegates meeting in Washington, DC on June 26, 2008. Dr. Beverly Malone, the second African American President of ANA and former Deputy Secretary of DHHA and ANA President Rebecca M. Patton praised Dr. Bessent as “a woman of extraordinary talent who created extraordinary opportunities for minorities.” In accepting the award, Dr. Bessent told the nurses present that “My path moves toward a more perfect union,” and urged nurses to “Please continue to do what is right.”
Registered Nurse License Plates
Get Yours Today

The Maryland Nurses Association is offering you the opportunity to have specialized RN License Plates for your car. The plate, which has been authorized by the Maryland Motor Vehicle Administration, carries the Florence Nightingale lamp and the acronym RN.

To receive your plates you will need to mail to the MNA office the following:

Your full name

Your Maryland RN License Number or a copy of your RN license (you must be a registered nurse in order to obtain these specialized tags).

A check or money order in the amount of $40 payable to:
Maryland Nurses Association

Mail to: MNA
21 Governor’s Court, Suite 195
Baltimore, MD 21244

Upon receipt of these materials you will receive an MVA application form from us which will need to be completed and returned to the MNA office. We will process your form and your new RN tags will be mailed directly to you.

Why not join your RN colleagues who already proudly display these distinctive tags? Contact us today. Questions? Call (410) 944-5800.

MAKE CHECK PAYABLE TO:
MARYLAND NURSES ASSOCIATION
$40.00

Board of Nursing
Goes to School

by Susan Fradkin, RN

On Monday, June 16, at the Community College of Baltimore County (CCBC), Catonsville Campus, students in Professor Virginia Byer’s Trends in Nursing class heard a talk on Discipline & Rehabilitation from Patricia Ann Noble, Executive Director of the Maryland Board of Nursing. Pat spoke about the types of complaints received by the Board and how they are processed. She gave students an insight into the Rehabilitation program and the illness of addiction. A lively question and answer session wrapped up the presentation, and new Nurse Practice Acts were distributed to all.

Professor Byer, RN, MSN, CS, said it means a lot to the students when the Board’s representatives take the time to explain the work of the Board. Pat found the group, which graduates in December, lively and engaged.
Delegate Shirley Nathan-Pulliam shared her life’s journey “from nurse to legislator” with Dr. Marcella Copes, Dean of the Helene Fuld School of Nursing at Coppin State University (CSU) and a packed audience of nurses and nursing students on Nurses’ Day in Baltimore. Delegate Nathan-Pulliam came directly to Coppin State University from celebrating Nurses’ Day at Baltimore City Community College with Chair Dorothy Holley and the Department of Nursing. “When Delegate Nathan-Pulliam shares the difficult route that she traveled, and we see that she got to where she is now,” said one student, “we know that there is hope. She put up with a lot, to become an LPN and all the way through to a Master’s degree from Johns Hopkins, she never stopped striving for her goal of being a professional nurse. She joined professional organizations, and volunteered a lot, so she had a team. If we persist, and we join together, we will make a difference. She makes it real.” Another student simply commented, “Delegate Nathan-Pulliam made me feel excited about becoming a nurse.”
Only ten days before her death, Mae Ann Muhr, a long-standing member of the Maryland Nurses Association and a nursing leader, left her Catonsville home, where she was in hospice care, and went in to the MNA offices to count election ballots as a member of the 2006 Tellers Committee. When her friend and colleague, Nancy Huff, asked her why she had come to MNA when she was so ill, Mae responded that she felt “too confined” at home. Mae Muhr proved herself a model of caring for her profession that none can surpass.

To the Editor

I am happy to provide feedback on your May, June, July 2008 edition of “The Maryland Nurse.” Unlike in the past, I was so excited to see more progressive views on maternal-child health. This edition was very well done for the hosting articles of the Business of Being Born, The Control of Childbirth, and the New DHA and Infant Formula Report.

I have often heard from my clients, families, and friends about how generally uninformed nurses are about the life cycle regarding childbirth and postpartum issues such as breastfeeding. Nurses in general seem to be so misinformed about these issues, as they received only the medicalized versions of these concepts in nursing schools and in their practical training.

Kudos to you and your staff for including articles that may help to educate the Maryland nurse. Indeed, it is needed, as Maryland has one of the worst infant mortality rates in the nation, and now the University of Maryland, Baltimore has discontinued its midwifery program.

Please continue with more of the above mentioned articles. Every little bit of the truth that gets out can improve the lives of mothers and babies who live in Maryland.

Best regards,

Pamela Jackson, RN
Bowie, Maryland

MBON Approves New BSN Program at Morgan

Morgan State University’s proposed undergraduate nursing education program was approved by the Maryland Board of Nursing (MBON) at their June 2008 meeting. The BSN, MSN and PhD had previously received approval from the Maryland Higher Education Commission (MHEC). The pre-licensure BSN required an additional approval from the Board of Nursing.

This approval comes at a time when Registered Nurses need a baccalaureate education more than ever, to enhance patient care outcomes and to build the numbers of nurses who are qualified to address the increasingly acute shortage of nursing instructors. Maryland has one of the most progressive articulation programs in the nation, approved by MHEC and the MBON, to encourage the transition from an RN to BSN for nurses.

Suburban Hospital Opens Stress Training to Maryland Nurses September 26-28, 2008

In response to an article published in the last issue of The Maryland Nurse (“Nurses’ Stress Is Focus of Meditation Course at Suburban Hospital”), Suburban received many requests for information about stress reduction for nurses. A weekend workshop, entitled Healing the Heart and Mind: Mindfulness Meditation for Health Care Providers, will be held Friday evening through Sunday, September 26-28, 2008 at the Bolger Center in Potomac, MD. This training, conducted by Michael J. Baime, MD, Director, Penn Program for Stress Management, will introduce mindfulness meditation through guided practice, discussion of the role of mindfulness in the clinical setting, and exercises demonstrating application of mindfulness in the patient-healer encounter. Participants will learn concrete tools to help manage stress, and cultivate presence and enhance connectedness in clinical practice. For details, contact Beverly Pierce, Director of Integrative Medicine Services at Suburban Hospital (bperce@suburbanhospital.org or 301-896-7667).

Foundation Scholarship to Honor Mae Ann Muhr

Mae died on October 21, 2006. The Mae Muhr Master’s Student Nursing Research Poster Award recognizes Mae’s devotion to quality nursing care through quality nursing education and support of MNA. The Award will be presented at the ANA Annual Convention in October.

Tax-deductible donations to the Mae Muhr Award Fund can be made payable to the “Nursing Foundation of Maryland” and mailed to the Foundation at: Maryland Nurses Association, 21 Governor’s Court, Suite 195, Baltimore, Maryland 21244-2721. More information about donations or the award can be obtained by calling MNA at 410-944-5800. Through the Foundation, nurses today can continue Mae’s vision for nursing in Maryland.
Maryland Association of Nursing Students (MANS) Board of Directors for 2008-2009 is excited to be working on behalf the nursing students in this great state. We are a diverse group who represent the various parts of our state. Our working theme for this year will be “Advocacy through policy and education.” We will work closely with the Maryland Nurses Association as well as the National Student Nurses Association to advocate for a better future for nursing. We have gotten off to a fantastic start by attending the American Nurses Association (ANA) Capital Hill Lobby Day and the ANA’s 2008 House of Delegates. A new graduate seat has been added to the ANA’s Board of Directors. We will all be waiting for the 2010 ANA House of Delegates to have perspective added through this new seat. We would like to thank the MNA for making us a part of the process and showing us how to advocate for our state on a national stage.

Our MANS Convention this year will be on January 31, 2009. (Snow date: February 7, 2009) It will be at the University of Maryland, School of Nursing, 655 West Lombard Street, Baltimore MD 21201. The time will be from 0800-1600. Our convention’s theme will be “Imagine the Possibilities: Nursing and the Future.” Registration will open on our website: July 31, 2008. We hope to see everyone there. We are excited to be working on your behalf as the nursing profession! We know that this year will be great!

The 2008–2009 MANS Board of Directors: President Hershaw Davis, Jr., University of Maryland, Baltimore, manspresident@gmail.com; Vice President Susan Lee, Community College of Baltimore County—Catonsville, mansvicepresident@gmail.com; Treasurer Shahde Graham-Coker, Bowie State University, mans treasurer@gmail.com; Secretary Keasha Esther, Bowie State University, manssecretary@gmail.com; Community Health Chair Amy Mellis, Community College of Baltimore County—Catonsville, manscommunity@gmail.com; Public Relations Chair Laurie Saoud, Community College of Baltimore County—Catonsville, mansprc@gmail.com; Membership/Nominations Chair Ana Soule, University of Maryland, Baltimore, Universities of Shady Grove, Rockville, mansselections@gmail.com; Breakthrough to Nursing Chair Evan Minarik, Salisbury State University, mansbtm@gmail.com; Legislative Chair Jessica Suh, Community College of Baltimore County—Catonsville, manslegislation@gmail.com; Faculty Adviser, Gewreka Nobles, Community College of Baltimore County, mansfaculty@gmail.com.

Maryland Association of Nursing Students (MNA) supports an integrated legislative approach that focuses on nurses, healthcare consumers, and the healthcare system.

MNA supports initiatives that:
• Promote quality nursing care through education and licensure;
• Address nursing recruitment, retention, diversity, the nursing workforce shortage and the nursing faculty shortage;
• Ensure and protect the rights of nurses to provide quality care within their full scope of nursing practice; and
• Promote healthcare consumer safety, education and self-determination.

Practice and Education Committee Update

by Barbara D’Anna, RN

Members of the MNA Practice and Education Committee have started meeting to discuss the revitalization and the direction of the committee. The MNA Practice and Education Committee is to serve its constituency by identifying, monitoring, and responding to issues that Maryland Nurses face during the course of their professional nursing practice. Further, the practice and education committee will monitor and respond to concerns that arise from and relate to professional nursing practice and education within the state of Maryland.

Initial membership includes members from each district and will be limited to fifteen members with representation from nursing administration, practice and education. Other members will be added in a task force capacity as monitored issues require additional expertise.

The Committee will use a four-tiered approach for tracking and monitoring issues: 1. Identification of practice or educational issues; 2. Solicitation of input; 3. MNA response to issues; and 4. Dissemination of response.

Sub-groups were formed to track/monitor issues representing three nursing practice areas: clinical practice, nursing education and nursing administration. The four issues identified for monitoring are ANA Proposal for BSN as entry level for nursing practice in 2012; Safe lifting practices; Staffing ratios; and Unexpected consequences during nursing care.

Committee members are: Joann Oliver, Chair; Barbara A. D’Anna, Vice-Chair; Rosemary Mortimer, Ex-officio; Patricia Travis, Ex-officio; Barbara Biedrzychi; Cheryl Dover; Karen Evans; Mary Fey; Jane Garvin; Janice Hoffman; Barbara Netzer; Barbara Olsen; Nancy Perry; Renee Winkfield; Tina Zimmerman, Dian Shaffer, and Nayna Philipsen. Interested members are invited to contact Board staff Pat Gwinn or Executive Director Ed Saddath at the MNA for more information.

Legislative Committee
2009 Legislative Platform

Maryland Nurses Association (MNA) supports initiatives that focus on nurses, healthcare consumers, and the healthcare system.

MNA supports initiatives that:
• Promote quality nursing care through education and licensure;
• Address nursing recruitment, retention, diversity, the nursing workforce shortage and the nursing faculty shortage;
• Ensure and protect the rights of nurses to provide quality care within their full scope of nursing practice; and
• Promote healthcare consumer safety, education and self-determination.

Join MNA Today!
Updating Member Contact Information

by Ed Suddath, Executive Director

MNA uses member contact information to send state and national announcements about activities and issues that are important for nurses. MNA members can now update their contact information, used only by ANA and MNA, by going to the ANA web site, www.nursingworld.org. Click on the “Members Only” line on the left-hand side of the page; enter their Username (which is their email address) and their password (their last name unless they have changed it to something else); then click on the “My Profile” line on the left-hand side of the page, which will take them to a page titled “Update/Modify Your Profile” that contains their information. On this page, members can change any of their information, including adding or changing their email addresses. Once they have made changes, they click “Save” button at the bottom of the page. Fields marked in red are required. Once the “Save” button is hit, their information is updated immediately via real time.

If a member doesn’t remember her/his log-in information or needs assistance, they can contact the Membership Department at ANA by calling 1-800-923-7709. MNA members who need further assistance can call their Executive Director, Ed Suddath, at 410-944-5800. Updated contact information, especially new email addresses, is important to receive the full benefit of MNA and ANA membership.

Madeline Turkeltaub, MNA President 1997-1999

Madeline (“Maddie”) Turkeltaub, Nurse Practitioner and President of the Maryland Nurses Association from 1997 to 1999, was honored during the Nightingale Tribute by the Maryland Delegation to the ANA 2008 House of Delegates in Washington, D.C., only six days after her death on June 21 at Memorial Sloan-Kettering Cancer Center in New York City.

Madeline Turkeltaub was also a member of the Maryland Board of Nursing from 1984 to 1993, and served as the Board’s president from 1991 to 1993.

Dr. Turkeltaub, 62, had been a nursing faculty member at the University of Maryland Baltimore, Montgomery College, and Prince George’s Community College. In addition to her active support of MNA and of nursing regulation, she held numerous service and professional positions in the community, especially in Montgomery County, where she was a resident. At the time of her death, she served as a research administrator at the National Institutes of Health.

Former MNA Board members recall Dr. Turkeltaub’s enthusiasm for her patients, her students, and her nursing profession. She recognized that MNA could help her achieve in all of those areas. She was dedicated to supporting nursing and nurses, so nurses could provide better care to all Marylanders. She was a role model for all professional nurses, showing us that nursing is more than just a “job.”

Colt-Ferguson and Eaton Assume New MNA Legislative Duties

This summer the MNA Board of Directors was pleased to announce the appointment of Becky Colt-Ferguson to the position of Co-Chair of the Legislative Committee. Becky is a student in the Doctor of Nursing Practice (DNP) program at the University of Maryland. She has been active with the Legislative Committee as the representative of the Maryland Association of School Health Nurses (MASHN).

Becky Colt-Ferguson

Nancy L. Eaton, MS, RN, NCSN, Nurse Manager in Health Services for the Prince George’s County Public Schools, replaces Becky as the MASHN representative to the Legislative Committee.

Dr. Nayna Philipsen of Coppin State University, the 2008 Legislative Committee Chair, enthusiastically welcomed Becky as Co-Chair, and Nancy as the new MASHN representative. Dr. Philipsen will continue to serve as Co-Chair in the 2009 Legislative Session.

The MNA Legislative Committee continues to meet between Legislative Sessions each year, working with the MNA lobbyist and guided by the Platform. In June the MNA Board approved the 2009 Legislative Platform, which published in this issue of The Maryland Nurse. Members or students who are interested in observing or becoming more involved are invited to call MNA at 410-944-5800 and speak to Pat Gwinn for more information.
4th Annual Western Maryland Area Health Education Center Nursing Caucus Conferences: “Globalization of Nursing Care” and “Evidenced Based Nursing Practice”

Slated for Thursday, November 13, 2008 and Friday, November 14, 2008 in Cumberland, MD

by: Bea Lamm, MS, RN, University of Maryland School of Nursing, Program Coordinator, Governor’s Wellmobile Program Western Region, and Chair, Western Maryland Area Health Education Center Nursing Caucus

The Western Maryland Area Health Education Center Nursing Caucus will hold conferences on November 13, 2008 and November 14, 2008 in Cumberland, MD at the Braddock Campus of the Western Maryland Health System. The conferences are sponsored in partnership with Western Maryland Health System and the University of Maryland School of Nursing.

The first day conference, “Globalization of Nursing Care,” will highlight presenters who have nursing experience in Ireland, London, Italy, Israel, New Zealand, Australia, Austria and Canada. Tamra Merryman, MS, RN, Quality Officer, University of Pittsburgh Medical Center (UPMC), will present information about the strengths and challenges for nursing in other countries where UPMC has either purchased hospitals or manages hospitals. She will discuss nursing informatics from Israel and talk about how UPMC will adapt this program. Rebecca Wiseman, PhD, RN, Assistant Professor, University of Maryland School of Nursing, will present information about nurse managed health care in New Zealand. Cheryl Harrow, RN, FNP-BC, Family Nurse Practitioner-Nursery at Johns Hopkins Bayview Medical Center will present research collected in Austria, Canada and the United States about soothing addicted newborns without medication. Lucy Thompson, RN, MN, CCRN, Improvement Specialist, University of Pittsburgh Medical Center for Quality Improvement and Innovation, will discuss her nursing experiences in Australia. Lucy is from Australia and her RN and Master’s Degree were earned there. Holly Carpenter, RN, ANA Environmental Center, will present changes in the world’s environment and how they impact nursing. An evening format will be followed from 3:30pm-9:30pm. During dinner, updates will be presented from the MNA by Rosemary Mortimer, RN, MS, President; from the Maryland Board of Nursing by Nancy Adams, RN, MBA, President; from MNA Legislative Chairperson and The Maryland Nurse Executive Editor, Nayna Philipsen, PhD, JD, RN; and WMAHEC Nursing Caucus Chairperson, Bea Lamm, EdDc, MS, RN.

The second day’s conference, Friday, November 14, 2008, will highlight “Evidenced Based Nursing Practice.” The keynote speaker will be Robin Newhouse, PhD, RN, Assistant Dean, DNP Program, University of Maryland School of Nursing, who is an expert and author about Evidenced Based Nursing Practice. She will give an overview of the topic, discuss implications, and present her innovative model with guidelines. Dr. Newhouse is the lead author of “Johns Hopkins Nursing Evidence-Based Practice, Model and Guidelines.” Copies of the book will be available during the conference for purchase. There will be an autograph session later that day during lunch time for participants to speak with Dr. Newhouse and have books autographed. Debra Berlanstein, MLS, Outreach Librarian, Health Services and Human Services Library, University of Maryland Baltimore will present information about “Where and How to Find Evidenced Based Literature.” Nayna Philipsen, JD, PhD, RN, Director of Program Development, Helene Fuld School of Nursing, Coppin State University, and Patricia McMullen, JD, PhD, CRNP, Associate Provost for Administration, The Catholic University of America will present information about “Criticuing an article for evidence” and “Legal Implications and Evidenced Based Nursing Practice.” A team from Western Maryland Health System led by Jeannie Seifarth, PhD(c) MS, BC-P, RN, will present information about an “Update on Implementing Evidenced Based Practice” and urinary catheters and diabetes. To finish up the day, Kathleen Brown, DNPc, MS, RN, Director, Quality Assurance and Innovations UPMC along with Lucy Thompson, RN, MN, CCRN, Improvement Specialist, UPMC will discuss the “Smart Room at UPMC, Shadyside” and Deborah Kosky, MBA, BSN, Unit Director, UPMC, Shadyside will present an update about “Evidence Collected about Transforming Care at the Bedside.” Contact hours through the MNA have been applied for through the Western Maryland Health System. Interesting displays, nursing news updates, current information and trends, and world health care news will be presented during the two days of conferences. Dinner and snacks will be provided on first day. Breakfast, lunch, and snacks will be provided on second day of conference. For conference brochure, flyer, registration information please contact Jackie Booth at Western Area Health Education Center, Cumberland, MD, 301-777-9150, ext 148 or jbooth@allconet.org.
MNA Districts elected their delegates to represent them in the ANA House of Delegates (HOD) which met in Washington, D.C. in June. Representing Maryland’s nurses were: District 2 Nayna Philipsen, Baltimore; District 3 Kathleen Ogle, Annapolis; District 4 Elaine Kennedy, Salisbury; District 5 JoAnn Kim, Bowie; District 7 Barbara Biedrzycki, Abingdon; District 8 Barbara Kemerer, Myersville; and District 9 Frances Cocimano, Waldorf. Attending on behalf of MNA were President Rosemary Mortimer and 1st Vice President Patricia Travis. MNA Delegates were present for every debate and vote, even when the session began at 6:00 AM. MNA Executive Director Ed Suddath worked tirelessly to support the HOD delegates, after a weekend that included participation in the Center for American Nurses’ LEAD Summit.
Executive Summary
As the ANA ceases to function as a labor organization as it has in some states in the past, and creates Labor and Workforce Advocacy Affiliates, the House must also adopt criteria for the ANA Board of Directors to use in assessing the qualifications of the applicants for these categories.

Final Resolves

1. A Labor Affiliate must:
   • Be a labor organization with a mission and purpose harmonious with the purposes and functions of ANA
   • Be national in scope with at least 5,000 RN members
   • Be in existence as an organization for at least five years and maintain a national office
   • Agree to pay an annual fee
   • Agree to an initial two year review as a labor affiliate and thereafter, every five years, or at the request of either another labor affiliate or ANA Board of Directors
   • Not engage in any activity deleterious to the interests of ANA and/or its CMAs or members

2. A Workforce Affiliate must:
   • Be an organization with a mission and purpose harmonious with the purposes and functions of ANA
   • Be national in scope with representation of at least 5,000 RN members
   • Be in existence as an organization for at least five years and maintain a national office
   • Agree to pay an annual fee
   • Not engage in any activity deleterious to the interests of ANA and/or its CMAs or members

3. Organizational Affiliate criteria regarding RN composition and governance requirements be changed to:
   • Be comprised and governed by a majority of registered nurses

Financial Implications
The membership dues for Labor/Workplace Affiliates would cover the costs anticipated by this report.

Residency Programs for New Graduate Nurses Proposed by ANA/California
Elaine B Kennedy, Ed.D., RN, Salisbury, Delegate District 04

New graduate nurses leave their first nursing position at an alarming rate. Retention of neophyte nurses is an important part of decreasing the critical shortage of nursing. Data show that a high turnover rate in employed nurses has direct correlation to increased mortality rates in patients. Retaining nurses has a positive effect on patient outcomes. Nurse educators and nursing leaders need to collaborate on strategies that reduce the theory practice gap, reality shock, and facilitate the transition from advanced beginner to competent nurse.

A motion to support initiatives to facilitate the successful integration of nurse graduates in the work environment, including but not limited to, residency programs; and to support nursing research efforts to identify principles/parameters/components for nurse orientation programs and to support research efforts to demonstrate the effectiveness of those identified components, for the successful integration of new nurses in the work environment was passed with a greater than 90% vote.

Some suggested implementation activities include having CMAs participate, with the ANA, in efforts of collaboration between faculty and service managers to develop New Graduate Nurse Residency Programs, and to support collaborative research studies between the nursing programs and nursing service to demonstrate the effectiveness of New Graduate Nurse Residency Programs. Total estimated cost for the implementation activities ranges from $15,000 to $24,999.

Emergency Action Report: Elimination of the Chief Nurse Officer Position within the American Red Cross
Elaine B Kennedy, Ed.D., RN, Salisbury, Delegate District 04

The House of Delegates voted to support a motion directing the ANA to express its concern to the American Red Cross regarding the elimination of the Chief Nurse position. The American Red Cross is replacing the position with a national nurse volunteer to co-ordinate nursing services within the American Red Cross. Mention was made about the historical grounding of the American Red Cross within nursing and that nurses are significant in the provision of disaster services. Concern was expressed about the ability of a national nurse volunteer to truly coordinate and provide the national leadership necessary for the coordination of services. The ANA urges the American Red Cross to re-instate a Chief Nurse Officer position at its national headquarters. The Maryland Nurses’ Association supports the action. The motion carried in a yes vote greater than 95%.

Human Trafficking
Kathleen T. Ogle, PhD, RN, FNP-BC, Annapolis District 3

Summary: The Human Trafficking Committee passed this report, which affirmed the need for registered nurses to understand the seriousness and significance of human trafficking in order to recognize the impact on public health and respond accordingly. Registered nurses must be knowledgeable, alert, and prepared to assist in the identification of victims, the reporting of incidents, and prevention of human trafficking, especially among migrant and/or underprivileged individuals.

Resolves:
The American Nurses Association will:
• Affirm that the global issue of human trafficking is pertinent to the public health of our nation and therefore impacts the profession of nursing.
• Encourage the Constituent Member Associations (CMA) to advocate for and seek opportunities that provide nurses with information and skill sets necessary to properly identify and refer victims of trafficking.
• Work with CMA to advocate for and support legislative activities that further enhance protection in an effort to decrease the incidence of trafficking.

Intimate Partner Violence
Kathleen T. Ogle, PhD, RN, FNP-BC, Annapolis District 3

Summary: This report revised the ANA position statement “Violence Against Women” to reflect current intimate partner violence research and knowledge to give guidance and direction for best clinical practices in the nursing profession.

Intimate partner violence (IPV) is any form of abuse—physical, sexual, or psychological—either threatened or carried out by an individual on his or her partner, whether the relationship be informally dating or committed in marriage or civil partnership. Incidents of IPV are a continual and rising public health issue which has both short and long-term health consequences. Although most health care professionals agree that IPV is a problem, evidence-based practices such as the use of danger assessments are still not utilized in clinical practice.

Resolves:
The American Nurses Association will:
• Oppose intimate partner violence in all forms.
• Increase awareness and education among nurses about the magnitude of the effect of intimate partner violence on the health, safety, and welfare of families, children, and communities.
• Advocate for the use of evidence based clinical guidelines in caring and treating victims of violence.
• Endorse the use of routine, universal, and culturally sensitive intimate partner violence screening tools and protocols in all nursing specialties and settings.
• Advocate for the use of intimate partner violence documentation guidelines that are clinically and legally complete and accurate.

Reports from the 2008 ANA Convention
cont. on pg. 17
Protecting and Strengthening Social Security

by Jo Ann Kim, MSN, RN, ACNS-BC, Bowie, District 5 MNA

Summary: The American Nurses Association (ANA) has supported Social Security since its inception in 1935. Currently, Social Security covers over 154 million workers and their families. Nearly 48 million Americans depend on it for half or more of their income, and for 20 % of retirees it is their only resource. Without this benefit, half of the elderly would be living below the poverty line. This resolve strengthens the current ANA policy supporting Social Security and opposing any diversion of payroll taxes into private investment accounts. It also urges the President and Congress to reform the program to add “earned years” credit for caregivers to acknowledge the inequities in the earning years of women who leave the paid work force to care for children and elderly family members. The report with the resolves below passed with 100% support from the 2008 ANA House of Delegates.

Resolved: The ANA believes that the Social Security program provides valuable benefits to retirees, younger workers, and their dependents. The program must meet the challenge presented by the impending retirement of the baby boom generation without dismantling the program or undermining its guarantees. Therefore, the ANA resolves to:

• Reaffirm the 1999 HOD position, “Future of Social Security.”
• Urge Congress and the U. S. President to use any new revenues to repay and strengthen Social Security and extend the solvency of the Social Security Trust fund, not to the creation of any form of personal investment account.
• Urge Congress and the U. S. President to retool Social Security to ensure its solvency beyond 2042 and to include in the reformed Social Security Benefit package a “caregiver earning year benefit” of 10 years for workers who left the workforce to care for children and aging/impaired relatives.
• Urge CMAs to include protecting Social Security as part of their advocacy agenda participating in coalition with other organizations working to protect, preserve, and strengthen Social Security.

Health Care Availability for Veterans and Their Families

by: Barbara Kemerner RN, MSN, ACNS, Myersville District 8

This motion submitted by the President of ANA/California has its roots in the American Nurses Association’s long-standing support for the Medicare program which provides health insurance coverage to over 45 million persons who are over 65 or disabled. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (opposed by the ANA) has weakened the Medicare program benefits by increasing costs to beneficiaries, allowing for unequal benefit packages between insurance products, and reducing coverage for needed healthcare. Indeed, Medicare part D has many inherent flaws including but not limited to prohibiting bulk purchasing; locking beneficiaries into an annual plan yet allowing drug plans to change their formularies throughout the year; and excluding coverage of commonly-used mental health drugs. While the government’s intention was to reduce the cost of healthcare, in many cases these costs were passed on to the beneficiaries. As this is an extremely complex program with many untoward consequences for our older and disabled population, the resolutions were also complex. The ANA has been asked for the following: Advocate expanding the Medicare program from the traditional “medical model” of care, to include beneficiary-focused coordinated models of care, which focus on primary health care, prevention, wellness, and early intervention for beneficiaries, to ensure that Medicare is able to both deliver high quality health care and remain fiscally sound. Support equalizing the payments between private Medicare Advantage plans and traditional Medicare and limiting the enrollment of new beneficiaries until payments are equal. Reaffirm its opposition to and urge the repeal of the “comparative cost adjustment project” included in the Medicare Modernization Act set to begin in 2010. Advocate revision of the Part D prescription drug benefit to allow choice during the year, to allow for competitive pricing and lower cost sharing, to limit drug company profits, to provide coverage for necessary medications to allow choice between public and private coverage.

Go on record as opposing any arbitrary limits on general revenue spending and supporting future Medicare proposals that strengthen the universality of Medicare and the guaranteed benefits of the original Medicare program. These include but are not limited to: 1) eliminating the waiting period for persons with disabilities to be eligible for coverage; 2) covering cost-sharing for low-income persons; 3) providing coverage for needed occupational therapy/physical therapy services and preventive services; 4) recognizing and adequately reimbursing the essential work of nurses and advanced practice nurses in providing care in both inpatient and outpatient settings; and 5) strengthen and expand hospice benefits.

The motion passed with an overwhelming 95.2 % of the delegates in favor of the motion.

Health Care Availability for Veterans and Their Families

Reported By: Patricia Travis, RN, Ph.D., CCRP, COL (U.S. Army Retired)

MNA 1st Vice President/Alternate Delegate for the Past President

This motion relates to the ANA’s strategic imperative on health care and public policy and the core issues on patient safety and advocacy. It was introduced by the New York Nurses Association and encourages the nursing profession to advocate for research to identify the real and perceived gaps and barriers to health care for veterans and their families; to promote awareness of health care services and resources for them; and recommends that nurses work collaboratively with health care providers in the early detection and treatment options for any mental and physical illness of veterans and their families. The resolves include the request for the American Nurses Association: 1) To collaborate with the Federal Nurses Association (FedNA), Department of Defense (DOD), Department of Veterans Affairs (VA), and Department of Health and Human Services (HHS) to advance health care services and research for the health care needs of Veterans and their families; 2) To collaborate with FedNA, DOD, VA, and HHS to promote awareness of Veterans’ health care access and services; 3) To advocate for recognition of current efforts supporting integrated health care services for Veterans and work toward strengthened care coordination among federal and non-federal agencies; and 4) To collaborate with Offices of Nursing Services in the Federal Services and include direct VA care workers to recognize nurse-led innovations improving health care services and Veteran’s outcomes. The motion passed with 475 of the delegates (99 %) in favor of the motion; 5 opposed (1%); and 1 delegate abstaining. The total estimated costs for the implementation of these activities ranges from $35,000 to $49,999.
Access to Oral Care for the Elderly

by: Barbara Kemerey RN, MSN, ACNS, Myerseville District 8

This motion submitted by the New York Nurses Association, asserts that there are profound disparities in oral health across the nation as reported in the 2000 Surgeon General’s Report on Oral Health Care. Because of the strong correlation between oral health and overall health and the fact that seniors have weakened immune system puts them at increased risk for developing complications such as malnutrition, pain, and severe infections such as pneumonia and bacteremia. Medicare does not cover dental care and less than 20 percent of Americans age 75 and older have any form of private dental insurance. Ensuring oral health should improve the overall health of this aging population and reduce mortality and morbidity rates. The resolved included the request for the American Nurses Association to advocate for legislation to assure the basic oral health care needs of the older adult and to support efforts to raise the awareness of the importance of oral health and preventive care for older adults. The motion passed with an overwhelming 94.6% of the delegates in favor of the motion.

Healthy Food in Health Care

by Jo Ann Kim, MSN, RN, ACNS-BC, Bowie, District 5 MNA

Summary: This report identified the need to ensure the health and safety of the foods served in health care settings to support the health of patients, visitors, food handlers, food producers, and the health care workers. The definition of healthy food includes nutritional quality, food production and distribution practices that restore and promote ecological diversity. This includes human and environmental health practices such as packaging, transporting, consuming, and disposing.

The nursing profession supports a fundamental reform of the nation’s current laws, regulations, rules, standards and policies regarding: 1) farm and food policies; 2) presence of environmental contaminants such as mercury, persistent organic pollutants, polybrominated diphenyl ethers, and pesticide residues in food; and 3) the current use of hormones and non-essential antibiotics in agriculture, meat, fish, milk, and dairy products. In addition, nursing supports a preference policy for locally sustainable food systems. Action report passed the 2008 ANA House of Delegates with 411 supporting and 95 opposing.

Resolve:
- Support the development of national and state laws, regulations and policies that specifically reduce the use of recombinant bovine growth hormone (rBGH) in milk and dairy production in the United States.
- Work collaboratively with other nursing organizations, hospitals, and healthcare organizations to eliminate purchasing milk and dairy products for use in the health care industry that contain artificial hormones such as rBGH and any other food containing inappropriate additives.
- Educate nurses regarding the known and projected harmful effects of the use of food additives, rBGH, other hormones, and antibiotics in milk and dairy production and in agriculture.
- Support the public’s right to know through support of appropriate food labeling, including country-of-origin and genetic modification.
- Advocate for local, state, national, and international laws, regulations and policies that will support local, sustainable agricultural and dairy production practices, as well as reduce the presence of environmental contaminants and additives in all foods.
- Encourage health care institutions to institute food preference policies to purchase and serve nutritional foods grown according to organic or other methods that support and emphasize sustainable food purchasing, local food systems, renewable resources, ecological diversity, and fair labor practices.
- Encourage nurses to serve as role models and educators by participating in and promoting nutritious foods from sustainable local food systems to improve eating habits, increase patient and public health, and support the long-term social, economic, and environmental well-being of workers, communities and global health.
- Support the development of a single agency within the government that regulates and oversees safe healthy foods.

An Interview with Terry Dyer, APRN-BC

by Peggy Soderstrom, RN, PhD

When did you become interested in “skin” as a specialty for career choice?

TD: “Skin is akin to the motherboard of a computer.” stated Terry Dyer, APRNP-BC. “You can do nothing without it.” She went on to explain: skin is the largest organ of the body and offers, to the proficient care provider, a wealth of information “communicates” with the skilled practitioner and says many things about its owner. In my professional career, I have worked in the Emergency Department with burns, infections, lesions, punch biopsies, incision & drainage, allergies, lacerations, hyper and hypothermia, diseases and… well you probably get my point. Skin tells us a lot about health. When my professional goal headed toward private practice, I was impressed with concerns consistently voiced by patients. They wanted healthier skin. Not just correcting wrinkles and dry skin, but also color, sagging, brown spots, rosacea, skin tags and, generally, what patients identified as aging and changing skin texture. Patients frequently asked what could be done to stop and/or correct skin problems. Well, now there is a lot out there to help and I am happy to be part of this new role.

Terry added that she finds the role more rewarding than she could have imagined. She went on to describe seeing a teenager with acne scars that were no longer a problem, a man whose job had been in jeopardy because he looked too old, and a woman given the option of ridding her face from deepening wrinkles and sagging skin. Terry went on to emphasize that her new role contributes positively not only to the profession but, more importantly, to the patient’s overall health.

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The Expanding Role of the Nurse Practitioner in the 21st Century…

The Interface of Aesthetics and Health Care

What exactly is involved in laser skin care?

TD: The field is quickly evolving. There are several types of lasers used for very precise conditions. The use of a specifically targeted laser light systems have produced excellent outcomes for patients who have scars, fine lines, droopy eyelids, wrinkles, puffy eyes, freckles, age spots. A separate laser procedure is for tightening skin. As I said, the field is quickly evolving.

What exactly is involved in dermal fillers?

TD: Dermal fillers would be injectable Botox ®Cosmetic, Juvederm, Perlane and the like. Basically, dermal fillers are used around the orbital ridge, the nasal and mouth areas, and the marionette lines by the chin.

What is the basic level of skill needed to administer laser treatments and dermal fillers?

TD: There is not a specific criterion at this time but my strong recommendation is that preferably one should have a background and comfort level in performing surgical procedures. Being well-rounded and at ease with injecting, using a scalpel, putting in sutures, separation of the dermal layer and any other methods that support and emphasize effective skin tightening. As I said, the field is quickly evolving.

In some facilities there are technicians doing dermal laser procedures. Why is a Nurse Practitioner necessary?
The Expanding Role... cont. from pg. 18

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Is there a specific education criterion to be fulfilled in order to qualify for laser and dermal filler practice?  
TD: Practitioners attend an intensive basic and advanced training program for this work. The advanced training program is competitive and attendance must be approved based on the applicant’s performance level in the basic program. Besides knowing the equipment, one must know the newest techniques based on evidence, yes—research is vital to the practice. Most practitioners attend the Annual International meeting where APRNP-BCs, Plastic Surgeons, Family Practice Physicians, and Dermatologists share and are updated on the most current information. There are also regional conferences.

Is the treatment painful?  
TD: Painful would not be the word I would choose. It can be prickly or hot or stinging in varying degrees, but patients are instructed and given all variables ahead of every treatment. Of course, each patient has an individual tolerance for the procedure. The practitioner continually assesses this and adjusts the laser pulses accordingly. As a comfort measure, ice-cold gel is applied to the area of laser pulse contact in order to offset the thermal experience and, for most patients, the laser experience is very tolerable.

Is there a population for skin services?  
TD: Absolutely. The Baby Boomers are not just a prediction, they are a reality and they are intelligent and educated consumers who know what they want. Advances in the care of skin and a higher expectation for quality of life are definitely influencing factors.

Would you say then, that the majority of patients tend to be in the over fifty-five age group?  
TD: No not at all. There is a range of patients, from teens to senior citizens who are interested in improving their skin and keeping their skin healthy.

Would it be accurate to state that most patients seeking skin rejuvenation services are women?  
TD: No, as a matter of fact, more men are in the mix than ever before. This is especially true of the professional man who tends to be in the public view. This may include the profession of law, media, education, marketing, etc. There are also men who have suffered scarring from job related and other injuries. Hair removal on back and chest is increasingly popular with young adult males.

Are there specific conditions patients want treated?  
TD: There has been excellent marketing on UV-rays and sun damage so patients are definitely savvier about the danger of melanoma. Interestingly though, tanning booths are still popular with the young adult set and people do love the sun. So there is that aspect.

Why not Plastic Surgery?  
TD: For starters, laser pulse is natural and non-invasive. Dermal fillers are minimally invasive. Treatments do not have a recovery time. Expense is another consideration. Plastic Surgery is several times the cost of laser treatment and the results are time limited. That said, people may choose the surgical route, but it may not be the most beneficial choice. As one ages, the skin’s vital collagen, or moisture lift (simply put) flattens out. Skin begins to droop and basically is less plump. A surgical procedure like a face-lift tightens the loose skin but does not enhance the collagen layer.

Are there any legislative issues involving territory or domain issues between the APRNP-BC and the MD?  
TD: Not at this time. Perhaps it is too new. Time will tell.

Teresa Dyer is an Adult and Family Nurse Practitioner. To contact Terry for more information please email her at tdyer@huntvalleyfamilyhealth.com

Environmental Excellence in Healthcare: Promoting Healthy Patients, Employees, and Communities in Maryland

Maryland’s nurses are helping to lead the nation in the creation of “Green Teams” and sustainability efforts in their hospitals. Come join fellow nurses and others to learn about green buildings, recycling, green cleaning, how to purchase environmentally-preferable products for your hospital, and hospital foods that support local agriculture and provide good, healthy nutrition. This full day session on Wednesday, November 12, 2008 at the University of Maryland School of Nursing, 655 West Lombard Street, Baltimore, sponsored by Maryland Hospitals for a Healthy Environment (MD H2E) will provide peer to peer learning opportunities, as well as networking, to learn about greening activities in health care. Presenters from nursing to facilities management will engage attendees on the promotion of healthy patients, employees, and communities. Please contact MD H2E if you would like more information at linda.lindquist.mdh2e@gmail.com or 410-706-1849.

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MNA President Rosemary Mortimer was proud to participate in the commissioning of Jimmy Kilpatrick, BSN, RN, 2007-2008 MANS President and recent graduate of Johns Hopkins University.
CDC Recommends Shingles Vaccine for All Older Adults

“Immunizations are not just for babies. They are important for health across the lifespan.” This was the message from Donna Weaver, RN, of The Centers for Disease Control and Prevention (CDC) at the 2008 Center for American Nurses (CAN) LEAD Conference in Washington, D.C. in June.

The CDC Advisory Committee on Immunization Practices (ACIP) is now recommending that all adults age 60 and older receive a dose of the zoster vaccine (Zostavax), even if they have had shingles previously. This new recommendation, released on May 15, 2008, in the Morbidity and Mortality Weekly Report, replaces a provisional recommendation made by the CDC in May 2006 after the vaccine for prevention of zoster (Zostavax, Merck and Co) was first licensed by the US Food and Drug Administration for use in persons older than 60 years.

Shingles (i.e. herpes zoster) is a localized, typically painful skin eruption most prevalent in older adults and immuno-compromised persons. It results from reactivation of latent varicella zoster virus (VZV) decades after initial VZV (chicken pox) infection is established. Lifetime prevalence of zoster in about 33%, with annual US incidence of about 1 million episodes. A vaccine against chicken pox became available in 1995.

In about 10% to 18% of patients, zoster results in chronic pain disorder of postherpetic neuralgia (PHN). In subjects age 60 and older, use of Zostavax has been found to reduce the overall occurrence of herpes zoster by roughly 50%. For people in their 60s, the risk reduction is 64%. Zoster vaccine is not licensed for persons younger than 60 years, and it is not recommended for persons of any age who have received varicella (chicken pox) vaccine. More information about immunization guidelines for all ages is available on the CDC website at http://www.cdc.gov/vaccines.

Donna Weaver, RN, MS, Nurse Educator, and Victoria Evans, Partnership Team Leader, National Center for Immunizations and Respiratory Diseases (NCIRD), Education Information and Partnership Branch, CDC, shared immunization information at the June 2008 LEAD Conference in Washington, D.C.

BCCC Grads Planning 25th Anniversary Reunion

This year marks the 25th year anniversary for graduates of the 1983 Nursing Class from the Baltimore City Community College (BCCC). Graduates Kim Wiltshire, RN, Sheila Matthews, RN, Lorraine Mitchell, RN, Paulette Rose, RN, and Michelle Allender Smith, RN are working to locate other members of their Nursing class in order to have a reunion to celebrate 25 years going strong together and to catch up on everyone's accomplishments, along with one of many faculty members at that time, Trudy Urges, RN. Members of the BCCC nursing class of 1983 are urged to contact Michelle Allender Smith, at mailander1@yahoo.com or by telephone at 410-517-0039.

American Red Cross Central Maryland Chapter Announces New Nursing Services Committee

The new Nursing Services Committee of the Central Maryland Chapter of the American Red Cross held its first meeting at the Red Cross building on Mount Hope Road in Baltimore on July 31. The Committee will support service opportunities for nurses through the Red Cross. Emergency, disaster, community education, health screening, and input into strategic planning are among the roles for nursing. The Red Cross is providing volunteer nurses with training, for the areas that interest them. Fall meetings are scheduled on Thursday, September 25 and Thursday October 23 at 6 PM at the Red Cross. CPR certification opportunity will be provided following both meetings. A light supper will be provided. Interested nurses will feel welcome at the Red Cross. Contact Paulette Bratcher at the Red Cross (410—624-2046) for more information. You may also contact one of the Nursing Services Committee Co-chairs, Nayna Philipson of Coppin State University (nphilipson@ coppin.edu) or Dorothy Haynes of the Maryland Board of Nursing (dhaynes@dhmh.state.md.us).
AMA 2008 Annual Meeting Moves to Control Nurses and Restrict Patient Access to Nurse Practitioner Care

by Nayna Philpisen, JD, PhD, RN, Coppin State University

The 2008 annual meeting of the American Medical Association (AMA) addressed the role of the Registered Nurse and the physician, with Resolutions that aimed to give the physician authority over the nurse, and to limit the ability of nurses to practice within the full scope of their education as well as their ability to assume professional responsibility for their practices. A Report of the AMA Board of Trustees entitled “Leadership for Patient Safety: Reducing the Hospital Registered Nurse Shortage at the Bedside” presented “three models that depend on physician leadership and engagement to address the nursing shortage. The significant partnership between physicians and nurses shapes the models. All share the view that physicians are the professionals on the healthcare team who best understand the need to solve the RN shortage at the bedside and that the physician voice will be welcomed by the nursing profession and heard by patients, healthcare professionals, hospital administrators, and trustees. The models range from highly structured and funded to universal guides and leadership strategies. The examples presented are: (1) the Colorado Permanente Medical Group (CPMG) program, a structured project that aims to leverage physician leadership through multiple venues (foundation-funded); (2) general guides for physician participation; and (3) leadership strategies suggested by the IOM and The Joint Commission.”

Resolution 214 stated, in part, “That our American Medical Association oppose the National Board of Medical Examiners participating in any credentialing procedures for Doctors of Nursing Practitioners (DrNP) (sic) and refrain from producing test questions to certify these DrNP candidates; and be it further… RESOLVED, That our AMA adopt a policy that those nurses who are Doctors of Nursing Practice must only be able to practice under the supervision of a physician and as part of a medical team with the final authority and responsibility for the patient under the supervision of a licensed physician.”

Resolution 303 stated, in part, “RESOLVED, That our American Medical Association adopt that the title “Doctor,” in a medical setting, apply only to physicians licensed to practice medicine in all its branches, dentists and podiatrists.” While expressing concern that the use of the title “Doctor” might confuse patients, the Resolution did not express concern about obvious confusion from the common use of the title “Doctor” for medical students.

Resolution 716 addressed collaborative agreements between physicians and Advanced Practice Nurses, and moved to make those regulated by physicians rather than the Boards of Nursing. “RESOLVED, That our American Medical Association develop criteria or elements that should be contained in agreements with Advanced Practice Nurse Clinicians, APRNs, Nurse Practitioners, NP(s), Clinical Nurse Specialists CNS(s); and be it further RESOLVED, That such model agreement(s) with APRNs, NP(s), CNS(s), at a minimum, address quality of care, continuity of care, the scope of practice of the APRNs/NP(s)/CNS(s) within a specific collaborative agreement, the verification and ongoing maintenance of the skills, education and training of the APRNs/NP(s)/CNS(s) and the responsibilities of the collaborative physicians and report back to the House of Delegates at the 2008 Interim Meeting.”

A Future of Health Care for All Marylanders

The Maryland Citizens’ Health Initiative, with the Maryland Nurses Association and its other organizational partners throughout the State of Maryland are committed to progressive health care reform that is sound, realistic, and fiscally responsible. They seek to ensure that Marylanders with insurance coverage obtain quality, affordable, care and that the 775,000 Maryland residents who are uninsured get access to the care they need. Their mission to both identify and implement strategies that move our state toward quality affordable health care for all Marylanders in a way that emphasizes high-value medical care and health promotion.

Progress has been made in the state, particularly the recent legislation that will expand Medicaid to cover adults under 116% of the federal poverty line, an estimated 100,000 individuals. However, there remains much more work to be done, including a sound plan of action to both expand health insurance coverage to the uninsured and make private health insurance coverage more affordable for those who are already insured To give Maryland “Health Care For All”. The Maryland Citizens Health Initiative anticipated that their proposal could be completely financed by tobacco and alcohol taxes, by maintaining the new “millionaire” tax, and by re-allocation from MHIP. For more information go to www. Healthcareforall.

Step Up For Kids

On September 16, 2008, the nonprofit Every Child Matters will mobilize its national co-sponsors, thousands of child advocates, and pediatrician-author, Dr. T. Barry Brazelton, to speak out for the millions of American kids still without health insurance and access to care, those in poverty, and those who are the victims of abuse and neglect. This nonpartisan event aims to share a message of the urgency of policy change to address these needs. Stand up for Kids Day will begin with a press conference featuring Dr. Brazelton and others at the National Press Club in Washington, DC, and will include a presence on the steps of every state capitol nationwide and many localized events.

Dr. Brazelton was a Fellow with Professor Jerome Bruner at the Center for Cognitive Studies at Harvard University. There in 1972 he established the Child Development Unit, a pediatric training and research center at Children’s Hospital in Boston. He is known to parents as well as professionals because of his books, videos, and cable television program, all designed to help today’s parents implement best practices in parenting.

To learn more about Step Up For Kids and get involved, go to: http://www.everychildmatters.org/ National/Campaigns/Step-Up-4-Kids.htm.

Join

Maryland Nurses Association

Today!
Sinai Hospital of Baltimore received the American Nurses Credentialing Center’s highest honor for nursing excellence, making it the first and only community/teaching hospital in Maryland to carry the elite “Magnet” designation.

After an intense application and review process, Sinai Hospital joins a distinguished list of Magnet hospitals nationwide, including Duke University Hospital in Raleigh, North Carolina; Mayo Clinic College of Medicine in Rochester, Minnesota; and the Cleveland Clinic. The Magnet Recognition Program designation is held by only 287 hospitals of the more than 6,000 eligible health care organizations in the country.

“Sinai has a long history of supporting and valuing nursing excellence, and Magnet recognition has been a goal of ours for several years,” said Diane Johnson, chief nursing officer of Sinai Hospital. “Reaching this goal required teamwork and collaboration among all disciplines. It demonstrates Sinai’s commitment to creating and sustaining a culture of nursing excellence along with our dedication to being the best place to work, practice medicine and receive care.”

The Magnet Recognition Program, developed in 1996 by the American Nurses Credentialing Center, recognizes excellence in quality patient care, nursing leadership and innovations in professional nursing practice. Additionally, Magnet hospitals demonstrate adherence to standards for improving the quality of patient care, leadership of the nurse executive in supporting professional development of every nurse, and incorporating cultural and ethnic diversity of patients and their families.

To earn the designation, nurses from Sinai Hospital submitted more than 4,000 pages of documentation supported by evidence, illustrating how the hospital values its nurses, provides opportunity for growth and delivers high-quality care for its patients. The written submission was then validated by a site visit in early February.

During the Magnet appraisers four-day site visit to Sinai Hospital, more than 400 employees including bedside nurses, physicians, hospital executives and nurse administrators were interviewed to assess the hospital’s nursing services and clinical outcomes. The hospital was also evaluated on a number of quality indicators, such as total nursing care hours provided, the mix of registered nurses and support staff that provide patient care, as well as how often patients suffer falls and pressure ulcers.

“I’m very proud of the entire nursing team at Sinai for earning this gold-standard in nursing excellence,” said Neil Meltzer, president and COO of Sinai Hospital of Baltimore. “The Magnet hospital designation confirms not only mine, but also the entire Sinai Hospital administrative and medical staff’s belief in the skill, compassion and excellence of our nurses and everyone who works alongside them. This proves that excellent patient care is a team effort.”

Independently sponsored research shows that there is a direct link between the culture at Magnet hospitals and providing the best patient care possible. Magnet hospitals have lower mortality rates, enjoy increased nurse retention and recruitment rates, and report higher rates of job satisfaction among nurses. The Magnet designation also is a highly prized recruitment tool in this era of nursing shortages.

“The nation’s best nurses seek out Magnet hospitals for employment because they know that the standard of care and professionalism is going to be of the highest caliber,” Johnson added.

The Magnet recognition status is valid for a four-year period, at which time Sinai Hospital will reapply.

Sinai Hospital is a member of LifeBridge Health, a regional health organization that includes Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital, Jewish Convalescent & Nursing Home, and related subsidiaries and affiliates.

Advanced Practice Nurses Have Supported The Pro Bono Counseling Project For 17 Years

As The Pro Bono Counseling Project begins its 18th year, it acknowledged the wonderful contribution that advanced practice nurses have made toward eliminating disparities in access to mental health care. The following advanced practice nurses donated 61 hours of therapy for families and individuals during the past year. On behalf of these clients, The Pro Bono Counseling Project expressed gratitude to:

Cindy E. Ostrowski, CS-P, MSN, RN
Mary Rouse, APRN/PHM
Peggy Soderstrom, PHD, APRN/PHM
Jyotika Vazirani, CRNP/PMH
Bernadette Zorio, APRN/PHM, MSN, CS-P

During the past seventeen years, more than 10,100 families and individuals have received in excess of 49,000 hours of therapy from 1,339 psychiatric advance practice nurses, clinical social workers, professional counselors, psychologists and psychiatrists. During this time, 83 advanced practice nurses have participated throughout the state. THE PRO BONO COUNSELING PROJECT requests licensed and insured clinicians take one carefully screened referral per year. Please call for more information: 410-323-5800, 301-805-8191, 1-877-323-5800 or e-mail: Ellen@probonocounseling.org
Does nursing practice make nurses sick? Karen A. Ballard, MA, RN, Chair of the Nurses Workgroup of the non-profit group Health Care Without Harm (HCWH) told nurses at the 2008 LEAD Summit that nurses clearly experience risk, without identifiable benefits, from chemical exposure in their workplaces. “A healthy environment impacts all of us. We need to create a healthy environment to heal our patients and protect ourselves.”

An online survey in March by the Environmental Working Group of HCWH looked at Health and Chemical Exposures of nurses. HCWH is an international coalition of 433 organizations in 52 countries working to transform the healthcare industry so it is no longer a source of harm to people and the environment. Responses from 1,552 nurses in 50 states described their nursing positions, exposure and health history, and the health of their 2,498 children.

One finding: Thirty-six percent of nurses reported on-the-job exposure to anesthetic gases, and the children of nurses exposed to anesthetic gases during pregnancy had up to seven time higher rates of certain birth defects than children born to nurses not exposed during pregnancy.

Another finding: Forty-one percent of nurses reported on-the-job exposures to chemotherapeutic agents. Nurses with frequent, long-term exposure (at least weekly for at least ten years) reported 42 percent higher rates of cancer than other nurses.

Still another: Seventy-seven percent of nurses surveyed reported using mercury-containing devices at work. Nurses reporting frequent, long-term exposure (at least weekly for at least ten years) reported 130 percent higher rates of nervous system problems than other nurses.

The complete study can be found at: http://www.echo.org/sites/nurse_survey/analysis/main.php.

Book Review: Post-Mortem: Solving History’s Great Medical Mysteries by Philip A. Mackowiak, M.D.

Reviewed by Janet Cogliano, DNSc, APRN, BC

Do you like mystery plays or books? Are you a devotee of Agatha Christie’s Miss Marple stories on PBS? Are you a history buff? Have you gotten hooked on the TV show House and intensely try to diagnose the mysterious condition of the featured patient? Do you like the TV show CSI? Are you intrigued with any of these questions you will likely enjoy reading this book. Post Mortem explores the lives and deaths of famous people who died centuries ago. This book really tackles cold case files.

Post Mortem examines the controversial lives and mysterious deaths of 12 famous men and women: Alexander the Great, King Herod, Beethoven, Mozart, Florence Nightingale, Booker T. Washington, the Egyptian Pharaoh Akhenaten, the Greek statesman and general Pericles, Joan of Arc, Christopher Columbus, the Roman Emperor Claudius, and Edgar Allan Poe. A chapter is devoted to each celebrity who is initially identified as the featured patient. In most cases, there are extensive footnotes accompanying each chapter. Drawings [e.g. of a poisonous mushroom and the circulation of the heart through its four chambers] and photographs of maps [e.g. Alexander’s conquests and Columbus’ voyages to the New World] and sculptures [e.g. Akhenaten and Hephastion], paintings [Joan of Arc, Booker T. Washington, Mozart, and Nightingale] and Tables [Egyptian dynasty’s and Beethoven’s diseases] are used judiciously to enhance chapter contents.

A thorough discussion of various diseases is presented as part of a differential diagnosis to justify the author’s conclusion regarding what caused or did not cause the celebrity’s death. For example, to answer the question “Was Joan of Arc mentally ill during her heresy trial?” the reader is presented with considerable psychological, psychiatric, and developmental information. If the cause of death was suspicious, the author presents various hypotheses. Was Mozart murdered by poison by Salieri (remember his rival in the stage and movie production?) or by the Freemasons? Or could he have died from rheumatic fever, syphilis, a congenital kidney disorder, or post-streptococcal glomerulonephritis? The author does an outstanding job of addressing all reasonable options to convince the reader of the final diagnosis of each patient.

One drawback to the book might be that the identity of the patient is not revealed by the chapter title and is not until later on in the chapter. I felt compelled to know at the outset who the patient was. That led to my surveying the index or scanning through the chapter to ascertain the identity of the featured celebrity. I felt slightly guilty for cheating but not for long because the chapters are engaging. Also, I would strongly advise readers who do not typically read endnotes to change their behavior for this book or some rich information will be missed. For example, in the chapter on Nightingale one finds Wadsworth’s poem describing the “lady with a lamp,” an assessment of her personality, and information about her involvement with women’s suffrage.

The book presents a delicious potpourri of information on wars, plagues and epidemics, plots of murder, portraits of the famous, diseases, personalities, historical settings, and pathophysiology. Each chapter sustains a momentum to pull the reader into intrigue. The book Post Mortem is alive with energy to entertain readers within and without the field of health care.

The book is available at Amazon.com for $23.07 or from the American College of Physicians at www.acponline.org for $29.95 and where you can view an excerpt—‘‘The Humanoid Praying Mantis’ in its entirety.

Dr. Cogliano is a freelance writer and a member of District 5. She is a former 2nd Vice President of the Maryland Nurses Association. She has an extensive background in nursing education, geriatric nursing, and writing.
District 5 Annual Meeting

President George Paul of District 5 reports that the District had a very successful Annual Meeting in May. Dr. Kathleen White presented information on evidence-based practice to the joint memberships of District 5 and Sigma Theta Tau. Many of the attendees were faculty from the local nursing schools. Nurses are becoming more aware of what evidence-based practice means, and how it will improve outcomes for our patients.

ACNM Recommends Against Routinely Restricting Food & Drink During Labor

The American College of Nurse-Midwives has published a new Clinical Bulletin reviewing evidence on providing oral nutrition to women during labor. The guidelines recommend that drinking and eating during labor can provide women with the energy they need, and should not be routinely restricted. Currently, most American hospitals still have policies in place that restrict women’s oral intake during labor, and the debate over these policies has focused on concerns about possible detrimental effects of fasting on the labor process versus the risk of aspiration if general anesthesia becomes necessary. The new ACNM bulletin reviews recent randomized controlled trials, effects of fasting during labor, and risks of aspiration. They recommend that considerations must take into account the health status of the woman, the risk of surgical intervention and the system in which the woman is giving birth. To download the complete bulletin, go to http://www.midwife.org/siteFiles/news/ACNM_Clinical_Guidelines_on_Nutrition_in_Labor.pdf.

University Of Maryland School Of Nursing To Expand Undergraduate Program At Shady Grove

The University of Maryland School of Nursing has announced plans to expand its Bachelor of Science in Nursing (BSN) program at the Universities at Shady Grove (USG) in Rockville, Md., beginning in fall 2008. The School of Nursing has experienced steady growth in enrollment at Shady Grove since it started offering courses at that location in 2000. Those initial programs—the complete undergraduate program, the RN to BSN program, and a variety of graduate courses—are now ready for further development.

Grants Totaling $2.8 Million Awarded to Address Maryland’s Nursing Shortage

(Annapolis, MD)—The Health Services Cost Review Commission (HSCRC) has awarded three institutions grants totaling $2.8 million over five years as part of the third round of funding in the Competitive Institutional Grants component of the Nurse Support Program II (NSP II). HSCRC contracted with the Maryland Higher Education Commission (MHEC) to administer the Nurse Support Program II.

The three new projects are: Allegany College of Maryland partnering with Garrett Memorial Hospital, Project Title: Creating Qualified Bedside Nurses in Western Maryland to Serve the Entire State; University of Maryland School of Nursing, Project Title: A Doctor of Nursing Practice Program Using Online and Blended Teaching Methods: An Initiative to Increase Maryland’s Nursing Faculty; and University of Maryland School of Nursing, Project Title: Nursing Faculty for Maryland. MHEC Statewide Initiatives also provide funding for these nursing scholarships and fellowships below:

• Graduate Nursing Scholarship and Living Expenses Grants for students to complete the graduate education necessary to become nursing faculty at Maryland institutions of higher education.
• Fellowships for new nursing faculty hired by Maryland institutions to expand enrollments in their nursing programs.
• Workforce Shortage Student Assistance Grant Program for students enrolled in nursing programs at Maryland institutions.
• Janet L. Hoffman Loan Assistance Repayment Program available to Maryland nursing faculty.

For more information, see www.mhec.state.md.us/Grants/NSPII/NSPII.asp. Funding for NSP II is being provided through a 0.1% increase to the rate structure of all hospitals since July 2005 to promote the program’s goal of increasing the number of bedside nurses in Maryland hospitals by expanding the capacity of Maryland’s nursing education programs. The projected outcomes of this third round of institutional grants expect to increase new RNs by 90, and new Master’s and Doctor of Nursing Practice graduates (who will be eligible to become faculty) by 236.

MHEC is a 12-member coordinating board responsible for establishing statewide policies for Maryland public and independent colleges and universities and private career schools. It serves as an advocate for more than 325,000 college students in Maryland, for the State and its needs, and for business and industry in Maryland.
Deaths Post-HRT Remain Elevated More Than Two Years Later

Women who are taking or who have taken HRT for menopausal symptoms should have heightened screening for the diseases for which they have an increased risk, for an as-yet undetermined number of years after they complete HRT treatment.

The Women's Health Initiative (WHI) study of daily Hormone Replacement Therapy (HRT) of estrogen (conjugated equine estrogen 0.625 mg) and progestin (medroxyprogesterone 2.5 mg) therapy was stopped in 2002 after 5.6 years because of a significantly higher risk for coronary artery disease (CAD), stroke, thromboembolic disease, and invasive breast cancer in the experimental (hormone group) subjects. They had a lower risk of colorectal cancer and osteoporosis fractures.

Roughly 95% of the original 15,730 participants (50-79 years old at enrollment) were available for follow-up 2.5 years after termination of the randomized, placebo-controlled study, or 8 years after its start.

During this period, annual rates of CAD, venous thromboembolic disease, stroke, colorectal cancer, and osteoporosis fractures converged in the original hormone and placebo groups. However, a significant 24% increase in risk for all neoplasms was observed in the original hormone group during follow-up. Risk for invasive breast cancer was higher with hormones than with placebo, but not significantly (hazard ratio, 1.27; 95% confidence interval, 0.91-1.78). Both during and after the randomized portion of the study, a global index of risks and benefits was significantly higher (meaning more risk)—by about 12%—in the study group than in the placebo group.

Among women who had been most adherent to study medication during the trial, post-trial all-cause mortality was 53% higher in the hormone group than in the placebo group.

Maryland Nurses Association and Foundation
14th Annual Poster Session

Presentations will be October 16 & 17, 2008
Deadline for Proposal—September 22, 2008
All Nurses, Nursing Students and Other Health Care Professionals

Share your creative nursing care approaches, research finds, clinical innovations or student projects with your colleagues. All convention participants are invited to submit a poster proposal on any aspect of their practice, research, or student activities. The Nursing Foundation of Maryland will award $100 to the best poster presentation.

What is a poster?
- The poster should be a summarization of a creative activity.
- It should fit on a poster board measuring approximately 30” wide by 36” long.
- A poster should reflect an innovative aspect of nursing practice, education, or research.
- It may be supplemented by handouts.
- It should fit easily on an easel.
- The poster’s presenter must be available for the open poster session to address questions.

How to submit a poster proposal:
- Complete the submission form below
- Mail or Fax your proposal, no later than September 22, 2008, to:
  Convention Posters
  Maryland Nurses Association
  21 Governor’s Court, Suite 195
  Baltimore, Maryland 21244-2721
  Fax: 401-944-5802

You will be notified by October 1, 2008 regarding the acceptance of your poster. You do not have to be an MNA member to submit a poster, however all poster presenters must registered as a Convention participant.

Poster Policy
Posters must avoid commercialism. Posters that constitute promotion and advertising will not be accepted. Statements made in posters are the sole responsibility of the author or presenter. Statements should not be viewed as, or considered representative of, any formal stance or position taken on any subject, issue or product by MNA.

Selection Criteria
Each poster submission will be reviewed for the following elements.
- Quality
- Broad appeal to the nursing community
- Creativity
- Timeliness
- Uniqueness

Maryland Nurses Association
Poster Submission Form

Poster Title ____________________________________________________________

Brief Description: _______________________________________________________

Developers Name and Credentials ________________________________________

Objective Statement ____________________________________________________

Mailing Address _________________________________________________________
City __________________ State ______ Zip __________________

Phone __________________ Fax __________________

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

### Districts

<table>
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<th>Counties</th>
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<tr>
<td>2</td>
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<tr>
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<td>Frederick County, Washington County</td>
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<tr>
<td>7</td>
<td>Harford County, Cecil County</td>
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<td>8</td>
<td>St. Mary’s County, Charles County, Calvert County</td>
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All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

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

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<th>District</th>
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<th>Reduced Membership Dues</th>
<th>Special Membership Dues</th>
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</table>

Make checks payable to: American Nurses Association

Maryland Nurses Association
21 Governors Court, Suite 195
Baltimore, Maryland 21244-2721

Send complete application and check to: