DHMH Deputy Secretary and Flu Fighter
Fran Phillips: What a Difference a Nurse Makes

by Nayna Philipsen, JD, PhD, RN
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Frances B. Phillips, BSN, MHCA, RN, Deputy Secretary for Public Health Services, Maryland Department of Health and Mental Hygiene

Frances B. Phillips came to DHMH from the Anne Arundel County Department of Public Health where, in her position as Health Officer, she has the powerful knowledge and skill set needed to put together and lead a “dream team” to accomplish this.

Deputy Secretary Phillips came to DHMH from the “Multifacted Dimension of the H1N1 Pandemic in the State.” Nurses are discovering that Maryland has a nurse leading the Flu Fight in Maryland this year, and she has exactly the necessary knowledge and skill set to put together and lead a “dream team” to accomplish this.

University of Maryland Medical Center Achieves Magnet Status:

Designation signifies highest level of nursing excellence

The University of Maryland Medical Center has achieved Magnet Designation in recognition of the hospital’s nursing excellence. Magnet status is awarded by the American Nurses Credentialing Center (ANCC) to hospitals that meet specific criteria for nursing professionalism, teamwork, and the highest standards in patient care. Only about 5 percent of hospitals across the United States have this prestigious designation.

Nursing Students Help in Nation’s Largest Drive-Through Flu Vaccine Clinic

Fifty Coppin State University Helene Fuld School of Nursing baccalaureate students and faculty members were among those who volunteered to become part of the nation’s largest drive-through flu vaccination clinic with the Howard County Health Department the first weekend in October. Enthusiastic nursing students were oriented to the procedures, and then lined up to help administer almost 6,000 vaccines before they ran out, to help people. At DHMH, her role is supporting all Maryland health departments, giving other people the tools they need to work, as she did, to lead to direct health improvements. After more than a half-year at DHMH, she is hitting her stride.

Flu Epidemics Past: In 1918 Charles Philip “Charlie” Stephan was a well-liked small-town physician, 38 years old, with a wife and two young daughters. Doctors made house calls when patients were too sick to get out of bed back then, and Dr. Stephan made a lot of house calls during the “Spanish” flu epidemic that year. When the epidemic sickened nearly everyone in town, especially young people, he worked steadily, once through two nights in a row. His wife Wilda became concerned, and made him go to bed for a “nap” before returning to his patients. But it was too late. Dr. Charlie Stephan became ill and died of the flu, leaving Wilda and daughters Elizabeth and Madeline Arletta without a father and dependent on other relatives for support (there was no social security back then). Survivors told the story of their dread and helplessness during that flu epidemic, including the death of their heroic doctor, for as long as they lived.

Maryland Today: Health care workers, their families, and their patients, do not have to suffer today as they did in 1918. Today health care workers

DHMH Deputy Secretary continued on page 3

UMMC Magnet Celebration!

Check www.marylandrn.org for updates: Nurses Lobby Day in Annapolis and Student Legislative Day are coming in February 2010, both back by popular demand! More on Page 8.
The Editorial Board welcomes articles for publication. Articles should not mention product and authors are entitled to free reprints published in The Maryland Nurse and authors should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines. Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

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

1. Articles should be word-processed using a 12 point font.
2. Articles should be double-spaced.
3. Articles length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
4. All references should be cited at the end of the article.
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
6. Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

If your submission has been previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and the original publication of the Maryland Nurses Association, it is published quarterly. Subscription price of $20.00 yearly.

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In Maryland we also have a nurse leader who is comfortable to exercise the judgment and direction that the job needs. Give a nurse a problem, and she can tackle it with the judgment fundamental to nursing practice. For Deputy Secretary Phillips, “Progress is moving toward wellness. The discipline behind the work that I do is nursing.”

A flu epidemic, or any epidemic, is a time for vigilance, not complacency. H1N1 has been a statewide, hour-by-hour emergency, requiring proactive and visible action. This virus is very infectious. No one knows how it will act, and none is immune to it. Things could become better, or worse. Part of Phillips’ job is to provide the infrastructure to support nurses, who are on the front line, confronting and educating patients. This summer, when calls from concerned citizens about H1N1 overwhelmed local health departments, the State had to take the lead, and “we did that with a lot of great nurses, working on a team, as nurses do.” Under Phillips a “1-800” telephone number with nurses on the other end from mental health, Medicaid, and multiple areas was set up to assess and triage calls within two hours.

What advice does Phillips have for nurses for the rest of the flu season? She tells us to 1. Roll up our sleeves and get two shots, the seasonal flu and the H1N1 vaccinations (Those treating the sick get influenza more often than the general population. They also transmit it to others, since they often work before symptoms develop or even while ill); 2. Stay informed about the flu and the flu vaccinations, so we can provide accurate information to colleagues and patients; and 3. Check our email for DHMH alerts with information that nurses need to know, about everything from changes in the virus to state disaster plans and needs. Nurses should also access the DHMH website, which is posting swine flu updates at http://www.dhmh.md.gov/swineflu/index.html. Nurses can also assess and interpret information from the lay press for our patients. For example, when guidelines this summer advised that Tamiflu be given to people who were “medically vulnerable” some individuals wanted to give Tamiflu to everyone. Nurses were able to define “medically vulnerable” for others. The clinical perspective of nurses is also important to avoid missing “folks who need extra attention” during an epidemic.

Phillips is pushing for Nurse Practitioners to get electronic information in real time. Getting email addresses from the Maryland Board of Nursing, she discovered that this is a capability that DHMH has under-utilized up to now, with access to nurses by specialty area and geographic region. Phillips recognizes that nurses in primary care are providers on the front lines, and have the need to know things like the development of resistance to an infectious agent, or the status of vaccines, as soon as possible.

Beyond the Flu: DHMH is not just about epidemics, but a broad range of health issues and related priorities for Marylanders. Phillips works with other nurses and healthcare professionals, both in DHMH and in the community. For example, Sherry Adams, Director of the DHMH Office of Preparedness and Response, wrote the plans, implemented the drills and guided the Department in preparing for emergency support in case of a community disaster or hazardous event.

A nursing background is a great asset to bridge what real people need, and sometimes don’t ask for, with policy, then come back and insert the people into the policy. “I can’t tell you how valuable that nursing expertise has been,” says Phillips. Every nurse has a role to play on Phillips’ team in making Maryland a healthier place, and the Nursing Process of “assess, plan, implement, and evaluate” enables us to do this well.
The official announcement of the Medical Center’s magnet status was made at 1 p.m. on July 13 in a packed auditorium where hundreds of nurses and other members of the hospital staff had gathered. The call from a leader of the ANCC was broadcast on loudspeakers throughout the auditorium, and the crowd erupted in cheers and applause. Balloons and confetti were flying.

“We have worked hard to develop and foster a culture of nursing excellence. Achieving Magnet status shows that we have succeeded in this very important endeavor,” says Chief Nursing Officer and Senior Vice President Lisa Rowen, DNSc, RN.

The Magnet program recognizes hospitals that demonstrate excellence in nursing practice and adhere to national standards for the delivery of nursing care. The announcement at the University of Maryland Medical Center follows a rigorous application and review process, which included years of preparation, a 3,000 page application and a four-day on-site visit by the reviewers that included interviews with dozens of nurses and other staff throughout the medical center, as well as input from patients. Preparation for the site visit in May included a multi-faceted communications campaign spearheaded by nurses throughout the medical center, including specially-designed buttons that proclaimed, “I’ve got Magnetude.”

“I am very proud of Lisa Rowen and the entire nursing staff. The Magnet designation is the gold standard for nursing and shows that our nurses provide the highest level of evidence-based, well-coordinated and compassionate care,” says Jeffrey A. Rivest, President and CEO of the University of Maryland Medical Center. He adds, “Hospitals with Magnet designation are among the best in the nation with high levels of patient satisfaction and the ability to attract and retain nursing professionals.”

“Our nurses embody the exemplary standards of the Magnet designation,” says Rowen. “They work with the entire patient care team, all focused on one goal—helping our patients get better.”

In addition, many of the Medical Center’s nurses are carrying out their own research projects to contribute to the profession and to develop better patient care. Adds Rowen, “We have a close affiliation with the University of Maryland School of Nursing and many of our nurses are on the school’s faculty, teaching and mentoring nurses in training.”
Ten nursing students from the College of Notre Dame of Maryland took a trip to Canada in August to study the professional nurse in a single payer health system. This study abroad opportunity was designed for RN to BSN students who were interested in seeing how a one payer system worked, and what impact this would have on the profession of nursing. The timing for this trip was excellent since the media in the U.S. was filled with comments on the Canadian health system and the need for healthcare reform. The students were required to communicate with nursing leaders in Canada via e-mail prior to departure to have a basic understanding of the similarities and differences of the two systems. Members of the Ottawa Sigma Theta Tau chapter identified the nursing leaders with whom the nurses communicated.

The trip began in Montréal. Here health care professionals must speak and read both French and English to work in most health facilities. This seemed to us an incredible effort but was an accepted way of life for the people with whom we spoke. English appeared to be used more frequently, but most of the staff and individuals that we met would move from French to English fluently as required. It was in Montreal that our students began their second assignment, which was to engage in dialogue with the public on their views of the Canadian health system. The public willingly shared their thoughts with us and the students quickly became comfortable engaging in this discussion with the public.

We then traveled to Ottawa and met with Della Faulkner, PhD Nurse Consultant, Public Policy from the Canadian Nurses Association (CNA). We spent most of the day with Ms. Faulkner and others from the CNA discussing the similarities and differences in the organization of the nursing profession on both sides of the border. We learned that Canada has implemented the BSN as their entry level of practice. Furthermore, with licensure renewal nurses are also immediately a member of the CAN, resulting in all nurses receiving the communication from their professional organization. We were also informed that the majority of nurses are unionized in Canada, so the leadership of the professional nursing union works closely with the leadership of the CNA on nursing issues. We had a late lunch along the beautiful canals in Ottawa with Della, along with Ann Kerr, RN, MS President of the Tau Gamma chapter of Sigma Theta Tau International, and many of the nurses who agreed to be e-mail correspondents with the students of the College of Notre Dame.

Quebec City, which contains the oldest hospital in North America, was our next stop. French is the primary language in Quebec. Patients may choose from hospitals staffed with English speaking personnel and hospitals where personnel speak French. This beautiful old town is filled with art and culture. The students were turned loose to study health services with a scavenger list of health related facilities that addressed primary, secondary and tertiary health care. The classes at the end of the day included the discoveries about local health services along with reports of how the community members of Quebec City felt about the health care system that they have.

The class then took a six hour train ride from Quebec City to Toronto. It was on this train ride that we had a wonderful exchange between the students and the passengers who were citizens of Canada. The ethical issue of healthcare as a right or a privilege was discussed along with questions such as:

- Should people live in fear of bankruptcy for unexpected health care needs?
- How long is an appropriate wait for health care services?
- How will care for the growing elder population be provided?
- What shortages in health care providers exist and why?

These questions and others made the six hours go by very quickly. The students’ minds were reeling with their personal and the public’s view of healthcare in Canada and the U.S.

In Toronto we spent a day with the nursing leadership and staff of Toronto General Hospital. Margaret Duff, R.N., MSN, the Nursing Education Coordinator for the Toronto Health System, had organized a full day for the students to ask questions of a group of nursing leaders, managers, directors, educators and advanced practice nurses. Various staff members who are active on the professional nurse council or practice council spent their lunch hour with us to share their opinions. At the end of the day Ms. Duff gave us a tour of the hospital and we spent some time in the Tele-health Department where Nurse Practitioners use the telecommunication network to assess and treat patients in the very rural areas of Ontario.

The students of the College of Notre Dame RN to BSN program rated this study abroad activity as life changing in many ways. Some of the thoughts students shared include:

- Perceptions that we had regarding the public’s dislike of the Canadian health system were quickly replaced with the first hand expressed appreciation of their health care plan.
- How much do the media in our country shape our beliefs of the reality in other countries?
- Why is health care only for those who can pay in our country?
- The wait times in Canada are very similar to ours. Should our wait times be less since we pay so much more?
- Nursing leadership in both countries are essential in shaping health policy and advocating for health and wellness.
- Multi-cultural issues of language and beliefs exist in other countries and can be accommodated in health care systems.
- The CNA like the American Nurses Association (ANA) have a very important role in communication and coordination of the profession of nursing for both countries.

Nurses on both sides of the border are concerned about work life issues. The work required of the professional nurse is hard but rewarding. The staff nurses we met were satisfied in their jobs and were pleased with the improved nurse patient ratios in acute care. The Canadian system does not have the school nurse role that we have in the U.S. and feel this is an area they would like engage in. There were differences and similarities in pay and benefits for nurses in Canada. Vacation time and maternity leave were areas of significant improvement in the Canadian system compared to the U.S.

The College of Notre Dame will be taking a second trip with students, and nurses who are not students, in September of 2010. Please e-mail bfriend@ndm.edu if you are interested in joining our tour or would like additional information regarding nursing in a single payer health system.
Coppin’s Nurse-Operated Clinics Serve East and West Baltimore

Did you know that the Helene Fuld School of Nursing at Coppin State University operates not only the Coppin Community Health Center, but also the School Based Health Center (SBHC) at St. Frances Academy? This means that Coppin faculty and nursing students currently provide primary care, preventive services and health education to both the East and West sides of Baltimore.

Anyone looking for a medical home can find one at either of these locations. While the Health Center has always provided health care to the community as well as to students, the SBHC has just begun enrolling community members to its site. The clinic at St Frances received a $200,000 grant from the Commission on Health Resources to upgrade equipment and to purchase electronic medical records and electronic billing software. The process is nearing completion and an open house is planned for late Fall 2009.

The Coppin Community Center is located in the newly erected Health and Human Services Building at 2523 West North Avenue. The phone number is 410-951-1488. St Frances Academy SBHC is at 501 East Chase Street, and their number is 410-528-8747. Call or stop by either center. Both clinics have hours from 8am to 4 pm.

University of Maryland School of Nursing Receives Scholarship Funding for Accelerated Nursing Students

For the second consecutive year, the University of Maryland School of Nursing (UMSON) received funding for scholarships from the Robert Wood Johnson Foundation (RWJF) through the RWJF New Careers in Nursing (NCIN) Scholarship Program. Twenty $10,000 scholarships will be awarded for the 2009-2010 academic year to newly admitted students in UMSON’s Clinical Nurse Leader (CNL) program. Award preference is given to students from groups underrepresented in nursing or from disadvantaged backgrounds.

“We are pleased that we have once again received funding for these awards that help eliminate some of the financial burden for our students,” says Gail Schoen Lemaire, PhD, PMH/CNS, BC, associate professor and co-director of UMSON’s CNL program. “These scholarships are very important since little educational funding is available for second degree master’s-level entry students.”

This national initiative, launched in 2008 by RWJF and the American Association of Colleges of Nursing, aims to help alleviate the nation’s nurse shortage by expanding the pipeline of students in accelerated nursing programs. Grants provided through this competitive program will build upon UMSON’s previous efforts to increase the number of students enrolled in its accelerated nursing program and to diversify its student base.

Previous RWJF scholars, now entering their third semester, have experienced a variety of clinical settings and have gained beginning knowledge of evidence-based practice, health care quality, and patient outcomes. One of those RWJF scholars will be attending the RWJF 2009 NCIN Summit this fall—a venue that provides excellent learning and networking opportunities. For more information about the RWJF New Careers in Nursing Scholarship Program, visit www.newcareersinnursing.org. To learn more about UMSON’s Clinical Nurse Leader program, visit www.nursing.umaryland.edu.

Salisbury University Receives MHEC Grant for Hospital-Based Clinical Faculty

Salisbury University’s (SU) Nursing Department has been awarded $635,601 from the Maryland Higher Education Commission to establish clinical educator partnerships with Peninsula Regional Medical Center in Salisbury and Atlantic General Hospital in Berlin. The grant creates three hospital-based clinical faculty positions.

“To my knowledge this is the first time such positions have been established on the Eastern Shore,” said Lisa Seldomridge, program director. “Their creation allows SU to increase enrollment in our nursing programs to help address the nursing shortage.”

The positions will be filled by nurses employed by either hospital. Two SU alumni have already been appointed: Rebecca Skorobatsch ’05 at Peninsula Regional and Julie Long ’93 at Atlantic General. Both will work in the area of adult health for the duration of the three-year appointment. A third, two-year position in women’s and children’s health care will be filled at Peninsula Regional Medical Center next year.

Part of the job description for the new clinical faculty is supervision of SU nursing students working in the hospitals. They will be paired with SU faculty mentors and will participate in professional development workshops. With tuition assistance from SU, they also may enroll in the clinical educator or health care leadership tracks of the University’s M.S. in nursing program.

Seldomridge said the partnership benefits the hospitals by allowing them to retain experienced staff and offer them opportunities to continue their education. It also lets SU increase its pool of available clinical educators and, in turn, expand its programs, particularly for second degree students.

“The second degree bachelor’s program is growing because it prepares nurses for the workforce in only 18 months,” Seldomridge said. “These career-change students contribute a wealth of life experience and are highly valued employees. During this economic downturn, we have seen a spike in applications and expect an even greater increase next year.”

In 2007, MHEC gave SU $261,009 for a Nurse Support Program grant that Drs. Susan Battistoni and Karin Johnson used to develop the clinical educator track of the master’s program.

Coppin Nursing Program Awarded $1.1 Million Grant

The Helene Fuld School of Nursing (HFSON) baccalaureate program (BSN) at Coppin State University has been awarded a $1.1 million dollar three-year grant from the Health Resources and Services Administration (HRSA).

The purpose of the grant is to increase access to the nursing profession by providing a comprehensive program of pre-entry preparation and retention for a total of 90 low-income Baltimore City high school students hoping to study at the HFSON.

The grant will also support the preparation of 40 employees of Harbor and Good Samaritan Hospitals who are from underrepresented minorities or disadvantaged backgrounds for admission into the BSN program.

The grant-entitled “Minority Nursing Workforce Diversity Program,” will provide stipends for local high school students from vulnerable communities.

The 2010 edition of the College Sustainability Report Card has been released to the public at http://embargoed.greenreportcard.org/media. Despite the economic challenges facing colleges, many also made significant progress in adopting “green” policies. Grades are awarded based on reporting in a series of 16 categories, including policies on climate change, food, recycling, buildings, transportation, and endowments. Significant progress in adopting “green” policies.

Colleges Getting “Greener”

The Mural created by students at St. Francis Academy, where Coppin State University nurses run a school clinic.

Salisbury University Receives HEC Grant for Hospital-Based Clinical Faculty
Antol Named Director of Governor’s Wellmobile Program

Susan Antol, MS, RN, an assistant professor at the University of Maryland School of Nursing (UMSON), was named director of the Governor’s Wellmobile Program last spring. The program, which is operated by UMSON, was severely reduced last summer due to state budget cuts. Prior to the recent cutback, the Wellmobile Program consisted of four mobile units that traveled across the state providing primary care to underserved and uninsured citizens. It has been downsized to one van that currently serves Central Maryland. As the Program’s director, Antol plans to find creative ways to rebuild this vital program to its former level and beyond.

“The Wellmobile Program is a very successful model of nurse-run clinics that provide primary care, education, and advocacy to local underserved populations in rural and urban communities,” says Antol. “I am seeking community partners with an interest in working collaboratively to obtain funding opportunities through local, state, and national initiatives, as well as community-based participatory research initiatives that can advance the School of Nursing’s education and research missions. Throughout this process, we will conduct needs assessments and utilize grant opportunities to partner with communities to create a sustainable service.”

For Everyone’s Health: Greener Hospitals are Catching On

Paxson Barker spent more than a decade as a nurse scrubbing down the cardiac catheterization lab with harsh cleaning products that left her with severe asthma and a debilitating airway disease. Now Barker, a Ph.D. student at the University of Maryland School of Nursing, is spreading the word about these harmful chemicals and the need for hospitals to adopt greener cleaning practices.

“If you start educating people and giving them knowledge to make good decisions, they don’t want to ruin their lungs or get cancer,” Barker said.

Maryland hospitals are on the forefront of a movement to reduce waste, eliminate toxic chemicals and raise awareness for healthier health care. At the University of Maryland School of Nursing’s Environmental Health Education Center, director Barbara Sattler and her colleagues are researching and educating health care professionals on environmental health. “We need to make changes in what we purchase and how we clean,” Sattler said.

Barker said she often hears some concerns that changing cleaning methods will compromise the sterility of the hospital. But, Barker points out that not everything has to be disinfected. “When was the last time we put patients on the floor? Do we have to disinfect it or clean it?” she asked.

At the University of Maryland Medical Center, staff have made broad changes to the cleaning products. Staff no longer use aerosol cleaners and have switched to microfiber mops that track less dirty water. They also have opted for less toxic cleaners and even have added longer carpets to entryways to catch dirt, said Denise Choiniere, a nurse and environmental health coordinator for the hospital. “I think it’s just a different mindset,” she said.

Infection control is the No. 1 priority, she said, but that can be done with less-toxic chemicals. Like several others in the area, the hospital has also worked to reduce waste and up recycling, Choiniere said.

Using less-toxic cleaning practices isn’t more expensive and can make a big difference in the health of the patients, staff and environment, said Joan Plisko, technical director for the Maryland Hospitals for a Healthy Environment, which helps hospitals adopt more sustainable practices. More hospitals are demanding green cleaners from their vendors, Plisko said, and eventually it will be standard practice.

“The whole greening of America is based on education,” said Barker. “Once we show people what these chemicals cause, they get on board.”

Dr. Copes and Coppin’s School of Nursing Receive Honor Roll Award at Leadership Institute

Dr. Marcella Copes, Interim Provost and Vice President of Academic Affairs at Coppin State University, with a cohort of 12 Helene Fuld School of Nursing faculty members, received an Honor Roll Award at the recent Leadership Institute sponsored by the Center of Excellence for the Elimination of Health Disparities (CEEHD) at Winston-Salem University.
Dear Member of Congress:

We represent a broad constituency of academic, clinical and health administrative professionals who have dedicated our professional lives to the people who receive care in the American healthcare system. We have taken care of patients, managed large and small healthcare organizations, taught young students medicine and public health and conducted research on the quality of healthcare and ways to improve the healthcare system for all Americans. As healthcare experts and concerned citizens, we come together in this letter to reaffirm that the current healthcare system is in crisis and is not sustainable in the future.

The bills under consideration contain provisions that will seriously address problems in healthcare and call upon you to act.

The lack of insurance for 46 million citizens and the rising costs of care for everyone must be addressed. We believe there are a minimum of policy changes that must be included in any Health Reform legislation and urge you to adopt the following provisions:

- Provide coverage to 35-40 million additional US citizens
- Increase competition in the private insurance market and eliminate discrimination based on pre-existing conditions in the purchase of health insurance
- Cover essential preventive care and improve access to primary care
- Ensure affordability of health insurance for low- and moderate-income families through sufficient subsidies of families and small businesses.
- Slow the rise in costs of healthcare and health insurance premiums for everyone
- Adopt a shared responsibility for achieving savings and financing the added coverage through contributions from employers, insurance companies, hospitals, doctors, drug companies and patients
- Support and disseminate the results of Comparative Effectiveness research to help practitioners and patients choose the best healthcare
- Expand the Federal, State and private sector commitment to improving the quality of healthcare for all citizens

While this list may not meet all of the policy changes that any one of us supports, it does offer a core set of provisions that each of us can support.

We are extremely concerned that a small but vocal minority of people in the current debate have misstated and distorted numerous facts in an effort to scare our citizens. This is unacceptable and you must not be distracted from the critical task at hand. For the record, here are facts that you must consider as you move forward. The current bills do not allow government to ration healthcare.

- Do not allow government to ration healthcare.
- To the contrary, they only allow senior citizens to have an optional consultation with a physician about what end of life procedures they want or do not want.
- Will not allow government to deny benefits to Down-Syndrome children or any other disabled person.
- By expanding Medicaid the proposals will provide coverage for many disabled persons not now eligible for insurance.
- Will not break the budget. The President and Congress have vowed to make it budget neutral.
- May slow the rate of increase in some provider payments but will not diminish benefits or access to physicians. Providers will receive additional payments from the newly insured patients that will offset proposed savings to help finance coverage.
- Will not take away existing health insurance coverage. The bills will give anyone without insurance the option to purchase health insurance regardless of their health status and economic ability.
- Will not cover illegal aliens. The legislation being considered does not cover or include immigrants not lawfully present in the US.

In summary, we strongly believe that the legislation being considered by the Congress significantly improves upon the status quo of our healthcare system. Congress has a moral and ethical obligation to conclude their deliberations this fall and send to the President a health reform bill that will be signed. We often hear that America has the best healthcare system in the world. While that is debatable, we do know that no other nation spends the amount of money for healthcare and has such poor outcomes as we do. This is simply unsustainable. It is time to improve healthcare for all our citizens.

Respectfully,

Dr. Linda Aiken, RN and Undersigned Healthcare Professionals

MNA’s Nursing Student Legislative Day in Annapolis

by Karen Minor, MNA Legislative Committee

The MNA Legislative Committee is sponsoring Student Day in Annapolis 2010 on Monday February 8, 2010 from 1-4 PM. The venue is the Francis Scott Key Auditorium at St. John’s College located on St. John’s Street in Annapolis. All nursing students in the state of Maryland are invited to this event.

Student Day will give nursing students the knowledge and tools that are necessary to influence government at a local level, rather than allowing others to make the decisions that affect the future of nursing and health care. MNA sent Letters of Invitation to all Deans or Program Chairs and Faculty Advisors of Maryland’s schools of nursing. Online registration is available at http://studentnursinglobby.lawyercentric.com

The featured speaker for Student Day is MNA Lobbyist Robyn Elliott of Public Policy Partners, MNA’s lobbyists. She will present The Legislative Process and Advocacy including what lobbying and advocacy means to students: why advocacy works-why one person or organization can make a difference; how a bill becomes a law; and the roles of an advocate throughout the timeline of the legislative sessions.

Retired Brigadier General Linda J. Stierle, MSN, RN, NEA-RC will be a guest speaker. As the immediate past Chief Executive Officer (CEO) of the American Nurses Association (ANA) from March 2000 to May 2009 as well as a member of MNA, the General will provide her unique perspective on advocacy based on nine years as ANA’s CEO. General Stierle will address ANA’s proud history of advocacy on behalf of nurses, nursing, and the public we serve. She will provide examples of how ANA and state nursing associations like MNA work together to advance nursing’s legislative agenda. She will address how an individual can make a difference for themselves, their colleagues, and their community as well as their state. Nurses are among the most powerful advocates in health care both at state houses across the USA as well as at our Nation’s Capitol. Nursing is the most trusted profession in America because society knows they can count on us to make a difference, and we do! Legislators will also be invited to address the students.

Be sure to mark your calendars NOW and come to MNA’s Student Day. Find out how even as a student you can make a difference for your patients, your chosen profession, and your country.

St. John’s College is within walking distance of the Legislative Buildings in Annapolis. Tours of these buildings—the Miller Senate Office Building; the Maryland House of Delegates Lowe House Office Building and the Legislative Services Building—will be arranged after the program for those students who are able to stay for a tour.

There is no parking available at St. John’s College. Students who will be driving to the event will need to park in the Naval Academy Stadium Lot or in the private lots or garages in Annapolis. The MNA website will have a link for parking.

MNA is proud to sponsor this event, which invites nursing students an introduction to the process and tools of advocacy and lobbying.

Legislation

An Open Letter to the US Congress: We represent a broad constituency of academic, clinical and health administrative professionals who have dedicated our professional lives to the people who receive care in the American healthcare system. We have taken care of patients, managed large and small healthcare organizations, taught young students medicine and public health and conducted research on the quality of healthcare and ways to improve the healthcare system for all Americans. As healthcare experts and concerned citizens, we come together in this letter to reaffirm that the current healthcare system is in crisis and is not sustainable in the future.

The bills under consideration contain provisions that will seriously address problems in healthcare and call upon you to act.

The lack of insurance for 46 million citizens and the rising costs of care for everyone must be addressed. We believe there are a minimum of policy changes that must be included in any Health Reform legislation and urge you to adopt the following provisions:

- Provide coverage to 35-40 million additional US citizens
- Increase competition in the private insurance market and eliminate discrimination based on pre-existing conditions in the purchase of health insurance
- Cover essential preventive care and improve access to primary care
- Ensure affordability of health insurance for low- and moderate-income families through sufficient subsidies of families and small businesses.
- Slow the rise in costs of healthcare and health insurance premiums for everyone
- Adopt a shared responsibility for achieving savings and financing the added coverage through contributions from employers, insurance companies, hospitals, doctors, drug companies and patients
- Support and disseminate the results of Comparative Effectiveness research to help practitioners and patients choose the best healthcare
- Expand the Federal, State and private sector commitment to improving the quality of healthcare for all citizens

While this list may not meet all of the policy changes that any one of us supports, it does offer a core set of provisions that each of us can support.

We are extremely concerned that a small but vocal minority of people in the current debate have
Take Your Legislator to Lunch: The Nurse Leader’s Role in Political Advocacy

by Mary M. Capano, MSN, RN
College of Notre Dame of Maryland

Abstract
Nurse leaders have a responsibility to impact the legislative process through advocacy efforts that support health care bills that affect positive change for patients. Advocacy Day and Pink Ribbon Luncheon is one such effort supported by the local non profit affiliate of breast cancer funding and research, was presented to the 2009 Maryland General Assembly. The purpose of the luncheon was to formally introduce the non profit local affiliate to the General Assembly, and to educate the members of the General Assembly of the urgency of not cutting funds already budgeted to FY10 Breast and Cervical Cancer Screening Program (BCCP) and The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP). The nurse leader, having expert knowledge, was able to both increase the legislators’ knowledge, and advocate for the uninsured, low income women statewide. The stages of policy analysis, according to Milstead (2008) were adapted in the development and implementation of the Advocacy Day Pink Ribbon Luncheon, which included agenda setting, legislation and regulation, implementation, and evaluation. Political advocacy does lead to legislative enactment.

At A Glance
- Nurse leaders have vast knowledge and information to present to legislators which can lead to more informed legislative decision making.
- Nurse leaders are important constituents of the legislators, and legislators are more interested in hearing from their local constituents.
- By continuing advocacy efforts nurse leaders are making an important contribution towards ensuring a favorable legislative and regulatory health care environment in the state.

Introduction
The advanced practice nurse of today must be technically competent, use critical thinking and decision models, possess vision that is shared by colleagues and consumers, and function in a vast array of roles (Milstead, 2008). One such role is the emergence of nurse leaders in the advocacy arena of advocacy and health policy. Legislative advocacy efforts by nurse leaders is a way of impacting local, regional and national decision making bodies that affect individual lives and addresses community issues. Nurse leaders, through advocacy efforts, are able to educate and influence legislators, with resulting policies and laws that insure the health and wellbeing of the citizens.

This report summarizes an advocacy and public policy practicum project developed and implemented by a nurse leader in a practicum course as part of the requirements for obtaining an MSN degree. The project was conducted on behalf of a local nonprofit affiliate for breast cancer funding and research. This advocacy project was entitled the Advocacy Day Pink Ribbon Luncheon and was presented to the Maryland General Assembly in January 2009.

The purpose of the Advocacy Day Pink Ribbon Luncheon was twofold: to formally introduce a local non profit affiliate to the General Assembly, in order to begin to build a strong statewide advocacy coalition that would not cut those funds already budgeted to FY10 Breast and Cervical Cancer Screening Program (BCCP) and The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP). The purpose of these programs is to increase breast and cervical cancer screening levels among uninsured, low income women statewide, to provide follow-up to diagnosis, to carry out public and professional education, to assure the quality of screening services, to monitor the cancer problem in Maryland, and to carry out evaluation of these programs.

If members of the General Assembly are not informed by qualified, professional experts when debating a particular bill, then ultimately, decisions are made based on very little knowledge about the impacts of those policies. By being influential experts, nurses have the power of great knowledge and expertise. Through the Pink Ribbon Luncheon, the nurse leader spoke before the General Assembly, and distributed literature packets for informational exchange, which impacted legislative decision making on the women’s health care and screening programs facing budget cuts.

Breast cancer, when detected early, can be cured. Women whose breast cancer is detected early have a 98% chance of surviving 5 years or more. (ACS Breast Cancer Facts and Figures). Mammograms are a very significant part in early detection. But for women who have never been screened, mammograms may not always be available. In these uncertain and difficult economic times, it is expected that this population will increase. In Maryland, while over 65,000 women were eligible for the BCCP, the program was only able to screen 20% of eligible women in 2006 and 2007. Only 1 in 5 of the uninsured eligible women in Maryland was seen through BCCP in 2006 and 2007 (Susan G. Komen for the Cure, 2008).

When the need for breast care services is critical, it is imperative that nurse leaders advocate politically by speaking out on issues that concern those in need. The purpose of this article is to describe an example on nursing advocacy that impacts legislative decision making regarding health care delivery.

Theoretical Framework
Sieffel’s (1997) Theory of Group Power within Organizations, was used as a theoretical basis for assessing this nursing leadership practicum experience. In today’s health care environment and economic times, organizations much like local non profit affiliate, are faced many hurdles and challenges as they strive to obtain their goals. All resources must be recognized and effectively utilized (Sieffel, 2004). Nurse leaders become excellent resources to affect goal achievement. According to Sieffel, it is critical for nurses, within groups, understand how best to achieve their goals within the current and future health care environment.

According to Sieffel (1997), power is very abstract which makes it difficult to define and study. Power has also been viewed negatively and, as a result, is not something that nurses routinely consider. However, when defined as the capacity of a group to achieve its goals, power becomes a crucial resource to any group of nurses wishing to improve their ability to attain their goals.

A nurse leader must routinely assess how to achieve the goals of an organization within the current and future healthcare environment. By engaging in advocacy and lobbying efforts such as the Advocacy Day Pink Ribbon Luncheon, nurse leaders are able to use their power and expertise to bring their knowledge to the attention of policymakers at the city, county, state, and national levels who affect their organizations and constituencies. No social service agency can ignore the rules that affect those it serves and still be effective. While services may still exist, but speaking out on the issues that concern those in need. Nurse leaders have an excellent opportunity, via advocacy events such as The Advocacy Day Pink Ribbon Luncheon, to impact and influence decision making by the members of the General Assembly, with the ultimate goal of influencing decision making. The government response (voting yea or nay), as part of the policy
Take Your Legislator to Lunch continued from page 9

process, often time hinges on the knowledgeable nurse leader who contributes or intervenes prior to final decision making. Additional strategies suggested by M. Milstead, RN, MS, as such by their legislator. Nurse leaders also possess the professionalism, knowledge and power to affect policy change in the legislative arena, and are viewed with respect as experts in their field. As both constituents and clinical health care experts, the presence and testimony by nurse leaders before the General Assembly is powerful. Well known as patient advocates, nurses can no longer be spectators in the political process. Legislative advocacy does lead to enactment. At the conclusion of the 2009 General Assembly, the FY10 budget was left unharmed for the Breast and Cervical Cancer Programs. In addition, the additional supplemental funding which had been submitted to the General Assembly for FY 2009 funding of the Breast and Cervical Cancer Programs was approved. By continuing advocacy efforts nurse leaders are making an important contribution towards ensuring a favorable legislative and regulatory health care environment in the state.

Evaluation

Forty seven Maryland State Senators, 141 Maryland State Delegates, and 29 honored guests were invited. Honored guests included the Director of the Breast and Cervical Cancer Program/Center for Cancer Surveillance and Control, the Deputy Secretary for Public Health Services, the Director Family Health Administration, the Director for Cancer Surveillance & Control, RN’s from the Diagnosis and Treatment Program, and the Program Manager, MD BCCP. Also invited were the Accelerated Masters in Nursing Administration Professors and cohort members from the College of Notre Dame of Maryland, Governor Martin O’Malley, Lt. Governor Anthony Brown, and other members of the State Executive Branch were personally invited by the Director of Development at the local non profit affiliate.

A total of 99 invitees responded as attending. On the day of the luncheon, 56% of those, or 55 guests, were counted through the registration process as attending. It was noted that some attendees bypassed the registration desk and thus were not included in the count of total number attended. In addition, on the day of the advocacy luncheon there was a severe ice storm that closed schools, businesses and made traveling treacherous. It is unknown what effect the weather played in attendance. Overall however, a 56% attendance rate was considered excellent.

Response from legislators attending the Pink Ribbon Luncheon was simple and overwhelmingly positive. The legislators were appreciative of the relaxing, casual setting of the luncheon that allowed them to mingle and converse with clinical experts. In addition, the opportunity that the Pink Ribbon Luncheon afforded the nurse leader to speak personally with the legislators and guests, resulted in contacts from several Senators and Delegates requesting the nurse leader’s participation in future legislative projects regarding breast cancer, mammograms and women’s health issues.

Recommendation

The recommendation would be to continue to build upon the advocacy effort of the 2009 Advocacy Day Pink Ribbon Luncheon at Annapolis. First, the local non profit affiliate has data documenting what the group is doing to favorably strengthen and impact the citizens and communities in each legislator’s district, through grant funding, and educational outreach, that must be disseminated out to the legislators. This knowledge will ultimately lead to more informed legislative decisions. In addition, the non profit local affiliate, its Board, its staff and the multitudes of volunteers, supporters, and contributors are important constituents of each and every legislator. Legislators are often more interested in hearing from their local constituent, particularly in lieu of the funding and leadership role the local non profit affiliate plays in the State of Maryland. By continuing its advocacy efforts in Annapolis, the local non profit affiliate is making an important contribution towards ensuring a favorable health care legislative and regulatory environment in the State.

In addition, nurse leaders are constituents as well, and are recognized for their expertise. Nurse leaders also possess the professionalism, knowledge and power to affect policy change in the legislative arena, and are viewed with respect as experts in their field. As both constituents and clinical health care experts, the presence and testimony by nurse leaders before the General Assembly is powerful. Well known as patient advocates, nurses can no longer be spectators in the political process. Legislative advocacy does lead to enactment. At the conclusion of the 2009 General Assembly, the FY10 budget was left unharmed for the Breast and Cervical Cancer Programs. In addition, the additional supplemental funding which had been submitted to the General Assembly for FY 2009 funding of the Breast and Cervical Cancer Programs was approved. By continuing advocacy efforts nurse leaders are making an important contribution towards ensuring a favorable legislative and regulatory health care environment in the state.

References


Table 1: 2009 Pink Ribbon Luncheon Invitees, RSVP’s, and Attendees

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<th>Legislators</th>
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<td>Actual # Registered as Attended</td>
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Legislation

Feb 1: Save the Date for Nurses’ Lobby Day in Annapolis

by Karen Minor, MNA Legislative Committee

Monday February 1, 2010 is Nurses’ Lobby Day from 4-8 PM in Annapolis. The upcoming legislative session will be an opportunity to advocate for many areas that will influence the future of nursing. Lobby Day will give nurses the opportunity to visit their legislators to discuss legislation that affects the nursing profession and health care delivery. Nurses can register online at http://studentnurselobbyday.eventbrite.com or by calling MNA.

MNA Lobbyist Robyn Elliott will provide a training session at 4 PM, before the visits with legislators to help nurses learn more about MNA, hone their communication skills, and learn about the legislation that they can discuss with their individual legislators.

We are looking forward to building on last year’s successful event and exceed the 166 nurses who visited Annapolis. The power and influence of nurses was demonstrated in the 2009 Maryland Legislative Session with the successful blocking of SB 205. This bill would have permitted the Board of Nursing to waive the clinical instruction requirement for some licensure applicants.

Please watch the MNA website (www.marylandrn.org) to get further information about this event, including location details, how to register, and where to park in Annapolis. Appointments with legislators will be made for the registered participants. Learn who your legislators are by going to any of the links under the Government Relations tab on the MNA website.

Legislators welcome and encourage input from their constituents. Help to raise the profile of MNA and nurses in Annapolis with a strong presence of nurses. Add your voice to educate and influence those who will make the political decisions that can ultimately affect many facets of nursing care. We look forward to seeing you in Annapolis!

ANA Nurses Answer Call to Support Obama’s Stand for Health Care Reform

by Karen Minor, MNA Legislative Committee

President Barack Obama continued to rally nurses to support his health care reform plans during a meeting at the White House in September, the day after his nationally televised speech to Congress. He told the group of ANA nurses they have “a lot of credibility,” adding, “Few people understand as well as you why today’s health care system so badly needs reform.”

Nearly five dozen American Nurses Association (ANA) members from around the country stood with President Obama at the White House to demonstrate their strong support for the President and his speech given to the joint session of the US Congress, which called for action now on comprehensive health reform that delivers guaranteed access to affordable, high-quality health care for all.

Health Care Progress in Maryland

by Vincent DeMarco, President, Maryland Citizens’ Health Initiative, www.healthcareforall.com

A 2008 increase in Maryland’s cigarette tax has both reduced smoking and expanded health care coverage in the state. A 2007 Maryland General Assembly Special Session, Governor Martin O’Malley signed into law a $1 per pack increase in Maryland’s cigarette tax (HB 5) which took effect on January 1, 2008. Based on data from Maryland Comptroller Peter Franchot’s Office, $679 million is collected in 73.9 million fewer packs of cigarettes sold in Maryland and $144 million additional dollars which have helped to fund health care for over 47,000 Marylanders.

On September 9 the U.S. Census Bureau put out its new data on the number of uninsured (for health care) in America. While the number of uninsured grew from 45.7 million to 46.3 million between 2007 and 2008 nationally, in Maryland the number of uninsured decreased from 762,000 to 669,000 between 2007 and 2008. This drop in the number of uninsured resulted from both the expansion of Medicaid to now over 47,000 adults, thanks to Governor O’Malley’s Working Families and Small Business Health Care Coverage Act of 2007, and the fact that thousands of additional eligible children enrolled in the SCHIP program when their parents got coverage.

This is a great public health victory for Maryland. Reduced cigarette smoking will continue to save thousands from tobacco-caused illnesses and death, and tens of thousands of Marylanders will receive the critical health care they need. The state will save millions of dollars from the reduced health care costs associated with both tobacco use and the hospitalization of the uninsured.

The Maryland Nurses Association (MNA) is one of the organizations that supported the Citizens Health Initiative and Health Care For All. Thanks to all of you for making this happen. We must continue to work for more progress to assure that each of us has access to health care. Health Care For All will be working for an additional increase in the cigarette tax to further reduce health care costs and expand health care access in Maryland. (Editor’s Note: Former MNA president Mary Beachley of Frederick has served as the MNA liaison for this Initiative, dedicating many hours of her time and providing consistent, quality representation for an important cause.)
At the 106th Convention

Foundation’s Silent Auction at MNA Convention Raises Money for Nursing Research, Education in Maryland

by Nayna Philipsen, JD, PhD, RN

The final results have not yet been tabulated, but President Devries announced that the Foundation had topped its goal of $2,000. All donors will receive letters from the Foundation that they can use to document their donations for tax deductions.

Donations to the Foundation support nursing research and education in Maryland, including the Mae Muhr nursing research and policy Poster Competition, and scholarships for nursing education. This year the Foundation also provided partial scholarships that enabled fifteen Maryland nursing students to be able to pay the registration fee to come to the MNA Convention.

Anyone interested in more information about the Nursing Foundation of Maryland may contact them through Pat Gwinn at MNA via email to pgwinn@marylandrn.org or by calling Pat at 410-944-5800 and asking her to refer them to the Foundation. All donations to the Foundation are tax deductible. The Foundation also accepts restricted gifts, such as the Ruth Hans Scholarship award, initiated and overseen with the Lutheran Hospital School of Nursing Alumni Association to honor Ruth Hans by supporting RNs who are studying to earn their BSN degree.

The Nursing Foundation of Maryland, with the Lutheran Hospital Nursing School Alumni Association, awarded the 2009 Ruth Hans Scholarship to Keir Reid-Young, a student at Coppin State University. Ruth Hans was a nursing educator and MNA member who was committed to promoting access to a baccalaureate education for all registered nurses. The Ruth Hans Scholarship goes to an RN who is actively pursuing a BSN degree. Ms. Reid-Young was nominated by Ruth J. Lee, RN, MS, MBA, Patient Care Manager at Johns Hopkins Bayview Hospital where Keir has worked since 1999, and Professor Tina Reinckens of Coppin State University and Chairperson of MNA’s Center for Ethics and Human Rights, of which Keir is an active member. The Scholarship this year was for $500.

Beverly Lang and Rosemary Mortimer of the MNA Board of Directors presented Valerie Restifo, MNA’s CEU Provider Committee Chair, with a Special Recognition Award.

Dr. Tracey Murray and Patricia Setlow, FNP, both nursing educators as well as practitioners, participated in the 106th Convention from Coppin State University.

MNA Lobbyist Robyn Elliott (pictured above) and Keisha Walker, MSN, RN, MNA Legislative Committee, presented “How Your Advocacy Can Make a Difference for Nurses and Patients”

Janice B. Griffin Agazio, PhD, CRNP, RN, of The Catholic University of America, received a Special Recognition Award for her work as Chairperson of MNA’s Continuing Education Approver Committee.

Dr. Eleanor Walker of Bowie State University (BSU) and BSU students were among the numerous groups of nursing students who attended the MNA Convention. A typical student description was, “very informative. I learned a lot!”

Karen Minor, MS, CRNP, member of MNA’s Legislative Committee, received the Rosalie Silver Abrams Award for her outstanding work to promote access for nurses to the legislative process in Maryland by developing and organizing Nurses Lobby Day in Annapolis and Nursing Student Day in Annapolis over the past three years.
At the 106th Convention

Officers Inducted at 106th MNA Convention

The MNA Annual Business Meeting was held on Friday, October 16, the second day of the 106th Convention at the Maritime Institute in Linthicum, Maryland. New officers installed were President Dr. Patricia Travis, 1st Vice President Linda Devries (re-elected), and Treasurer-elect Dr. Nayna Philipsen. Rosemary Mortimer will continue to serve on the Board of Directors this year as Past President. Dorothy Haynes continues as Treasurer and will work with the Treasurer-elect as well as the MNA Finance Committee, composed of all District treasurers, during the transition year.

The 2009 Mae Muhr Nursing Excellence Poster Awards were established by the Nursing Foundation of Maryland in 2008 to honor Mae Muhr, a dedicated Maryland nursing educator. Two awards for $500 were presented to nurses who shared their work in research or policy at the MNA Convention Poster Session. All posters proposals were peer-reviewed before being accepted for presentation at the Convention. Pictured above are some of the presenters with their work. This year the eligible posters were rated by the nurses attending the MNA 2009 Convention. Winners of the two Mae Muhr poster awards were “Using Evidence Based Practice to Reduce Restraint Use in the SICU Environment” presented by Mary Anne Greene and Lynda Hodges of Johns Hopkins Bayview Medical Center in Baltimore, and “Emergency Department Throughput Improvements” presented by Sara Baker, RN, BSN, CEN, Kristin Wooters, RN, and Theresa Wharton, LPN of Union Hospital in Elkton, Cecil County.
At the 106th Convention

Dr. Elizabeth Rankin of Salisbury University, and Nancy Huff, RN, of the Lutheran Hospital Nursing School Alumni Association and the Nursing Foundation of Maryland, at the MNA Convention. Dr. Rankin was a presenter on the online nursing education panel led by Quality Matters. Nancy Huff represented the Lutheran Hospital Nursing School Alumni Association in the selection of their 2009 Ruth Hans Scholarship winner.

Maryland Delegate James W. Hubbard, Democrat, District 23A in Prince George's County, received MNA's 2009 Legislator of the Year Award for leading the legislative effort to protect Marylanders from Bisphenol-A, a hormone-disrupting chemical used in plastics, which can break down through use and leach into liquids and foods, including infant formula. MNA pledged that nurses will work with Delegate Hubbard to make this a reality in the next year.

JOIN MNA TODAY!

Kathleen M. White, RhD, RN, CNAA, received MNA's 2009 Outstanding Leadership Award for her many activities to promote professional nursing, at both the state level and the national level. She was nominated by Dr. Anne Belcher of Johns Hopkins University School of Nursing.

“Bullying or Civility in Nursing: The Buck Stops Here” was presented by MNA’s Center for Ethics and Human Rights, and was led by Judith H. “Ski” Lower, MSN, RN, CNRN, CCRN, Consultant, and Chair Tina Reinckens, MSN, RN, Assistant Professor at Coppin State University.
Salisbury University’s RWJF New Careers in Nursing Grant to Support Second-Degree Students

Salisbury University Department of Nursing is pleased to announce that it has received funding to award eight scholarships from the Robert Wood Johnson Foundation (RWJF) through the RWJF New Careers in Nursing Scholarship Program. Grants provided through this competitive program will be used for scholarships to maximize diversity and increase the quantity of students enrolled in Salisbury University’s accelerated baccalaureate nursing program. This significant national initiative, launched by RWJF and the American Association of Colleges of Nursing (AACN), aims to help alleviate the nation’s nursing shortage by dramatically expanding the pipeline of students in accelerated nursing programs.

“Salisbury University is honored to have been selected for this $80,000 award, particularly during these difficult economic times. Through the RWJF scholarship program, we will be able to facilitate program completion for eight career-change students. Because this program is only 3-semesters in length, these talented and motivated graduates join the local workforce quickly thereby adding to the pool of registered nurses in the region,” said Dr. Lisa Seldonmridge, chair of the Salisbury University Nursing Department.

“The Nursing Program is committed to all of its academic programs, but recognizes the additional financial burden on its second-degree students, many of whom are working full time while financing their second college degree or have left a job to pursue their nursing career,” said Dr. Karen Olmstead, Dean of Salisbury University’s Richard A. Henson School of Science and Technology.

Through the RWJF New Careers in Nursing Scholarship Program, scholarships in the amount of $10,000 each will be distributed to entering nursing students in accelerated programs during the 2009-2010 academic year. Award preference is given to students from groups under-represented in nursing or from disadvantaged backgrounds. Grant funding also will be used by schools to help leverage support for new faculty resources and provide mentoring and leadership development resources to ensure successful program completion by scholarship recipients.

“New Careers in Nursing aims to safeguard the health of the nation by helping to ease the nurse and nurse faculty shortage. Nurses are critical to delivering health care that is effective, patient-centered, timely efficient and equitable,” said RWJF Senior Adviser for Nursing Susan B. Hassmiller, Ph.D., RN, F.A.A.N. “This important initiative will also advance the Foundation’s strategic goal of promoting a health professional workforce that reflects the diversity of the American public.”

The RWJF New Careers in Nursing Scholarship Program supports accelerated programs, which offer the most efficient route to licensure as a registered nurse for adults who have already completed a baccalaureate or graduate degree in a discipline other than nursing. Although enrollment in these programs has steadily increased over the past few years, many potential students are unable to enroll since having a college degree disqualifies them from receiving most federal financial aid programs for entry-level students. The New Careers in Nursing scholarships address this problem, and will also alleviate the overall nursing shortage, by enabling hundreds of students to launch their nursing careers through accelerated education not otherwise possible without scholarships.

Additionally, the program targets the need to recruit students from groups underrepresented in nursing or with disadvantaged backgrounds. According to the National Advisory Council on Nurse Education and Practice, diversifying the nursing profession is essential to meeting the healthcare needs of the nation and reducing health disparities that exist among many underserved populations. Data from the U.S. Health Resources and Services Administration also show that nurses entering the profession at the baccalaureate and master’s degree level will help to address the nation’s nurse faculty shortage.

Through this award, Salisbury University plans to increase enrollment in its accelerated bachelor’s degree program from sixteen to twenty-four students for the 2009-2010 academic year. For further information about the accelerated bachelor’s degree program, go to www.salisbury.edu/nursing.

District One Quarterly Meeting Addresses Mentoring

by Naomi Lamm, MS, RN

MNA District One (Western Maryland) held their quarterly business meeting and a continuing education presentation about mentoring in October. Sue Coyle, PhD, RN, gave updates about District One to over 40 members who were present.

Bea Lamm, MS, RN, introduced the speaker for the evening, Janice Hoffman, PhD, RN, CCRN, who spoke on “Mentoring Milestones: Matching Goals with Mentee Needs.”

Dr. Hoffman examined different perspectives to mentoring, describing types of mentoring relationships and strategies to facilitate meaningful relationships. She described important mentoring rules such as:

1. Almost anyone can be a mentor;
2. Identify what you can offer a mentee;
3. Discuss how much guidance is necessary and how much you are willing to offer;
4. Give criticism as well as reinforcement/praise;
5. Invite mentees to informal social activities;
6. Give new colleagues help in obtaining resources;
7. Be honest if mentee is taking too much time or not meeting goals;
8. Realize that you cannot mentor everyone; and
9. Mentors can be effective with mentees who are both similar and different from themselves.

Dr. Hoffman is an expert in mentoring and has researched and written many professional articles on this important topic for nursing. She is an Assistant Professor of the Organizational System and Adult Health Department at the University of Maryland School of Nursing. She has been an educator, critical care specialist, NCLEX-RN Faculty, staffing supervisor, and she has recently retired after 20 years of military duty for the United States Navy Nurse Corps Reserve. She is currently also serving as the Secretary of the MNA Board of Directors.

This presentation was very well received by the nurses in Western Maryland. Health System awarded Continuing Education credits to those who attended the conference. MNA District

District Two Announces 2010 Seminars

MNA District Two (covering Baltimore City, Baltimore, Howard, and Carroll Counties) will present two educational seminars for nurses in 2010. The Spring Seminar will focus on Occupational Health issues of particular interest to nurses: Workplace violence, Chemical exposure in the health care setting, and Safe Patient Lifting. The topic of the Fall Seminar is “Patient Safety: The Human Factor”. The presenters in the fall will be Dr. Marie DiPasquale of Stevenson University, and Del Joiner, MEd, former VP for Quality at Maryland General Hospital. Contact hour credit will be available for both seminars.

Detailed information about these seminars will be posted on the MNA website (www.marylandrn.org) and published in The Maryland Nurse when available.

The president of the District Two Board of Directors is Gwarekka Nobles, Members of the District Two Program Planning Committee are Marion Condon, Denise Moore, and Nayna Philipson. MNA members living or working in District 2 who would like to become involved with seminar planning or other District activities are welcome to contact us through Pat Gwinn at the MNA office, tel. 410-944-5800.
Letter from Outgoing MNA President Rosemary E. S. Mortimer

It seems hard for me to believe that my term as President of the MNA is almost over. I will be turning over the reins to our President-elect, Pat Travis, who, I am delighted to say, shares many of my beliefs about nursing and our association. She is a very detail-oriented person who has tremendous experience and integrity. She has been my right arm and I am thrilled that she will be following me. She will do a wonderful job.

When I look back to my thirty-plus years of practice, I am pleased that I made the decision to become a Registered Nurse. I truly believe that nursing is the greatest of all professions. We as nurses are privileged to see at people at their most vulnerable moments. I have the best of both worlds, because I am able to participate in patient care, while as a nursing educator I am privileged to touch the future of our profession. I am blessed to have wonderful graduates all over the world. I am truly delighted when I receive cards and visits from them and to know they are carrying on what we taught them here in Maryland. Some of them are even are serving on MNA committees and as the chairpersons. I hope we will soon have a new graduate on our MNA Board of Directors.

A long-time nursing friend and I were talking the other day about autoclaving instruments and glass IV bottles and wearing nursing caps. Some of what we did sounds so outdated now. Yet I believe we have become so busy with the infernal paperwork and other jobs that we have lost some of the caring aspects of our profession. Does anyone remember the last time they did a back rub or gave a bath? That physical care is now often all delegated, yet it was a time when we could talk to our patients, assess their skin and teach them so much about their own care. If we had more time to do that, maybe we would not have so many of our elderly patients leave the hospital only to be readmitted in a few days or few weeks.

Much of how we are able to be best advocate for our clients now has to take place in the halls of Congress and in the corridors of Annapolis. The only way we at MNA can really transform health care and to make the nursing profession that it can be and must become. Only a minority of nurses join any professional or specialty organization, yet it is those organizations that maintain the criteria for the advancement and oversight of the profession. It is truly discouraging when nurses say to me “what does MNA do for me?”

One needs only to read The Maryland Nurse. We are the watch dogs of the profession. Working together and not circling the wagons and shooting inward would be the best place to start. I believe we need to pledge to do that! President-elect Travis has told me that one of my assignments will be to re-activate the Liaison of Maryland Nursing Organizations. I am very excited to take on this new challenge.

I have truly loved roaming the state and been the spokesperson for our organization as your president. It has been a tremendous honor and I am grateful for the support of the nurses across the state who have welcomed me into their lives and showed me such courtesy. I am thrilled that our MNA Board is very active and involved and that we now have involved chairpersons and active committees. We have members on these committees from all across the state who are eager to expand their working groups. We have an executive director and staff who stand ready to help whenever they are asked. I would especially like to recognize Pat Gwinn and Marie Ciarpella, who have each been with MNA for over twenty-five years and share a wealth of knowledge and caring about the profession and MNA. I am grateful for their continual assistance and support and all that they have taught me.

I must recognize my usually patient and quite helpful husband, Mort, who listens to all my concerns and assisted me as I have been active in my volunteering over the years. I could not have done anything without his help and tremendous support in everything I have attempted to do. He keeps me grounded and is always willing to offer a new way of thinking and to be a listening ear. I am truly grateful!

Best of luck to all who are in this wonderful profession. Continue to be proud of yourselves as Registered Nurses, the best advocates and teachers of our clients.

A Gift that will Really Surprise

How can you surprise a loved one with a gift to show your care and affection? A bouquet of flowers? A Lexus in the driveway with a bow on it? How about a real surprise—a designated scholarship or award for a Maryland nurse, or a donation to help nursing students in Maryland attend the annual MNA Convention.

It doesn’t have to take much to assure the future of nursing in Maryland, and to give someone who deserves it that feeling of being “shocked, amazed and honored.” You can create a one-time award, or a permanent endowment.

The Nursing Foundation of Maryland will help you make this happen. The Foundation honors special designations by its donors. All donations are fully tax deductible. Call MNA for more information and ask to speak with Pat Gwinn at 410-944-5800.

Western Maryland Nurse Remembered: Viola Llewellyn Hilleary

by Nancy Shircliff, RN-C, District 1

Viola Llewellyn Hilleary, RN, a long time member of the Maryland Nurses Association, District 1, died last year in Allegany County, Maryland at the age of 88. Vi, as she liked to be called, graduated from Memorial Hospital School of Nursing in February 1942. She worked for Memorial Hospital as a staff nurse and became an instructor in the School of Nursing. Later Vi worked for several doctors in the area, and became their operating room nurse. Vi continued working as an RN in the operating room until she was 80 years old. She retired only because the doctor who employed her at the time retired himself, at the age of 75!

Vi was a member of MNA District 1 for many years. Vi’s name remained on our membership list even after her death, because she had paid her dues ahead! Vi could be counted on for a donation any time MNA had fund raising events for the membership or scholarship funds. Vi was a widow and had no children. Her nephew and niece and their families took care of Vi in her later years. I believe her dedication to her profession and to her patients were both strongly influenced by her membership in her professional organization.

How Can You Get an RN License Tag?

by Pat Gwinn and Marie Ciarpella, MNA Staff

There are two ways to get the RN license tag
1) Send a check for $40.00 to the Maryland Nurses Association, 21 Governors Court, Suite 195, Baltimore, MD 21244
2) You will received a form to fill out and mail back to us
3) We will process to DMV and you will receive your tags 6-8 weeks from DMV.
4) OR
5) You can pick up the form at our office, pay $15.00, and take the form directly to DMV in Glen Burnie to pay them $25.00 and get your tags.

Western Maryland Nurse Remembered: Viola Llewellyn Hilleary — A Gift that will Really Surprise

How Can You Get an RN License Tag — How can you surprise a loved one with a gift to show your care and affection? A bouquet of flowers? A Lexus in the driveway with a bow on it? How about a real surprise—a designated scholarship or award for a Maryland nurse, or a donation to help nursing students in Maryland attend the annual MNA Convention.

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End of Life Seminar in District Two

More than seventy nurses, nursing students and other professionals showed up to hear Delegate Dan Morhaim, MD, Democrat, District 11, Baltimore County; Barbara Stanley, JD, Director of Risk Management at Frederick Memorial Hospital; Reggie Bodnar, MSN, RN, Clinical Director of Gilchrist Hospice Care; and Barbara Hanley, PhD, RN, District 2, discuss The Beginning to Understanding “End-of-Life Issues” at a seminar held by the Maryland Nurses Association (MNA) District 2 on Tuesday, September 15, 2009 at the Community College of Baltimore County in Catonsville.

End-of-Life Issues have recently become topics for both patient care and health care reform. Presenters and participants grappled with difficult questions. What are End-of-Life Care Issues? What are the challenges to providing End-of-Life care? Do we understand how to ethically advocate and educate the community and patients regarding end-of-life care issues?

ANA Announces Online Membership Cards

ANA is excited to announce that they have added a new online function for members. Members can now print a copy of their membership card online, on demand. The card is available when the member joins except for those selecting monthly membership. These members will receive a message that their card will be available in 48 hours.

The membership cards can also be printed at any point during an individual’s membership period on the ANA website by logging into the MembersOnly section at www.nursingworld.org and clicking on “Print Member ID Card”. This option appears in the blue box in the upper right-hand corner of the screen once the member logs in. If printed on a color printer, the card will print as it appears on the screen. The expiration date printed on the online card will reflect the expiration date of the order with the date furthest in the future. For example, if a member pays their annual renewal in advance, the expiration for this renewed order will appear on the membership card. For members paying on a monthly basis or directly to the state rather than through Central Billing, an expiration date one year from the time the order is entered in the ANA database or renewed will appear on the online membership card.

Members on Central Billing (Maryland Nurses Association members) will still receive a laminated card in the mail a couple of weeks after they join or renew. However, ANA hopes that this option to print the card online will meet the needs of those who require a card immediately upon joining or misplace their card and need another quickly.
However health care reform ultimately shakes down in Congress, one thing is clear: nurse practitioners (NP) are poised to take center stage in serving future health needs. That is because the nursing model of health—a holistic approach that prioritizes wellness, prevention, and primary care—has gained wide acceptance among health care reformers of all stripes. And who better to lead the realization of this vision that will enable it to educate the the increasing number of NPs that Maryland and the nation will need in the coming years. For example, the trauma/critical care specialty shares three faculty members with the University of Maryland Medical Center (UMMC) in a collaborative partnership arrangement. The benefits of such a collaboration accrue on both sides, giving clinically-based NPs an opportunity to teach, while at the same time creating an additional source of faculty for UMSON, providing excellent preceptors for trauma/critical care NP students, and making it possible for UMSON to accept more students into the program.

UMSON has been ahead of the curve in acknowledging the valuable role that NPs play in the health care system. All NP faculty members must maintain an active clinical practice to retain their specialty certifications and ensure that they are current in their fields. Faculty members work in a variety of settings including school-based clinics, psychiatric facilities, outpatient clinics, acute care settings, long-term care facilities, and emergency rooms. Even top administrator faculty members who are NPs work in clinical settings several days a month. Patricia Morton, PhD, RN, CRNP, FAAN, the associate dean for academic affairs, clears patients for high-risk surgical procedures at UMMC. Morton also provided key services as an academic liaison to the UMMC nursing staff as they successfully accomplished Magnet Status in 2009.

The health care system is girding for an explosion of demand for primary care as the edge of baby-boomers retirement age and beyond. UMSON anticipated the need for more geriatric specialists even before recommendations from a national consensus group were published, and added gerontology to the adult NP program. The Combined Adult/Gerontological NP (ANP-GNP) program prepares students to deal with the evolving health needs of people as they age across the adult lifespan—a preparation that makes them uniquely suited to holistic, coordinated care that is uniquely suited to holistic, coordinated care that prioritizes wellness, prevention, and primary care—has gained wide acceptance among health care reformers of all stripes. And who better to lead the realization of this vision that will enable it to educate the increasing number of NPs that Maryland and the nation will need in the coming years. For example, the trauma/critical care specialty shares three faculty members with the University of Maryland Medical Center (UMMC) in a collaborative partnership arrangement. The benefits of such a collaboration accrue on both sides, giving clinically-based NPs an opportunity to teach, while at the same time creating an additional source of faculty for UMSON, providing excellent preceptors for trauma/critical care NP students, and making it possible for UMSON to accept more students into the program.

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Barbara Resnick, PhD, CRNP, FAAN, FAANP, professor and Sonya Ziporkin Gershowitz Endowed Chair in Gerontology and a nationally recognized expert in the field of gerontology, was one of the driving forces behind the combined ANP-GNP program. Resnick devotes about 40 percent of her time to her faculty practice at Roland Park Place, an ambulatory care center. At Roland Park Place, Resnick integrates her dual roles of NP clinician and researcher, achieving significant strides in the field of integrative medicine. Resnick also contributes to the growing knowledge base on the importance of exercise among the elderly.

UMSON’s NP faculty serves the community in a variety of capacities, often working with vulnerable populations at federally qualified health centers. Pat Harris, MS, CRNP is a psychiatric/mental health NP at the Joslin Diabetes Center, where she helps children and adolescents who are having trouble coping with chronic disease management. Charon Burda, MS, CRNP, the clinical director for psychiatric/mental health specialty at UMSON, provides psychiatric care for homeless people in Baltimore. At the Evelyn Jordon Center, Thomasine Guberski, PhD, CRNP offers specialty and primary care to patients infected with HIV. In her role as a school-based NP, Michele Michael, PhD, CRNP, specialty director of advanced practice pediatrics, observes the significant impact that socioeconomic factors have on children and their families in the community. These faculty members all teach in the undergraduate and graduate programs at UMSON in addition to maintaining faculty practices that serve the local community.

Another issue that health care reform is addressing is the lack of access to care for Marylanders without health insurance. NPs are well placed to lower barriers because they often work with more than 45,000 people without health care insurance. NPs are well placed to lower barriers because they typically work with underserved groups. Laura Koo, MSN, professional faculty member, has provided primary care through the Governor’s Wellmobile Program, mobile clinics administered by UMSON that offered access to services for uninsured individuals. Koo routinely takes ANP/GNP students with her so they can treat patients, plan educational programs, and work on new strategies to reach isolated groups. There they can focus on primary prevention, a key service that is often missing from patient encounters.

A major responsibility of the faculty at UMSON is to ensure that students are informed about relevant political, economic, and social issues that will affect health and medicine. Faculty members are teaching into the NP curriculum so students have the contextual understanding and specific knowledge to navigate the increasingly complex health care field. Under state law, all NPs must be nationally certified in a specialty area such as adult, family, pediatrics, gerontology, psychiatric/mental health, or acute care. NPs need to articulate the value of their services and stay positioned to help shape and participate in programs designed to deliver primary care more efficiently. A variety of demonstration projects that offer comprehensive primary care are being tested to determine their potential for effectively resolving the shortage. NPs are being included in these pilots because their education and experience make them uniquely suited to holistic, coordinated care that emphasizes prevention and disease management—the accepted hallmarks of health care for the future. And UMSON is going to be right there, helping to make sure that Maryland has all the NPs it needs to fulfill this vision.

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**Resources**


Healthy Food Agenda includes Buying Local and Organic: Hospitals Reduce Climate Impact and Promote Health through “Balanced Menus Challenge”

Most US meat is produced under a system that relies on the routine feeding of antibiotics to make animals grow faster and consume less feed grain. Arsenic compounds and hormones are given to animals for similar reasons. These additives further contaminate animal manure, which then moves off the crowded facilities, polluting land, air and water. Safely raised meat and poultry precludes the use of antibiotics for non-therapeutic purposes. Approximately 70 percent of all antibiotics used in the U. S. are given to healthy animals to promote growth and compensate for crowded conditions and poor husbandry practices in conventional animal production. “The power of this strategy is that hospitals are utilizing their considerable buying power to send a strong signal to the marketplace, while also demonstrating leadership by reducing the public health effects and environmental impacts caused by current livestock production practices,” stated Louise Mitchell, Sustainable Foods Coordinator for the Health Care Without Harm Regional Food Coordinator in Maryland for Health Care Without Harm. “The patients, staff and the local and global communities all benefit along with the planet. There are many wins with this initiative,” she said.

“As we debate health care reform in the US, it is important to recognize that eating less conventionally produced meat will reduce drivers of many of the major chronic diseases that threaten the sustainability of our health care system,” stated Ted Schettler, MD, MPH, of the Science and Environmental Health Network. “It is good for people and good for the planet.”

HCWH has an ambitious healthy food agenda, which includes buying fresh food locally and/or buying certified organic food; avoiding food raised with growth hormones and antibiotics; supporting local farmers and farming organizations; introducing farmers markets and on-site food box programs; reducing food waste; and establishing an overarching food policy at each health facility. More than 250 hospitals have signed the HCWH “Healthy Food in Healthcare Pledge.”

Maryland hospitals participating in the Balanced Meals Challenge include Union Hospital of Cecil County in Elkton, MD who was the first in Maryland to sign on to the Challenge. “We are increasing our offerings of fiber, legumes, and vegetarian entrees in our menus and implementing more portion control to decrease over-consumption,” said Emmons. “We have also recently become more aware of the negative health and environmental effects from how our food is produced and transported. As a result, we are shifting our food purchasing practices to include more local, sustainably produced beef, pork and poultry,” she said.

Cecil County is also home to the family of Phyllis Kilby and the popular Kilby Farms, where cows graze on grass in the sunshine and produce organic milk and dairy products, including their “from cow to cone in 48 hours” ice cream. Eating naturally produced food, locally grown, is another way that a growing number of Marylanders are choosing to promote healthy and sustainable nutrition. For more information about the “Balanced Menus Challenge,” go to http://noharm.org/us_canada/issues/food/ menus.php. To learn more about HCWH’s work on food and other issues related to health care go to www.healthyfoodinhealthcare.org.

Red Cross Nurse at Local Disaster

by Phillip E. Bovender, RN, BSN, CCRN
American Red Cross Emergency Services DAT & DSN Nursing Volunteer
Central Maryland Chapter #20012
4800 Mt. Hope Drive, Baltimore, Maryland 21215
800-767-0981
http://www.redcross-cmd.org/

Many Marylanders watched their televisions in horror as water poured out of a large broken pipe to flood streets and homes in the Baltimore area of Dundalk as if a hurricane had just passed through. My predominant thought while arriving at the scene in Dundalk in the Red Cross ERV (Emergency Response Vehicle) was gratitude. I was grateful that the area and scope of the flood was contained, and though bad as it was, not worse.

Just as I felt intimidated by the task before us, I was encouraged to see a group of Red Cross DAT (Disaster Action Team) volunteers and ERVs from Baltimore, Hagerstown and a mobile command center from the National Capitol Area Chapter in DC. My initial fears changed to gratitude again, as I was thankful for the tremendous support locally and from out-of-town and glad that I am part of this organization.

Initially volunteering in high school in North Carolina, I did a public health rotation as a senior student at Winston-Salem State University School of Nursing, taking blood pressures of all the Krispy Kreme headquarters employees and earning my nursing registration pin on graduation in 1989. As a clinical instructor for the University of Maryland School of Nursing, I have been able to volunteer again since February for the Central Maryland Chapter DAT and nursing service. I am also a member of the Maryland Professional Volunteer Corps.

The need at Dundalk was such that my role was limited to distribution of food and cleaning materials, but had we provided extensive sheltering, I would have been positioned at a shelter to provide triage, first aid and public health support. While one doesn’t have to be an RN to volunteer for Red Cross, the training and experience are valuable and the opportunities are many and varied.

Phillip Bovender teaching at the University of Maryland, where he works when not volunteering.
Judy Marsiglia, R.N., and Martha Abshire, RN, Receive Carroll Hospital Center’s Latest Daisy Awards

Judy Marsiglia, R.N., received Carroll Hospital Center’s August Daisy Award. A nurse at the hospital for close to 32 years, Marsiglia was recognized for going above and beyond her regular duties to help a patient feel at ease when she was being discharged home after surgery. “Judy is an exceptional nurse who is consistently willingly to go the extra mile for her patients to ensure they receive the best care,” Stephanie Reid, R.N., B.S.N., M.B.A., assistant vice president of nursing at Carroll Hospital Center, said.

Martha Abshire, R.N., received Carroll Hospital Center’s September Daisy Award. A nurse at the hospital for more than two and a half years, Abshire was honored for her compassionate care of a patient and the patient’s family after she was diagnosed with a life-threatening illness. “Martha is an amazing nurse who genuinely cares for her patients and goes to great lengths to make them feel comfortable and at ease during their hospital stay. She also goes out of her way to help the rest of the staff on her unit,” Stephanie Reid, R.N., B.S.N., M.B.A., assistant vice president of nursing at Carroll Hospital Center, said.

Carroll Hospital Center’s Daisy Award was created to honor outstanding health care professionals at the hospital. It is given to a registered nurse or licensed practical nurse each month to recognize their outstanding efforts in delivering exceptional patient care.

Dundalk School Kids Get Backpack

It’s that time of year when parents are scrambling to get their children ready for the new school year. This year, parents of students at Sandy Plains Elementary School in Dundalk had one less thing to add to their “to do” lists. They did not need to purchase a backpack or the school supplies to fill it with, thanks to the nurses and staff of Franklin Square Hospital Center.

This summer, Franklin Square’s Magnet Coordinator Kathy Sabatier, RN, worked with Sandy Plains principal Harry Walker to determine what supplies each classroom teacher would need for the school year. The hospital provided the backpacks, and the nurses and staff purchased the supplies and filled the backpacks in accord with the lists provided by the school.

This is the fourth year Franklin Square has “adopted” a nearby elementary school and helped the teachers and students start off the new school year with backpacks and supplies. The community project targets schools identified as “schools in need” on a state level based on median income and subsidized lunches. This year, in light of the financial strain many families are now experiencing, the hospital purchased some extra backpacks for distribution to any of its own staff members who might have a need. Sabatier reports that so far, about 50 backpacks have been given out. The hospital’s nursing administration office is also stocked with some school supplies, donated by nurses and staff, to help to fill the extra backpacks.

“Franklin Square nurses have always cared for their community,” explains Larry Strassner, PhD. RN, chief nursing officer at Franklin Square. “But this year, they wanted to make sure their own colleagues were taken care of as well.” He says that overall, the backpack project is not only rewarding for the hospital’s nurses and staff who participate, it’s appreciated by the parents, students and teachers, and this year, the extra staff members who benefitted. “It’s a wonderful feeling and a great opportunity to care for our own colleagues and the community outside of the walls of the hospital,” adds Sabatier. “It’s one of the things that make us a Magnet® Hospital.”

Continuing Education Calendar

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<tr>
<td>January 14- April 15, 2010</td>
<td>Various Sites</td>
<td>Enhancing Medical-Surgical Nursing-2010 Improving Practice And Preparing for Certification</td>
<td>ANCC Accredited</td>
<td>University of Washington</td>
<td>206-543-1047 <a href="mailto:cne@uw.edu">cne@uw.edu</a></td>
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<tr>
<td>Feb 17- April 22</td>
<td>Online</td>
<td>Wound Management Education Program</td>
<td>ANCC Accredited</td>
<td>University of Washington</td>
<td>206-543-1047 <a href="mailto:cne@uw.edu">cne@uw.edu</a></td>
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<tr>
<td>August 7–12, 2010</td>
<td>Cruise to Bermuda</td>
<td>Medical Updates: Legal Issues &amp; Violence in the Workplace</td>
<td>ANCC Accredited</td>
<td>Pollin Group, LLC DBA MedEd at Sea</td>
<td>866-432-0050 <a href="http://www.mededatsea.com">www.mededatsea.com</a></td>
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Carroll Hospital Center

August Daisy Award winner, Judy Marsiglia, R.N.

Carroll Hospital Center

September Daisy Award winner, Martha Abshire, R.N.
Franklin Square Hospital Center Starts the School Year

Franklin Square Hospital Center and its community started another school year on September 12, 2009 with the hospital’s annual Back-to-School Rally for Health. Children and their families were provided an opportunity to learn essential health and safety information and to start a fit and healthy school year.

This year’s sports-themed fair featured an Asthma Clinic, nutrition and food information, fire safety and traffic and bicycle safety and was held in the Franklin Square’s Crawford Conference Center. Other informational topics included physical fitness, second hand smoke, immunizations and poison control. Children could have their photo taken with a photo cut out of Todd Heap, the Baltimore Raven’s tight end, meet with the Baltimore Raven’s cheerleaders. Children could also learn how to make a first aid kit and adopt a beanie baby.

Other Baltimore County organizations and programs attending included the Department of Health, the Fire Department, the Police Department, the YMCA, the Parks and Recreation Department, the Library, and the Department of Professional Development.

Verna S. Meacham
Appointed Nexus Health President & CEO

The Board of Nexus Health, a Maryland-based, not-for-profit health services company based in Oxon Hill, the parent company of the Fort Washington Medical Center (FWMC), selected Verna S. Meacham, MPH, FACHE, CPHQ, to be the new President and Chief Executive Officer of Nexus Health. Her appointment was effective June 1, 2009.

FWMC is a 41-bed, licensed acute care hospital located in Fort Washington, MD; the Carolyn Boone Lewis Health Care Center (CBL), a 183-bed, long-term care facility in Washington, D.C.; and Consulting Inc., a for-profit company. Both FWMC and CBL are not-for-profit companies.

According to Beverly J. Anderson, Ph.D., Chair of the Nexus Health Board of Trustees, “The selection of Ms. Meacham provides a pivotal change for us. During what has become a critical period in our economic history, and in the history of the healthcare industry overall, we’re pleased to have an individual of Ms. Meacham’s experience and success in healthcare leadership serve at the helm of our system.”

Meacham comes to Nexus Health from the Midwest-based SSM Network Healthcare System, where she served from 2008 to 2009 as the Interim President of SSM St. Joseph Hospital West, a 122-bed acute care facility and one of 20 SSM hospitals within the faith-based system founded by the Franciscan Sisters of Mary. The System was the recipient of the 2002 Malcolm Baldridge National Quality Award. Meacham served as the Executive Vice President and Chief Operating Officer from 2007 through 2009.

A native of Tuscaloosa, Alabama, Meacham holds a master’s degree in health services administration from Stanford University, Palo Alto, California; and a bachelor’s degree in human biology and psychology from Stanford University, New Haven, Connecticut.

Greater Baltimore Medical Center Receives Verizon Foundation Grant for S.A.F.E. Nurses

The Greater Baltimore Medical Center (GBMC) has received a $17,000 grant from the Verizon Foundation recently for its nurse coordinated Sexual Assault Forensic Examination (S.A.F.E.) program. The grant will enable the S.A.F.E nurses to conduct physical and mental health assessments so that the nurses to can make appropriate referrals for psychosocial and mental health support. The grant will help to provide additional community resources for financial, legal, or other needs.

The S.A.F.E. nurses are specially trained and certified by the Maryland Board of Nursing to care for victims of sexual assault. The GBMC patients arrive at the emergency department (ED) and are evaluated by the ED physicians. Then, the S.A.F.E. nurses complete the patient’s assault assessments and collect forensic evidence for crime laboratory analysis, as authorized by local law enforcement regulations. Evidence is handled according to established chain of custody requirements. The nurses also provide antibiotic medication and emergency contraception.

The S.A.F.E. Program at GBMC has created a comprehensive health care service in conjunction with the Baltimore County Police Department, the Baltimore County State’s Attorney’s office, local universities and sexual assault counseling providers to ensure that victims of sexual assault are treated compassionately and respectfully throughout this necessary process. The S.A.F.E. Program at GBMC is committed to provide community outreach and educational programs to teach about dating safely and how to recognize and deal with violence. The Verizon Foundation grant helps the S.A.F.E. team to meet its goals.

The Verizon Foundation is the philanthropic arm of Verizon Corporation. It supports the advancement of literacy, K-12 education, and awareness and prevention of domestic violence. The GBMC is a 300 bed acute care hospital. It opened in 1965 and provides over 40 multi specialty physician practices throughout its organization. GBMC has its own foundation that raises money to support the GBMC mission and vision. For additional information about this program, please see their web site at http://www.gbmc.org/yourhealth/jsp/AboutGBMC/safeprogram.htm.
Welcome New & Reinstated Members

District 1–Allegany & Garrett Counties
Kerri Ann Farris
Karen L. Knotts
Barbara Fazenbaker
Cathy L. Petit

District 2–Carroll, Baltimore, Howard Counties & Baltimore City
Angela Marie Bagby
Leslie D. Mancuso
Charon M. Burda
Laura Nielsen

District 3–Anne Arundel County
Oke Esche Johnson

District 4–Kent, Queen’s Anne, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties
Janet Mary Woods

District 5–Montgomery and Prince George’s Counties
Emma Dolores Ascosi
Lissamma Joseph
Alex Martires Castillo
Monica Lovins

District 6–Frederick & Washington Counties
Joann M. Doherty
John McDonald
Kimberly S. Maynard
Rachael Wissner

District 7–Harford and Cecil Counties
Carol Johnston
Christine Sneok Watts

District 8–Charles, Calvert, St. Mary’s Counties
Patricia L. Hall
Collete Chinyere Onyeador

District 9–St. Mary’s County
Mary R. Haack
Sue Song

District 10–Washington County

District 11–Montgomery County

District 12–Frederick County

District 13–Washington County

District 14–Charles County

District 15–Calvert County

District 16–St. Mary’s County

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Last Name/First Name/Middle Initial
Credentails
Home Phone
Graduation (Month/Year)
Basic School of Nursing
Home Address
Work Phone
RN License Number
Home Address
Home Fax Number
License State
City/State
Work Fax Number

Membership dues vary by state

MEMBERSHIP CATEGORY
(check one box)
M Full Membership Dues
R Reduced Membership Dues
1. Not Employed
2. Part Time Student
3. Full Time Student
5. Special Membership Dues

1. Not Employed
2. Part Time
3. Full Time
4. 62 years of age or over and not earning more than Social Security benefits.
5. Special Membership Dues

Reduced Membership Dues
52 years of age or over and not employed
Totally Disabled

Note: $7.50 of the SNA member dues is for availability only where there is an agreement (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY
(check one box)
M Full Membership Dues
R Reduced Membership Dues

PAYMENT PLAN (check one box)
Full Amount Payment
Check
Bank Card Number and Expiration Date

Payroll Deduction
Mail with payment to MNA at the above address

PAYMENT PLAN (continued)
Check
Electronic Dues Payment Plan (EDPP) $16.00

Notice to change this plan must be given by the enclosed check for the first month’s payment. ANA is authorized to charge the agreed amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization at any time by giving thirty (30) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

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