

Lighthouse is Ram  
Island Light taken from  
Cushing Island, ME in  
Casco Bay.

# ANA-MAINE JOURNAL

Photo courtesy of  
Juliana J. L'Heureux

## Journal Highlights



Vietnam Women's Memorial  
with Beth Parks  
Vietnam Nurse  
Page 2

The Newsletter of the American Nurses Association-Maine

FALL 2013

## President's Message

### Joining the American Nurses Association of Maine

*Together We Will Unleash the Power of Nursing*

by Irene Eaton



Irene Eaton

Did you know, in 2014, the American Nurses Association in Maine (ANA-MAINE) will be 100 years old! We are proud of our professional association's success and longevity.

Yet, most of you reading this are not members of ANA-MAINE.

ANA-MAINE represents the interests of registered nurses in the state and works with the American Nurses Association to advocate for you and your patients. The ANA-MAINE *Journal* is mailed to all nurses in the state as a courtesy. Yet only a small fraction of nurses belong to ANA-MAINE and support the work we do at the state and national levels. **ANA-MAINE has made a bold move to dramatically lower the membership dues to join ANA and ANA-MAINE, with the intention of allowing every nurse the opportunity to be part of a united voice to support nursing.**

#### Why Does That Matter?

Registered Nurses are the largest group of healthcare professionals in this country, numbering more than 3 million. We are the most trusted profession. However, our knowledge, skills and expertise are largely underutilized. Nurses are crucial to achieving the critical goals of expanding healthcare coverage while improving quality and controlling costs. Now is *our* time to seize the opportunity to take on new roles, participate in improving the quality of patient care and gain greater appreciation for nurses' contributions.

#### You Take Care of Your Patients – ANA Takes Care of You

ANA provides vital **professional development** resources to its members. Consider how some of our top benefits, whose value could more than pay for your membership, will help **you**...

- **Advance your knowledge** through ANA's extensive online Continuing Education library, which includes more than 35 modules free or discounted for ANA members.

- **Save on ANCC specialty certification exams** through exclusive member discounts —save \$85 on the initial exam and \$95 on recertification.
- **Stay up-to-date on nursing news** with a free subscription to ANA's peer-reviewed, award-winning journal *The American Nurse* and many other resources that are free to ANA members: *American Nurse Today*, *Online Journal of Issues in Nursing* and *SmartBrief* – a value of over \$50.
- **Explore job openings** that are right for you through the ANA Career Center.
- **Protect yourself** with significant savings on Professional Liability insurance for ANA members.

#### Make a Difference – Please Join With Us

**We have lowered our membership dues – now for the remarkably low membership dues of just \$13 a month or \$150 a year, you receive all the benefits of membership in both ANA and ANA-MAINE!**

Nurses need to work together. Every nurse who becomes a member of ANA and ANA-MAINE adds to the power and influence of all nurses and strengthens the profession. Please join today!

**ANA-MAINE has made a bold move to dramatically lower the membership dues for ANA and ANA-MAINE, to allow every**

**nurse the opportunity to be part of a united voice to support nursing.**

**See page 3**



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# Editor's Opinion

## Twenty-Year Dedication of Vietnam Woman's Memorial

**Maine Nurse and Environmental Photographer Beth Parks Attends to Read Names**

by Juliana L'Heureux

Beth Parks of Bangor was one among the hundreds of military nurses who provided care in trauma centers located close to dangerous combat zones during the Vietnam War (1959-1975) and in other military hospitals. On Nov. 10, 2013, Beth will join some of her military nursing colleagues to attend the 20th anniversary of the dedication of the Vietnam Women's Memorial in Washington, DC. She received her invitation to attend from Diane Carlson Evans, founder of the Vietnam Women's Memorial. Beth and others volunteered to read the 1,000 names of their deceased co-workers at the anniversary ceremonies, beginning at 5 p.m.

Parks was an Army nurse in the operating rooms at the 7th Surgical (7th Surg) Hospital (MASH) and the 12th Evacuation (12th Evac) Hospitals at Cu Chi, Vietnam, in 1966-1967. The area saw some of the fiercest fighting of the war. The hospitals served the various units of the 25th Infantry (Tropic Lightning) Division, headquartered at Cu Chi. The 7th Surg moved to Xuan Loc in



Juliana L'Heureux

April 1967. The mission of the 12th Evac was "to provide hospitalization for all classes of patients within the combat zone." Beth was part of the advance party that built the 12th Evacuation Hospital. "The Vietnam experience was certainly like nothing else I've done in my nursing career," she says.

"We did surgical procedures (in Vietnam) a nurse would never do here in the United States. I imagine there are veterans running around all over our country with scars that I made. We sewed up all kinds of stuff," she says.

The Vietnam Women's Memorial is a memorial dedicated to the American women who served in the Vietnam War, most of whom were nurses. It's a stunning reminder of the importance of women in times of combat. The memorial depicts three uniformed women with a wounded soldier. The woman looking up is named Hope, the woman praying is named Faith, and the woman tending to a wounded soldier is named Charity. It is part of the Vietnam Veterans Memorial located on National Mall in Washington, DC, a short distance south of the Vietnam Wall and north of the Reflecting Pool. The model for the wounded male is named Michael Webb. It was designed by Glenda Goodacre and dedicated on Nov. 11, 1993.

A list of the American civilian and military women who died in Vietnam is found at the virtual wall's website: <http://www.virtualwall.org/women.htm>.

Today, Parks enjoys her work as a photographer and author of books for adults and children. She also writes feature articles for the *Bangor Daily News*, the *Ellsworth American* and other newspapers and magazines. Her website is [www.bethparks.com](http://www.bethparks.com).

She's also an advocate for promoting the importance of timely access to health care for women veterans. More information about women veterans' health is available in the article *Access to Care for Women Veterans: delayed health care and unmet need*.

More information on the 12th Evacuation Hospital can be found at: <http://history.amedd.army.mil/booksdocs/vietnam/12evacARJanNov70.html>.



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Joint membership in ANA-Maine and the American Nurses Association (ANA) is now just \$13 a month – less than the price of a speciality coffee per week!

You owe it to yourself and to your career to join the largest and most inclusive group of registered nurses in your state and country.

Join today at [www.joinana.org](http://www.joinana.org) or complete the membership application on page 11!

## Join ANA-Maine and the American Nurses Association

ANA-Maine and ANA are empowering nurses with resources, programs and standards that help you advance your career and your profession.

- **Save up to \$95 on ANCC specialty certification exams** through exclusive member discounts
- **Stay up-to-date on nursing news** with a free subscription to ANA's peer-reviewed, award winning journal *American Nurse Today* and other free member resources, including: *The American Nurse*, *Online Journal of Issues in Nursing*, and *Smartbrief*
- **Advance your knowledge** through ANA's extensive online Continuing Education (CE) library which includes more than 35 free or discounted modules for ANA members
- Support ANA and state advocacy efforts, which help **protect your job, your safety and your rights as a nurse**. The voice of nursing grows stronger when ANA-Maine and ANA together speak out on today's crucial issues

Now is the perfect time for you to join ANA and ANA-Maine

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## Portland: Robert Wood Johnson Public Health Collaboration

by Toho Soma MPH



Portland Public Health Division's Cross-Jurisdictional Sharing Project staff (left) Program Coordinator Shane Gallagher, Director Julie Sullivan, and Program Manager Toho Soma.

Earlier this year the City of Portland's Public Health Division was awarded \$124,826 to develop a cross-jurisdictional sharing (CJS) model for public health service delivery with the state's public health agency. The division will work closely with the Center for Sharing Public Health Services, a national initiative managed by the Kansas Health Institute (KHI), with support from the Robert Wood Johnson Foundation (RWJF). Together, the three agencies will determine where service gaps exist, analyze options for addressing the gaps, and develop a plan for how CJS could reduce them.

"This grant will allow the city, county, and state to explore how sharing scarce resources can improve the quality and efficiency of public health services," stated Julie Sullivan, director of the Department of Health and Human Services' Public Health Division. "With resources scarce, it makes sense for public health experts at all levels of government to pursue opportunities to collaborate. Whether it's vaccinating to prevent a flu epidemic or delivering services during a natural disaster, public health plays an important role in how well a community is able

to respond and working together at all levels will only improve our ability to meet the public health needs of the region."

Portland's funding is part of nearly \$2 million in grant awards for 16 teams of health departments to explore how "cross-jurisdictional sharing" might better equip them to fulfill their mission of protecting and promoting the health of the communities they serve. The two-year learning collaborative will help the teams – which include more than 75 public health departments and 26 local and state governments – explore ways to share resources with the goal of providing more efficient and effective public health services.

Cross-jurisdictional sharing enables health departments to share programs, services, and resources across the jurisdictions they serve. The projects being funded are aimed at helping health departments and policy makers test the potential of cross-jurisdictional sharing to expand the quality and availability of services while also improving efficiency.

Since receiving the grant in January, the Public Health Division has formed a leadership team of elected and appointed officials at the local, county, and state levels, as well as representatives from the healthcare system. This group guides the direction of the project and provides feedback at key decision points. Colleen Hilton, ANA Maine member, serves dual roles on the leadership team as both CEO of VNA Home Health and Hospice, and Mayor of the City of Westbrook.

One of the recommendations from the group was to broaden the solicitation of ideas from around Cumberland County. To this end, Public Health Division staff, along with contractors from the University of Southern Maine's Muskie School of Public Service, convened four discussion groups targeting a broader array of sectors, including education, social services, first response, and emergency management. Results from these discussion groups will be presented at a site visit in October.

## Sister Consuela White and Agnes Flaherty Awards 2013

BRUNSWICK, ME – Two nurses from Mid Coast Hospital in Brunswick are among the distinguished recipients of the annual ANA-Maine Agnes E. Flaherty Leadership Awards and the Sister Consuela White Spirit of Nursing Award recognitions.

Barb McCue, BSN, RN, Director of Patient Quality and Safety, is a recipient of the Agnes E. Flaherty Leadership Award presented annually to two nurses who demonstrate leadership, courage and dedication in their interactions with

patients and families, staff and co-workers, the profession and the community.

Andrea MacMaster, RN, CNOR, Operating Room Nurse, received the Sister Consuela White Spirit of Nursing Award is presented annually to two nurses who demonstrate the spirit of nursing care, concern, respect, and knowledge as demonstrated in interactions with patients, families, co-workers, students, the profession and the community.

Awards were presented at the ANA Annual meeting on October 4, 2013, in Portland.

## Poet's Corner

### TAKE HEART A Conversation in Poetry

Edited and introduced by Wesley McNair,  
Maine Poet Laureate

In this issue's poem, Henry Braun of Weld links the presence of a great stone he encounters in the Maine woods with friendship.

### The Great Rock in the Woods

— for Matty Goodman

by Henry Braun

It sees nothing where it has been seen  
by all eyes in the climax forests  
that pass in slow succession after fires.  
Even the white bear may have known it  
glazed by the last touch of the glacier  
that, miles away, broke it off the mountain.  
The story of its roll down here  
to this surprising presence,  
its ride with the field of stones  
that made Maine hard to farm, and again hard,  
is soon told.  
I take this boulder for a landmark  
and pass by  
in the deep woods on my road to friends.

Henry Braun is a Maine poet who enjoys writing verse in the shadow of Mt. Blue. He and his wife, Joan Braun, a Maine artist and family therapist, live "off the grid," he says, in the wilderness of Western Maine. "I feel honored to have my poem, 'The Great Rock in the Woods,' included in your Nursing Journal," he says. For more of Henry Braun's work, visit <http://www.henrybraun.net>

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Penobscot  
Valley  
Hospital



by Anne Graham

Rep. Linda Sanborn, D-Gorham, said that would increase MaineCare, the state's version of Medicaid, to approximately 60,000 residents through the Affordable Care Act. Cover Maine Now! is a coalition that supports

# Cover Maine Now!

Maine accepting federal funds that have already been set aside under the Affordable Care Act to provide health care coverage to more Mainers.

"The federal government would have paid for 100 percent of the expansion for the first three years, and 90 percent in subsequent years..."

Stein said that if the state had expanded Medicaid, more low-income residents would have had health insurance and gotten more cost-effective medical care, such as primary care rather than costly emergency room visits."

About 10,000 childless adults in the state, a little less than a third of those losing Medicaid coverage, won't qualify for those federal subsidies because they

have incomes below the poverty level, \$11,490 for an individual. The health law makes those subsidies available only to people with incomes between the poverty level and four times that amount. The law was written that way because it was assumed all states would expand Medicaid eligibility to cover everyone with incomes up to 138 percent of the poverty level, but the Supreme Court last year made that provision optional."



Anne Graham

## Federal Funds and the Expansion of Maine Care

Susan Henderson, MSN, RN

Maine is a rural state where many people are self-employed, work for a very small company, work part-time, are unemployed or have a full time job with an extremely low wage. These are people who have not been able to afford health insurance. These are the people the insurance exchanges of the Affordable Care Act or Obama Care were designed to help. Subsidies based on income as a percent of the poverty level were designed to assist in helping people afford insurance premiums that would provide them with a basic level of care. For those close to, or at, poverty level, the Medicaid expansion was designed to allow affordable insurance coverage. The table at right (<http://kff.org/interactive/subsidy-calculator/>) Jennie Pirkel, Maine People's Alliance, September 30, 2013) illustrate the value of Obama Care to all who need to purchase their own insurance and also the importance of the Maine Care expansion for those at, or near, the poverty level.



Susan Henderson

In January, our Maine Legislature will again take up the issue of Maine Care expansion. If vitriolic political arguments continue, many people (70,000) will continue to quietly suffer from lack of access to health care. I hope

that you will contact your state representative and ask them to support the expansion of Maine Care. You can make a phone call, send an email, or write a brief letter. We, as nurses, know the personal, social and economic costs of lack of health insurance. Please speak on behalf of

our family, friends, and patients. Remind your legislators that the American Nurses Association considers access to basic health care a right of all Americans.

*Susan Henderson is past president of ANA-Maine.*

Individual: 40 year old non-smoker (in Portland)

% of Poverty level	Annual Income	Premium (before subsidy)	Subsidy available	What you pay if we don't expand MaineCare:	What you pay if we expand MaineCare
400%	\$45,960	\$3,540	0	\$3,540	\$3,540
200%	\$22,980	\$3,540	\$2,092	\$1,448	\$1,448
138%	\$15,856	\$3,540	\$3,018	\$522	0
99%	\$11,375	\$3,540	0	\$3,540	0

Family of 4: two 40 year old adult non-smokers, plus 2 non-smoker children (in Portland)

% of Poverty level	Annual Income	Premium (before subsidy)	Subsidy available	What you pay if we don't expand MaineCare:	What you pay if we expand MaineCare
400%	\$94,200	\$10,598	\$1,649	\$8,949	\$8,949
200%	\$47,100	\$10,598	\$7,631	\$2,967	\$2,967
138%	\$32,499	\$10,598	\$9,527	\$1,071	0
99%	\$23,315	\$10,598	\$0	\$10,598	0

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# Continuing Education Calendar for Maine Nurses



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

If you wish to post an event on this calendar, **the next submission deadline is December 30, 2013 for the Winter 2014 issue.**

Send items to [publications@anamaine.org](mailto:publications@anamaine.org). Please use the format you see below: date, city, title, sponsor, fee and contact information. There is no charge to post an educational offering.

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ANA-MAINE is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CNE information, please go to [www.anamaine.org](http://www.anamaine.org).

To obtain information on becoming an ANCC-COA CNE provider, please contact [anamaine@zwi.net](mailto:anamaine@zwi.net).

USM/PCE indicates the class is offered through University of Southern Maine/Center for Professional and Continuing Education. For course descriptions, visit <http://usm.maine.edu/pdp/pdp-certificate-programs>, <http://www.usm.maine.edu/muskie/continuing-education>. (The previous website address no longer works) or call 207-780-5900 or 800-787-0468 for a catalog.

Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.

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

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

Visit the ANA-MAINE Calendar of Events at: <http://www.anamaine.org/calendar.cfm> for more information for additional upcoming events.

## November 2013

**15 PESI/Portland. Creative Teaching Strategies for the Nurse Educator Seminar.** 8 a.m.-4 p.m. \$179.99 single advanced registration or group rate; \$199.99 single after Oct. 19. For additional information, call 1-800-843-7763 or visit <http://www.pesihealthcare.com>.

**18 PESI/Portland. Managing Nursing Emergencies Seminar.** 8 a.m.-4 p.m. \$179.99 single advanced registration or group rate; \$199.99 single after Oct. 22. For additional information, call 1-800-843-7763 or visit <http://www.pesihealthcare.com>.

## December 2013

**4 PESI/Portland. Cardiac Medications: Management of Complex Cardiovascular Disorders.** 8 a.m.-4 p.m. \$179.99 single advanced registration or group rate; \$199.99 single after Nov. 7. For additional information, call 1-800-843-7763 or visit <http://www.pesihealthcare.com>.

**17 PESI/Portland. Nursing Documentation: Legally-Proven Strategies to Keep You Out of the Courtroom.** 8 a.m.-4 p.m. \$179.99 single advanced registration or group rate; \$199.99 single after Nov. 20. For additional information, call 1-800-843-7763 or visit <http://www.pesihealthcare.com>.

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## January 2014

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## February 2014

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# Legislative Committee of ANA Maine 2013 Activity Summary



**Juliana L'Heureux, BS, MHSA, RN**

ANA-members are encouraged to become involved in the public policy process through the activities of the Legislative Committee.

Goals of the Legislative Committee are to (a) foster productive relationships between Maine's nurses with state and federal public policy officials, (b) to bring more membership into the process of advocating for the mission of ANA Maine within the public policy process and (c) to be heard as a voice for nursing with state legislators in Augusta.

In 2013, the Legislative Committee has supported three initiatives consistent with the mission of the Association to work for the improvement of health standards and availability of health care services for all Maine people, to foster high standards for nursing, and to stimulate and promote the professional development of nurses.

ANA-Maine advocates for financial and environmental conditions that promote recruitment and retention of nurses in the health care systems of Maine. ANA-MAINE supports the American Nurses Association's Standards of Nursing Practice and the ANA Code of Ethics for Nurses.

1. Stimulate and promote the professional development of nurses: On January 30, 2013 the Legislative Committee hosted an orientation with

the Maine Medical Association in Augusta. The purpose of this seminar provided an overview of state government and how nurses can facilitate in the development of health care policy. Two continuing nursing education units were provided for those who attended. Outcomes of this meeting were reported in the *ANA Maine Journal* Spring edition.

2. Advocated for the improvement of health standards and availability of health services for all Maine people: ANA-Maine has participated in two state coalitions to protect access to health services (a) Maine Mental Health Parity Coalition to protect Maine's law whereby physical and mental health care are protected under the insurance governing reimbursement and (b) Cover Maine Now coalition with 80 peer associations coordinated by the AARP and Maine Equal Justice, for the purpose of advocating for expansion of federal funds to support improvement of health among those who qualify for reimbursement coverage under MaineCare.
3. Advocated for the financial and environmental conditions that promote recruitment and retention of nurses in the health care system: In June 2013, members of ANA-Maine's Board leadership participated in ANA "Lobby Day" in Washington DC where visits were made with the public policy staff of Maine's Representative Chellie Pingree, Senator Susan Collins and Senator Angus King. Our advocacy included support for safe staffing and providing nurse practitioners with authority to sign care plans for home care and hospice patients.

4. Promote high standards of nursing: support the Centennial Resolution of the ANA in Maine (attached) with sponsors Rep. Kenneth Fredette, of Newport (House minority leader as this tier is required for the submission of a Resolution), co-sponsored by Rep. Anne Graham, N.P. of Gorham and Rep. Erik Jorgensen of Portland. This Resolution has been submitted in DRAFT form as recognition of the history of nursing and current practice is included in the recognition. This Resolution is tentatively scheduled to be adopted, pending passage in the Maine Legislature, as a tribute, by April 2014 to coincide with the Centennial Anniversary of ANA Maine and the incorporation of the Maine State Nurses Association 100 years ago.

Goals for 2014 are to continue to orient ANA Maine membership about public policy issues consistent with the mission of the Association.

Members of the ANA-Maine Legislative Committee include:

1. Juliana L'Heureux, chair
2. Irene Eaton, President
3. Catherine Lorello-Snow
4. Sally Melcher McKeagney
5. Colleen Hilton

Contact Juliana L'Heureux at [juliewriter@hotmail.com](mailto:juliewriter@hotmail.com) for more information or check the ANA Maine website [www.anamaine.org](http://www.anamaine.org).

## High-Tech Nursing Education in the 21st Century

by **Juliana L'Heureux**



**Muriel Poulin, EdD. and Jean Dvorak, MSN, RN**

High-technology laboratories are becoming as integral to nursing education as the classrooms in colleges and universities. University of Southern Maine (USM) is preparing nursing students for the skills they will need in a simulation laboratory, or "sim lab."

A sim lab is a place where nurses of tomorrow are taught what our predecessors once learned by practicing on one another, in nursing school. Skills are taught to enhance the growth and development of students and healthcare professionals in an environment where they learn on computer-enhanced manikins.

Jean M. Dvorak, RN, MS is the USM Instructor at the Learning Resources and Simulation Center. She recently gave a tour of the high-tech learning facility to retired nursing educator Muriel Poulin, EdD.

In a modern school of nursing, the sim lab is where students learn the skills required for work in high-tech health care. Simulation manikins can blink, breathe (or not), speak simple phrases and mimic an acute care crisis to help educate student nurses about how to respond. Most important, the sim lab students receive real time feedback about their interventions.

"Simulation can facilitate students in becoming more active participants in their own learning and can provide the vehicle to connect theory and practice," says Dvorak.

"This lab is very impressive," said Poulin. "It has the feel of working in a hospital."

Nursing technology is important in direct patient care activities (automatic monitoring of vital signs, programmable infusion pumps, etc.) and in patient safety initiatives (bar coding, computerized order entry for medications). Technology is a familiar way for today's nursing students to learn. It's increasingly available, right at our fingertips, as we use smart phones, tablets, and laptops to access patient charts, drug information, and medical literature.

There's no doubt that technology is transforming the way nurses deliver care. But one thing technology can never do is replace nurses entirely. No matter how well it works for nurses, technology can only work for *patients* when it's combined with highly competent, relationship-based care. And this is why nurses must embrace

their low-tech skills, as well as develop new high-tech competencies.

Although high-tech competencies in many areas of health care are essential for the modern nurse to learn, the high touch and compassion nurses develop remain the gifts we bring to our patients. We know from experience how nurses who build caring and trusting relationships with patients have the power to influence positive outcomes.

"Nursing sim labs are important in modern nursing education but we also teach how the skills do not totally substitute for expert assessment and direct care," says Dvorak.

Dvorak says the sim lab is also available for educational purposes to train some pre-hospital emergency medical personnel and students training to be physicians. For more information contact [jdvorak@usm.maine.edu](mailto:jdvorak@usm.maine.edu).

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# HealthWise: Being Present on the Bike

by Jenny Radsma, PhD, RN



**Jenny Radsma (left) taking a break with her sister and travel companion, Frances.**

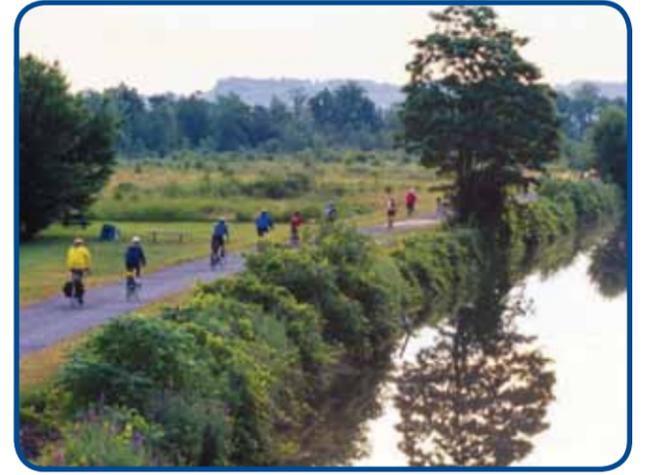
This past summer I had the very good fortune to participate in a week-long bicycle ride along the Erie Canal in upstate New York. My sister, who lives in western Canada, joined me, and the opportunity to share this experience together added to the delight of the trip. With over 500 other cyclists, we pedaled approximately 400 miles on gravel trails, paved paths, and roadways. Upon reaching our destination at the end of each day, we located our belongings from the truck that carried our luggage from the starting to finishing points. We put up our tent on the lawn of the school or park where our group formed a colorful tent city. Then after a refreshing shower we made our way to dinner.

In short, I “lived the good life” for the duration of the trip, which surpassed my expectations in nearly every respect. At almost every turn in the trail, the scenery proved something to behold. Numerous volunteers worked tirelessly to ensure that cyclists remained safe, were well fed, stayed hydrated, and enjoyed themselves. The townspeople along the way welcomed us warmly through offers of bottled water, free postage to mail a local postcard, or guided tours through community museums. Although most days we cycled in hot, humid weather, it did rain some, and the cheap tent I had bought for the trip kept us dry. However, among the many wonderful things that impressed me on the trip, two observations stand out.

Although I’m no jock, physical activity is part of my daily routine, usually walking or cycling for about an hour within vicinity of my home. So at the start of the trip, I felt rather proud of myself for daring to undertake such an ambitious feat. But my self-satisfaction of “Hey, I’m cycling for a whole week!” soon dissipated when I realized the diversity among the cyclists: young and old (from 4 to 89 years of age); slim and overweight; experienced and inexperienced; able-bodied and challenged; farmers and lawyers; couples, families, friends, and individuals; those who had trained and those who had not, as well as a range of skill levels (not to mention bicycles) among the cyclists. My initial conceit about my own abilities quickly changed to admiration for the skills and determination demonstrated by the children, teens, and adults I met each day at rest stops, meals, and while relaxing in the evening hours. Among the inspiring people I met were a man with a perpetual grin who had recently undergone a stent insertion, another who cycled the entire trip with a prosthetic leg, a grandfather who cycled alongside his five granddaughters, and yet another woman, almost 20 years my senior, who was cycling her second of three such trips during the summer. As a single woman for whom retirement is visible on the horizon, I took great encouragement from my fellow travelers who reminded me that: (a) the notion that getting older restricts one’s possibilities is a limiting mindset; (b) bicycling is an activity by which we maintain strength and physical fitness well into our retirement years while (c) at the same time it serves as an opportunity to socialize and engage with others, family, friends, and newcomers alike; (d) certain conditions and ailments can be accommodated on a bicycle; and (e) with an increasing number of supported bicycle rides available across the U.S., one need only a sense of adventure to cycle the less-traveled backroads and trails criss-crossing this beautiful country. While these realizations seem obvious, they bear repeating. The frequency with which we nurses care for people with chronic conditions related to lifestyle, genetics, or “bad luck” can contribute to subconsciously adopting an attitude that little, if anything, can be done to prevent or offset the ailments that befall our patients (or us).

My second observation came about in a conversation I had mid-week with a cyclist, Ann. She asked me what I thought about while pedaling mile after mile. My answer came readily.

“Actually, I don’t think about much,” I responded. “I’m aware of my proximity to the cyclist in front of and behind me, and that’s about it. I’m just present in the moment.” My answer surprised me. I began the trip with a lot of written lists and mind chatter related to the details of getting ready for the trip, preoccupation about work and responsibilities left behind at the office and at home, as well as the strain of driving to Albany, the starting point of the trip. But when Ann asked me her question, I became aware that somehow through the revolution and rhythm of each pedal stroke over the previous few days, I had shed the mental “noise” and physical agitation I had been carrying inside me for some time. Meetings and agendas, follow-up with students, encounters with colleagues, bills to be paid, appointments to be made, birthday cards to be mailed, meals to be cooked, and on and on – it had all slipped away from my immediate consciousness. Instead, I felt an ease in my body and an unusual but satisfying mental calm. Being outdoors, physically engaged, spending time in nature,



**Being Present on the Bike**

enjoying the company of others at the end of the day – and living without the intrusion of email and cellphone (yes, I purposefully remained disconnected for a whole week!) – all of it combined to help me clear my head and body of the demands of daily life that reside in tense shoulder muscles, an unsettled belly, and a distracted mind.

Although I had not set out to meditate per se while on my bike, I achieved a similar outcome – relaxed, grateful, present in the moment, and yes, happy. Certainly, thinking about the past and future are important functions that allow us to reflect, gain perspective, and to be productive, but it can also keep us rooted in negative thought patterns and worry. In fact, research findings from Killingsworth and Gilbert (2010) indicate that what we contemplate when our mind wanders actually detracts from our happiness.

Some six weeks since I completed my bicycling vacation, I still retain some of the calmness from that trip. But with the pressures of day to day living, I’m aware how easily one’s internal sense of contentment can be eroded. Thus, I appreciate how being mindful can prevent or stall that from happening. Certainly, few of us have the liberty or resources of going on week-long vacations at will. But mini-meditation strategies can be effective in stilling a racing mind or calming a rapid pulse. Examples offered in an article by Benchley (2013) include deep breathing (a short inhalation followed by an emphasized long exhalation); sitting down for a few short minutes with closed eyes and focusing on something like your breath, an image, or a word (for example, “one”); or holding your hands in warm water to dilate the blood vessels and “trick” your circulation and brain into relaxing. Connecting with others in your community, perhaps through an outdoor club, participating in regular physical activities you and your family enjoy is also beneficial. And, of course, meditative hobbies, whether reading, knitting, writing poetry, gardening, and so forth can be remarkably restorative. What health-wise things do you do to be mindful and in the moment? Share your tips and suggestions with your nursing colleagues; just send an email to the Editor, ANA-Maine [anamaine.newsletter@yahoo.com](mailto:anamaine.newsletter@yahoo.com)

As a postscript, I must say that I had only a vague notion of how to change a tire before the bike trip began. After two flat tires en route, I’m better acquainted with what to do, but before I go out on a similar trip next year, I will learn the rudiments of bicycle repair and maintenance. Self-sufficiency on the trail, I learned, is all part of being present in the moment.

*The former editor of ANA-Maine Journal, Jenny Radsma, PhD, RN, teaches nursing at University of Maine at Fort Kent.*

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EOE

# How to Start IVs: 8 Tips to Improve Your IV Success

by Alice Cennamo, RN, CRNI, CPI, VA-BC

Although you may know how to insert a peripheral IV catheter; if you are having trouble starting IVs on patients with “difficult” veins— you are not alone. Getting an IV catheter started with one attempt and without any undo patient anxiety can be difficult to accomplish at all times. Not being able to find or choose a good vein site in my estimation is 60 to 70% of the problem most nurses have in starting IVs. In this article, I have listed 8 tips to finding veins.



Alice Cennamo

The first 2 tips are pretty basic – we sometimes need reminding that the basics are done for a reason.

## 1. Assess the patient's veins with the tourniquet in place!

Although you may see the veins well without a tourniquet on; applying one will still make a difference and it may even show an alternative location better than the one you've found without it. Have the patient lower their hand below heart level and open and close the fist- flexing their muscle (strong like an weight lifter- not flaccid like, um my great grandmother). Next it is important to have the patient relax the fist and arm prior to the venipuncture. Ok, I am off my soapbox.

## 2. Check your tourniquet application.

If you have difficulty identifying a vein; it may simply be your tourniquet application. ALWAYS check this first. A too tight or too loose tourniquet can cause veins not to distend. If the tourniquet is too tight; you cut off their arterial circulation (always check their pulse and coloring). A too loose tourniquet = no blood pooling to distend the veins below it. Check and re-apply the tourniquet

## 3. Warm up the arm

Use instant warm packs applied to the IV area for 5 and even better: 10 minutes prior to prepping the skin. Always test the warm pack to avoid burns prior to application. Use of preset commercial devices like this are preferred to old methods of warming up towels and such in microwaves- there is too much of a risk of burns, and many employers forbid use of techniques like this in their policies.

If you're working in home infusion- have the patient take a warm shower and cover their arms with long sleeves just

before your visit, or if that is not possible run warm running warm water at a sink over their arm at the visit (not hot, test it carefully & again avoid burns!)

## 4. Hydrate the patient

Whenever possible, and not contraindicated— have the patient drink non-caffeinated fluids prior to the IV start. Even 3 cups can make a big difference in a dry patient. The old standby of encouraging 8 cups of fluid/water a day can be followed when time permits prior to the IV start.

## 5. Use palpation to find veins

In addition to visualizing veins, it is important to palpate using your index and third finger pad to evaluate the vein's resilience, patency, valves, size. Is the vein straight, soft and bouncy (refills fast), and large enough to accommodate the catheter needed for the IV therapy? Or is the vein thin, flat (does not refill well), thready, hardened, irregular in shape, or have bumps (valves along the path chosen)? You're looking for the latter of course.

## 6. Use visualization devices when available

Current Infusion Nurses Society (INS) Standards of Practice support use of visualization devices when performing IV insertion procedures. Devices like transilluminator lights and ultrasound machines decrease the number of venipuncture attempts made on patients with difficult venous access. However, the average non-PICC team nurse is not trained in using ultrasound for vascular access. Yes, old school nurses will tell you that a flashlight or other light works too, but they can cause burns. Devices that are made specifically for visualizing veins are designed for clinical use, and are much safer choices. There are a few on the market- the devices I favor lately for pricing, size, and ease of use are the pocket sized “vein light” devices.

## 7. Use a blood pressure cuff on a low setting

Instead of a tourniquet for patients with really poor access, try using a manual blood pressure cuff on a low setting around 60 mm Hg or less (below the patients diastolic BP, check it prior to application). Use a kelly clamp on the tubing used inflate the cuff to allow for easy deflation by opening the clamp once the catheter is in place.

Use good judgment, and caution as you may want to avoid using this technique in patients with delicate skin and/or fragile vessels (vessels with a potential to blow easily from the extra pressure). Examples of this are patients on anticoagulants who bruise &/or bleed easily, patients on steroid therapy, or patients who have paper thin skin that may tear easily.

Open the kelly clamp to deflate the cuff once you have visualized a blood return in the catheter flash back chamber and have partially advanced the catheter- ensuring the catheter is in good position. You can continue to advance the catheter after the BP cuff has deflated. Also with this technique as with use of a tourniquet; monitor the patients circulation to ensure they have a radial pulse and the arm/hand is not discolored and remove the BP cuff if indicated.

## 8. Prevent vein “rolling”

You thought you found a good vein, but then it wasn't in the same spot after you performed the venipuncture. Often patients will tell you “my veins roll”, and they'll tell you this because that is what nurses have told them. Hold traction on the skin below the IV venipuncture site, using the thumb side of your non dominant hand is best for most sites. Pull the skin downward to prevent the vein from moving above as you perform the venipuncture. Keep the hand and fingers holding traction lowered enough to keep out of the way of performing the venipuncture. I will post pictures to this area as a sample soon.

Perhaps the vein disappears when I hold the skin taut. Yes, that may happen; simply release the skin long enough to re-visualize where the vein is for a second or two (or just keep a nifty transilluminator in place instead), and reapply traction again to perform the venipuncture. If you hold the skin appropriately 99% of the time; the vein will not roll. Again use good judgment and caution, do not hold the skin so tight that it hurts the patient or causes a skin tear!

Alice Cennamo RN, CRNI, CPI, VA-BC is the Founder and President of PICC Resource Associates, LLC, in Connecticut, a vascular access training and consulting company founded in 2003. Alice has been a registered nurse since 1992, she developed a love for IV nursing in the mid 1990's after joining the IV team/ high tech nursing division of her employer's home care agency. Since that time, Alice has focused on the specialty of infusion nursing gaining an extensive background in IV care with clinical and leadership experience in multiple inpatient and outpatient settings in vascular access teams, and in hospital education. Currently, Alice works as lead instructor, clinical consultant, and head of program development. She has been certified as a CRNI by the Infusion Nurses Certification Corporation, as a Certified Phlebotomy Instructor (CPI) by the National Phlebotomy Association, and is board certified as a vascular access specialist, VA-BC by the Vascular Access Certification Corporation. Contact Alice Cennamo at Email: [alice@piccresource.com](mailto:alice@piccresource.com) or check the website <http://www.piccresource.com/>.

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# Nursing Centennial Project Status Report

by: Susan Henderson, RN, MA



Susan B. McLeod and Susan Henderson

Maine's Nursing Centennial History Project received an enthusiastic boost with generous donations from the ANA-MAINE board of directors and the Sigma Theta Tau Kappa Zeta Chapter. "Our committee is grateful for the financial support our Nursing Centennial Project is receiving from our esteemed colleagues," says Ann Sossong, who is the lead manager of the project to publish Maine's centennial nursing history.

The project objectives are to identify events significant to the history of nursing in Maine, preserve the wisdom and memories of influential Maine nurse leaders in their own voices and document the contributions of the nursing profession to the health and welfare of the people of Maine.

The project's research for the retrospective history and book discovered an impressive list of past presidents of ANA's Constituent Assembly, which began as the Maine State Nurses Association in 1914. Researchers continue searching for biographical and historic information about any of the nurse leaders included on this list of past presidents. Please send any relevant information to [ann.sossong@umit.maine.edu](mailto:ann.sossong@umit.maine.edu).

1915-1916	Edith L. Soule, RN, Portland
1916-1917	Rachel R. Metcalfe, RN, Lewiston
1917-1919	Edith R. Soule, RN, Portland
1919-1921	Lucy J. Potter, RN, Biddeford
1921-1923	Margaret Dearnesse, RN, Portland
1923-1925	Lou S. Horne, RN, Portland
1925-1929	Edith L. Soule, RN, Portland
1929-1931	Louise P. Hopkins, RN, Bangor
1931-1932	Lou S. Horne, RN, Portland
1932-1933	Theresa R. Anderson, RN, Augusta
1933-1935	Mary Collins and Trafford Madden, RN, New Hampshire
1935-1937	Marion T. Gray, RN, Portland
1937-1939	Alice M. Morse Adams, RN, Chicago
1939-1941	Laura F. Knowlton, RN, Vassalboro
1941-1943	Ellen C. Daley, RN, Rockland
1943-1945	Margaret M. Jones, RN, Portland
1945-1947	Regina H. Shirley, RN, Florida
1947-1949	Helen F. Dunn, RN, BS, Augusta
1949-1951	Velma P. Haley, RN, BS, Portland
1951-1953	Josephine C. Philbrick, RN, BA, Camden
1953-1955	Katherine E. Donley, RN, Houlton (died in office May 1955)
May-Oct. 1955	Alice M. Trembley, RN, Bangor

1955-1957	Alice R. Schindel, RN, Fryeburg
1957-1959	Eleanore M. Irish, RN, MPH, Yarmouth
1959-1961	Doris B. Greene, RN, Bangor
1961-1963	Ina G. Bean, RN, BSN, Portland
1963-1965	Elinor F. C. Nackley, RN, Machias
1967-1969	Sister M. Conseula White, RN, MS, Portland
1969-1971	Cora E. Pike, RN, MA, Augusta
1971-1973	Pauline M. Fahey, RN, MS, Portland
1973-1975	Agnes E. Flaherty, RN, MSN, Saco
1975-1977	Louette MacLeod, RN, Belfast
1977-1981	Vera M. Gillis, RN Med, Gardiner
1981-1983	Maryann H. Ogonowski, RN, MSN, Virginia
1983-1986	Sandra T. Putnam, RN, MSNNP, Yarmouth
1986-1988	Phyllis Fostre Healy, RN, MSN, Portland
1988-1990	Ann Sossong, RN, CNA, Med, MSN, (PhD) Orono

A short lapse exists from 1990-2000 where the committee is trying to reconstruct the accurate names and dates of past presidents from 1990 thru 2001.

In 2001, ANA-MAINE was formed to be the constituent assembly of the American Nurses Association (ANA) after the Maine State Nurses Association voted to disaffiliate from ANA.

2001-2005	Joe Niemczura, RN, MSN, Ellsworth
2005-2009	Susan Henderson, RN, MA, South Portland
2009-2011	Susan B. McLeod, RN, BS, Smithfield
2011-2013	Irene Eaton, RN, MSN, Kennebunk

Centennial history developers of this project are:

Ann Sossong, PhD, RN  
Myra Broadway, JD, MS, RN  
Susan Henderson, MA, RN  
Juliana L'Heureux, BS, MHSA, RN  
Elizabeth Clark, PhD, RN  
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**Please submit a letter of interest, resume to:**

Brittany Haines  
Human Resource Specialist  
AMHC  
P.O. Box 1018, Caribou, Maine 04736

Email to: [bhaines@amhc.org](mailto:bhaines@amhc.org)  
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## ANA/ANA-Maine Membership Application



For assistance with your membership application, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at [memberinfo@ana.org](mailto:memberinfo@ana.org)

### Essential Information

First Name/MI/Last Name	Date of Birth	Gender: Male/Female
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number	Circle preference: Home/Work
City/State/Zip	Email address	
County		

### Professional Information

Employer	Current Employment Status: (ie: full-time nurse)
Type of Work Setting: (ie: hospital)	Current Position Title: (ie: staff nurse)
Practice Area: (ie: pediatrics)	RN License # State

### Ways to Pay

**Monthly Payment - \$13**

Checking Account *Attach check for first month's payment.*

Credit Card

**Annual Payment - \$150**

Check *If paying by credit card, would you like us to auto bill you annually?*  Yes

Credit Card

### Membership Dues

Monthly = \$13 **OR**  Annually = \$150

Dues: .....\$

ANA-PAC Contribution (optional).....\$

American Nurses Foundation Contribution (optional).....\$

Total Dues and Contributions.....\$

### Authorization Signatures

Monthly Electronic Deduction | Payment Authorization Signature\*

Automatic Annual Credit Card | Payment Authorization Signature\*

### Credit Card Information

Visa  Mastercard

Credit Card Number Expiration Date (MM/YY)

Authorization Signature

Printed Name

\*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts. ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

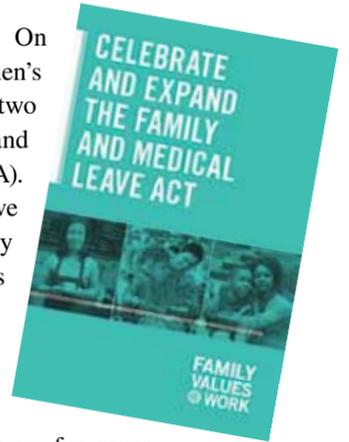
Please Note — American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount.

<b>Fax</b> Completed application with credit card payment to <b>(301) 628-5355</b>	<b>Web</b> Join instantly online. Visit us at <a href="http://www.joinana.org">www.joinana.org</a>	<b>Mail</b> ANA Customer & Member Billing PO Box 504345 St. Louis, MO 63150-4345
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# Book Review

## Reflecting on the Family & Medical Leave Act

AUGUSTA, ME – On August 22, Maine Women's Policy Center celebrated two decades of the Family and Medical Leave Act (FMLA). The celebration gave participants an opportunity to share how FMLA has helped their families in the last 20 years and to reflect on what we need to do to expand access to family and medical leave for more



workers in the future. MWPC board member Vivian Mikhail told how FMLA helped her family when she gave birth to her daughter Nadia and again when her daughter was diagnosed with Cogan's Syndrome. As she said, "The FMLA was nothing short of an investment in my daughter Nadia as a future member of our lives, and of our society."

Unfortunately, many workers can't afford to take unpaid leave to care for a family member. In July, Rhode Island became the third state to pass legislation providing for a Temporary Caregiver Insurance program. Funded through employee contributions, this program will provide wage replacement to workers who take time off to care for a seriously ill family member or to bond with a new child.



The event was co-sponsored by the USM Women & Gender Studies Program and included staff from the offices of U.S. Sen. Angus

King, U.S. Rep. Mike Michaud, and U.S. Rep. Chellie Pingree, as well as State Rep. Richard Farnsworth, who represents Portland in the Maine House of Representatives.

A free online booklet tells the Family and Medical Leave Act stories. You can read more FMLA stories at <http://familyvaluesatwork.org/family-and-medical-leave#>. If you would like to share your FMLA story or talk about a time when you couldn't access the FMLA when you needed it, please contact Danna at 207-622-0851, ext. 21 or [dhayes@mainewomen.org](mailto:dhayes@mainewomen.org).

## Legal Services for the Elderly

by Jill K. Randall, Esq.



Legal Services for the Elderly (LSE) provides free civil legal services to Mainers age 60 and older. LSE has a statewide Helpline, **1-800-750-5353**,

that is staffed by three attorneys and two paralegals. Upon calling the Helpline, a potential client — or someone who has legal authority to act on the client's behalf — will speak with an intake paralegal. Helpline attorneys assist callers with a broad range of legal issues, such as debt problems, housing issues, elder abuse and exploitation, Social Security and public benefits problems, powers of attorney, and MaineCare questions.

LSE also offers full legal representation for administrative and court proceedings in certain circumstances, generally those in which a senior's basic needs are being threatened, including elder abuse and financial exploitation, eviction, foreclosure defense, and public benefits appeals. To make that possible, LSE has staff attorneys located at five area offices in Scarborough, Lewiston, Augusta, Bangor and Presque Isle. If a case is appropriate for extended representation by LSE, a helpline attorney will refer the matter to a staff attorney.

For matters that do not involve basic needs, such as real estate transactions and estate planning, LSE maintains a referral panel of private attorneys across the state. These attorneys are willing to accept referrals from LSE at a reduced fee if the senior has limited financial means and requires more extensive assistance than the Helpline can provide. For free and confidential legal advice, seniors are

encouraged to call the LSE Helpline at 1-800-750-5353. Check the list of offices located throughout Maine at the LSE website <http://mainelse.org/content/staff-and-offices>.

LSE also provides information on Medicare for callers of all ages. LSE has a statewide Medicare Part D Appeals Unit that helps seniors and people with disabilities of any age who have (or are eligible for) Medicare get needed prescription medications. For more information, call the LSE Part D Unit at 1-877-774-7772.

*Jill Randall, Esq., is a staff attorney with Legal Services for the Elderly.*

# Happy Holidays from the Board and Staff of ANA-Maine



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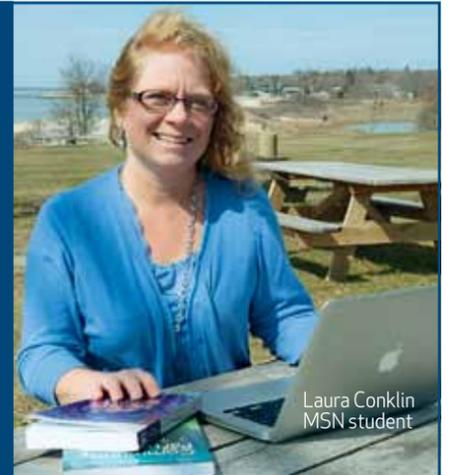
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Laura Conklin  
MSN student

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Lilla Tilton-Flood – Fourth generation dairy farmer on Flood Brothers Farm in Clinton, Maine.



Lilla Tilton-Flood – Field hockey player for the Maine Majestix and Lawrence Bulldogs.

Being a dairy farmer means hard work and long days, but add a full academic schedule and sports on top of that, and it can be grueling. Good thing Lilla has three servings of dairy each day to keep her going strong.

