

The Maryland Nurse News and Journal

The Official Publication of the Maryland Nurses Association

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

Issue 4 • August, September, October 2012 • Circulation 79,000 to all Registered Nurses, Licensed Practical Nurses and Student Nurses in Maryland • Volume 13

President's Message

by Neysa Ernst

The summer of 2012 could be called the summer of Delta MS (change in mental status). By the time you are reading this, those long hot Maryland summer days will have gradually faded into fall. Ready or not, change happens.

These past months have brought much change to the profession of nursing. In June, the American Nurses Association (ANA) House of Delegates (HOD) approved changes in ANA's organizational structure. Nurses from all 50 states and practice areas worked together to create a streamlined governance model to more rapidly respond to today's nursing issues. In July, the Supreme Court's decision on The Affordable Care Act changed health care delivery in America.

When I started to write this article, I wanted to find a profound quote on change. So, I did what every aspiring writer does, I googled "quotes about change." 403,000 responses flashed on the screen. Yikes! Not enough time to filter through all of those. So, I decided to change my approach. I clicked away from internet explorer and picked up the book that I purchased at the June 2012 ANA Healthy Nurse Conference (where I, of course, had gone in search of a better approach to changing my unhealthy habits).

In their 2012 New York Times bestseller, *Change Anything: The New Science of Personal Success* authors Patterson, Grenny, Maxfield, McMillan, and Switzler offer a new perspective on change. The authors argue that sustainable change is not a product of iron willpower. To this group, sustainable change comes when we are willing to acknowledge how influence and environment impact change. Uncomfortable? Yes. Requiring re-wiring? Yes. Delta MS? Yes.

We can all identify the need for sustainable change, and, our desire to avoid it. But I kept reading, and there it was... a new concept. The idea that among other things, change is natural. Natural? What? Yes, natural, and pure, and simple, and fluid, and evolving... Delta MS!

I tended to look at change as a necessary response to environmental conditions or situations. Change course when the environment changes; when the hurricane floods the bay and the resulting tide floods the basement. Change practice after a sentinel event.

Change as a natural part of the growth process was a new concept to me. After a little Delta MS of my own, I began to look at change in a new light. What if change was not always a repair response, but rather, in the right context, a skill set that serves to foster growth and development?

Ready for your own Delta MS? Join me and fellow nurses on October 18th & 19th at the 109th Maryland Nurses Association Annual Convention. This year's theme "Advancing Nursing Practice Through Ingenuity and Innovations" celebrates Maryland nurses and highlights the unique ways Maryland nurses have harnessed change to improve health care in our state, communities, and neighborhoods, and are advancing our profession.

Change is natural. So, naturally, I look forward to combining our individual Delta MS to advance nursing. Hope to see you in October!



Neysa Ernst

Maryland Nurses Association Celebrates SCOTUS Decision with Lt. Governor

by Pamela Tenemaza, Public Policy Partners

The Maryland Nurses Association (MNA) President Neysa Ernst and Past President Dr. Patricia Travis celebrated with the Lieutenant Governor Anthony Brown at the Lieutenant Governor's Press conference regarding the SCOTUS decision. He thanked the MNA specifically as well as other stakeholders for their role in helping Maryland move forward.

The Affordable Care Act upheld by the Supreme Court comes as a victory for nurses and other advocates around the state who have worked diligently on the implementation of the law. The SCOTUS decision largely upheld the original law and several of its notable provisions. The law will expand access to affordable, high quality care.

Maryland is one of the States on the forefront of implementing the Affordable Care Act. Since the inception of the process, the Lieutenant Governor has had an extensive public process to involve stakeholders. The Maryland Nurses Association has been highly active in these efforts and will continue to work hard in the implementation of the law.



Proudly representing MNA at the Governor's Press Conference held on June 28, 2012 in Annapolis, MD, following the Supreme Court's decision on healthcare reform were Neysa Ernst, MNA President, and Patricia Travis, Immediate Past-President seen here to the left of the American flag in the second row.

Maryland Action Coalition

The Maryland Action Coalition held a workgroup meeting at the offices of the Maryland Nurses Association on Monday, July 9, 2012. The meeting was opened with remarks from Dean Janet Allan, University of Maryland School of Nursing. Dean Allan reviewed the purpose of the meeting with the participants, stating that the Coalition needed an update on where it has been, where it is now and where it is going in order to maintain the momentum it has achieved.

Andrea Brassard, AARP, provided a National Update and Synopsis of the Regional Meetings Advancing the Education Transformation. She pointed out that the Campaign for Action has established three pillars to represent the IOM Report's eight recommendations: 1) Advancing Education Transformation; 2) Removing Barriers to Practice and Care; 3) Nursing Leadership. Andrea stressed the concept that Inter-professional Collaboration and Diversity is a part of all three pillars with data being the foundation of the pillars.

Maryland Action Coalition continued on page 5

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Inside this Issue...

<i>The Supreme Court Decision Matters for Registered Nurses, Their Families, and Their Patients.</i>	3
<i>SAVE THE DATE!</i>	3
<i>Members on the Move and in the News.</i>	5
ANA/MNA News	
<i>Advancing Nursing Practice Through Ingenuity and Innovations 109th Convention Schedule</i>	6-8
<i>Convention Registration</i>	8
District News	
<i>District 7</i>	9

American Nurses Association	
<i>Reference Reports from 2012 ANA House of Delegates</i>	11-13
<i>ANA Delegates Re-elect Karen Daley</i>	14
Nursing Foundation of Maryland	
<i>2012 Scholarships & Application</i>	16
Nursing Schools/Education	
<i>NECESSARY EKG and Telemetry Workshop</i>	17
<i>NECESSARY Workshops for RNs, Students, Faculty and NP Grads and NPs</i>	17



PUBLICATION

The Maryland Nurse Publication Schedule

Issue Material Due to MNA
 Nov.–Dec. 2012 / January 2013 September 30, 2012
The Maryland Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Subscription price of \$20.00 yearly.

MISSION STATEMENT

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care. *Approved BOD August 2009.*

Articles and Submissions for Peer Review

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

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.

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

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

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article or adapt it with clear and appropriate attribution to the original publication. If the article is to appear first in *The Maryland Nurse*, the same consideration is requested.

Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors may approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of *The Maryland Nurse*.

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Submissions should be sent electronically to TheMarylandNurse@gmail.com.

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The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at TheMarylandNurse@gmail.com. Be sure to include your name and contact information.



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The Supreme Court Decision Matters for Registered Nurses, Their Families, and Their Patients

The Supreme Court's finding that most of the provisions of the Affordable Care Act (ACA) are constitutional provides increased certainty as healthcare professionals and organizations continue their work to the healthcare system and improve patient care. Politics being what it is, battles over the healthcare law will continue. ANA recognizes that we need to continue our tenacity and vigilance in supporting the significant movement begun with passage of the ACA. Regardless of ongoing political battles, the marketplace is forging ahead to reduce healthcare costs and improve quality of care. There is still much to be worked out, as transformation is a continual process of innovation, evaluation, modification, and more innovation. Registered nurses are uniquely positioned to continue to provide vocal and knowledgeable guidance to this effort.

So what did the Supreme Court say and how does its decision affect patients and registered nurses? More people will have access to affordable care. And the law's structural and financial incentives remain in place for innovation in quality and delivery of care, primary care expansion and care coordination, as well as nursing workforce education and funding.

First, more people have access to affordable healthcare. Two overarching provisions of the ACA are designed to help all families and children afford basic primary and acute healthcare services, as well as management for chronic conditions. This strong step toward recognizing the importance of affordable, effective, basic care for everyone endorses nurses' professional ethical obligation to help shape social policy to advocate for patients and their families.

The first provision is the requirement that everyone purchase insurance or pay a penalty (the "shared responsibility" or "mandate" provision), starting

in 2014. This requirement was upheld by the Court, but not necessarily on the legal grounds expected. The Court was not persuaded by the Administration's primary argument that congressional authority under the Commerce Clause permits the law to penalize the non-purchase of insurance. However, the Court upheld the mandate based on the government's alternate argument that the penalty imposed for not buying insurance is a tax, which the Congress does have authority to impose.

Chief Justice Roberts wrote that: "The payment is not so high that there is no real choice but to buy health insurance; the payment is not limited to willful violations, as penalties for unlawful acts often are; and the payment is collected solely through the IRS through the normal means of taxation." So the mandate doesn't say that not buying insurance is unlawful. It says you can either buy it or pay a tax. You either pay your own way by purchasing insurance – with or without government assistance provided for in the law – or you pay a tax to help defray the taxpayers' burden of paying for your care when you need it in the future. The "cost-shifting" or, in plain terms, the "freeloader" problem in healthcare is at least partially redressed by this approach.

The shared responsibility among a larger pool of insurance beneficiaries is accompanied by consumer



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The Supreme Court Decision continued on page 4

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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008

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The Supreme Court Decision continued from page 3

protections against insurance companies' more egregious abuses. Already under the law, they cannot deny children needed care based on pre-existing conditions; this provision will be expanded to everyone in 2014. Your insurer can no longer cease covering you or your family member's medical expenses based on having reached an annual or lifetime cap arbitrarily set by actuaries. Your children can stay on your plan until age 26. Preventive care and screenings are largely available without a co-pay. Adults who have been denied insurance because of expensive preexisting conditions now have access to high-risk insurance pools (which themselves will be phased out when the complete prohibition on pre-existing conditions for everyone goes into effect in 2014).

The second major provision extends healthcare through an expansion of Medicaid eligibility to everyone who is at or below 133% of the federal poverty level. This was upheld in part by the Court and struck down in part. The law's Medicaid expansion was written so that states would lose their existing Medicaid federal matching grants if they declined to comply with the federal requirement to expand Medicaid to all individuals at or below 133% poverty level. In exchange for compliance, the federal government would provide 100% of the extra funds a state would need to cover this larger population; this federal subsidy would gradually reduce to 90% by 2017. The Court said that the federal government could offer the money in exchange for a state expanding its Medicaid rolls under federal parameters, but that a state is not required to accept the offer. It removed the stick, but kept the carrot; it basically creates an "opt-in" provision for the states.

Some commentators believe that most states would accept the carrot because, after all, their citizens are paying taxes and the federal offer is exceedingly generous. Yet there are leaders in some states who, at least for now, propose to refuse the money on political principle. People in those states who would have been eligible for the expanded Medicaid program might then have to either get individual federal subsidies to buy insurance, or apply for a "hardship waiver" to avoid having to buy insurance at all—both provided for in other parts of the law.

Second, registered nurses have greater opportunities to lead and contribute to a healthcare delivery that increasingly can focus on wellness and prevention, rather than simply "sick care."

Maryland Delegates and Others Who Attended the 2012 ANA House of Delegates Meeting



Pictured left to right in the front row: Sadie Parker, Marie Holley, Diane Friend, Peg Cocimano, ANA President, Karen Daley, Patricia Travis, Hershaw Davis, Jen Underwood, Joann Oliver. Pictured left to right in the back row: Ed Suddath, Neysa Ernst.

The healthcare system has added momentum and incentives to move toward value-based purchasing and more efficient care models, rather than maintain the current fee-for-service reimbursement that pays for volume of services rather than value.

In upholding most of the ACA, the Supreme Court automatically preserved numerous provisions vigorously pursued by the nursing community. These include incentives for quality innovations to improve patient care and satisfaction; and delivery systems that require greater coordination of care, an area in which nurses lead and strengthen inter-professional team-based care. The ACA improves access to primary care (including improved reimbursement for NPs, CNMs and CNSs) and wellness and prevention services, as well as increases funding for nurse-led health centers and federally qualified health centers (in which RNs typically provide the majority of care).

One of the ACA's important gateways for registered nurses to spotlight and replicate their success stories is through the Center for Medicare and Medicaid Innovation (CMMI), created by the ACA and sustained by the Supreme Court's decision. CMMI promotes health care transformation by pursuing research and providing grants to develop new ways to pay for and deliver care in ways that both improve the quality of care while lowering costs. It "identifies, develops, supports, and evaluates innovative models of payment and care service delivery for Medicare, Medicaid and CHIP beneficiaries." CMMI has already provided the first two sets of a series of grants to registered nurses and other healthcare professionals and organizations, with more funding available over time.

The ACA increases funding for nursing education and workforce development, nurses' hard-won provisions also preserved by the Supreme Court's

ruling upholding the ACA. These additional funds not only provide new opportunities for registered nurses seeking to advance their career, they also represent increased awareness that nurses matter and are an essential resource in the healthcare workforce that should be fully developed and utilized. The law authorizes spending that includes advanced nursing education grants, workforce diversity grants, and grants for nurse education, quality and retention. It also authorizes grants to support development of specific nursing specialties; these include advance practice registered nurses (APRNs) who are pursuing a doctorate or other advanced degree in geriatrics, long-term care, or chronic care management. Loan repayment programs are now in place for nurses pursuing the specialty of pediatric mental and behavioral health. The Nursing Student Loan Program updates student loan amounts, and the Loan Repayment and Scholarship Program is expanded to provide loan repayments for students who serve at least two years as a faculty member of an accredited school of nursing.

The Affordable Care Act is not perfect. It does represent an enormous step forward in advocating for registered nurses, their families and their patients. It is clear progress for our profession. Nursing can continue to shape higher quality, more effective health care, influencing the changes we want to see for our patients and our profession.

We invite you to view ANA's extensive coverage and advocacy regarding the Affordable Care Act and its effects on registered nurses and their patients, updated continually at: www.nursingworld.org/healthcarereform.

2012 MNA ANNUAL AWARDS ATTENTION MEMBERS!

MNA solicits your input in nominating Registered Nurses for the following seven (7) awards.

The Outstanding Nursing Practice Award

Presented to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patient/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

The Outstanding Nurse Educator Award

Presented to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development. This award is given to a nurse educator who has provided others with exceptional educational opportunities.

The Outstanding Leadership Award

Presented to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA. This award is given to a leader who has furthered MNA's mission and nursing's agenda.

The Outstanding Advanced Practice Clinical Nurse Award

Presented to a MNA member who has demonstrated excellence in clinical practice. The recipient should be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

The Outstanding Dissemination of Health Information Award

Presented in recognition of achievements in the dissemination of health information to the public. Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television cinematic or other similar mass medium.

The Outstanding Pathfinder Award

Presented to a MNA member who has demonstrated excellence and creative leadership that fosters the development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing's agenda.

The Outstanding Mentoring Award

Presented to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice. This award is given to a mentor who best demonstrates outstanding efforts and interest in the professional development and advancement of less experienced nurses.

The awardees will be recognized at the annual MNA Convention.

Nominating Instructions:

1. MNA Districts or members of the Association recommend nominees.
2. A *Nominating Form* must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the *Nominating Form*.
4. A photo of the nominee should be submitted with the Nominating Form.

Selection:

Each award is competitive and will be selected by the Awards Committee.

Presentations:

Awards will be presented at the Annual MNA Convention.

Nominating Forms are available by contacting the MNA office at 410-944-5800 or sprentice@marylandrn.org.

The MNA office must receive all Nominating materials no later than **August 31, 2012** for consideration.

Members on the Move and in the News

Congratulations to Patricia Travis, PhD, RN, CCRP MNA's Immediate Past President! Pat was appointed to the American Nurses Association's Board of Directors as Director-At-Large.



Patricia Travis

Board liaison, and to the Positions Committee that articulates ONS's stand on cancer-related issues. She looks forward to working with the ONS Board and its members to lead the transformation of cancer care.



ONS President Mary Gullatte (L) pins Barbara Biedrzycki (R) as a Director at Large.



Linda Cook PhD, RN, CCRN, CCNS, ACNP; Arneshuia P. Bilal, MSN Ed, BS, RN, CCRN; Denise Colton MSN, RN; Michele Dickson MSN, RN, CNE; Cheryl Dover, MS, RN. NE-BC; Vivian Kuawogai, MSN, RN presented a poster entitled "Math foundation: An ADN Student Self-assessment and Perspective" in Tucson, AZ at QSEN Forum. Pictured are Linda Cook, Michele Dickson and Cheryl Dover.



In attendance at the ANA Hall of Fame induction of Faye Abdellah were: Left to Right, Neysa Ernst, Patricia Travis, RADM, Kerrie Nesseler, RADM, Carol Romano, and Linda Stierle.

Linda Cook PhD, RN, CCRN, CCNS, ACNP, Cheryl Dover, MS, RN. NE-BC, Michele Dickson MSN, RN, CNE and Denise Colton MSN, RN published an article "From care plan to concept map: A paradigm shift" in the July, 2012 issue of *Teaching and Learning in Nursing*.

District 7's Barbara Biedrzycki was elected to the Oncology Nursing Society's (ONS) Board as a Director at Large. ONS is a professional nursing organization with over 35,000 members with a mission to promote excellence in oncology nursing and quality cancer care. On May 5, 2012, after the election results were officially announced at the ONS Business Meeting in New Orleans, ONS President Mary Gullatte pinned Barb with her official name badge (photo). She was also appointed to the Oncology Nursing Certification Board as the ONS

Maryland Action Coalition continued from page 1

During the Maryland Action Coalition's Summit held in September 2011, workgroups were formed based on the IOM Report's eight recommendations. The eight recommendations are: 1) Remove scope of practice barriers; 2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts; 3) Implement nurse residency programs; 4) Increase proportion of nurses with BSN by 2020; 5) Double number of nurses with doctorate by 2020; 6) Ensure that nurses engage in lifelong learning; 7) Prepare and enable nurses to lead change to advance health; 8) Build infrastructure for collection and analysis of inter-professional health care workforce data. Status reports were then provided by representatives from seven of the eight Recommendation Workgroups. The Recommendation Workgroup goals are outlined in the Maryland Action Coalition's Strategic Plan posted on the Maryland Nurses Association website.

Mechanisms to enhance communication regarding the activities of the Maryland Action Coalition were discussed. The importance of real time dialogue amongst Coalition members, collaborators, constituents, and key stakeholders was emphasized. As an aside, A Future of Nursing Campaign for Action Communication Toolkit will be made available to Action Coalitions interested in information sharing and outreach activities.

Applications for the RWJF Statewide Implementation (SIP) Funding are due August 27, 2012. SIP funds will support the upcoming Future of Nursing: Campaign for Action National Summit which will be held at the Fairmont Hotel in Washington, DC on February 28 and March 1, 2013. The goal is to educate, engage and energize the Action Coalitions across the country. Up to five (5) representatives per AC will be able to attend. Contact Shannon McClellan if you are interested.



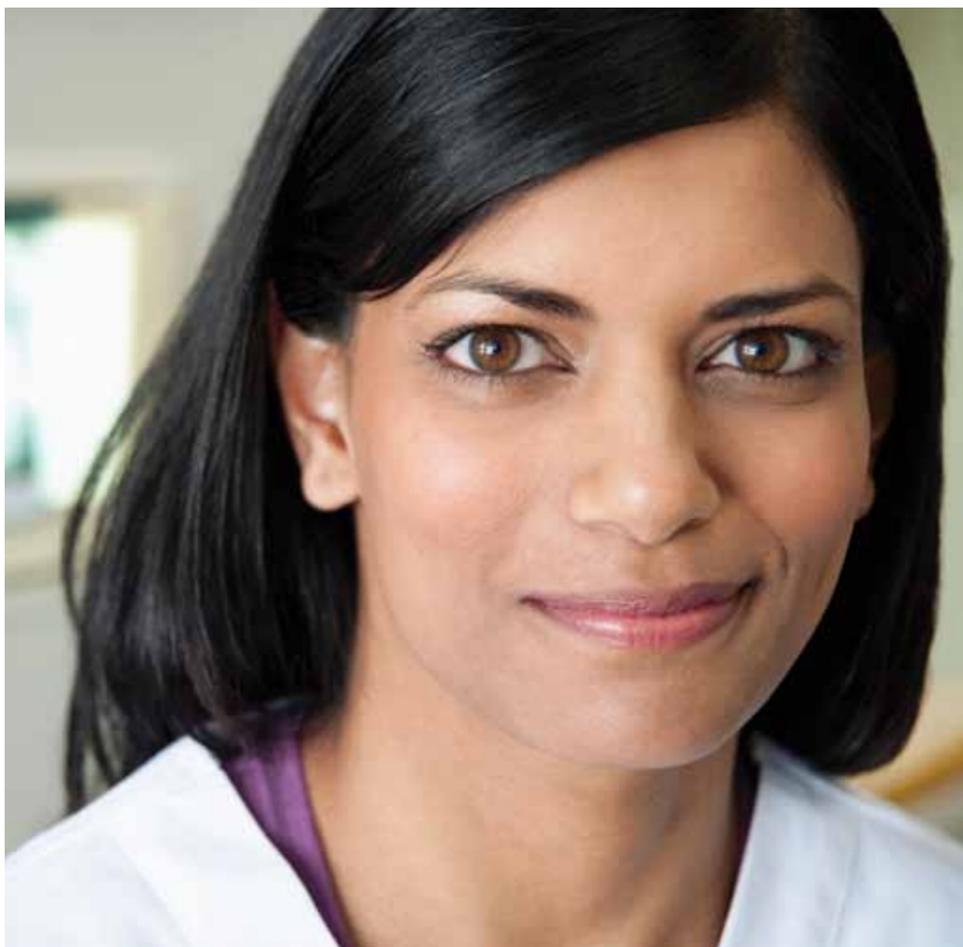
Seated, l to r: Patricia Travis, Dean Janet Allan. Standing, left to right: Shannon Idzik, Christy Dryer, Karen McCamant, Barbara Nubile, Nancy Adams, Andrea Brassard, Lynn Reed, Denise Seigart, Maureen McCausland, Lisa Kraus, Pegeen Townsend, Peg Daw, Deana Holler. In attendance but not visible in photo: Janice Hoffman

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MNA **ANA / MNA News**

MARYLAND NURSES ASSOCIATION
Advancing Nursing Practice
Through Ingenuity and Innovations
109th Convention

October 18 & 19, 2012

Anne Arundel Medical Center Martin L. Doordan Health Sciences Institute Conference Center

Day I—Thursday, October 18, 2012



7:30-8:00 AM Registration

8:00-8:15 AM Registration/Exhibitors/Continental Breakfast

8:15-9:15 AM **Opening Session**

Welcome: Neysa Ernst, RN, MSN
 President, Maryland Nurses Association

Keynote: Ellen Marie Whelan NP, PhD
 Senior Advisor, Innovation Center, Centers for Medicare & Medicaid Services
 “Shaping the Future of Healthcare Through Innovation”



Neysa Ernst



Ellen Whelan

9:15-9:45 AM **Break/Exhibitors**

9:50-10:50 AM **Concurrent Sessions 1**

Session 1A	Session 1B	Session 1C	Session 1D	Session 1E
Improving Patient Outcomes through the Implementation of Hourly Rounding Katherine Mulligan Vann, RN, BSN, SCNII Allison Payne, RN, BSN, SCNII Shanna Hartman, RN, BSN, SCNII University of Maryland Medical Center, R. Adams Cowley Shock Trauma Center	The Clinical Nurse Specialist (CNS): Leading Change and Advancing Healthcare Outcomes Gena Stiver Stanek, RN, MS, CNS-BC Clinical Nurse Specialist R Adams Cowley Shock Trauma Center University of Maryland Medical Center Shock Trauma Acute Care and Hyperbaric Oxygen Chamber Krystal Howard, RN, BSN Johns Hopkins University Graduate Student Clinical Nurse Specialist Program Paul Thurman, RN, MS, ACNPC, CCNS, CCRN Clinical Nurse Specialist R Adams Cowley Shock Trauma Center University of Maryland Medical Center STCC-STIMC	SMART: The Patient-and Family-Centered Universal Discharge Protocol Kristina Andersen, RN, BSN Sherry Perkins, PhD, RN Anne Arundel Medical Center	Inform, Engage, and Activate: Innovative Social Networking—A How-to Guide Rachel Klimmek, BA, BS, RN, OCN Maryland Nurses Association, Technology Workgroup	Poster Presentations/Judging Attendees will review posters to select the winners

10:55-11:55 AM **Concurrent Sessions 2**

Session 2A	Session 2B	Session 2C	Session 2D	Session 2E
Maryland Nurses Take the Lead on Environmental Health Karin Gunther-Russ, RN, BSN, MS Collaborative on Health and Environment	Promoting Ingenuity with Evidence Based Practice Fair Cathaleen Ley, PhD, RN Jennifer Hoover, RN Cheryl Briggs, RN Anne Arundel Medical Center	Making the Hospice and Palliative Care Connection; Hospice and Palliative Care Eligibility and Referral Jennifer Kennedy, MS, BSN, CHC, LNC National Hospice and Palliative Care Organization	So you want to provide contact hours? Updates on 2013 ANCC Criteria and Applying for continuing education approval through the Maryland Nurses Association Janice Agazio, PhD, RN The Catholic University of America, Chair, Maryland Nurses Association, Continuing Education Approver Committee	Poster Presentations/Judging Attendees will review posters to select the winners

109th Convention Agenda continued from page 6

11:55-12:10 PM Break/Exhibitors

12:10-1:30 PM Lunch with Concurrent Sessions 3–Get your lunch and then go to your session.

Session 3A	Session 3B	Session 3C	Session 3D
<p>Fighting Childhood Obesity: Cognitive Behavior Therapy–Healthy Eating and Lifestyle Program (CBT-HELP)</p> <p>Vickie Beck, CNS, BC</p> <p>University of Maryland Medical Center</p>	<p>“Grow old along with me! The best is yet to be...” Enhancing Geriatric Opportunities for Community Health Nursing Students</p> <p>Vicky Kent, PhD, RN, CNE</p> <p>Elizabeth Crusse, MS, MA, RN</p> <p>Towson University</p>	<p>Medical Device Integration: It’s All About the Details</p> <p>Ann Fariss, RN-BC, BSN, MHA</p> <p>Johns Hopkins Hospital</p>	<p>Taking Responsibility–Professionalism in Nursing</p> <p>Tina Reinckens, RN, MA</p> <p>Coppin State University, College of Health Professions</p> <p>Jacqueline Thomas, RN, BSN</p> <p>Maryland Nurses Association, Center for Ethics and Human Rights</p>

1:30-2:00 PM Break/Exhibitors/Posters

2:00-3:00 PM Concurrent Sessions 4

Session 4A	Session 4B	Session 4C	Session 4D	Session 4E
<p>Lessons of a Novice Nurse</p> <p>Hershaw Davis, Jr., MSN, RN</p> <p>Johns Hopkins Hospital, Adult Emergency Department</p>	<p>The Quest for Meaningful Data: Capturing Patient Churn and Its Impact on Patient and Nursing Satisfaction</p> <p>Mark Bauman, RN, MS, CCRN</p> <p>Gena Stiver Stanek, RN, MS, CNS-BC</p> <p>R. Adams Cowley Shock Trauma Center, UMMC</p>	<p>Developing Diagnostic Reasoning Skills in Nurse Practitioner Students Through Simulation</p> <p>Bim Akintade, PhD, ACNP-BC, MBA, MHA</p> <p>Mary Fey, MS, RN</p> <p>University of Maryland, Baltimore School of Nursing</p>	<p>Golden Hour: Embedding EBP and Research into Premature Infant Resuscitation to Improve Morbidity and Mortality</p> <p>Cheryl Wood, BSN, CRNP</p> <p>Gerri Petit, BSN, RN, NNP-BC</p> <p>MedStar, Franklin Square Medical Center</p>	<p>Poster Presentations/Judging</p> <p>Attendees will review posters to select the winners</p>

3:05-4:05 PM Concurrent Sessions 5

Session 5A	Session 5B	Session 5C	Session 5D
<p>MICU On the CUSP: A Team Approach to Preventing Bloodstream Infections</p> <p>Douglas Linton, RN, BSN</p> <p>Marie Disney, RN</p> <p>Johns Hopkins Bayview Medical Center</p>	<p>Creating Practice Environments That Welcome and Support a Multi-Generational Workforce</p> <p>Lisa Gotschall, PhD, RN</p> <p>Stevenson University, GPS Nursing</p>	<p>Compassion Fatigue: Innovative Tools for Prevention and Resilience</p> <p>Janet M. Cromer, RN, MA, LMHC, CFFE</p> <p>Private Practice, Psychotherapist and Professional Speaker</p>	<p>Staffing Matters!!!!</p> <p>Rosemary Mortimer, MS, MEd, RN, CCBE</p> <p>Maryland Nurses Association</p>

4:15-5:45 PM Annual Business Meeting–Open to MNA Members only (there is no fee to attend this meeting)

5:45-6:30 PM Reception hosted by Sherry Perkins, PhD, RN, Chief Operating Officer/Chief Nursing Officer and Anne Arundel Health System Nursing Leadership

Day II–Friday, October 19, 2012

7:30-8:00 AM Registration

8:00-8:15 AM Registration/Exhibitors/Continental Breakfast

8:15-9:15 AM Opening Session

Welcome: Neysa Ernst, RN, MSN
President, Maryland Nurses Association

Keynote: Suzanne Miyamoto, PhD, RN
Director, Government Affairs, American Association of Colleges of Nursing (AACN)
“Maximizing Nursing Ingenuity for Health Policy Transformation”



Neysa Ernst



Suzanne Miyamoto

9:15-9:45 Break/Exhibitors

9:50-10:50 AM Concurrent Sessions 6

Session 6A	Session 6B	Session 6C	Session 6D
<p>Transforming Bedside Care Delivery Through Rounding and Bedside Handoff: Experience in a Community Hospital</p> <p>Debra Dillon, MSN, RN, APRN-BC</p> <p>Nancy Pregnar, SCM, RN-BC</p> <p>MedStar, Montgomery Medical Center</p>	<p>Debriefing After Clinical Simulation: Best Practices and Existing Evidence</p> <p>Mary Fey, MS, RN</p> <p>University of Maryland Baltimore School of Nursing</p>	<p>Top 25 Most Frequently Cited TJC Standards and Best Practice Compliance</p> <p>Carol Curran, RN, MS</p> <p>Joint Commission Resources</p>	<p>Hazardous Exposures: What Nurses have a Right to Know & How to Advocate for our Profession</p> <p>Trisha Kendall, MS, BSN, RN, OCN</p> <p>MedStar Franklin Square Medical Center</p>

MNA District News

District 7

On May 10, 2012, Anthony Silva of Harford Community College; and, on May 18, 2012, Kristelle Fabula and Rebecca Gaffney of Cecil Community College received the MNA District 7 Leadership Awards at their respective Pinning Ceremonies. These nursing graduates were chosen by their faculty for this award by demonstrating outstanding leadership as nursing students. Directors Dee Jones and Lisa Tierney presented at Harford Community College and President Sadie Parker presented at Cecil Community College. Congratulations to the District 7 award winners and to all the May nursing graduates.



District 7 Director Lisa Tierney (L) with nursing graduate award recipient Anthony Silva (C) District 7 Treasurer Barbara Biedrzycki (R)



District 7 President Sadie Parker (R) with nursing graduate award recipient Rebecca Gaffney (L)



District 7 President Sadie Parker congratulating nursing graduate award recipient Kristelle Fabula



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 U.S. News & World Report

Global Health Efforts by the Philippine Nurses Association of America

Fe Nieves-Khouw MSN, RN

In January, 2012 members of the Philippine Nurses Association of America, Maryland Chapter (PNA-MC) travelled to the Philippines to provide health services to citizens of Barrangay Ampusongan, a rural area in the mountains of the Philippines. The mission, led by past PNA-MC President Dino Doliente III in collaboration with the faculty and staff of St. Louis University School of Nursing in Baguio City, Philippines, took a year to plan and coordinate. The health mission screened and treated over six hundred patients in clinical services such as dental, minor surgery, pediatrics and general medicine. Patients were also given a week's supply of needed medication to manage pain, diabetes, hypertension, infestations, and infection. Many patients walked long distances along unpaved mountain roads to avail themselves of services as their access to healthcare is often dependent upon health missions held by different organizations in the area. Mission volunteers were immersed with the residents of the local community. Some slept in sleeping bags at the government guest house while others were guests in local residents' homes.

Organizing a Successful Health Mission

The health mission to the Mountain Province of the Philippines is the second health mission undertaken by PNA-MC. Both missions were organized following a three point collaboration model involving PNAMC working with a local school of nursing and the local government of the area where the health mission was held. This collaboration allowed for efficient and effective planning. The local school of nursing provided critical information about the demographics of the selected area, as well as health care needs of the population. Additionally, they mobilized a volunteer group of physicians and other allied health professionals such as medical technologist and dental professionals. School of nursing partners provided important direction about local scope of practice and other standards. PNAMC members worked as colleagues to these professionals and delivered patient care with their guidance. Mission staff was careful to be respectful of the knowledge and expertise of the local healthcare providers, and avoided conveying an attitude that nurses from America were superior to local professionals.

Local government involvement was critical to ensure that area citizens were aware of the planned health mission. Local health officers provided guidance regarding the specific conditions the mission volunteers were likely to encounter and treatments that were likely to be provided. Local government officials were vital in ensuring the safety and security of health mission members, by providing police escorts and when needed, armed guards. Visible police presence during and after health mission hours reassured volunteers (and their families in the US) that their safety was paramount and safeguarded.

Fund raising was needed to support the mission. All volunteers paid their own transportation and lodging. Still, funds were necessary to purchase medications and supplies that were used during the delivery of care. It was beneficial for these supplies to come from the local area so that they were familiar to the professionals who will be prescribing medications and using the equipment and supplies. It also avoided costly shipping and storage expenses.

Trends in Nursing Conference

A crucial part of the health mission was the day long "Trends in Nursing" conference offered on the last day of the mission and attended by faculty, staff and students of St. Louise University School of Nursing. PNAMC members presented at the conference. Sponsorship by the University of Maryland Medical Center and St. Louis University allowed for the conference to be offered free of charge to about 400 registrants. Some of the students walked long distances or took hours-long bus rides to attend the conference. Conference topics represented US nursing trends that apply to nursing practice in the Philippines. Topics included evidence-based practice, finance in nursing, quality management, patient safety, robotic surgery and trends in critical care nursing. These presentations updated attendees' knowledge about current trends. Participants also valued presentations on strategies for employment abroad and success factors for practicing in the US. While these presentations were careful not to encourage migration to countries outside of the Philippines, they did meet a need because many nurses in the Philippines look to employment abroad to improve their and their family's economic status, due to the current Philippine economy

A Dream Realized

Following a previous mission to Davao City, Philippines in 2010, a faculty member of the San Pedro College of Nursing shared her dream to have a mobile clinic to bring healthcare to families who walk hours to get to the nearest rural health station. Taking this cue, Aleli Frias, RN, from Johns Hopkins Hospital and Sonia Neumieir, RN, retired military nurse led PNAMC's efforts to realize this dream. Through fund raising, individual contributions, and a partnership with the Rotary Foundation of Towson and the San Pedro College of Nursing 1972 Alumni group, a mobile clinic was built and delivered to San Pedro College. Capping this 2012 health mission trip, PNAMC members attended the mobile clinic's dedication on February 6, 2012. Students and faculty members of San Pedro College of Nursing will staff the mobile clinic while the local government of Davao City is committed to provide monies for its' operation and maintenance.

A Humbling Experience

While health missions are an effective way to "give back", participating in one is a very humbling experience and confronts its participants with the realities of poverty and its' impact on health care. Patients and their families wait patiently in long lines, never complaining about their discomforts or pain, grateful for any treatment or medication they receive to ease their distress or manage symptoms of their chronic medical condition. It reminds me how lucky I am to have easy access to health care and continuing education. This health mission reconnected me to my country and my roots, not only to my culture but to the person I am.

The author, Fe Nieves-Khouw MSN, RN is President of the Philippine Nurses Association of America, Maryland Chapter (PNA-MC), and is Director of Patient Care Services Quality and Safety at Mercy Medical Center, Baltimore, MD, and can be reached at fnieves@mdmercy.com.



Three students who walked an hour to catch a two-hour bus ride to attend the conference, with speaker Fe Nieves-Khouw



Dedication of the Mobile Clinic, February 6, 2012, San Pedro College, Davao City, Philippines



PNAMC members staff the "Pharmacy"—Patients waiting in line for free medicines



Patients waiting to be screened and treated, PNAMC Health Mission, February 2012

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MNA American Nurses Association

Reference Report From 2012 ANA House of Delegates

Action Report: Reproductive Rights of Registered Nurses Handling Hazardous Drugs

Peg Cocimano, RN, CCRN
ANA Delegate, MNA District 9

Neysa Ernst, MSN, RN, President, Maryland Nurses Association introduced this reference report to the ANA House of Delegates. MNA member, Marian Condon, RN, MS, BSN requested MNA's support of the Letter of Intent that was submitted to ANA. The Relevant Strategic Imperative is Advocacy for Work Force and Workplace; and the Relevant Core Issue is Workplace Health and Safety.

The report speaks to the risk for health care workers when handling hazardous drugs. Adverse reproductive and developmental outcomes have been identified in studies of nurses and pharmacists working with hazardous drugs. Some of the suggested implementation activities are: 1) Education of health care facilities and nurses regarding where and how they encounter these drugs, the toxic effects these drugs can have on their unborn or breastfeeding child, and appropriate strategies to protect themselves and their offspring; 2) Education of health care facilities in providing alternative duty to hazardous drug handlers; 3) Development of appropriate educational materials to implement these efforts; 4) Working with affiliate members, state legislatures and state Occupational Safety and Health Administrations to help write and implement legislation; 5) Work with other professional associations, such as the Oncology Nursing Society and the American Association of Occupational Health Nurses, along with governmental agencies, such as NIOSH, to work on these implementation activities. The estimated cost of implementation is \$2,500-\$5,000.

With no motions to amend the reference report, the following resolutions were voted upon:

The American Nurses Association will:

Advocate that it is essential for all health care facilities to educate nurses who handle hazardous drugs about the risk of reproductive and developmental effects that have been associated with exposure to these drugs; and

Actively advocate for the right of nurses to engage in alternative duty that does not require hazardous drug handling when trying to conceive, when pregnant, and when breastfeeding.

The voting result was 95.9% Yes and 4.1% No. The report passed.



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MNA American Nurses Association

Reference Report From 2012 ANA House of Delegates

Action Report: Revision of House of Delegates Policy: Representation of CMAs in the ANA House of Delegates

Diane E. Friend, RN MS District #1 Delegate to the 2012 House of Delegates

Executive Summary:

There are Bylaws changes that have been submitted by the ANA Board of Directors (BOD) for consideration by the 2012 House of Delegates (HOD) that: (a) reduce the number of ANA HOD delegates allotted to the Constituent Member Associations (CMAs) and the Individual Membership Division (IMD) and (b) place a cap on the total number of seats allotted to the IMD. This revision is proposed to assure that the relevant HOD policy is aligned with these proposed changes.

In addition, another Bylaws change submitted by the ANA BOD for consideration by the 2012 HOD proposes the term C/SNA (Constituent and State Nurse Association) in place of CMA (Constituent Member Association). This proposed revision will correct this language in this HOD policy.

Finally, there is a current reference to a multi-state nurses association that is recognized as a C/SNA in the ANA Bylaws that is not mentioned in the current HOD Delegate Apportionment policy. This proposed revision addresses this omission and clarifies the apportionment of additional delegates to a multi-state association.

Final Resolves:

The reference Committee moved that the action report not be adopted and referred back to the ANA Board of Directors for further consideration.

Financial Implications:

None

Position of the MNA:

The MNA delegates were in support of the final resolve.

Delegate Voting Report:

Approved: 433 97.3%

Action Report: Workplace Violence

Joann M. Oliver, MNEd, RN, CNE—District 3 Representative to the 2012 ANA House of Delegates

Executive Summary/own summary:

Nationally, it has been documented that nurses are assaulted twice as often as other health care providers. “Statistics indicate that violence against nursing professionals is one of the most dangerous workplace hazards facing nurses today.” (Ernst, N. (2012) *Action Report to the ANA 2012 House of Delegates*) In 2009 as many as 50% of emergency department nurses were exposed to some level of personal violence. This is in addition to verbal (and physical) assaults that are known to occur in mental health settings and long-term care settings. Regardless of the setting, no nurse is immune to the risk of workplace violence.

In response to this concern, 17 states have enacted laws that have specifically “strengthen or increase penalties for acts of workplace violence affecting nurses” while 9 states have “legislation calling for a employer run workplace violence programs, study of the issue or reporting of incidents” (Workplace Violence. American Nurses Association. Nursing World. Retrieved 6/28/12 from <http://nursingworld.org/workplaceviolence>)

It is anticipated that enactment of these comprehensive state laws will make the workplace safer for nurses and all health care providers. Specific benefit of such legislation would include facility based workplace violence prevention education programs that aid the nurse to recognize and react to ‘volatile’ situations, adoption of appropriate felony (not misdemeanor) penalties for the perpetrators of workplace violence, and the collection of accurate data about the occurrence of workplace violence and injuries for the purpose of improving environmental controls and training.

To facilitate this process in every state of the country, the American Nurses Association has developed a prototype bill to aid individual states in the process of enacting their own comprehensive laws that would promote workplace safety for nurses: “*The Violence Prevention in Health Care Facilities Act*” (Workplace Violence. American Nurses Association. Nursing World. Retrieved 6/28/12 from <http://nursingworld.org/workplaceviolence> or <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-WorkplaceViolence/ModelWorkplaceViolenceBill.pdf>)

It was the responsibility of the ANA 2012 House of Delegates to review a proposal that promotes measures to advocate for legislation that would address the issue of workplace violence against nurses at the federal level.

Position of the Maryland Nurses Association:

The Maryland Nurses Association submitted an Action Report to the ANA Reference Committee for consideration by the House of Delegates that the ANA support and facilitate safe work environments of nurses by:

1. Petitioning the U.S. Occupational Safety and Health Administration to promulgate code language requiring health care and social services employers to develop comprehensive workplace violence prevention programs which include management commitment and Employee Involvement, Risk Assessment and Surveillance, Hazard Controls that include Environmental, Architectural and Security Controls, Training and Education, Post Assault Programs and Recordkeeping.
2. Establishing a workgroup to determine if states have programs in place to prevent/reduce workplace violence.
3. Writing a white paper on this issue that could be used nationwide to inform the public and employers of the need for prevention programs. (Ernst, N. (2012) *Action Report to the ANA 2012 House of Delegates*)

The Maryland Nurses Association 2012 Legislative Platform supports initiatives that promote workplace safety.

Financial Implications:

The projected to cost of this initiative to the American Nurses Association is \$25,000.

Delegate voting report:

Of the 474 certified delegates who were eligible to vote, 446 delegates voted with 444 supporting and 2 voting against the Resolution that the American Nurses Association will:

Petition the U.S. Occupational Safety and Health Administration to promulgate code language requiring health care and social services employers to develop comprehensive workplace violence prevention programs which include management commitment and employee involvement, risk assessment and surveillance, hazard controls that include environmental, architectural and security controls, training and education, post assault programs and recordkeeping.

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MNA American Nurses Association

Reference Report From 2012 ANA House of Delegates

Action Report: A Process of Optimal Nurse Staffing [in Acute Care Settings was stricken from the title]

Marie Holley, RN, NP, PhD
MNA District #4

Summary: This Reference Report addresses the issue of adequate staff in health care settings. The Ohio Nurses Association submitted this report to the 2012 ANA House of Delegates. The Delegates made the following revision to this report prior to the vote to approve it:

- The words “in Acute Care Settings” were stricken from the title before the vote. The discussion addressed the importance of having optimal nurse staffing in all health care settings.

An additional motion was made to strike the word “minimum” from the final sentence of the report. The sentence read that the ANA will “reaffirm its dedication to championing an enforceable nurse-lead staffing process which includes staffing principles, [minimum] nurse-to-patient ratios, collection of nurse-sensitive data, and penalties associated with non-compliance.” This motion failed to pass.

Final Resolves: The report was approved with the change in the title.

Financial Implications: N/A

Position of the Maryland Nurses Association: The Maryland Nurses Association is in favor of this report with the revision that was made.

Delegate voting report:
Approved: 440
Against: 40

Action Report: Nurses’ Role in Healthier Energy Choices

Hershaw Davis, Jr., BSN, RN–District 2
Representative to the 2012 ANA House of Delegates

Executive Summary:

Energy policies at the federal and state levels have a direct impact on human and ecological health. Human and ecological health risks are directly related to the use of coal-fired power plants, mountaintop removal of coal, offshore and onshore oil and natural gas drilling, and hydraulic fracturing, or “fracking.” Nurses need to understand the relationship between energy choices and human health. Nurses are well positioned to help educate other health professionals, the general public, and policy makers about the relationship between human health and the critical energy issues that will require our thoughtful focus in the very near future.

Final resolves as per the 2012 ANA House of Delegates:

- 1) Support education of its members about health issues associated with fossil fuel energy and the benefits of energy conservation and renewable energy sources
- 2) Support constituent member associations and affiliate partnerships to address health issues associated with energy use through education and policy/advocacy
- 3) Support activities that monitor, reduce, and remediate environmental health risks for

individuals and communities where coal, oil, and natural gas extraction and use are occurring and legislative initiatives that require monitoring, reporting and regulatory reform to protect public health and the environment

- 4) Collaborate with others in calling for a national moratorium on new permits for unconventional oil and natural gas extraction (fracking) throughout the country until human and ecological safety can be ensured
- 5) Collaborate with others on energy policies that incentivize energy conservation and the development and use of safer, healthier alternative and renewable energy sources, such as wind and solar.

Position of the Maryland Nurses Association:

The Maryland Nurses Association had no position on this item

Financial Implications:

The projected to cost of this initiative to the American Nurses Association is \$15,000–25,000.

Delegate voting report: Action Report passed the 2012 ANA House of Delegates. Of the 474 certified delegates the voting occurred as follows:

Approved: 322 68%
Against: 83 17%

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MNA American Nurses Association

ANA Delegates Re-elect Karen Daley

American Nurses Association (ANA) delegates re-elected Karen A. Daley, PhD, MPH, RN, FAAN, of Cotuit, Massachusetts, to serve a two-year term as president of ANA, the nation's leading professional nurses organization representing the interests of 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 15-16 at the Gaylord Hotel and Convention Center in National Harbor, Md.

President Daley served as a member of ANA's Board of Directors (2008-2010) and as a director of the American Nurses Credentialing Center (ANCC) before being elected to her first term as ANA president in 2010. She is past president of the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Center for Nursing.

President Daley spent more than 26 years as a staff nurse at Brigham and Women's Hospital in Boston. She holds a diploma in nursing from Catherine Laboure School of Nursing, a bachelor's of science in nursing from Curry College, a master's of public health from Boston University School of Public Health, and a master's in science from Boston College. Additionally, she earned a doctoral degree from Boston College.

In 2006, President Daley was inducted as a fellow into the American Academy of Nursing in recognition of her advocacy work in needlestick prevention. In 2011, she was included on Modern Healthcare magazine's list of the "100 Most Influential People in Health Care."

Elected to serve two-year terms as officers were Cindy Balkstra, MS, RN, ACNS-BC, of the Georgia Nurses Association, elected as first vice-president; Jennifer S. Mensik, PhD, RN, NEA-BC, of the Idaho Nurses Association, elected as second vice-president; Teresa M. Haller, MBA, MSN, RN, NEA-BC, of the Virginia Nurses Association, elected as treasurer; and Teresa G. Stone, BSN, RNC, PRP, CP, of the Oregon Nurses Association, elected as secretary.

The director-at-large board members elected include Devyn K. Denton, RN, of the Oklahoma Nurses Association; Andrea C. Gregg, DSN, RN, of the Florida Nurses Association; and Faith M. Jones, MSN, RN, NEA-BC, of the Wyoming

Nurses Association. Two additional director-at-large candidates who received the next highest vote tallies were appointed by the board to fill the director-at-large vacancies left by Balkstra and Mensik: Thomas Ray Coe, PhD, RN, of the Federal Nurses Association (FedNA); and Patricia Travis, PhD, RN, CCRP, of the Maryland Nurses Association.

Linda M. Gural, RN, CCRN, of the New Jersey State Nurses Association, was elected to a second term as director-at-large staff nurse member. Also elected to a term as director-at-large staff nurse member was Gayle M. Peterson, RN-BC, of the Massachusetts Association of Registered Nurses.

Remaining on the ANA board until 2014 are Barbara Crane, RN, CCRN, of the Washington State Nurses Association; Jennifer Davis, MSN, RN, of the Ohio Nurses Association; and Rose Marie Martin, BSN, RN, OCN, of the Ohio Nurses Association.

Additionally, four nurses were elected to the Nominating Committee: Carrie Houser James, MSN, RN, CNA-BC, CCE, of the South Carolina Nurses Association; Kelly Haight, BSN, RN, of the Ohio Nurses Association; Judith Huntington MN, RN, of the Washington State Nurses Association; and Jennifer Tucker, MA, RN, of the Minnesota Organization of Registered Nurses.

The following nurses were elected to serve on the Congress on Nursing Practice and Economics: Paula K. Anderson, RN; Laura Chapman, MSN, RN; Darleen Dansby, DNP, RN, FNP-C; Michelle DiGiovanni, PhD, APN-BC, ACNP, FNP; Betty J. Ellender, MSN, RN; Scott D. Goodsite, RN; Iris Grissel Hernandez, MPH, RN, HNB-BC; Nancy A. Knechel, MSN, RN, ACNP-BC; Susan A. Letvak, PhD, RN; Sara McCumber, MS, FNP-BC, ANP-BC, ACNS-BC, PHCNS-BC, RN-BC; Rebecca A. Miller, MSN/MHSA, RN; Edrina L. Moss, MSN, RN, CNN, NE-BC; Bonnie S. Osgood, MSN, RN-BC, NE-BC; Lisa A. Pahl, MSN, RN; Kim Powell, APRN, ACNP-BC; Jennifer I. Rheingans, PhD, RN; Brienne M. Sandow, BSN, RN, RNC-OB; Audrey M. Stevenson, PhD, FNP-BC; and Melissa Stewart, DNP, RN, CPE. However, due to changes in the ANA bylaws adopted by the 2012 House of Delegates, the Congress on Nursing Practice and Economics will retire in March 2013.

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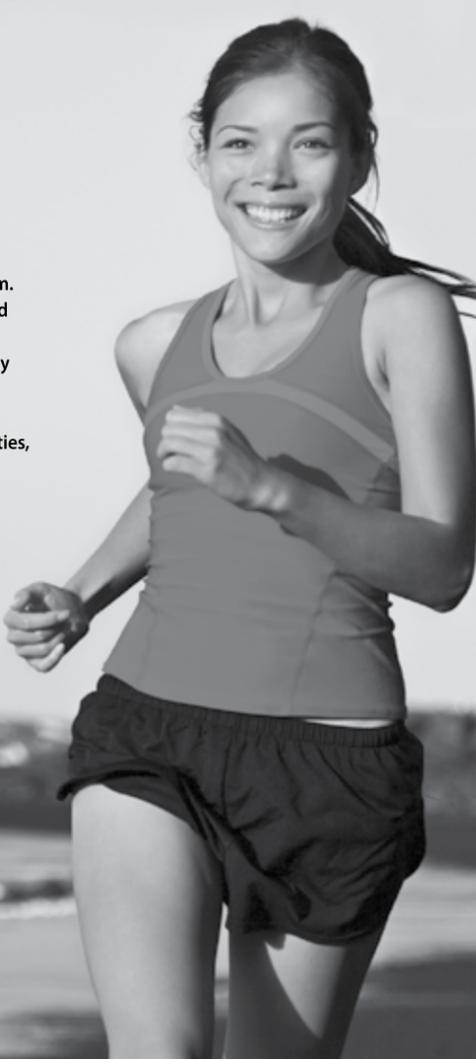
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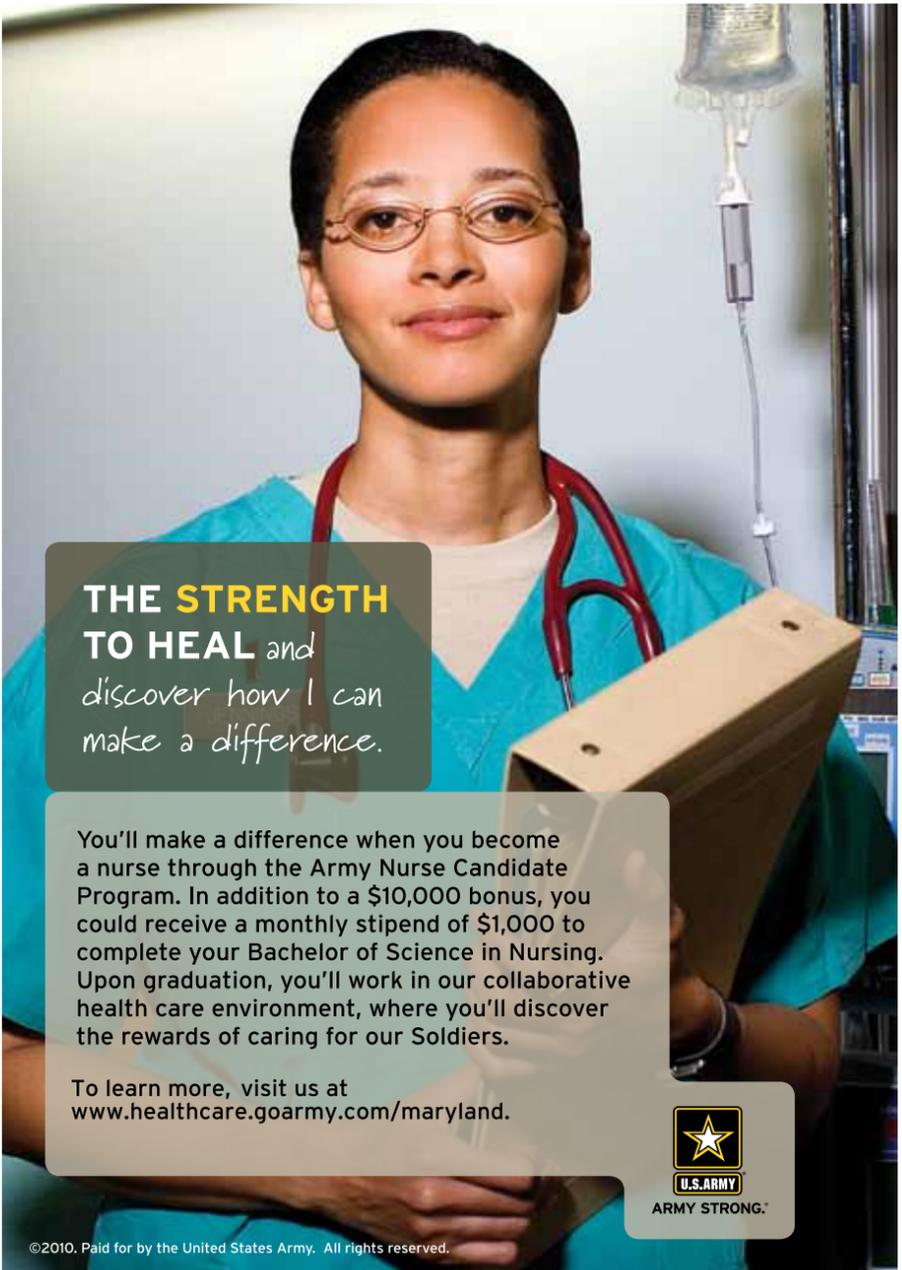
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Nursing Foundation of Maryland

2012 Scholarships

1. Nursing Foundation of Maryland Scholarship

The Nursing Foundation of Maryland awards a \$1,000 scholarship to promote nursing education and improved patient outcomes. The recipient of this scholarship will be a Baccalaureate or Graduate nursing student in Maryland. This can include an Associate Degree prepared RN licensed in Maryland who is continuing his or her education in an RN to BSN education program in Maryland. The recipient will exemplify academic achievement, leadership and community service.

2. Ruth Hans Scholarship

The Ruth Hans Scholarship promotes lifelong learning and best practices in nursing by awarding an education scholarship to a Baccalaureate nursing student in Maryland. This can include an RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. Ruth Hans received her entry nursing education from the Lutheran Hospital School of Nursing and this award was established in her honor in 2006. The recipient will exemplify academic achievement, leadership and community service. The scholarship is for \$500.

3. Maryland General Hospital School of Nursing Alumnae Association Education Scholarship

The Alumnae Association of Maryland General Hospital awards one scholarship of \$1000. Preference will be given to the student enrolled in an Associate Degree Nursing program. The recipient must demonstrate financial need in addition to academic achievement and community service.

4. Barbara Suddath Nursing Scholarship

The Barbara Suddath Nursing Scholarship was established to honor the memory of Mrs. Suddath, the mother of the Executive Director of the Maryland Nurses Association. The recipient must be a nurse enrolled in a graduate degree nursing program with the intention of working with the older population. The recipient will exemplify academic achievement, leadership and community service. One scholarship of \$500 will be awarded.

5. Arthur L. Davis Publishing Agency Scholarship

Art Davis established the Arthur L. Davis Publishing Agency, the publisher of *The Maryland Nurse*. Now deceased, the business he began remains a family business dedicated to supporting the nursing community. The Arthur L. Davis scholarship was established in 2003. The scholarship will be awarded to one applicant in the amount of \$1000. The recipient must be pursuing a master's degree in nursing as part of the preparation to teach in a Maryland nursing program. The recipient will exemplify academic achievement, leadership and community service. Applicants for this scholarship must be members of the Maryland Nurses Association.

6. Mae Muhr Nursing Scholarship

The Mae Muhr Nursing Scholarship awards \$500 to a student enrolled in a generic Baccalaureate nursing program. The Mae Muhr award was established in 2008 in honor of her service as a Maryland nurse educator. The recipient will exemplify academic achievement, leadership and community service.

The Nursing Foundation of Maryland (NFM) Seeks Applicants for 2012 Education Scholarships

Application deadline is September 15, 2012

The Nursing Foundation of Maryland (NFM) is seeking applications for the 2012 Nursing Scholarships. The scholarships will be awarded to those demonstrating scholarship, commitment and potential for leadership in the practice of nursing. The Foundation will award scholarships not to exceed \$1,000 each. Applicants may be **entry-level baccalaureate nursing students, Registered Nurses with an Associate Degree** who are completing a **baccalaureate degree in nursing, or nurses pursuing a graduate degree in nursing.**

Applicants must meet the following criteria of eligibility:

- Currently accepted or enrolled in one of the Maryland nursing programs indicated above
- Be a resident of Maryland
- Scheduled to receive the pursued degree in nursing within the 2012-2013 academic year
- GPA of 3.0 or higher out of 4.0.
- Demonstrated involvement in community service
- Provide at least two letters of reference which indicate scholarship, commitment, service and potential for leadership in the practice of nursing. One of the letters must be from a faculty member.
- Applicants must also meet the specific eligibility criteria of the scholarship for which they are applying (located at www.marylandrn.org).

The scholarship winners are expected to attend the annual Awards Banquet at the Maryland Nurses Association Convention on Friday, October 19, 2012 to receive the scholarship.

Application

1. Use the 2012 application form below.
2. The application must be in the NFM office by the close of business on September 14, 2012. It must be mailed if an official transcript is included. Otherwise it may be e-mailed to esuddath@marylandrn.org.

Mail to:

The Nursing Foundation of Maryland
21 Governor's Court, Suite 195
Baltimore, MD 21244-2721
Phone: 410-944-5800
Fax: 410-944-5802

The Foundation Board of Trustees will notify Award recipients by September 28, 2012.

The Foundation is a professional organization that is committed to equal opportunity in all aspects of its operation. The Nursing Foundation of Maryland addresses and responds to equal opportunity and human rights concerns without regard to ancestry, nationality, race, creed, lifestyle, color, gender, sexual orientation, age, disability, health status or religion.

2012 Application Nursing Foundation of Maryland Nursing Scholarships

This application is for all 2012 scholarships awarded through the NFM. The applicant must have an anticipated graduation date of Spring/Summer 2013 except for doctoral students. Please see specific criteria for the individual scholarships available in the Maryland Nurse and at www.marylandrn.org.

Student Name: _____

Indicate the scholarship for which you are making application:

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In addition to the above, please submit the following:

- Letter of Application to include, but not limited to:
 - o Reason for applying
 - o Goals in nursing
 - o Demonstrated involvement in community service
- Two (2) Letters of Recommendation
 - o One letter must be from a nursing faculty member
- Transcript or Letter of Acceptance
 - o If currently in an ADN, BSN, MSN, or Doctoral program, the applicant must submit an official copy of transcript.
 - o If accepted for fall 2012 to an ADN, BSN, MSN, or Doctoral program, must submit letter of acceptance.

Mail all the above to:
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MNA **Nursing Schools / Education**

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The Maryland Nurses Association will host the popular NECESSARY EKG and Telemetry Workshop on November 13, 2012 from 8:00 am to 5:00 pm. This beginning level EKG and telemetry course is geared to anyone taking care of monitored patients or attaching clients to an EKG or having a 12 lead touch your hands. *It's easy when a patient has chest pain or vital sign changes—you get help. But if a patient "felt fine" but had worrisome changes on a rhythm strip or EKG could you pick it up and get help?* This workshop is for anyone who knows nothing about rhythm strips and EKGs or knows a little, but fears a lot.

Marye Kellermann is an international expert leader in accelerated teaching methods and founder of NECESSARY NP Reviews, NECESSARY Physical Assessment, NECESSARY Teaching and NECESSARY NCLEX (www.necessaryworkshops.com). Marye recently was selected to be a Fellow of the American Academy of Nurse Practitioners. Using Marye's innovative teaching methods, the audience colors with markers, highlights, laughs and collaborates to learn basic telemetry and EKG analysis. It's unbelievable.

- REGISTER for this MNA sponsored event at www.marylandrn.org. Registration is \$80 for MNA members and \$90 for nonmembers. The registration fee includes continental breakfast, lunch and workshop materials. Register by Friday, November 2, 2012.
- The Workshop will take place at Anne Arundel Medical Center's Martin L. Doordan Health Sciences Institute in Annapolis, MD.
- November 13, 2012 from 8:00 am to 5:00 pm.

This Workshop offers 8.4 contact hours. Marye Dorsey Kellerman's Educational Enterprises/Entitees, Inc. is approved as a provider of continuing nursing education by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NECESSARY Workshops for RNs, Students, Faculty and NP Grads and NPs

Marye Dorsey Kellermann, PhD, MSN, RN, CRNP, FAANP, has provided workshops and RN or NP test prep courses throughout the US (even Hawaii), Canada, Puerto Rico, (Guam and Germany by satellite transmission), for over 19 years. Her in demand courses, are taught exclusively by her, as the founder and President of Educational Enterprises and Entitees. Marye has been nursing faculty at Essex Community College, the University of Maryland, Coppin State University and Villa Julie College (Stevenson University). Her courses are taught creatively by integrating music (yes she even sings to her audiences), color, motion, repetition, and collaboration, in addition to tradition lecture. In part based on the Multiple Intelligences of Learning as espoused by Dr. Howard Gardner of Harvard University, Marye uses even more of her uniquely developed learning applications to stimulate both hemispheres of your brain. Her copyrighted KELLERMANN schematic, helps nurses and NPs prioritize and deliver safer, efficient care. It has been taught to nurses, NPs and faculty from 18 different countries at the International Neuroscience Nurses Symposium 2009. Her book NECESSARY WHOLE BRAIN Learning is scheduled to be released in the Spring of 2014. Her first book, now in its 3rd edition, NECESSARY Physical Assessment, teaches RNs and students what they have to know, to function safely in clinics, hospitals and home care. Her other workshops include NECESSARY Physical Assessment, NECESSARY Physical Assessment for Advanced Practice, NECESSARY NP certification Prep, NECESSARY NCLEX, NECESSARY EKG and Telemetry and NECESSARY Pharmacology. Check out her web site for even more NECESSARY things: www.necessaryworkshops.com or call 1-800-225-6570.

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Maryland Nurses Association Membership Application

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Last Name/First Name/Middle Initial		Basic School of Nursing
Credentials	Home Phone	Graduation (Month/Year)
Home Address	Work Phone	RN License Number
Home Address	Home Fax Number	License State
City/State	Work Fax Number	
County	Zip Code	
Employer Name	E-mail Address	
Employer Address		
Employer City/State/Zip Code		

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

- M Full Membership Dues**
 - Employed-Full Time
 - Employed-Part Time
 - Full Dues MNA Membership Only**
 - To belong to the Maryland Nurses Association and your District Only
 - R Reduced Membership Dues**
 - Not Employed
 - Full Time Student
 - New Graduate from basic nursing education program within six months to two years after graduation (first membership year only)
 - 62 years of age or over and not earning more than Social Security allows
 - S Special Membership Dues**
 - 62 years of age or over and not employed
 - Totally Disabled
- Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.
State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.
- Payment Plan (check one box)**
 - Full Amount Payment
 - Check
 - Mastercard or VISA Bank Card (Available for annual payment only)
 - Electronic Dues Payment Plan (EDPP)-\$16.16
Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.
 - Bank Card Number and Expiration Date**
 - Signature for Bank Card**
 - Mail with payment to MNA at the above address**
 - Payroll Deduction—This payment plan is available only where there is an agreement between your employer and the association to make such deduction.
 - Signature for Payroll Deduction**
 - Payment Plan (continued)**
- AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):
This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.
- Signature for EDPP Authorization**

MEMBERSHIP APPLICATION

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

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

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

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

For All Districts	Full Dues		Reduced Dues		Special Dues	
	Annual	EDPP*	Annual	EDPP*	Annual	EDPP*
	\$248	\$21.17	\$124	\$10.84	\$62	\$5.67

Annual Dues to belong to the Maryland Nurses Association and your District only are:
Full Dues Annual - \$150 for all Districts Full Dues EDPP* - \$13 for all Districts.
*EDPP - monthly Electronic Dues Payment Plan

Make checks payable to: **American Nurses Association**
Send complete application and check to: **P.O. Box 504345**
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HR@visitingangelsMD.com
Fax resume and salary requirements to: **301-355-7828**



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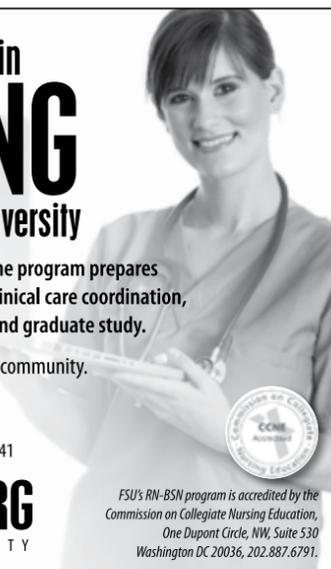
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