Top Occupational and Environmental Tips for Healthy Nurses

by Elise Handelman, RN, MEd, COHN-S, Occupational and Environmental Health Editor

Nurses Describe ER Violence

In a study published by the Emergency Nurses Association, 23% of the ER nurses surveyed experienced physical violence monthly and 20% experienced physical violence weekly. Verbal abuse was even more common with 41% of nurses in the study reporting weekly incidents of verbal abuse.ENA researchers explain that the increasing violence in ERs may be due to a number of factors.Violence is more easily "accepted" in society in general and is co-mingled with drug and alcohol abuse. Patients in the ER are seriously ill or injured and unexpected deaths increase the general stress level for everyone—patients, families and staff. Generally, the public is less tolerant of wait times, which continue to expand. Triage may be a mystery to the public as they see other patients receiving care ahead of them or their family members. This combination of factors can manifest itself in physical and verbal abuse of the ER staff.

In response, the ENA is urging nurses to change their expectations in the workplace and to realize that change is needed. New nurses especially need guidance on dealing with these issues. Some states are now passing legislative remedies to increase penalties for violence against health care workers. ENA has developed a helpful packet for those interested in advocating about this issue. It is available from http://www.ena.org/government/Advocacy/Violence/default.asp.

Military coverage under FMLA Effective January 16, 2009

If you, your family or patients are in the military, you may be interested to know more about changes in the Family and Medical Leave Act (FMLA) that implement two important new military family leave entitlements:

1. Up to 12 weeks of leave for certain qualifying exigencies arising out of a covered military member’s active duty status, or notification of an impending call or order to active duty status, in support of a contingency operation, and

2. Up to 26 weeks of leave in a single 12-month period to care for a covered service member recovering from a serious injury or illness incurred in the line of duty on active duty. Eligible employees are entitled to a combined total of up to 26 weeks of all types of FMLA leave during the single 12-month period.

For more information in a summary fact sheet (4 page PDF) visit the Department of Labor’s web site at: http://www.dol.gov/esa/whd/fmla/finalrule.htm.

Toxic Toys

In August 2008 the federal government banned the sale of toys made with phthalates (a type of endocrine disruptor) that is used to soften plastic. These chemicals have been linked to serious health problems including early puberty, birth defects and testicular cancer. The law bans sales of these toxic toys starting on February 10, 2009. Learn how to avoid purchasing toys with phthalates. Read tips from the Breast Cancer Fund. (see www.breastcancerfund.org).

Joint Commission Offers New Guidelines for Hospitals

In November, The Joint Commission offered guidelines and actions for the hospital of the future in a new document titled Health Care at the Crossroads: Guiding Principles for the Development of the Hospital of the Future (The full report can be found at www.jointcommission.org).

Herbert Pardes, M.D., President and CEO, New York Presbyterian Hospital and New York Presbyterian Healthcare System and roundtable chair says, “Looking forward, this white paper describes issues ranging from technology to personnel, patient relationships, and fiscal and architectural design among many other ways hospitals can enhance health care for all patients.”

Many of the recommendations have implications for nurses’ workplace safety and job satisfaction. Some of the features that have occupational and environmental implications include…

• Widespread adoption of health information technology
• Technologies that are labor-saving and integrative across the hospital
• Adoption of patient-centered care values as a

Top Occupational and Environmental continued on page 3
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Submissions should be sent electronically to Marylandnurse@marylandrn.org.

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.
priority for improving patient safety and patient and staff satisfaction
• Process improvement tools to improve quality and safety
• Expansion of health professional education and training capacity to accommodate the growing demand for health care workers
• Workplace cultures that can attract and retain health care workers

Hospital Design
Hundreds of studies have revealed hospital design characteristics that work for improving patient safety and health care outcomes, and providing a safer environment for hospital staff. Yet, most new hospitals are not being built “safe by design.” To achieve this goal, the report calls for the following actions:
• Improve safety with evidence-based design principles such as single rooms, decentralized nursing stations and noise-reducing materials
• Address high-level priorities, such as infection control and emergency preparedness, in hospital design and construction
• Include clinicians and other staff, patients and families in the design process to improve staff work flow and patient safety, and create patient-centered environments
• Design flexibility into the building to accommodate advances in medicine and technology
• Incorporate “green” principles in hospital design and construction

Hopefully, these guidelines signal a growing interest by The Joint Commission upon the healthcare work site and upon environmental and occupational considerations that have been long overlooked. If your facility is considering renovations, expansion or other construction, be sure there is a strong nursing presence on the planning group. After all, this is where we “live”—for at least a major part of our day!

Coming Events
The following conferences or events may be of interest to nurses looking to expand their knowledge of occupational and environmental health:


Healthy Aging for Workers: Anticipating the Occupational Safety and Health Needs of an Increasingly Aging Workforce February 17-18, 2009 | Washington, DC For more information, contact: Society for Occupational and Environmental Health, 6728 Old McLean Village Drive, McLean, Virginia 22101, Telephone: (703) 556-9222, Fax: (703) 556-8729, Email: soeh@degnon.org

Final Note: It is NOT too late to get a flu shot! …and best of all you may not get a shot at all!
LAIV (FluMist®)—a nasal spray used to deliver flu vaccine—is approved for use in healthy people 2-49 years of age who are not pregnant.
• Clinical trials have shown vaccine effectiveness between 70% and 90% among healthy adults
• Additionally, CDC studies have shown that adults who receive flu vaccine had 19% fewer severe febrile respiratory tract illnesses, 24% fewer respiratory tract illnesses with fever, 13-28% fewer lost work days, 15-41% fewer health care provider visits, and 43-47% less use of antibiotics compared with placebo.

When to get vaccinated: Yearly flu vaccination should begin in September and continue throughout the influenza season, into December, January, and beyond. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.
• You owe it to yourself, your family and your patients to take advantage of this window of opportunity to protect yourself from this disease that kills over 38,000 Americans annually.

See additional article on Maryland’s efforts to ban BPA toxins on page 5.

You are encouraged to visit the web site. You will be able to find information including legislative updates, current and archived issues of The Maryland Nurse, District meetings and other events in which you may be interested.

If you are an MNA member visiting the new web site for the first time, you will discover that it is now much easier to get into the Members Only section with your own username and password. Click on the Member Login at the top right of the home page. You will then be taken to a Please Login page that asks for your username and password. With the new web site, you will be able to create your own personalized username and password. Therefore, click on the line at the bottom of the Please Login page that says, “Click here to continue your registration.” The Member Registration page comes up. Here you will be able to create your personalized username and password. The new web site requires that you also complete all the fields on this page in order for your username and password to be recognized with your membership information.

In addition, it is important that you update your membership information to insure that you receive important mailings and emails from MNA.

If you are not yet a member of the Maryland Nurses Association, please go to the new web site’s home page. Click on the Members tab at the top left of the home page. You will see a drop down list that includes “Join.” Click on the “Join” and you will be taken to a Registration page. On this page, please check ANA Registration and then click on the bar that says, “Click here to continue your registration.” The Member Registration page comes up. Here you will be able to create your personalized username and password. The new web site requires that you also complete all the fields on this page in order for your username and password to be recognized with your membership information.

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Meet Pat Gwinn and Marie Ciarpella

Pat Gwinn
pgwinn@marylandrn.org

Pat Gwinn and Marie Ciarpella have been working a combined five decades for the Maryland Nurses Association. Yes, each of these dedicated staff members has served MNA for about 25 years each.

When you call the MNA office (410-944-5800), you will most likely speak to Pat Gwinn first. If you have a membership question, a continuing education question, or a question about the annual convention; Pat can provide the answers. In fact, Pat can answer almost any question you may have regarding functions or activities as they relate to MNA.

Sometimes when you call the MNA office, you might speak to Marie Ciarpella first. Usually, you will have a question that requires you to be transferred to Marie. You may be calling about a payment you have made for membership or a registration. Perhaps you have a question about how to acquire an RN license plate—Marie has those answers.

Marie Ciarpella
mciarpella@marylandrn.org

by Rachel Klimmek, MNA Membership Committee Chair

WHAT WE DO:
Here are some examples of our current activities:
• Creating written and electronic publications
• Digital Applications for members on social networking sites such as Facebook
• Hosting Membership Information Tables
• Recruiting New Members
• Presentations on the importance of professional membership
• Facilitating Leadership Opportunities within MNA for New and Current Members
• Membership Raffle at MNA Annual Convention
• Assisting MNA Members to navigate MNA's Lobby Day in Annapolis
• MNA Graphics Contest—More details in this issue of the Maryland Nurse!

WHAT IT MEANS TO BE A COMMITTEE MEMBER:
A Flexible Commitment! We’re always looking for new members and fresh ideas! Participation on the committee means giving us your time, when you can, and participating in monthly teleconference calls for planning purposes.

WHEN WE MEET:
The MNA Membership Committee meets once a month, typically on a Monday evening around 7pm. Meetings are held via toll-free conference calls, and last approximately one hour.

WHO TO CONTACT IF YOU’RE INTERESTED:
Contact the Committee Chair, Rachel Klimmek, at Rachel.Klimmek@Gmail.com. Or email one of the committee members below.

COMMITTEE MEMBERS:
District 2: Pat Howard
Pat.Howard@erickson.com
District 3: Deborah Tolliver dlottiver@aacc.edu
District 4: Lisa Botsis lisaluj@hotmail.com
District 8: Gwen Frey freytavern@aol.com
Maureen Lal mlal@fmh.org
District 9: Michele Gleitsmann
vzes5bz1@verizon.net
Chair : Rachel Klimmek
Rachel.Klimmek@gmail.com

NOW RECRUITING
MNA’s Membership Committee

by Rachel Klimmek, MNA Membership Committee Chair

WHO WE ARE:
The MNA’s Membership Committee is a group of dedicated VOLUNTEERS committed to promoting and improving the experience of professional membership in the Maryland Nurses Association.
BPA say that their chemical poses no risk. Higher risk of heart disease and diabetes, and a wide early puberty in females, higher rates of miscarriage, cancer, prostate cancer, immune system dysfunction, obesity, attention deficit hyperactivity disorder, breast developmental effects. Studies have associated BPA with environmental groups, exposure to BPA, even at low stop making products with BPA. Bisphenol-A was also included in many of the state toxic toy bills in 2008, but no state has successfully banned the chemical from any kids’ products. ANA worked closely with NCEL to conduct a “toxic toys” breakfast briefing at the National Conference of State Legislators (NCSL) in July 2008. In addition, the 2008 ANA Legislative Report entitled “Toxics in Toys: Talk, Test, Take Action” was discussed and distributed to over 400 legislators and their staff and families at the ANA exhibit booth.

Last year, “toxic toys” legislation enacted in the states and in Congress focused mainly on lead and the toxic chemical called phthalates. In 2008, at least 18 states introduced legislation dealing with toxic toys. The National Caucus of Environmental Legislators (NCEL) state legislators’ leadership on this issue played a large role in getting Congress to enact restrictions on phthalates and lead in toys and kids’ products as part of the Consumer Product Safety Improvement Act. With the updated federal law, there are now greater protections for children’s health, which would not have happened without state legislators making this issue a priority.

This year, NCEL participants are introducing legislation to regulate bisphenol-A (BPA) to further protect children by restricting the use of this toxic chemical, which is used in polycarbonate plastics. In 2009, BPA legislation is expected to be introduced in AK, CA, CT, IL, MA, MD, MN, MS, NJ, NY, OR, VT, and WA, according to advocates working on the legislation. Additional states are likely to also consider legislation.

State legislation to ban BPA in products typically will target baby bottles, sports bottles, and food can linings, including infant formula cans. Some legislation will be broader, seeking to regulate BPA in any product intended for children. Most bills will require that a safer chemical must be used to replace BPA once it is banned. In Congress, legislation to ban BPA in children’s products was introduced in 2008 by New York Senator Charles Schumer and Massachusetts Representative Ed Markey, and they plan to reintroduce the legislation in 2009. The states’ efforts on BPA in 2008 should encourage Congress to address the issue. Several major retailers and manufacturers are phasing out BPA, Walmart, Toys ‘R Us, Whole Foods, and Safeway Stores have announced that they will stop stocking BPA containing products for babies. Nalgene, Camelbak, and Playtex have announced that they will stop making products with BPA.

According to health professionals, scientists and environmental groups, exposure to BPA, even at low levels, may result in a wide range of reproductive and developmental effects. Studies have associated BPA with obesity, attention deficit hyperactivity disorder, breast cancer, prostate cancer, immune system dysfunction, early puberty in females, higher rates of miscarriage, higher risk of heart disease and diabetes, and a wide range of other problems. Not surprisingly, the makers of BPA say that their chemical poses no risk.

The Maryland Nurses Association cares about its members. Without them, it cannot hope to grow and evolve to meet the challenges of the future.

In the past, some of MNA’s members who were new to the organization reported difficulties in finding their “niche” within MNA and engaging in association activities or leadership opportunities. Others have said that while they were able to connect with the leadership of the MNA Executive Board, through activities such as MNA’s Annual Conference or regular board meetings, they had a harder time making connections within their own districts. Finally, some new members have reported confusion regarding the MNA’s relationship with the American Nurses Association and differences between the two.

If we do not engage our new members, we lose valuable opportunities to capitalize on their diverse perspectives, their skills, and—most importantly—the passion that led them to nursing in the first place. In an effort to bridge this knowledge gap—and to ensure that every member is getting the most out of his or her association membership, MNA’s President, Rosemary Mortimer, and Membership Committee Chair Rachel Klimmek, are currently brainstorming a pilot project to make personal contact with new members to the organization. They have proposed hosting monthly teleconferences, during which President Mortimer, Chairperson Klimmek, and other interested members of the MNA could connect with anyone who had recently joined the association.

Association President Rosemary Mortimer is absolutely committed to not only increasing membership numbers, but also the benefits of membership—in other words, opportunities for involvement, mentorship, social networking, professional growth, and education. As President Mortimer often says, “I have met some of my closest friends through membership in our professional organization. They share my passion and my values.”

“A nurse mentor of mine, Neya Ernst, once taught me that if you do not engage someone from the get-go, particularly in a volunteer organization such as this, you risk losing that person to other pursuits. The hope is that, by making personal contact with our members and letting them know about the opportunities that exist for them within MNA, we will be able to ensure that our new members know not only that they are appreciated but also that they are NEEDED in a very real way,” said Ms. Klimmek. “We also hope this initiative will translate into fresh ideas and faces at every level of MNA,” she added.

Stay tuned for more news on the launch of this project and other new member initiatives. Anyone interested in assisting or participating with this project should contact MNA President Rosemary Mortimer at (410) 944-5800, or send an email to MNA offices at pgwinn@marylandrn.org.

2009 Meeting Schedule

October 15-16, 2009 MNA Convention
   “Leadership for Healthcare Change: Improving Your Workplace”
   Maritime Institute Conference Center, Linthicum, MD

Board of Directors meetings are held the 3rd Thursday of each month at the MNA Office from 5:45 to 8:00 pm, unless otherwise noted or agreed upon. Leadership meetings include members of the MNA Board of Directors, District Presidents, District Boards, Committee Chairs and Delegates to the ANA House of Delegates. These meetings will be held at an off-site location to be announced and will run from 11:00 am to 1:00 pm.

The Maryland Nurses Association Board of Directors meets monthly. These meetings are open to all. The meetings are held at the MNA office located at 21 Governor’s Court, Suite 195, Baltimore, MD 21244. Please notify Pat Giwinn at pgwinn@marylandrn.org or at 410-944-5800 if you plan to attend a Board meeting. The dates of the 2009 meetings are below.

MARYLAND NURSES ASSOCIATION
2009 Board of Directors/Leadership Meeting Schedule

January 15, 2009 Board of Directors
February 2, 2009 Legislative/Lobby Day
   Annapolis, MD
February 19, 2009 Board of Directors
March 28, 2009 Leadership Meeting
   (Saturday) Board Meeting
   9:00-10:30 am Leadership Meeting
   11:00-1:00 pm
April 16, 2009 Board of Directors
May 21, 2009 Board of Directors
June 18, 2009 Board of Directors
July, 2009 No Meeting
August 27, 2009 Board of Directors
September 26, 2009 Leadership Meeting
   (Saturday) Board Meeting
   9:00-10:30 am Leadership Meeting
   11:00-1:00 pm

Leadership Moving in Maryland Legislature and U.S. Congress to Protect Consumers from BPA Toxins

The Maryland Nurse News and Journal • Page 5

FEBRUARY, MARCH, APRIL 2009
MNA Membership Committee Announces Exciting Competition!

They say a picture is worth a thousand words. The MNA Membership Committee would like to encourage members to reflect on what membership in this professional association means to them. As the MNA website has gotten a recent facelift, the committee is sponsoring a competition to design new graphics MNA can use to connect directly, and meaningfully, with Maryland nurses. Artistic skill not required! Your time and your ideas are the most valuable resource we have. Please see the submission form below:

CONTEST: “A Nurse’s Perspective” on Professional Membership

Name: __________________________
Address: _________________________
Phone: __________________________
E-mail: __________________________

Directions: Reflect on the impact an individual can have on the world through membership in a professional organization such as the Maryland Nurses Association. Draw a picture or symbol that represents your personal perspective on the relationship between the Maryland Nurses Association and the nurse as an individual. If you choose to submit a photo or photo collage, please ensure it does not feature any identifiable persons (for legal reasons). Does art still prove itself at the beginning levels before they can expect to evolve into other roles that may be less physically exhausting yet still very intensive.

Recent studies have shown that as many as 40% of new graduates work less than one year at their first job. That figure seems to be staggering when one realizes that it cost upwards of $30,000 in order to hire a new graduate and get them oriented. This is very costly for institutions and for the profession.

What accounts for this rapid turnover? Are the schools of nursing not teaching the student realistically enough? Are the new grads’ expectations of their new profession and roles too high? Is it an institutional problem or a professional one?

There certainly can be arguments for any and all of the above as being the major problem. Schools may need to provide more clinical time and reality based education. New graduates need to be aware that this is a difficult profession that requires a lot of hard work, sweat and long hours. These new graduates need to prove themselves at the beginning levels before they can evolve into other roles that may be less physically exhausting yet still very intensive.

Institutions need to do a better job of allowing new grads to shadow before they take jobs and precepting these new folks while they are hired. Some facilities have established a program to keep the students as a cohort class that gives them an identity and a sense of belonging. These programs seem to have very high retention rates and seem to be quite successful.

Having been a faculty person for a number of years and a preceptor who was overseas and not expected to return for several weeks. The grad made up her own schedule and found people to help her but finally gave up in disgust. Another told me about being on an oncology floor, and losing several patients, and being told by her head nurse, “That’s just the way it is, get used to it.” Several others have described very short staffed shifts such that they were literally afraid that patients would die and they would be held responsible.

Mentoring is an art that many in nursing can and must begin to practice. A challenge would be for all who have been in the profession more than a couple of years to take a new graduate under your wing and offer to help them. Mentoring is different from precepting, in that there is no grade or expectation of evaluation. Mentoring is being willing to show and to listen. It is when that student comes into your office and you are busy but something just tells you, you need to turn away from the computer and attentively listen to their concerns and have the Kleenex available. Mentoring can help keep our younger colleagues in this profession so many of us dearly love. Try it—the benefits will far outweigh the time it takes to do it!!

MNA News

Letter from the President

Rosemary Mortimer, MS, RN

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Having been a faculty person for a number of years

Your Profession Needs You!

Become a member of the Maryland Nurses Association today!

MNA advocates for you and your patients—important issues to nursing and healthcare such as safe staffing and nursing workforce development. MNA is lobbying on issues vital to your scope of practice as part of a legislative agenda to advocate for nurses and patients.

MNA protects and safeguards your Nurse Practice Act.

Save money with member only discounts. Save on certification through ANCC. Save money on 2009 MNA Convention with Member Registration fee.

Stay informed with The Maryland Nurse; The American Nurse and The American Nurse Today.

For additional information visit http://www.marylandrn.org or call MNA at 410-944-5800.
In these times of a nursing shortage, nurses commonly comment, “We have to stop eating our young.” We have to stop because it discourages students from becoming nurses. We have to stop because it hurts and causes newer nurses to leave the workplace, an expensive proposition for employers. Most of all, we have to stop because this behavior negatively impacts patient care outcomes.

What does it mean to “eat our young”? These behaviors are also called lack of civility, or bullying, intimidation, outbursts, condescending attitudes, withholding information that the other nurse needs to effectively do her job, throwing objects, practical jokes, even assault and battery, are examples of bullying behavior.

How did bullying, or “eating our young” become part of nursing’s professional culture? We think of bullies as the bigger boy intimidating the smaller boy, or the physician harassing the nurse. But did you know that more women than men engage in bullying behavior?

Nurses view ourselves as ethical professionals. Ethics is the branch of philosophy that examines how people should interact with each other. Considering all the damaging effects that bullying can have on health care in the United States and worldwide. One of the inevitable outcomes of this behavior is creation of further nursing shortage; victim nurses often feel incapable of appropriately responses and raising nurses’ awareness that bullying will not be tolerated. The ultimate goal should be creating a safe and friendly place for nurses to work in, and more importantly, facilitating optimal care rendered to patients who are the most vulnerable and helpless victims of bullying among health care providers.

Bullying that is expressed as frank assault, threats, or battery (unconsented touching of another) is more easily recognized than withholding of information, “jumping on” a newer colleague or a nurse returning to the workforce after a break for not knowing a procedure, dismissing staff complaints of rude or intimidating behaviors, or telling nursing students that your “patients are not good for nursing students today” (Do you think that the students do not notice this?). It is for these less obvious behaviors that we need to help raise each other’s awareness about our conduct, and to focus on the conduct that we want and that the public deserves from us: nurses who support, nurture, and work together.

Bullying and disruptive behaviors among healthcare professionals, doctors and nurses alike, as well as other employees will no longer be tolerated under new Joint Commission standards that took effect on January 1, 2009. The Joint Commission recommends that healthcare organizations provide education about courtesy during telephone interactions, business etiquette, and general people skills; have a code of conduct that defines acceptable, disruptive, and inappropriate behaviors; establish a zero-tolerance policy and develop a system to detect and receive reports of unprofessional behavior. Nurses should be at the front, supporting this standard.

References


The complete text of the new Joint Commission standards can be found at www.jointcommission.com.
The MNA Center for Ethics and Human Rights

The MNA Center for Ethics and Human Rights met for the first time under the leadership of Chair Tina Reinckens on January 26, 2009. They are reinvigorating this committee and are open to examining new priorities. The following MNA members have volunteered to serve on the committee: Co-Chair Lorraine Huber, Secretary Jacqueline Thomas, Dyan Benta, Sara Cross, Violet Ebbesen, Kathleen Galbraith, Beatrice Grant, David Johnson, Althea Maynard, Stacey Moreland, Tyree Morrison, Kathleen Ogle, and Kier Reid-Young. If you are interested in this committee, please e-mail Tina Reinckens at jreinckens@copmm.edu.

Maryland Nurses Association Board of Directors Resolution for Ethical Standards and Practices

WHEREAS, the Maryland Nurses Association has reviewed the American Nurses Association’s Code of Ethics for Nurses; and the Maryland Association of Nonprofit Organization’s Standards for Excellence; and the Maryland Association of Nursing Students; and the National League for Nursing in New York, the nation’s largest and oldest membership organization in nursing; and

WHEREAS, the Maryland Nurses Association agrees that the Code of Ethics for Nurses and the Maryland Association of Nonprofit Organization’s Standards for Excellence are the ethical guidelines for responsible operation of the organization; and

WHEREAS, the Maryland Nurses Association agrees that guiding ethical principles that guide the organization are:

• Personal and professional integrity;
• Openness and disclosure; and
• Inclusiveness and diversity;

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Directors of the Maryland Nurses Association hereby adopts the Code of Ethics for Nurses and the Maryland Association of Nonprofit Organization’s Standards for Excellence and these guiding ethical principles for the organization’s operations and commits to making continual progress toward implementation of these standards and practices.

Maryland Association of Nursing Students

by Hershaw Davis, Jr., President

Joan C. Jones said that during her second year of nursing school her professor gave her a quiz. She breezed through the questions until she read the last one: “What is the first name of the woman who cleans the school?” Surely this was a joke, she thought. She had seen the cleaning woman several times, but how would she know her name? She handed in her paper, leaving the last question blank. Before the class ended, one of her fellow students asked if the last question would count toward their grade. “Absolutely,” the professor said. “In your careers, you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say hello.” She never forgot that lesson. She also learned that the name of the woman in question was Dorothy.

The lesson about Dorothy resonates even today. As we move forward this year with the MANS theme of “Advocacy through policy and education,” we will use our collective voices to speak for all, even those who may not think that we serve them. Our role as advocates places us in a powerful position on a daily basis to give voice to the voiceless. We want to use our voice to continue to shape policy but, also ensure that the future of the profession through education. Please join MANS and the MNA this year as we work on behalf of the citizens in this great state to make this dream a reality not only for today, but for generations to come. Remember Dorothy and get involved!

The MANS Convention this year was held on January 31, 2009, at the University of Maryland, School of Nursing, 655 West Lombard Street, Baltimore MD 21201. Our convention’s theme was “Imagine the Possibilities: Nursing and the Future.” Our website is http://www.marylandnursingstudents.org/?page_id=5. We hope to see everyone there.

The 26th National Student Nurses Association (NSNA) Mid-year Convention will be held November 13-16, 2009, at the John Ascuaga’s Nugget Casino Resort in Reno, Nevada. Please visit http://www.nsnal.org/meetings/midyear.asp for more information.

Please forward the names of all school officers as well as faculty advisors to mainpresident@gmail.com. We are excited to be working on behalf of the nursing students of Maryland!
On November 2, 2008, members of the Howard Community College (HCC) Student Nurses Association, under the direction of Beverly Lang, Faculty Advisor, participated in a drive-through immunization clinic. Sponsored by the Howard County Health Department, the flu clinic was open to all Howard County residents.

This was a wonderful opportunity for the group of nursing students to participate in a mass immunization effort, such as would be done in the event of a disaster. The students also had hands-on practice with intra-muscular injections to adults and children and administering intranasal flu-mist to children and young adults.

One of the missions of the Student Nurses Association at Howard Community College is to provide community service and this event provided everyone an excellent opportunity to give back to the community. The following HCC nursing students volunteered at the event: Pam Neuberth, Megan Davis, Jennifer Witowski, Amanda Barnett, Amy McClellan-Armstrong, Eun Lee, Nicole Lindner, Stephanie Donnelly, Amy Johnson, Hyeon Kim, Sandy Messina, Julie Clabb, Tara McMahon, Rachel Espinoza, Jane Anthony-Jung, and Ruth Michener. The following RNs volunteered to assist and supervise the students: Beverly Lang, Linda Olson, Laura sessions, Jean Straka, Dianne Wong, and Lori Worniecke. Nearly 4,000 Howard County residents were immunized in a four hour time frame.
Maryland Faces in Nursing and Health 2008

by Nayna Philipsen and the Editorial Board of The Maryland Nurse

Below are selected faces of individuals who have contributed to professional nursing and improved patient outcomes in Maryland this year. The Editorial Board invites MNA members to send us photos of special nurses and supporters of nurses in your area! Forward all photos with captions to marylandnurse@marylandrn.org and look for your entry in a future issue of The Maryland Nurse.

Mary M. Newman, MD, FACP, Governor, College of Physicians, Maryland Chapter, former member of the Maryland Board of Physician Quality Assurance, and an Advocate for primary care and universal health care for all.

Delegate Heather Mizeur, Dist. 20, Montgomery County, Health care advocate.

Delegate Shirley Nathan-Pulliam, RN, District 10, Baltimore County, Advocate for access to care and elimination of disparities in health care.

Patricia A. Noble, MSN, RN, Executive Director, Maryland Board of Nursing, and Bonnie Kuchta, Discipline and Rehabilitation Coordinator for Nurses, advancing safe, quality nursing care in Maryland.

Delegate Anne R. Kaiser, Dist. 14, Montgomery County, Advocate for access to education.

Delegate James W. Hubbard, Dist. 23 A, Prince George’s County, Advocate for environmental health.

Beth Tordella, MS, RN, District 5, MNA Board Member and Editorial Board of The Maryland Nurse.

Peter L. Beilenson, MD, MPH, Health Office for Howard County (formerly for Baltimore City), patient advocate and innovative public health policy maker, including the model plan for universal access to health care, the “Healthy Howard Plan.”

Patricia A. Noble, MSN, RN, Executive Director, Maryland Board of Nursing, and Bonnie Kuchta, Discipline and Rehabilitation Coordinator for Nurses, advancing safe, quality nursing care in Maryland.

Sister Rosemary Donley, PhD, APRN, BC, FAAN was the 2008 MNA Convention luncheon speaker. Her topic was “Why Leadership in Healthcare is Needed.”

University’s Fall 2008 pinning ceremony were Roger Bridges, Associate Professor of religion and ethics who provided the opening and closing prayers; Joyce Becker, Dean of the School of Graduate and Professional Studies; Dean Paul Lack; MNA President Rosemary Mortimer; and Judy Feustle, Director of the Nursing Division.

Nayna Philipsen, JD, PhD, RN, Board Counsel, Treasurer of Nursing Foundation of Maryland, First Vice President of District 2, Legislative Committee Co-Chair, Editor of The Maryland Nurse; Linda DeVries, RN, CRNFA-R; President of the Foundation and First Vice President of MNA; and Peggy Soderstrom, PhD, RN-BC, CS-P. Second Vice President of District 2, MNA Board representative and LMNO Board Liaison.

Nayna Philipsen, JD, PhD, RN, Board Counsel, Treasurer of Nursing Foundation of Maryland, First Vice President of District 2, Legislative Committee Co-Chair, Editor of The Maryland Nurse; Linda DeVries, RN, CRNFA-R; President of the Foundation and First Vice President of MNA; and Peggy Soderstrom, PhD, RN-BC, CS-P. Second Vice President of District 2, MNA Board representative and LMNO Board Liaison.

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Sister Rosemary Donley, PhD, APRN, BC, FAAN was the 2008 MNA Convention luncheon speaker. Her topic was “Why Leadership in Healthcare is Needed.”
William DeVries, MD, a renowned cardio-thoracic surgeon who performed the first successful permanent artificial heart implantation (on Barney Clark), using the Jarvik-7 model; Carl Soderstrom, M.D., an Adjunct Professor of Surgery at the University of Maryland School of Medicine and a Senior Staff Member of the school’s National Study Center for Trauma & EMS in Baltimore; Klaus Philipsen, AIA, President and CEO of ArchPlan, Architecture, Planning and Urban Design, in Baltimore. All are active supporters of their MNA member wives.”

MNA’s 2008 Legislator of the Year, the Honorable Adelaide (Addie) Eckhardt, RN, Republican from Dist. 37-B on the Eastern Shore.

Baltimore City Councilwoman Agnes Welch, Chair of the Task Force on Childhood Obesity which released its report in 2008. “My commitment to this issue comes from twenty-five years as a member of this City Council,” said Councilwoman Welch. “During that time, the rate of childhood obesity has more than doubled, reaching epidemic levels... Today, we stand in a position to reverse the dangerous trend of childhood obesity, prevent it from infecting future generations, and stop the negative health effects dead in their tracks.”

Vincent (Vinny) DeMarco, JD, MA, President of Maryland Citizens Health Initiative, Inc., the architects of Maryland HealthCare For All.

Billy W. Best, Jr., M.P.A., formerly of the University of Maryland Baltimore, now Director of Student Affairs & Recruitment at the Coppin State University Helene Fuld School of Nursing.

Carlessia Hussein, RN, Dr PH, Director of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene.

Delores “Doe” Goldman, RN, former PNP and longest serving volunteer, with Donna Aversa, Administrator, working together in the Licensure by Examination Unit at the Maryland Board of Nursing.

Assistance for the Uninsured. Supported by Anne Arundel County Executive John R. Leopold, the REACH program is a partnership between the Department of Health and the County Medical Society to provide low-cost health care services to uninsured adult County residents last year. From left are: REACH Program Supervisor Nanette Bellini; Surgeon James E. Chappell, M.D.; President of the Baltimore Washington Medical Center’s Medical Staff James J. York, M.D.; County Executive John R. Leopold; Cardiologist Hilary T. O’Herlihy, M.D.; and Health Officer Frances B. Phillips, now the Deputy Secretary for Public Health Services at the Maryland Department of Health and Mental Hygiene (DHMH). The physicians are past presidents of the Anne Arundel County Medical Society.
Remember that Special Person in your Life

The Nursing Foundation of Maryland invites you to remember that special person in your life by honoring this individual with a tax exempt donation to the Foundation. Often on special occasions of life events, promotions, retirements, and sadly at deaths, it is difficult to find a meaningful or the “just right” way to recognize a person who contributes or has contributed much to your life. This individual may be a family member, a friend, a mentor, a colleague, a healthcare provider, or an educator who has given to your personal growth.

The individual you honor will be recognized in The Maryland Nurse, the professional publication of the Maryland Nurses Association and the Nursing Foundation of Maryland which is circulated to every nurse licensed in Maryland. You may be acknowledged along with the individual or you may remain anonymous. The individual you honor will receive a letter from the Foundation as notification of your gift.

A gift of this nature is truly a gift that keeps giving as the Foundation's purpose is to advance the educational and professional standards of nursing and nurses through the awarding of scholarships and grants.

Keep this invitation. Use it on that occasion when you want to honor that amazing person. Use the space below for your gift or call 410-944-5800 for further assistance.

Please Honor: _______________________________________________

On the occasion of: ___________________________________________

Send Notification to: _________________________________________

Enclosed: My check payable to the Nursing Foundation of Maryland in the amount of: _______________________________________

Charge my credit card: Visa or MasterCard: #: __________________ Exp. Date: ___________

Security Code: ___ My signature: _________________________________________

My Name and Address: _________________________________________

I would like my gift acknowledged with my name: Yes ______ No ______

Mail to: The Nursing Foundation of Maryland 21 Governor’s Court Ste. 195 Baltimore, MD 21244

Call to Action

Please sign the Nightingale Declaration for Our Healthy World at http://www.nightingaledeclaration.net

Each year, nurses gratefully celebrate International Nurses Week around May 12, the birthday of Florence Nightingale (1820-1910). At this time in human history, however, the world needs much more than celebration.

Nursing shortages in the U.S. and globally are now critical—epidemic, worldwide. The problem is serious, complex and impacting health and well-being across the world. Nurses and healthcare providers—recognized as the ‘arms and legs’ of healthcare as well as the ‘heart and soul’ of healthcare implementation—need your help.

Overcoming this crisis will require exceptional advocacy and leadership. To that end, the Nightingale Initiative for Global Health (NIGH) is engaging in interdisciplinary dialogues for partnership. We are collaborating with nurses, midwives, related professionals and healthcare providers and other concerned citizens throughout the world. With focus on connection rather than specialization, NIGH is building a diverse and committed global network for addressing this challenge and implementing our objectives for education, empowerment and support during the upcoming decade.

By accessing the NIGH website at http://www.nightingaledeclaration.net and signing the Nightingale Declaration for Our Healthy World, you will join over 18,500 citizens from 90 countries, and over 1,000 organizations in answering this call.

Why this Declaration? Signatures representing all 193 Member States of the United Nations will lay the foundation for accomplishing NIGH’s proposed adoption of two United Nations Resolutions that will be presented to the 2008 UN General Assembly declaring 2010: International Year of the Nurse and 2011-2020: United Nations Decade for a Healthy World.

With these proposed UN Resolutions bringing visibility, recognition and value to nurses and healthcare providers, this action not only empowers them, but raises public awareness as to the crucial connection between empowered nurses and healthcare workers and the health of people everywhere.

In 1893, Florence Nightingale wrote: “Health is not only to be well, but to use well every power we have.”

Standing alongside Nightingale, each of us has an opportunity—right now—to use our power to make a difference. For the sake of our own health, our children’s health and the world’s health please join us by taking this first critical step and signing the Nightingale Declaration for Our Healthy World!
Access to Health Care

The Maryland Health Care for All! Plan is an economically sound, politically feasible, and fiscally responsible plan for making quality health care affordable for all, including the self-employed and small businesses. The plan:

- **Covers Everyone** - Everyone has access to the high quality, affordable health care they need and deserve.
- **Lowers your Monthly Health Care Bills** - Health care becomes more affordable for everyone, especially small business owners. By reducing overhead costs and focusing on high value care, we are able to lower premiums for everyone who is currently insured.
- **Builds on Current Coverage** - If you have employer-based coverage you like, you can keep it and it will become more affordable. If you don’t have coverage or it’s too expensive, the plan lowers the cost to make coverage affordable. Those who cannot afford coverage in the private sector are afforded public coverage.
- **Pools our Resources** - The plan allows small businesses and individuals without employer coverage to pool their numbers and resources to get a wider choice of better, more affordable health care plans.
- **Protects Patients and Incentives for Our Health** - No longer will insurance companies be allowed to deny you coverage for chronic conditions or bike your premiums because you get sick. The plan also invests in proven public health campaigns to improve health, lower costs and reduce health care disparities.
- **Is Fiscally Responsible** - Businesses and individuals only pay their fair share if they want health care for all. All businesses will pay a 2% FICA payroll tax but those who currently insure will have more than make-up that contribution in lower premiums. The plan will also revitalize federal matching funds, revitalize funds from existing programs for the uninsured, and increase the state alcohol and tobacco taxes (reducing teen smoking and alcohol use). Individuals will be required to purchase health care if an affordable option exists.

**Coverage to Protect us from Extremely High Medical Bills**

(Automatic 10% drop in everyone’s premiums)

- **New Medicaid Expansion - High quality, affordable coverage**
- **New Health Insurance Pool** - by grouping together, we get high quality, affordable coverage. Choice of plans and carriers. Those with no children or earn $45,000 or those with a child or who earn $55,000* can get up to 40% off current rates.
- **No children, earn $26,000**
  - Have a child, earn $42,000**

All Small Business Employees
All People Without Coverage

* Example for family of 2. For each additional family member, add $35,000
** Example for family of 4. For each additional family member, add $10,000

The Plan Proposes:

- **Helping Doctors and Nurses** - The plan fairly pays primary care physicians for care coordination, often unacknowledged by patients and nurses. Physicians will not have to choose between patients or do their best to effectively manage their patients. The plan also gives incentives to doctors and hospitals that adopt electronic health records. This will reduce medical errors and make health care more efficient.
- **Reforming Irresponsible Business Practices** - The plan will enforce insurers, businesses, and individuals from "gaming the system." Health plans will be used to "cheat the pack" by denying patients access to needed care. They will not be allowed to deny needed care or charge more for a chronic disease. Businesses will be discouraged from only paying high health care expenses when those employees are sick.
- **Investing in a New Maryland Prevention Trust** - By funding proven public health interventions, the plan will reduce smoking, drug use, and obesity. This will lead to a drop in disease, cancer, and other diseases that greatly add to health care costs. In both the long and short term, a focus on disease prevention and health promotion will save lives, improve quality of life, and save money.
- **Requiring Every Maryland Business to Contribute** by paying a 2% FICA payroll tax. The majority of businesses that currently insure their workers will see a drop in their overall health care cost even with the 2% tax. Those that do not insure currently will be able to purchase health care at much lower prices than today’s market.
- **Requiring Every Maryland Resident to Contribute** by purchasing quality and affordable health care from their employer or some other public-private source. Marylanders must purchase a health care plan if it is high-quality, affordable health care option exists or face a tax penalty.

**What is the Maryland Health Care for All! Plan?**

An independent, quasi-government health insurance pool that is accountable to its enrollees, providers and the general public. Employers with fewer than 100 employees and individuals without access to employment-based insurance would purchase their health insurance coverage through the Pool. Members would be guaranteed a policy of their choice and would not be cancelled should they become sick. Those with "pre-existing conditions" will not be denied or getting charged a fortune for health care.

**What Does the POOL BENEFITS PACKAGE COVER?**

The plan would cover comprehensive services that most private health insurers cover now. A variety of private plans would be offered including "Basic," "Typical" and "Generous" benefit packages. Members will receive up to 40% off current insurance rates depending on income;

**What Will the Pool, Benefit Enrollment?**

Depends on the type of plan purchased. Rates will be much lower than the current market.

**Define the Coverage for High Medical Costs.**

The Plan will cover 75% of medical costs between $25,000 and $150,000 and 10% of medical costs above $150,000. Since the Plan covers these "high cost" miles, insurance companies will be able to reduce your premiums by 10%. Insurance companies will be required to submit those savings to us.

**How will the Pool Funded for Health Care for All?**

The plan does not create large, new agencies to service all the uninsured and private sector health care increases under the plan. It is completely self-funded and does not require new general fund spending. In 2006, we propose funding the plan with:

- An increased state tobacco tax of 50¢ per pack, with consistent increments in other tobacco products
- A "wine tax" increase in the state alcohol tax
- Use of state tobacco settlement payment
- Indications of current funding for the Maryland Health Insurance Pool
- payroll contributions from employees

In addition, the plan charges flat premiums to those newly insured, encourages federal matching funds, and utilizes existing program funding for the uninsured. The overall cost of the plan is only $2.1 billion per year of total health care costs in Maryland.
Coppin State University Helene Fuld School of Nursing Students Move to New Building

Students and faculty of the Helene Fuld School of Nursing moved into the new Health and Human Services Building on the Coppin State University campus during the Fall 2008 semester. The new building provides ample classrooms, office, study areas, skills labs and technological support for the growing CSU nursing programs. The nurse-practitioner run clinic, which serves both CSU students and the community, moved into its new space on the first floor of the building in December 2008.

College May Be Unaffordable in USA

According to a report from the National Center for Public Policy and Higher Education, “Measuring Up 2008,” released in December 2008, the increasing cost of college tuition appears to be making college unaffordable for many students in the USA.

Last year the net cost at a four-year public university equaled 28 percent of the median family income. A four-year private university cost 76 percent of the median family income.

Student borrowing more than doubled in the last decade. Students from lower-income families, which include a disproportionate number of minority students, get smaller grants from colleges than students from affluent families.

Students have a variety of choices for college. However, even at community colleges, which were developed to increase access through both location and cost containment, the cost of tuition was 49 percent of the poorest families’ median income last year, up from 40 percent in 1999-2000. This is in spite of the fact that community college tuition is likely to be only about 10% of the cost of a private university.

Some states, including Maryland, have made special provisions to increase access to nursing education, which is a critical workplace shortage major. In Maryland’s community colleges, nursing majors must pay only the lower “in-county” residential tuition, regardless of their county of legal residence.

Early Career Nursing Faculty Earn Opportunity for New Collaborative Research

October 3, 2008—Three new research teams have been selected to receive pilot funding from the Johns Hopkins University School of Nursing (JHUSON) Center for Collaborative Intervention Research (CCIR). This year’s recipients will focus on MRSA infection in mental health patients, test a health promotion strategy for low-income, minority older adults, and address cancer health disparities among older, rural-dwelling African Americans.

“Nurses are uniquely poised for collaborative intervention research since we work so closely with the populations of interest,” notes MNA member and Center Director and JHUSON Professor Jerilyn Allen, ScD, RN, FAAN. The Center provides funding for nursing faculty early in their research careers to conduct cross-disciplinary pilot studies which, according to Allen, “will be a springboard to larger intervention trials which contribute significantly to science and their careers as nurse scientists.”

Jason Farley, PhD, MPH, NP, is an expert in the prevention and management of infectious diseases, though he began his nursing career as a mental health research nurse coordinator. He is now collaborating with nurses and physicians at The Johns Hopkins Hospital (JHH) to learn more about mental health patients’ vulnerability to Community-Associated Methicillin Resistant Staphylococcus aureus (CA-MRSA). The multidisciplinary team plans to test patients for MRSA on admission to two psychiatric units at JHH, and test them again when they are discharged. Farley and his co-investigators will use the data to evaluate if MRSA transmission is occurring, which could pave the way for future interventions that will help reduce risk of transmission.

Sarah Szanton, PhD, CRNP, is exploring the effectiveness of a low-cost, low-tech approach to promote the health of low-income, minority older adults, a population at greater than average risk for disability and death. She and her collaborative team are building on anecdotal evidence to systematically evaluate health outcomes of ElderSHINE (Support, Honor, Inspire, Nurture, Evolve), a program that trains low-income minority seniors in mindfulness-based meditation and self-efficacy.

Jennifer Wenzel, PhD, RN, CCM, is seeking to address cancer health disparities among rural-dwelling older African Americans who are diagnosed and being treated for cancer. By developing and evaluating a train-the-trainer program to equip nurse-led community health worker teams in rural Virginia, Wenzel and her team hope to provide a culturally appropriate cancer navigation intervention for this group of individuals at risk for poorer health outcomes.

Recipients of these pilot research awards are but one part of the ongoing work of the Center, itself funded by the National Institutes of Health’s National Institute of Nursing Research. Allen points out that the program’s centralized resources and support benefit students and faculty alike in the development, conduct and evaluation of research projects, particularly when traditional sources of health research funding are dwindling.

JOIN MNA TODAY!
October 3, 2008—Sharon Kozachik, PhD, RN, a Postdoctoral Fellow at the Johns Hopkins University School of Nursing and a member of MNA, has been selected as the 2008 Lucille V. Luikens, RN, American Nurses Foundation Scholar. Over the next year, working under the mentorship of leading pain researcher and Johns Hopkins University School of Nursing Professor Gayle Page, DNSc, RN, FAAN, Kozachik will engage in pre-clinical research that may lead to improved sleep, decreased pain, and improved quality of life for future cancer patients.

Kozachik will examine the effects of sleep disruption on pain in rats that have been injected with paclitaxel, a commonly used chemotherapy for solid tumor and lymphoid cancers. “In about 60 percent of cancer patients, paclitaxel causes a painful and debilitating peripheral neuropathy—a nerve pain in the hands and feet. Many patients also experience sleep disruption within a week of initiating therapy,” explains Kozachik. “Through this study, we hope to better understand the complex relationship between pain and sleep, and ultimately improve functioning and quality of life for cancer patients.”

Using rats that have been implanted with telemetric transmitters to record sleep activity, Kozachik and colleagues will divide the animals into two groups: one whose sleep will be disrupted and the other with unperturbed sleep. All animals will receive intermittent doses of paclitaxel and then will be tested for mechanical sensitivity in their hind paws. Using these data, the researchers plan to determine what the findings from this study have the potential to guide the development and testing of nursing interventions to improve quality of life for cancer patients,” says Kozachik.

The grant, awarded through the American Nurses Foundation (ANF) Research Grants Program, carries with it a stipend of $10,000. The Research Grants Program was founded more than 50 years ago to encourage nurses’ research career development, contribute toward the advancement of nursing science, and enhance patient care.

The Economic Downturn Impacts Educators Including Nursing in Maryland:
A Message from Chancellor William E. Kirwan to the USM Community, December 12, 2008

Given the State of Maryland’s serious budget shortfall for both the current fiscal year and FY 2010, I am sorry to report that the University System of Maryland (USM) is facing another round of budget reductions. As we decide how best to handle these reductions, we will continue to be guided by our commitment to protecting the interests of our students, sustaining the quality and integrity of our academic and research programs, and minimizing the impact on faculty and staff.

Earlier this fall, the state cut the USM’s FY 2009 operating base budget by approximately $15 million. Working with the Board of Regents and our presidents, we addressed this reduction by implementing hiring freezes, increasing class sizes, and reducing facilities renewal funds.

Governor O’Malley recently announced that, due to the continuing decline in state revenues, his administration is working with the appropriate groups to develop a reduction plan that may include furloughs for state employees. The USM has been asked to reduce its current salary and wage budget by $15.9 million as part of this statewide reduction.

The USM is not part of the state’s personnel system, which means that we will develop our own reduction plan, separate from the state’s plan. Today, the USM Board of Regents approved a resolution authorizing me to work with the presidents to develop and implement a system-wide furlough proposal. Within some general parameters, each campus has the flexibility to propose a plan that best meets its needs. The campus plans must be sent to my office for final approval. As plans are developed, the board resolution requires that campuses consult with the appropriate shared governance organizations and work with any unions representing campus employees.

The board resolution also stipulates that:
• campus plans must ensure minimal disruptions to classes and student services;
• the plans must take employee compensation levels into account in establishing the numbers of furlough days;
• employees cannot be required to work or perform official duties during a furlough period, and there will be no reduction of employment benefits as a result of the plan’s implementation.

For information on all of the provisions in the board’s action, please access the full resolution here: http://www.usmd.edu/usm/chancellor/budget/borresolution.doc. These budget reductions are causing real hardships throughout the system. It is especially distressing to implement furlough plans because of the impact they will have on the dedicated and talented faculty and staff who do so much to support and advance the missions of our institutions. Nonetheless, the USM must do its part to help the state get through this difficult period.

Fortunately, Governor O’Malley and our state legislators continue to demonstrate their strong support. They recognize USM’s positive impact on the economy and workforce, as well as the quality of life throughout our state. I am confident that higher education, and the USM in particular, will be given high priority by the Governor and the state as they make future budget decisions.

To keep you informed of USM actions related to the state’s budget process, we are developing a budget updates page on the system web site. Visit it periodically for the latest information: http://www.usmd.edu/usm/chancellor/budget/

In closing, let me say that I recognize that this is a difficult time for all of us in the University System of Maryland. As we address our budget situation, I want to assure you that we will do so in the most sensitive way possible, respecting the high quality of the work performed by our faculty and staff and our responsibilities to the students and the state we serve.
Catholic University School of Nursing Receives $150,000 Grant to Alleviate Nursing Shortage

CUA’s School of Nursing has been awarded a $150,000 grant by the Robert Wood Johnson Foundation to increase the number of students enrolled in the school’s accelerated baccalaureate nursing program. The grant award is the equivalent of 15 scholarships.

CUA’s nursing school was one of 58 nationwide chosen to receive funding through the foundation’s New Careers in Nursing Scholarship Program, which aims to strengthen the nation’s pipeline of new nurses by providing financial aid to students who enroll in fast-track nursing degree programs.

Scholarships of $10,000 each will be awarded to 706 nursing students in accelerated programs nationwide during the 2008-2009 academic year. Five CUA students have already been notified of their award.

Award preference is given to students from groups underrepresented in nursing or from disadvantaged backgrounds. Grant funding also will be used by the School of Nursing to help leverage new faculty resources and provide mentoring and leadership development resources to ensure successful program completion by scholarship recipients.

“An accelerated baccalaureate nursing program is critical for so many reasons, including massive nursing shortages,” said Nalini Jairath, dean of CUA’s nursing school. “And by recruiting culturally distinct groups, we are training nurses who, in many cases, mirror the population they are serving. This creates an opportunity to give care that is more culturally sensitive.”

Slightly more than 10 percent of CUA’s nursing students are enrolled in the accelerated baccalaureate nursing program, which is geared toward career-changers who did not pursue nursing at the undergraduate level. It has been designed as a 65-credit, 20-month program leading to a Bachelor of Science in Nursing degree and direct entry into the nursing workforce.

CCBC to offer “Communication Skills for Allied Health Careers” this Spring

Baltimore County, Md.—The Community College of Baltimore County is offering a new course in spring 2009 designed to serve the communication needs of foreign-born, English-speaking students interested in pursuing careers in allied health or currently working in the allied health field. A collaborative effort between CCBC’s School of Liberal Arts and School of Health Professions, “Communication Skills for Allied Health Careers” (SPCM 160) is a three-credit elective to be offered at CCBC Catonsville and CCBC Essex.

Lynda Katz Wilner M.S., CCC-SLP, a licensed speech and language pathologist and director of Successfully Speaking, a corporate training consultancy, will teach the new course.

According to Rachele Lawton, chairperson of the CCBC Reading and Language department, “We see this course as an opportunity to assist foreign-born English-speaking students improve their communication skills and become viable candidates for the health care workforce. Comprehension and pronunciation are extremely important skills in the health care arena and this course will help students develop these critical skills specifically for health care-related contexts. We hope that this course will attract not only potential allied health students but also those who are already working in health care and are in need of these communication skills.”

This experimental course is intended to:
• Strengthen the listening skills needed to comprehend medical and respond to medical dialogue delivered at normal speed
• Apply appropriate verbal and non verbal communication when interacting with patients, supervisors and peers
• Develop an awareness of the potential errors related to inaccurate pronunciation and apply techniques for addressing miscommunication
• Recognize and pronounce specialized vocabulary, acronyms and abbreviations needed to function effectively as a health care provider in the United States.

For the CCBC School of Health Professions, which strongly recommends that all foreign-born students seeking admission to its programs take this course, this approach represents an avenue for addressing the shortage of health care workers in the region.


“Clinical Trials—Removing the Mystery and Stigma of Research” at CSU

The University of Maryland Program in Minority Health and Health Disparities Education and Research, University of Maryland Statewide Health Network, presented a seminar in Coppin State University entitled “Clinical Trials—Removing the Mystery and Stigma of Research” on Saturday, December 13, 2008.

Those making opening remarks included Joy Bramble, Publisher, Baltimore Times Newspapers; Claudia R. Baquet, MD, MPH, Professor, Department of Medicine, Associate Dean of Policy and Planning, Principal Investigator, University of Maryland Statewide Health Network & Other Tobacco-Related Diseases Research Grant; The Honorable Sheila Dixon, Mayor; The Honorable Ben Cardin, MD, Associate Professor, Pediatrics, University of Maryland Medical Center.

Panelists addressing different specialties were otolaryngology—head and neck surgery, Rodney Taylor, MD, MSPH, FACS; DIABETES MELLITUS, Toni Pollin, PhD; cardiovascular Disease, Patricia Uber, Pharm.D; CANCER, Hector Silva, MD, FACS and Kristen Gowan, RN.

Dr. Nathan Stinson, PhD, MD, MPH, was the keynote speaker. His presentation was followed by discussion and audience Questions and Answers related to clinical trials. In addition to Dr. Claudia R. Baquet, this activity was led by Ligia Peralta, MD, Associate Professor, Pediatrics, University of Maryland School of Medicine, Pediatrician, University of Maryland Medical Center, US Senator; the Honorable Adrian Jones and Keith Haynes, Delegates, and Dr. Marcella Copes, Dean, CSU Helene Fuld School of Nursing.
Maryland Report Calls for More Equitable Funding of HBCUs

Between 2000 and 2005, Maryland was under order by the U.S. Education’s Office of Civil Rights to improve programs and facilities at historically Black Colleges and Universities (HBCUs) in the state, to remedy a long history of serious under-funding.

In October 2008 the Panel on the Comparability and Competitiveness of Historically Black Institutions in Maryland released a report concluding that Maryland’s four historically Black universities still need increased support to put them on par with traditionally White universities. The report was commissioned to help set guidelines for state support of historically Black institutions.

The report identified four broad areas needing improvement: undergraduate education, doctoral-level education and research, general institutional facilities and operations, and state program approval and funding, stating, “There are many indicators that suggest that substantial additional resources must be invested in HBCIs to overcome the competitive disadvantages caused by prior discriminatory treatment: the lack of modern ‘state of the art’ science and technology labs, the aging physical plant and lack of consistent funding for maintenance, the poor retention and graduation rates of students as compared to TWIs, and the large number of low income and educationally underserved students in need of financial assistance.”

Del. John L. Bohanan, Jr., Democrat, Dist 29B, Chair of Maryland General Assembly’s Affordability Committee, told The Baltimore Sun that any new funding for Maryland HBCUs would be scarce given the state’s current budget woes. “It could be in some cases they need so much that we’re not going to get there so the institutions will need to determine what’s really important to them. There’s not going to be a whole slew of new money.”

See http://www.mlis.state.md.us/other/Funding_Higher_Ed/2008Oct27_FinalDraftFromPanel.pdf for a final draft of the report.

RN to BSN Education Plan Removes Barriers for Nurses in Maryland

The Maryland Board of Nursing has noted that “a Maryland statewide nursing education agreement among all public and some private nursing education programs for RNs who want to complete their BSN is in effect.” This agreement was worked out between the Maryland Higher Education Commission (MHEC), the Maryland Board of Nursing, and representatives of the nursing education programs in Maryland colleges and universities.

The goal of the Maryland statewide education articulation agreement is to minimize barriers to educational advancement for nurses, thereby encouraging nurses to reach the highest possible level of education. Well educated nurses are essential to providing Maryland citizens with the best possible nursing care.

RN to BSN articulation model: No more than half of the baccalaureate degree, with a maximum of 70 non-nursing credits, will be accepted from a community college. Nursing credits will not be transferred. However, Registered Nurses with an active unencumbered Maryland or compact RN license articulating to the baccalaureate level are awarded a minimum of thirty (30) upper division nursing credits in the program they are entering.

This means that Maryland RNs can complete most or all of their pre-requisite courses at a community college if they chose to, and transfer these courses to the college or university of their choice. They then receive 30 additional credits of advanced placement for their nursing education, based on the RN licensure exam and active licensure. The result is “user-friendly” access and lower educational costs for Maryland nurses, as well as the ultimate goal, more educated nurses for Maryland patients.

RN to BSN programs are available in Maryland online, and onsite at a number of hospitals. More information is available from Maryland college and university BSN programs, from the Maryland Board of Nursing, or from the MNA Practice and Education Committee.

University of Maryland School of Nursing Receives $1 Million Gift for CNL Student Scholarships

The University of Maryland School of Nursing has received a pledge of $1 million from Mary Catherine Bunting, a 1972 graduate of the School’s Master of Science program. The donation will establish the Mary Catherine Bunting Scholarship, designated for Maryland residents enrolled in the School’s Clinical Nurse Leader (CNL) program.

The CNL program allows people with a bachelor’s degree in a non-nursing discipline to obtain a master’s degree in nursing in 16 months. Graduates are eligible to take the Registered Nurse (RN) licensure examination, qualifying them for positions in hospitals and health care facilities across the state.

“CNL students pay more than $18,000 a year in tuition and fees, and the extremely rigorous course load makes it impossible for them to work—even part-time—while they are in the program,” says Gail Schoen Lemaire, PhD, PMHCNS, BC, CNL, associate professor and co-director of the CNL program. “This gift will provide a source of financial support for these highly qualified students who, after licensure, will practice nursing in diverse settings in the Baltimore area and throughout the state.”

Ms. Bunting is a retired nurse practitioner and teacher, which has given her a keen appreciation for the value of highly-educated nurses.

“I am concerned about the shortage of nurses facing our state,” says Ms. Bunting. “We need to find creative ways, such as the CNL program, to attract talented individuals and make it possible for them to pursue this vital profession.”

“Ms. Bunting’s generosity opens the door to a nursing career for those who could not otherwise afford it,” says Janet D. Allan, PhD, RN, FAAN, associate professor and co-director of the CNL program. “This gift presents a wonderful opportunity for our students while benefitting the entire state by bolstering the professional nurse workforce.”
ANA Statement on the Dismissal of the Sentosa Nurse Criminal Case

SILVER SPRING, MD – The American Nurses Association (ANA) and its affiliate, the New York State Nurses Association (NYSNA), were pleased to learn on January 26, 2009 that the criminal charges filed against 10 registered nurses from the Philippines in March 2007 for patient endangerment have been dismissed.

“This is a victory for all registered nurses, because the judge recognized that withdrawal from a deplorable work environment, when done responsibly, as in this case, reflects ethical nursing practice. ANA believes the real patient endangerment lies in the untenable conditions that led the nurses to leave. After exhausting all possibilities to resolve their concerns with the facility and the agency, nurses left without providing two weeks notice. The court’s decision reaffirms what ANA has always known: These brave nurses have deserved the nursing community’s full support because they refused to remain in a situation where patients were being denied the kind of care and staffing they deserved,” remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA has always been a strong supporter of the Sentosa nurses, who say they were brought to New York under false pretenses and denied the rights guaranteed by their employment contract. When the nurses resigned, their employer accused them of professional misconduct before the state Office of Professional Discipline, which dismissed the charges. In April of 2008, ANA and NYSNA filed an amicus brief with the Second Department of the Appellate Division, Supreme Court of New York supporting a motion to drop criminal charges against the Sentosa nurses.

The nurses had been recruited by the Sentosa Recruitment Agency to work at specific nursing home facilities on Long Island. When they arrived in the U.S., they discovered they actually were working for a staffing agency, Prompt Nurses Employment Agency. Over a period of months, the nurses said, the agency refused to pay them according to the terms of their contracts. They also said they were not properly supported because they refused to remain in a situation where patients were being denied the kind of care and staffing they deserved, remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. “This nursing funded study provides a model that shows how nurses affect the delivery of cost-effective, high quality care, and prevent adverse events. This project was the culmination of years of research that could not have been possible without the tireless work and cooperation of The American Association of Critical Care Nurses, the American Association of Colleges of Nursing, the Oncology Nursing Society, the American Organization of Nurse Executives, and the 85 other nursing organizations who contributed to the project. I applaud their outstanding efforts, and commend them on this significant contribution to the nursing profession.”

The research culled findings from 28 different studies that analyzed the relationship between higher RN staffing and several patient outcomes: reduced hospital-based mortality, hospital-acquired pneumonia, unplanned extubation, failure to rescue, nosocomial bloodstream infections, and length of stay. The findings demonstrate that as staffing levels increase, patient risk of complications and hospital length of stay decrease, resulting in medical costs savings, improved national productivity and lives saved.

“Estimates from this study suggest that adding 133,000 RNs to the acute care hospital workforce would save $900 lives per year. The productivity value of total deaths averted is equivalent to more than $1.3 billion per year, or about $9900 per additional RN per year.” The additional nurse staffing would decrease hospital days by 3.6 million. More rapid recovery translates into increased national productivity, conservatively estimated at $231 million per year. “Medical savings is estimated at $6.1 billion, or $46,000 per additional RN per year. Combining medical savings with increased productivity, the partial estimates of economic value averages $57,700 for each of the additional 133,000 RNs.

The research findings suggest significant policy related issues. First and foremost, healthcare facilities cannot realize the full economic value of professional nursing due to current reimbursement systems. Additionally, the economic value of nursing is “greater for payers than for individual healthcare facilities.”
The Maryland Patient Safety Center announced in December that it is one of the first 25 organizations in the nation to be listed as a Patient Safety Organization (PSO) by the federal Agency for Healthcare Research and Quality (AHRQ) under provisions of the Patient Safety and Quality Improvement Act of 2005. This listing allows the Center to enhance its efforts to study and reduce medical errors among participating health care providers.

Since its inception almost five years ago, the Maryland Patient Safety Center has worked with providers and researchers to build a voluntary reporting system for the evaluation and prevention of medical errors. The federal PSO listing reinforces and expands the Maryland Patient Safety Center's ability to provide a safe environment where clinicians and health care organizations can collect, aggregate, and analyze data that enable the identification and reduction of risks associated with patient care.

This federal listing follows the redesignation of the Maryland Health Safety Center by the Maryland Health Care Commission in late November 2008 as the State's patient safety center for an additional five years, beginning January 1, 2009 through December 31, 2014.

"This new federal listing is yet another step in our journey to making Maryland health care the safest in the nation," said William Minogue MD, FACP, Executive Director of the Maryland Patient Safety Center. "We are honored and pleased that AHRQ recognized our organization as a federal PSO."

The Maryland Patient Safety Center was established by the Maryland Legislature in 2003 and first received the state designation in 2004. In September 2007, the Center became an incorporated organization, with the Maryland Hospital Association (MHA) and the Delmarva Foundation for Medical Care continuing to act as primary members of the Center.

During its first five years, health care providers in the state have partnered with the Maryland Patient Safety Center to make patient safety a top priority. Signature achievements include:

1. Received the 2005 John M. Eisenberg Patient Safety and Quality Award for national/regional innovation in patient safety.

2. Created an Adverse Event Reporting System that explores patterns and trends related to medical errors and near misses that occur in health care facilities. With this information, the Center deploys improvements in systems and processes of care. Eighty-five (85) percent of hospitals contribute to the Adverse Event Reporting System.

3. Engaged and trained more than 9,000 health care professionals about safety strategies and tools that have transformed Maryland's hospitals. In addition, the Center is working with 85% of Maryland hospitals in breakthrough collaborative programs.

4. Improved outcomes and processes of care, including dramatic reductions in ventilator associated pneumonia and catheter-related blood stream infections during its Intensice Care Unit Collaborative, resulting in an estimated 140 lives saved and $40,779,070 in avoided costs; the first state-wide collaborative on reducing infant and maternal harm in labor and delivery; and other improvements related to methicillin-resistant Staphylococcus aureus (MRSA).

The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorized the creation of Patient Safety Organizations (PSOs) to reduce the incidence of events that adversely affect patients. PSOs are designed to improve the quality and safety of U.S. health care by encouraging clinicians and health care organizations to report and share-voluntarily-data on patient safety events without fear of legal discovery.

The Maryland Patient Safety Center, jointly supported by the Maryland Hospital Association and the Delmarva Foundation, brings together hospitals and health care providers to improve patient safety and health care quality for all Marylanders. The goal of the Patient Safety Center is to make Maryland's health care the safest in the nation by focusing on the systems of care, reducing the occurrence of adverse events, and improving the culture of patient safety at Maryland health care facilities. For further information, visit www.marylandpatientsafetycenter.org.

A report released in October by public health groups and leading Maryland health and elder care facilities to document new practices and policies to eliminate toxic pesticide use. The changes reflect a heightened awareness of the need to protect particularly vulnerable populations from serious health risks associated with toxic chemical exposure. A growing body of scientific research links pesticides to Parkinson's disease, asthma, cancer and other illnesses.

The Maryland health care institutions in the report were commended for showing national leadership in adopting non-toxic pest management techniques that protect the health of patients, visitors and staff, said Jay Feldman, the reports co-author and executive director of Beyond Pesticides.

The report, "Taking Toxics out of Maryland's Health Care Sector: Transition to Green Pest Management Practices to Protect Health and the Environment," was co-written by the Maryland Pest Management Practices Coalition, a statewide coalition advocating safe pest management practices, and Beyond Pesticides, a national environmental and public health group, under their joint Integrated Pest Management (IPM) in Health Care Facilities Project, and in collaboration with Maryland Hospitals for a Healthy Environment at the University of Maryland School of Nursing.

IPM is an approach to pest management that evaluates the causes of pest problems and adopts measures that seek to prevent pests through non-chemical means. The approach introduces defined least-toxic pesticides only as a last resort.

The report includes a survey of Maryland health and elder care facilities that reveals a general reliance on chemical pesticides for pest control. Of the 25 pesticides identified by survey participants as being used at facilities, 11 are linked to cancer, 12 are associated with neurological effects, 10 are associated with reproductive effects, 5 cause birth defects or developmental effects, 12 are sensitizers or irritants, 10 cause liver or kidney damage and 6 are suspected endocrine disruptors.

In contrast to these findings, the involvement of Maryland's leading health care facilities in this greening effort shows a commitment to putting our state in the forefront of a growing nationwide movement, said Ruth Berlin, MPN executive director.

The facilities adopting broad policies to eliminate toxic chemical use in pest management include: Erickson Retirement Communities, Johns Hopkins Hospital, Sheppard and Enoch Pratt Hospital and Springfield Hospital Center. Additionally, Johns Hopkins Bayview Medical Center, the University of Maryland Medical Center and Broadmead Retirement Community are working toward adopting official IPM policies.

Other facilities that have recently joined the Project are Copper Ridge, Harbor Hospital, The Forbush School, Levindale Hebrew Geriatric Center and Hospital, Mercy Medical Center, and Sinai Hospital.

For more information, go to www.beyondpesticides.org or www.mdpestnet.org.

Maryland Health and Elder Care Facilities Lead Way in Cutting Toxic Chemical Use

Dear Friend:
We hope you will take a moment to help put breastfeeding on the agenda of the new administration: to ask President Obama to place a high priority on breastfeeding as an essential public health issue. There is virtually universal agreement among health care experts that, with rare exceptions, breastfeeding is the optimal method of feeding all infants, sick as well as healthy, preterm as well as full term. In addition to the myriad health benefits provided to mother and infant, breastfeeding provides significant economic and environmental benefits for families, employers, and society by reducing health care expenses, eliminating the need to purchase expensive formula, and reducing absenteeism from work to care for sick infants.

The United States Breastfeeding Committee has created a petition to the President, urging him to take several actions to protect, promote, and support breastfeeding.

In the coming months, our leaders will be focused on our economic and financial future. This time of crisis also presents an opportunity to remind them that working mothers are an essential part of our nation's economic security, just as the health of our children is a critical part of our future. A full three-quarters of mothers are now in the labor force. As government and employers cut back in response to the recession, many more families are struggling to cover the rising costs of health care, groceries, and other necessities. We need your support to ensure that in these troubled economic times, all women and families can access the resources and support they need to do what's best for their babies.

Demonstrate your support for breastfeeding by signing the petition now. And please don't forget to forward this message far and wide so as many people as possible get a chance to sign on too. Every signature counts. Sign on here: www.usbreastfeeding.org/bmupetition.

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Franklin Square Hospital Center has achieved Magnet designation for excellence in nursing services by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®.

“The most important factors for us to achieve Magnet is the initial spirit and to have become the first ‘reputational facility,’ adds Larry Strassner, RN, MS, NEA-BC, Vice President of Patient Care Services and Chief Nursing Officer. “But they didn’t achieve this honor alone. It’s the teamwork and collegial relationships of the entire hospital that together drive excellent quality patient outcomes and the creation of a professional work environment that retains excellent staff and draws others to be part of this organization.”

Their words echo that of Gail Wolf, DSN, RN, FAAN, Chairperson of the Commission on the Magnet Recognition Program®, who in announcing the Commission’s unanimous decision to grant Franklin Square Magnet Designation, noted that Magnet is not just a nursing award—it takes the level of support that Franklin Square has and a truly collaborative effort on the part of the entire hospital to achieve Magnet.

The Magnet Recognition Program recognizes health care organizations that demonstrate excellence in nursing practice and adherence to national standards for the organization and delivery of nursing services. Applicant hospitals undergo a rigorous evaluation that includes written documentation of 14 specific areas of nursing practice, called “Forces of Magnetism,” in extensive interviews and on-site review of nursing services.

Research shows there are clear benefits to hospitals that are awarded Magnet status and to the communities they serve:

- Healthcare consumers have more confidence in the overall quality of a Magnet hospital.
- Magnet facilities consistently outperform others in recruiting and retaining nurses, resulting in increased stability in patient care and patient satisfaction.
- Because quality nursing helps enlist high caliber physicians and specialists, Magnet status becomes an attractive force that extends to the entire facility.

Franklin Square’s official Magnet designation took nearly three decades to come full circle. “While the formal submission process took about three years, our journey toward Magnet actually goes back to the early 80′s,” explains Kathy Sabatier MS, RN-BC, Franklin Square’s Magnet Coordinator. “In 1981, Franklin Square Hospital Center was one of just 41 U.S. hospitals to apply for Magnet status as having the characteristics of magnetism in a study by the American Academy of Nursing. It’s exciting to have recaptured that initial spirit and to have become the first ‘reputational magnet’ hospital in Maryland to earn Magnet Designation.”

### Nursing Professor Receives Mullan Award at College Of Notre Dame

Joanne Gladden, Ph.D., associate professor of nursing at College Of Notre Dame of Maryland, received the Mullan Distinguished Teaching Award at Honors Convocation September 20. The award is the highest honor the College bestows on a faculty member.

Dr. Gladden has taught at College Of Notre Dame since 1999. She serves as a course instructor in community health, gerontological nursing, health assessment, nursing research, family nursing and nursing theory and trends. She has served as the faculty counselor for the Studies in Aging program and helped launch College Of Notre Dame's Master of Science in Nursing program in 2007. She is currently the coordinator of the nursing education concentration in the MSN program.

Dr. Gladden blends scholarship with service. She initiated a project in which she and her students serve a Baltimore public housing facility for 350 low-income elderly and disabled residents. By involving other colleges, community programs and city agencies in bringing needed services to the facility, in nursing practice and adherence to national standards for the organization and delivery of nursing services. Applicant hospitals undergo a rigorous evaluation that includes written documentation of 14 specific areas of nursing practice, called “Forces of Magnetism,” in extensive interviews and on-site review of nursing services.

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### Pay-for-Performance (P4P)/Value-Based Purchasing (VBP)—What do you think?

Pay-for-Performance is a concept used throughout health care which links payments and other incentives to the performance of quality and efficiency measures. P4P initiatives have been adopted by various stakeholders: large employers, business coalitions, health plans and others. The Centers for Medicare and Medicaid Services (CMS) has various P4P demonstration projects, and has incorporated P4P principles in its Value-Based Purchasing initiative, which links reimbursement to quality of care. Nursing has a role in patient outcomes and in the collection and reporting of quality data.


### American Association of Legal Nurse Consultants

The Baltimore Chapter of the American Association of Legal Nurse Consultants holds regular Dinner Meetings with Continuing Education presentations at the BWI’s Four Points Sheraton Hotel. Dates for upcoming meetings are 3/18/09 and 5/12/09. For more information nurses can go to their website at www.lnc-balt.org.
Breastfeeding and Vitamin D

by Linda J. Smith, BSE, FACCE, IBCLC

Recent research on vitamin D has raised the awareness of the public and of healthcare providers of its importance and role in human health. It is important for a number of functions, including cardiac, bones, and a healthy immune system.

Newer studies are showing that most of us are deficient in D, and that D3 is better absorbed than D2. Breastfeeding mothers are a special group for concern. Here are tips to be sure that they have the vitamin D that they need for optimal health.

Monitor to ensure adequate maternal status, to identify mothers at risk and educate them. This can be done by a simple blood test.

Maternal supplementation and intake of 4000 IU/day could substantially improve both maternal and neonatal nutritional status and prevent hypovitaminosis for both the mother and the nursing infant.

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Maternal supplementation and intake of 4000 IU/day could substantially improve both maternal and neonatal nutritional status and prevent hypovitaminosis for both the mother and the nursing infant.

Sunlight is a natural source of vitamin D, but mothers, and especially infants need to guard against excessive exposure because of the risk of skin cancer. Teach safe exposure to sunlight, of 30 minutes to two hours per week.

Support exclusive breastfeeding. Human milk typically contains a vitamin D concentration of 25 IU/L (range is 5 to 136 IU/L).

If the mother’s levels of D are normal, her milk will have plenty of D. If her levels are low (and it’s an easy blood test to do), then supplementing the MOTHER is appropriate for her own health, and to assure adequate levels in her milk.

New USDA Food Pyramid for Kids

A new federal government food pyramid for preschoolers from the U.S. Department of Agriculture's Center for Nutrition Policy and Promotion (CNPP) is designed to help parents and teachers aims to help children eat better.

The MyPyramid for Preschoolers interactive Web site (MyPyramid.gov) offers individualized nutrition guidance to meet the needs of children aged 2 to 5. Among the MyPyramid for Preschoolers tips to help parents deal with finicky eaters:

• Set reasonable limits for the start and end of a meal. When a child is no longer interested in the meal, excuse the child from the table.
• Encourage children to try new foods, but don't lecture or force them to eat.
• Cook together. Encourage preschoolers to help prepare meals and snacks.

From the Maryland Board of Nursing

The Communicator: The first Web Issue of the MBON “Communicator” was published on the Board’s website (www.mbon.org) in fall 2008. The Board announced that mailing of their newsletter will no longer occur. This is partially a cost-saving measure.

Meetings: Board meetings are held on the 4th Tuesday of each month (except November and December—contact Board for date). These meetings are open to the public except when the Board deals with individual nurse discipline issues.

Criminal Records Check for Renewals: The Board will begin requiring criminal records background checks for nurses who are renewing their licenses in July of 2009. One-tenth of nurses renewing each year will be required to obtain a criminal history records check. Every ten years nurses will need to repeat the criminal history records check for licensure. Since January 2007 all new licensees and certificate holders have had to complete a criminal records background check before being issued a license.

SAVE THE DATE!
Maryland Nurses Association’s 2009 Convention
October 15-16, 2009
The Maritime Institute Conference Center
Leadership for Healthcare Change
Improving Your Workplace
Welcome New & Reinstated Members

District 1—Allegany & Garrett Counties
Susan B. Coyle  Connie J. Morris
Kathryn S. Humbertson  marty K. Ross
James M. Karstetter II  Ronnie S. Snyder
Kimberly A. Martin  Linda F. Stair

District 2—Carroll, Baltimore, Howard Counties & Baltimore City
Cynetia M. Chase  Angela E. Horton
Melanie B. Coffman  David V. Johnson
Sarah E. Cross  Gina Johnson
Cynthia R. Davis  Hilda A. Lively
Jose Arish DeGuzman  Pamela Melvin
Linda K. Diaconis  De. Keir Reid-Young
Federico M. Delente III  Tina Reineckens
Jocelyn A. Farrar  Shannon R. Segres
Verna R. Gaskins  Pamela C. Williams
Rohul H. Guffey  Ranli E. Woods
Lauren K. Hammann

District 3—Anne Arundel County
Lauren K. Hammann

District 4—Kent, Queen’s Anne, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties
Dyan Banta  Laurie Rockelli
Shirley A. Devars  Gloria Rimson
Yvonne K. Pumphrey  Joanne E. Ross
Connie J. Roberts  Jeannette S. Troyer

District 5—Montgomery and Prince George’s Counties
Mary O Edimo  Lauren Schwartz
Joseph Haymore  Donna L. Zankowski
Mary Sarmiento

District 7—Harford and Cecil Counties
Megah M. Benner  Rejeana D. Wilson
Alyssa C. Johnson  Melissa R. Winfield

District 8—Washington and Frederick Counties
Joyce A. Heideman  Lisa M. Marchesani
Maureen Margaret Lal  Marlene L. Ross

District 9—Charles, Calvert, St. Mary’s Counties
Cynthia Cue  Stacey M. Moreland

Welcome New
Welcome New & Reinstated Members

DO NOT SUBMIT THIS APPLICATION WITH YOUR ANCC APPLICATION

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP DUES

M. Full Membership Dues

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Payment Plan (continued)

Electronic Dues Payment Plan (EDPP)-$16.16

Mail with payment to MNA at the above address

Signature for Bank Card

Signature for Payroll Deduction

MEMBERSHIP APPLICATION

TO BE COMPLETED BY SNA

STATE DISTRICT Approved By Date

Expiry Date

AMOUNT ENCLOSED CHECK 

MEMBERSHIP APPLICATION

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

MEMBERSHIP DUES

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<th>District 5: Montgomery County Prince Georges County</th>
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MEMBERSHIP DUES

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Make checks payable to: American Nurses Association 6515 Georgia Avenue, Suite 400 Silver Spring, Maryland 20910-3492