President’s Message

Janice Hoffman

It is really hard to believe that I am starting my second year as the President of the Maryland Nurses Association. I am writing this as the association just completed a very successful annual convention – our 111th – at Anne Arundel Medical Center. With over 200 registered nurses and students in attendance, we had opportunities to hear about some of the incredible work that is being done across Maryland to make workplaces safer for nurses, patients and their families. Additionally, there were sessions about the importance of the “registered nurse’s voice” in advocacy and legislative issues. I would like to take this opportunity to acknowledge the MNA Convention Planning Committee, chaired by Diane Friend, on this very successful convention. Also, the MNA Convention requires extraordinary coordination and organization by the MNA Staff, and I would also like to recognize Ed Suddath, Chief Staff Officer; Susan Prentice, Continuing Education Coordinator; and Marie Ciarpella, Bookkeeper.

Another highlight of the Convention was the installation of new officers on the Board of Directors. Dr. Kathy Ogle was elected as President Elect, and Diane Friend as Secretary, and their terms begin at the end of the Convention. This is also the time to say “good-bye for now” and wish much success to several outgoing officers. Neysa Ernst completed this last year as Immediate Past President after two very busy and productive years as President of MNA. Dr. Linda Costa, out outgoing Treasurer, has been instrumental in working with the Board of Directors and the MNA Chief Staff Officer in keeping MNA on sound fiscal ground. Both Neysa and Linda make incredible contributions to MNA, and will be missed on the Board.

As we go into the fall, MNA is actively planning activities for the coming Legislative Session. With the election of a new Governor in Maryland, as well as the anticipated turnover in a number of state representatives, we will have a lot of advocacy and legislative work to do in preparation for the session. Maryland Nurses Association members will need to reach out to their local and state representatives to let them know how involved we (MNA) are in legislative issues related to healthcare access and quality, workplace safety, and workforce issues. There will be important legislation proposed related to allowing all registered nurses, and specifically advanced practice nurses, to practice to the full scope of their education and expertise. Another important issue that MNA has been actively involved with is related to the education and role of the Community Health Worker. Currently, MNA has representation on the state Community Health Worker Workgroup that was convened based upon legislative work in 2014.

Lastly, I could not complete this message to you without a mention of the Ebola issues that are currently facing our nation and world. Just last week (around October 12th), during the final planning phases for the Convention, the two registered nurses in Texas were definitely diagnosed with Ebola after caring for an infected person in their agency. The American Nurses Association has taken a lead in this national issue by providing excellent resources for members, as well as registered nurses and healthcare workers across the country. In collaboration with the American Medical Association and American Hospital Association, a joint statement was released in mid-October, the same week that the nurses in Texas were diagnosed. As ANA has provided important information to their state and constituent organizations, the Maryland Nurses Association has passed on this information to our members.

At the time that I am writing this message, MNA has shared the concerns expressed by the American Nurses Association on the importance of all healthcare workers being well educated on Ebola. While MNA has not been contacted directly by any of our members as of this writing, I have spoken with nurses at acute care facilities who are being provided information and training about screening for and caring for patients with suspected Ebola. All MNA members are encouraged to monitor the information that is being provided by ANA and to share with colleagues. It is important that registered nurses across Maryland are knowledgeable and prepared to face these issues. Finally, there are also resources related to Ebola on the Maryland Department of Health and Hygiene (DHMH) website.

As I have shared with you before, MNA is committed to supporting and advocating for registered nurses across the state, and I highly encourage you to reach out to your District Leadership and become involved in local initiatives. The 2014 – 2016 MNA Strategic Plan was approved at the September Board of Directors meeting and there are many opportunities for members to be involved in this important work. The four pillars of the Strategic Plan include Membership, Leadership, Advocacy, and Engagement. I would like to thank Joann Oliver, MNA Vice President and Dr. Linda Cook, MNA Treasurer for their leadership in implementing our new strategic plan. If you are interested in participating in this work, please contact the MNA Office for more information about these opportunities at 410-944-5800 or contact Ed Suddath, Chief Staff Officer via email at esuddath@marylandrn.org.

This year I have had the opportunity to meet many of you at District meetings, and am planning on attending several other Districts this coming year. As I begin my second year as your President, I again welcome communication from you! You can reach me at janicehoffman@marylandrn.org.
The Maryland Nurse News and Journal
November, December 2014, January 2015

Objective | The MNA Mission Statement and Values adopted October 2014
The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.

Core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

Articles and Submissions for Peer Review

The Maryland Nurse welcomes original articles and submissions for publication. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of The Maryland Nurse. Articles may be used in print or online by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the same information has been previously distributed in any manner to any audience, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

Preparing the Manuscript:
1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional title, current position, e-mail, mailing address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributors who do not meet the criteria for authorship may be listed in an acknowledged sections section in the article. Written permission from each person acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 1/2 X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at each of the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent—published within the past 5 to 7 years—unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

Editing:
All submissions are edited for clarity, style and conciseness. Referred articles will be peer reviewed.

Comments may be returned to the author if significant clarification, verification or amplification is requested.

Original publications may be reprinted in whole or in part by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the same information has been previously distributed in any manner to any audience, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

For the most up-to-date information regarding the submission process, please visit theMarylandNurse@gmail.com.

Contact us at TheMarylandNurse@gmail.com.
We Fear Ebola But Can Prevent Influenza

Julie Stanik – Hutt CRNP, Janet Selway CRNP, Andrea Schram CRNP, Tonya Appleby CRNP, Veronica Gutchell CRNP, Beverly Lang CRNP

In the last few weeks we’ve heard a lot about the Ebola epidemic and work to contain its’ spread and potentially tragic consequences. But influenza is a preventable infectious disease that represents a much greater risk to the health of Marylanders.

Influenza (flu) is a seasonal disease that is most common in the winter and spring. Last year, almost 25,000 Marylanders sought care for flu symptoms. Anyone can get sick from the flu, but preschool aged children (under 5 years of age), pregnant women, and senior citizens are especially vulnerable to getting sick from influenza. People with chronic diseases (e.g. asthma or other lung conditions, heart problems, kidney disease, cancers and poor immune function) are at greatest risk for complications from influenza. Mild cases cause sudden onset of fever, cough, body aches, fatigue and other symptoms which may last for up to two weeks. Severe cases can cause pneumonia, increase the severity of other chronic illnesses, and lead to death. It is estimated that influenza kills 30,000 Americans annually.

The Centers for Disease Control recommends everyone over 6 months of age receive influenza vaccine annually. Immunization against the risk of developing the illness. In fact, the best way to reduce the number of cases of influenza in our community is to immunize our citizens. Avoiding others who are sick, and washing your hands can help, but immunization is much more effective in preventing influenza. It can reduce the number of days that illness might keep you home from work or school. Immunization can also reduce financial expenditures associated with flu related clinic or office visits and medications.

As nurse practitioners (NPs), we urge you to get your annual influenza vaccine. Nurse practitioners are registered nurses (RNs) who have completed specialized graduate degrees that prepare us to diagnose and manage a large variety of health problems. We prescribe medications and other therapies. Nurse practitioners serve on the front lines of health care, providing services to patients of all ages, from infants to elders. We work with healthy children, with people who have chronic illnesses, and with older patients who are facing the end of their lives. Nurse practitioners want you to stay healthy. We emphasize care that promotes health and prevents disease. So when we see otherwise healthy children, pregnant women and our elders suffer needlessly due to influenza and its complications, our hearts break.

Less than half of Americans get their annual flu vaccine. In contrast, up to 95% of nurse practitioners and other health care providers are immunized annually. Some people believe that they can get the flu from the immunization. In fact, the vaccine dose contains only a weakened or killed type of the virus, so flu vaccine cannot cause the flu. Others avoid getting the immunization because they are afraid that it will hurt. In fact, people under 50 get the vaccine as a painless nasal spray. Small children, those over 50 and individuals with certain chronic conditions may receive the vaccine as an injection, but the momentary discomfort of that injection is small compared to the discomfort of influenza. Ninety percent of pediatric deaths from influenza occur in un-immunized children.

So, this flu season, let’s get Maryland immunized. Follow the example of your health care providers. Go to your nurse practitioner or health care clinic and get the vaccine. If you don’t have a regular health care provider, you can get the vaccine at a health department clinic, local pharmacy or a drug store clinic. Do it for yourself and for those you love.

Sources

Maryland Data:

Flu symptoms:
Centers for Disease Control and Prevention (2014). Key facts about influenza (Flu) and flu vaccine. http://www.cdc.gov/flu/keyfacts.htm

High risk individuals:

Pediatric deaths data:

Influenza vaccination data:

Flu death data:


Maryland Data:

Flu symptoms:
Centers for Disease Control and Prevention (2014). Key facts about influenza (Flu) and flu vaccine. http://www.cdc.gov/flu/keyfacts.htm

High risk individuals:

Pediatric deaths data:

Influenza vaccination data:

Flu death data:


Robert Wood Johnson has been named a Foundation (RJWF) Health Policy Fellow. RWJF’s Health Policy Fellow program offers exceptional midcareer health professionals an opportunity to actively participate in the health policy process at the federal level. Each year, fellows are selected through a highly-competitive selection process to leave their campus or workplace to spend a year in Washington, D.C.

Veronica Gutchell and Beverly Lang Selected for AANP Future Leaders Program

The American Association of Nurse Practitioners (AANP), the largest national professional membership organization for nurse practitioners (NPs) of all specialties, is pleased to announce that Veronica Gutchell DNP, CNS, RN and Beverly Lang MScN, RN, ANP-BC have been selected to participate in the prestigious AANP Future Leaders Program.

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FACULTY

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STUDENTS

The University of Maryland School of Nursing offers the following degree programs: Bachelor of Science in Nursing (BSN), including RN-to-BSN option; Master of Science; Doctor of Nursing Practice; and Doctor of Philosophy, plus four master’s certificates. Visit our website at http://nursing.umd.edu/academics for more information.
Nurses in the News

Ernest Lyman Stebbins Medal. Dr. Agnew directs the Johns Hopkins Education and Research Center for Occupational Safety and Health (ERC) and is a professor in the Department of Environmental Health Sciences. The School awards the Stebbins Medal to one faculty member each year for outstanding contributions to its teaching programs.

Robin P. Newhouse PhD ’00, RN, NEA-BC, FAAN, professor and chair, Department of Organizational Systems and Adult Health, at the University of Maryland School of Nursing, was recently inducted into the International Nurse Researchers Hall of Fame. Newhouse was one of 25 recently inducted into the International Nurse Researchers Hall of Fame induction with Honor Society of Nursing, Sigma Theta Tau (STTI) Honor Society of Nursing’s 25th nurse researchers inducted at the Sigma Theta Tau Researcher Hall of Fame. Newhouse was one of 25

Laura N. Gitlin PhD of the Johns Hopkins School of Nursing has been chosen as the 2014 recipient of the M. Powell Lawton Award by the Gerontological Society of America (GSA), the nation’s largest interdisciplinary organization devoted to the field of aging. The Lawton Award recognizes a significant contribution in gerontology that has led to an innovation in gerontological treatment, practice or service, prevention,amelioration of symptoms or barriers, or a public policy change that has led to some practical application that improves the lives of older persons. Gitlin will receive the award at the GSA’s Annual Scientific Meeting, November 5-9 in Washington, D.C.

Gitlin, a GSA fellow, is founding director of the Center for Innovative Care in Aging at Hopkins Nursing and a professor in the Department of Community-Public Health with joint appointments in the Department of Psychiatry and Division of Geriatrics and Gerontology in the School of Medicine. She also serves as a national co-leader of the Hartford Change AGEnts Initiative.

Jackie Agnew PhD, RN, FAAN

Hayley Mark PhD, MPH, RN, is now President of the Maryland Dean and Directors Group. In her role, she will help advise the deans and directors of pre-licensure nursing programs in the state of Maryland on addressing common challenges and developing strategies.

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• NECESSARY Advanced Assessment (2 days)-practice “hands on” along with Dr. Kellermann in her sweatpants tool Jan 24 and 25

• NECESSARY Pharmacology-learn utilization, safety issues, assessment and diagnostic workshops for commonly prescribed drugs and their costs. You won’t fall asleep in drug course! February 20

Laura Gitlin PhD

Robin Newhouse (L) at the International Nurse Researcher Hall of Fame induction with Honor Society of Nursing, Sigma Theta Tau International President Hester C. Klopper, PhD, MBA, RN, RM, FAANS.

Jackie Agnew PhD, RN, FAAN

Hayley Mark PhD, MPH, RN

Cynda H. Rushton, PhD, RN, FAAN

Nurses in the News continued from page 4

Allison Pyles RN was chosen as the Rosenwald Star Nurse of the Year winner. Pyles is an ICU nurse clinician in the Neuroscience Critical Care Unit at Johns Hopkins Hospital. She assumes the role of charge nurse, bedside clinical nurse, and unit clinical mentor. She also collects quality improvement and patient safety data and holds staff accountable to meet the standards of all safety initiatives. She goes above and beyond to always ensure a patient’s needs are not only met but exceeded. “She is an exemplary leader for all front-line nursing staff. The night shift staff strive to emulate all that she does.”

Says Pyle of the award: “I have always felt that I am the lucky one. I have the opportunity to be in a job that I love and I get to work with patients and families at such a critical time in their lives. I have the privilege of being surrounded by the world’s greatest nurses.”

Johns Hopkins University Professor Cynda H. Rushton, PhD, RN, FAAN, has been named a 2014 Hastings Center Fellow for her eminent accomplishments in bioethics. She will be inducted at the Annual Hastings Center Fellows Meeting on October 16 in San Diego. As a fellow, Rushton will help the Center accomplish its mission of researching, collaborating, and addressing medical and environmental ethical issues.

“Dr. Rushton is a stellar example of dedication in the pursuit of ethical care,” says Dean Patricia M. Davidson, PhD, MEd, RN, FAAN. “This new recognition is well deserved and her work continues to have culture-changing impact on the nursing profession and healthcare.”

Hayley Mark PhD, MPH, RN

Laura Gitlin PhD

Cynda H. Rushton, PhD, RN, FAAN

Allison Pyles

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The Maryland Nurse News and Journal • Page 5

November, December 2014, January 2015
Health Benefits of a Plant-Based Diet

Introduction

There are many health benefits from following a plant-based diet. The epic study done by T. C. Campbell and Campbell (2006), The China Study, demonstrated the evidence-based data drawn from close to 50 years of research and policy making, linking health and disease to a population's nutritional, dietary, and lifestyle habits. The comparison of the health outcomes from populations who ate a mostly plant-based diet to those populations whose diet was based on meat and dairy products was astonishing. The populations that ate a plant-based diet had significantly lower occurrences of heart disease, cancer, degenerative and autoimmune diseases (T. C. Campbell and Campbell, 2006).

My introduction to how important nutrition is to health occurred when I became certified as a Nutritional Support Nurse with the American Society of Parenteral and Enteral Nutrition in the 1990's. I became aware of the link between diet and nutrients to the resulting physiology and health of my patients, when the physician, pharmacist, dietician and nurse collaborated to deliver total parental and/or enteral nutrition to our patients. In the years since my work in nutritional support, I have seen the importance and emphasis on nutrition grow and encompass a more holistic approach to incorporating nutrition in our everyday lives to provide better health outcomes.

Research Basis

The China Study compared dietary habits of rural Chinese populations that consume a mostly plant-based diet with the dietary habits of Americans who consume a diet that includes animal-based foods. According to Campbell and Campbell (2006), when the rural Chinese diet was compared to the typical American diet the Chinese consumed 2641 calories per day; the Chinese consumed 64% total calories in animal protein versus the Americans who consumed 10-11% (Campbell and Campbell, 2006).

The study done by Carroll (1975) of the relationship between breast cancer and dietary fat demonstrated that as total fat intake increases so does the rate of breast cancer. This study also showed when people migrate to a new area and take on the dietary habits of their new home, their risk of disease became the same as the area they moved to. The implications of these findings are that diet and lifestyle are the primary causes of these diseases (Carroll, 1975).

Blood cholesterol was compared between Chinese populations eating a plant-based diet to those eating a diet with meat and dairy products. Lower blood cholesterol levels in rural China were linked to a lower rate of cancer, heart disease and other Western diseases. TCS demonstrated strong correlations between a plant-based diet and decreased rates of disease when compared to an animal-based diet. Blood cholesterol increased significantly with a meat and dairy diet and decreased with a plant-based diet. Plant-based foods contain no cholesterol and help to reduce the amount of cholesterol the body makes (T. C. Campbell and Campbell, 2006, p. 80).

Fiber intake was found to be a beneficial aspect of a plant-based diet. Fiber has a multitude of positive effects: it provides a sense of fullness and helps prevent over-eating, it decreases the density of food calories, and decreases the appetite. The Chinese fiber intake was found to be three times that of the United States (T. C. Campbell and Campbell, 2006, p. 90). T. C. Campbell and Campbell (2006) demonstrated a link between fiber and decreased cancer rates of the colon and rectum. Blood cholesterol was reduced in people with high fiber diets. T. C. Campbell and Campbell (2006) found that a plant-based diet of beans, whole grains, and leafy vegetables, for example, provide health benefits to the lower gastrointestinal tract by eliminating unwanted toxins and stimulating normal bowel function.

According to Grant (2012), research in the field of epidemiology has provided evidence of a link between the typical North American diet and the development of heart disease, some cancers, obesity, diabetes, cholelithiasis, high cholesterol, cardiovascular disease, and Alzheimer's disease. The typical North American diet consists of animal fat, animal protein, and high amounts of refined sugar. Vegetarian and vegan diets have demonstrated an opposite association with disease. This indicates that a plant-based diet is healthier and can help reduce the occurrence of disease and the resulting costs of treating disease (Grant, 2012). Countries that traditionally follow a plant-based diet, such as those in the Middle East, Asia, and Africa, have had increasing rates of obesity, diabetes, and atherosclerosis when adopting a Western diet that includes refined sugar and protein from animal-based sources. Obesity has become a worldwide epidemic. This reflects the unhealthy outcome of a Western diet and the preventive/wellness that a plant-based diet promotes (Grant, 2012).

According to Nordqvist (2012), the World Health Organization reported that 63% of all deaths in 2008 were due to certain types of cancers, heart disease, obesity and type 2 diabetes. This was on a global scale and did not include non-communicable diseases or conditions. As the father of medicine, Hippocrates, said thousands of years ago, “Let food be thy medicine and medicine be thy food” (Nordqvist, 2012, para 5). People that eat a large amount of plant foods have a lower risk of chronic disease. The antioxidants that exist in plant foods help reduce cell damage and chronic inflammation by eliminating free radicals. Plants contain bioactive compounds that help control genetic and biological processes that can lead to chronic disease (Nordqvist, 2012).

Plant-Based Trial

Mishra et al. (2013) conducted a multicenter randomized controlled trial which compared the body and biochemical metrics of those subjects who consumed a plant-based diet to those who did not. The subjects were from 10 sites of a large company in the U.S., and all had a body mass index (BMI) greater than 25 kg/m² and/or had a history of being diagnosed with type 2 diabetes. These randomized subjects were to follow either a vegan low-fat diet which included weekly support group meetings and cafeteria food options or make no changes in diet for 18 weeks. Table 1 displays the biometric readings taken at baseline and at 18 weeks.

Plant-Based Diet continued on page 7
The benefits of a plant-based diet are supported by epidemiological and research studies that substantiate decreased prevalence of disease and improvement, in some cases reversal, of disease such as diabetes and heart disease (T. C. Campbell and Campbell, 2006). The implications given by these study results are valuable on a global scale in that increasing the health of its employees and second, by employers can have a two-prong advantage, one of increasing the health of its employees and second, lowering healthcare costs (Mishra, et al., 2013).

Summary

Improving health would reduce healthcare costs. The benefits of a plant-based diet are supported by epidemiological and research studies that substantiate decreased prevalence of disease and improvement, and in some cases reversal, of disease such as diabetes and heart disease (T. C. Campbell and Campbell, 2006). The implications given by these study results are valuable on a global scale in that individuals can take control of their health by simply changing their diet to a plant-based diet.

Table 1 Biometric outcomes of the Geico trial:

<table>
<thead>
<tr>
<th>Biometric</th>
<th>Intervention Group</th>
<th>Control Group</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean body weight</td>
<td>-2.9 kg</td>
<td>-0.06 kg</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Total and low-density</td>
<td>-8.0 and -8.1 mg/dl</td>
<td>0.01 and 0.9 mg/dl</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>lipoprotein cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c</td>
<td>-0.6 percentage point</td>
<td>-0.08 percentage point</td>
<td>&lt; 0.01</td>
</tr>
</tbody>
</table>

Study Completers

| Mean changes in body weight | -4.3 kg | -0.08 kg | < 0.001 |
| Total and LDL cholesterol  | -13.7 and -13.0 mg/dl | -1.3 and -1.7 mg/dl | < 0.001 |
| HbA1c                      | -0.7 percentage point | -0.1 percentage point | < 0.01 |

The outcomes are statistically significant and indicate a substantial improvement in the participant’s biometric values (Mishra, et al., 2013, p. 718). The outcomes of this study are important for employers as an estimated 25-30% of the costs paid by employers for medical expenses are associated with conditions including being overweight, diabetic, lipid disorders, heart disease, and hypertension. The advantage of nutrition intervention programs given by employers can have a two-prong advantage, one of increasing the health of its employees and second, lowering healthcare costs (Mishra, et al., 2013).

References


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National Nurse Practitioner Week Celebrated Nov. 9-15

Nurse practitioners provide more than 192,000 solutions to the health care crisis

As newly insured patients seek access to health care, it is important that the public be aware that there are more than 192,000 nurse practitioners (NPs) in the United States who provide high-quality, cost-effective, comprehensive, patient-centered care to patients nationwide.

NPs are licensed, expert clinicians with advanced education (most have master’s and many have doctorate degrees) and extensive clinical preparation who provide primary, acute and specialty health care services. In addition to providing a full range of services, NPs work as partners with their patients, guiding them to make educated health care decisions and healthy lifestyle choices. The confidence that patients have in NP-delivered health care is evidenced by the more than 916 million visits made to NPs every year.

National Nurse Practitioner Week, November 9-15, 2014, is a time to celebrate these exceptional health care providers and to remind lawmakers of the importance of removing outdated barriers to practice so that NPs will be allowed to practice to the full extent of their experience and education so that patients are allowed full and direct access to all the services NPs are educated and certified to provide.

Nurse practitioners are informed, in touch and involved, making them the health care providers of choice for millions and a solution to the primary care crisis in America.

Happy National Nurse Practitioner Week!
The Nurse Practitioner Association of Maryland

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www.nursing.jhu.edu
Joann Oliver (L) and Pat Travis (R) announce Nursing Foundation of Maryland Scholarship winners.

The Barbara Suddath scholarship award is presented to Emile Cecil, University of Maryland School of Nursing. Left to right: Pat Travis, Emile Cecil, Joann Oliver and Ed Suddath, MNA Chief Staff Officer.

The Outstanding Clinical Practice Award is presented to Brooke Bucci from Southern Maryland Women’s Healthcare by Janice Hoffman (L) and Debbie Hatmaker (R).

The Arthur L. Davis scholarship is presented by Mark Miller (R) to Ifeoma Ulokanjo, Salisbury University.

Debra Hatmaker PhD, RN, SANE-A, FAAN, Executive Director of the ANA addresses the awards luncheon attendees.

The Outstanding Pathfinder Award is presented to Mary Fry (C) from University of Maryland School of Nursing by Janice Hoffman (L) and Debbie Hatmaker (R).

Sherry Perkins, COO & CNO of Anne Arundel Medical Center was named as the Outstanding Leadership Award recipient. Janice Drum is pictured accepting the award on behalf of Sherry Perkins from Janice Hoffman (L) and Debbie Hatmaker (R).

The Outstanding Mentoring Award is presented to Barbara Nubile (C) from Montgomery College.

The Stierle Exemplary Service Award is presented by Janice Hoffman (L) and Debbie Hatmaker (R) to Linda Stierle, Chair of the MNA Committee on Bylaws and Policies (C).

Deena Schrauder presents the Maryland General Hospital School of Nursing Alumnae Association scholarship award to Almina Hrbinic from Harford Community College.

Denise Moore (L) presents the 1st place poster award to Karen Cebenka, Union Hospital (R).

Denise Moore (L) presents the 2nd place poster award to Jo Fava Hochuli, Johns Hopkins School of Nursing (R).

Janice Hoffman (R) thanks Neysa Ernst (L) for her service to MNA.

Janice Hoffman (R) and Debbie Hatmaker (L) present the Outstanding Mentoring Award to Barbara Nubile (C) from Montgomery College.
The convention returned once again to the Martin L. Doordan Health Sciences Institute.

With the personal and generous donations of the Nursing Foundation of Maryland Board of Trustees, the Foundation was able to continue to fund the program that allows students from nursing schools throughout Maryland to attend the Annual Convention of the MNA, providing them with a unique introduction to the realities of the opportunities in nursing in the post-academic world. This year, 60 nursing students from 14 different schools of nursing were able to attend the 111th MNA Annual Convention.

Kudos to the 2014 MNA Convention Planning Committee Rosemary Mortimer, Neysa Ernst, Janice Hoffman, Pat Travis, Diane Friend (Chair), Denise Moore, Jo Hochuli, and Cheryl Nelson (L – R).

Past Presidents attending MNA's Board Meeting at the 111th Annual Convention: Left to Right: Rosemary Mortimer (2007 to 2009); Neysa Ernest (2011 to 2013); Patricia Travis (2009 to 2011); and Denise Moore (2003 to 2005).

Patricia Sengstack (L) and Christy St. John (R) relate their successes in reducing CAUTI at Bon Secours Health System.

Mary Herster MS, RN presented on a patient safety program at MedStar Franklin Square Medical Center.

Susan Renda DNP, CRNP, CDE presented on diabetes education.

Lisa Groff Paris DNP, RNC-OB, C-EFM from GBMC discusses warming techniques during C-section.

Kay Tucker MSN, RN, CCRN provided a review of blood glucose management.

Janice Hoffman, MNA President, opens the 111th Annual Convention.
The mentoring session presented by Marcella Leath (L) & Rosemary Mortimer (R) was well attended.

Congratulations to new Board of Directors members Kathy Ogle (L), President-Elect, and Diane Friend, Secretary (C)!

Coppin Students are ready to network and learn!

University of Md. recruiters were kept busy at their exhibit.

The Kaplan exhibit attracted students as they prepare for the NCLEX.

Thanks to all of our exhibitors for supporting MNA!

Attendees get information about Visiting Angels.

Exhibitor from Caring touch Medical, Inc. explains about compression stockings.

Anne Arundel Medical Center recruiters examine an employment application.

MNA leadership (L-R) Joann Oliver, Nayna Philipsen, Diane Friend and Tina Reinckens network during a break.

Attendees participate in an active learning activity with presenters Lena Chaurdhary (R) and Jasine Morena (L) from Anne Arundel Community College.

Nursing students enjoying the presentations.

Nightingale Tribute by Janice Hoffman, MNA President, honors recently departed Maryland nurse colleagues.

Sheila Pierre-Lewis, MANS President gives a report at the MNA Business Meeting on Thursday.

Patricia Donaldson PhD, Dean and Professor, Johns Hopkins School of Nursing addresses attendees on Friday.

Carol Galler, MSN, RN from St. Agnes Hospital spoke about leadership.

Jerome Paulson, MD, FAAP discussed the home and human health.

Ellen Rice, PhD, RN, MPH discussed designing and implementing change.

Janice Hoffman (R) thanks Neysa Ernst (L) and Linda Costa (C) for their service to the MNA.

Neysa Ernst MSN, RN (L) with Dennis Jones DNP, RN from Johns Hopkins Hospital.

The Kaplan exhibit attracted students as they prepare for the NCLEX.

These students from the College of Southern Maryland show off their convention bags, courtesy of Kaplan.
2014 MNA Convention

Poster presentation sessions were informative and well attended.

Janet Limmer BSN, RN (L) and Donna Bryant BSN, RN, CAPA from MedStar Franklin Square Medical Center discussed compliance with hand hygiene.

Marcella Leath, BSN, RN (L) & Marcus Walker, MS from the Living Legacy Foundation discussed organ, tissue and eye donation.

Carolyn J. Cumpsty-Fowler, PhD, MPH (R) & Erin Van Dyke, BS from Johns Hopkins University School of Nursing presented on the power of nurse-led change.

Friends connecting at the MNA Convention.

The Maryland State Nurse Residency Program was shared by Mary Ann Greene, DNP, RN, NEA-BC.

Marie Clarpella, MNA Bookkeeper, (L) is pictured with Mark Miller, from ALD Publishing, the publisher of The Maryland Nurse and a sponsor of the MNA Convention.

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Stevenson University has received from the Women’s Hospital Foundation Inc., the largest private gift in the institution's history. The $2 million donation will establish the University’s first fully-endowed faculty position, which will be known as the Women’s Hospital Foundation Distinguished Professorship in Nursing.

“This truly transformational gift will enhance our already strong nursing program by allowing us to recruit and hire a nurse educator of national caliber, and to build partnerships that shape the future of nursing,” said Kevin J. Manning, Ph.D., President of Stevenson University. “The distinguished professorship will enrich Stevenson’s ongoing delivery of masterful teaching, quality experiential learning, insightful research, and model for caring for which our nursing program is known.”

The search to fill the Distinguished Professorship position will begin this fall. Stevenson will be looking for a candidate who shares its interest in increasing the number and quality of highly skilled nursing professionals who provide an exceptional level of healthcare to the community as well as engage in research so as to fuel discoveries that will improve nursing practice, particularly in the Baltimore area.

“We selected Stevenson because of their vibrant nursing program and the number and quality of highly trained undergraduate and graduate level nursing professionals they are educating each year,” said Cindy Crawley, President of the Board of Directors of Women’s Hospital Foundation.

“Stevenson is honored to be recognized by such an historic organization long-committed to supporting the education of nurses and the provision of high quality, accessible healthcare to the people of Maryland,” said Susan Gorman, Ph.D., Dean of the School of the Sciences.

Stevenson University, known for its distinctive career focus, is the third-largest independent undergraduate university in Maryland with more than 4,400 students pursuing bachelor’s, master’s, and adult bachelor’s programs at locations in Stevenson and Owings Mills.

The Women’s Hospital Foundation is a Maryland-based charitable organization tracing its roots to the Hospital for the Women of Maryland, of Baltimore City, better known as The Women’s Hospital, which operated a hospital in the Bolton Hill section of Baltimore City from 1882 until 1965, tailored to the needs of women. During much of its period of operation, the Women’s Hospital also operated a nursing school. Today the Women’s Hospital Foundation continues the mission of the hospital’s founders by providing support to organizations which seek to improve health care education and broaden access to health care services.
In a city like Baltimore, part of a major medical region, competition for clinical placements makes finding open slots for nursing students a constant challenge. So a study showing that up to half of those clinical hours can be replaced in a high-quality simulation lab with no drop-off in learning is welcome news for the Johns Hopkins School of Nursing (JHSON) as well as nursing schools across the nation.

According to a study by the National Council of State Boards of Nursing, students in such programs enter the profession just as ready for clinical practice as peers from more traditional programs. “This is a game changer, as we thought it would be,” said Pamela Jeffries, PhD, RN, ANEF, FAAN, vice provost for digital initiatives at Johns Hopkins, JHSON faculty member, and president of the Simulation Healthcare Society. “We’re committed to providing our students with the greatest knowledge and preparation using the best tools that are out there. Our sims are top-notch, and we’re constantly improving them. It’s great to have a confirmation that we’re going about things the right way.”

JHSON was one of 10 sites across the U.S. to participate in “The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education,” the most comprehensive research to date examining the use of simulation in the nursing curriculum.

The school recently reaffirmed its commitment to the technology by hiring a full-time Simulation Labs director, Nancy Sullivan, DNP, RN, who has spent 39 years in emergency department/trauma/critical care settings and has served 11 years as a nurse educator for new graduates. In addition, Cynthia Foronda, PhD, RN, CNE, who focuses on innovative technologies in teaching, including virtual simulation, came onboard in 2013.

“This study is groundbreaking for the simulation community,” says Foronda, who is researching the use of virtual simulation to improve interprofessional communication. “In a time where it’s only speculated that simulation was as effective a teaching strategy as clinical practicum, we now have strong evidence. This is great news for students, patients, and educators to support practicing and learning in a safe setting.”

Many nursing schools currently supplement and enhance clinical practice with simulation rather than substitute for it. The NCSBN study means the Hopkins School of Nursing can create even more innovation with its sims, easing the pressure on finding clinical placements that can sometimes cut students off from peers and fuller immersion into medical settings. In a controlled sims environment, students also learn the teamwork and communication they will need in healthcare settings.

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013. In all, more than 650 students completed the study requirements. Students were randomly divided into three groups:
- Traditional clinical where up to 10 percent of clinical time was allowed in simulation
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

Students were assessed on clinical competency and nursing knowledge. They also provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. NCLEX passage rates were unaffected.

Study participants were then followed into their first six months of clinical practice. The study found no meaningful differences between the groups in critical thinking, clinical competency, and overall readiness for practice as rated by managers at six weeks, three months, and six months.

Programs participating along with JHSON:
- College of Southern Nevada, Las Vegas, NV
- Florida International University, Miami, FL
- Ivy Tech Community College, Indianapolis, IN
- Johnson County Community College, Overland Park, KS
- Pennsylvania College of Health Sciences, Lancaster, PA
- Metropolitan Community College-Penn Valley, Kansas City, MO
- The University of Southern Mississippi, Hattiesburg, MS
- University of South Carolina, Columbia, SC
- Washington State University, Spokane, WA

Simulation’s 50 Percent Solution

NCSBN study shows similar educational outcomes when half of hard-to-find clinical hours are replaced with clinical simulation.

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Mary Kay Goetter – New Executive Director of the Maryland Board of Nursing

Mary Kay Goetter joined the State of Maryland Department of Health and Mental Hygiene to serve as the Executive Director of the Board of Nursing this past August, 2014. Mary Kay comes to Maryland most recently from Cheyenne, Wyoming but Baltimore feels much like her native Milwaukee where she was born and raised. Mary Kay has enjoyed a diverse 24-year career in the Air Force, having served active duty in Japan and Wyoming, in the Wyoming Air National Guard, and currently in the Reserves. She holds the rank of Colonel and is assigned to the 711 Human Performance Wing, Wright-Patterson Air Force Base as a Nurse Scientist. Multiple overseas assignments and deployments, most recently to Afghanistan, have afforded Mary Kay an intense respect for the diversity of other cultures while cultivating a deep appreciation for the freedoms and privilege of being an American. Mary Kay has a baccalaureate in nursing from the University of Wisconsin-Milwaukee, a master’s in Nursing Education from the University of Wyoming, and a PhD in Nursing Education from the University of Northern Colorado. She brings experience in clinical nursing practice, research, administration, education and regulation. She is married to Timothy, her high school sweetheart and lifelong confidante. They are the proud parents of three children.
You can join MNA & ANA by going to www.nursingworld.org and selecting the red button that says “Join” and then following the steps below:

1) Enter your email address in the white box and select “Join Now”

2) Select that you are a registered nurse and select your state then hit “Continue”

3) Select the membership type that you would like to join and hit “Continue”

a. If you select ANA and State Membership, you will need to choose their current status and District/Chapter/Region (typically this will be the county that you live in) and then select “Search”

i. You will then need to choose whether you want to pay annually or monthly and then select “Become a Member”

ii. If you choose monthly, you will need to check the monthly deduction authorization box, agreeing to have ANA deduct monthly payments.

4) You can now enter the Promo Code: MNATEN
Maryland Nurses Association Membership Application

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MEMBERSHIP CATEGORIES (check one box)

M Full Membership Dues
☐ Not Employed
☐ Full Time Student
☐ New Graduate from basic nursing education program within six months to ten years after graduation (first membership year only)
☐ 62 years of age or over and not earning more than Social Security allows
☐ Special Membership Dues
☐ 62 years of age or over and not employed
☐ Totally Disabled

Note: $750 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 SSA for the correct amount.

Payment Plan (check one box)
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☐ Mastercard or VISA Bank Card (Available for annual payment only)
☐ Payroll Deduction
☐ Electronic Dues Payment Plan (EDPP) - $16.16

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Reduced Membership Dues
☐ Full Time Student
☐ New Graduate from basic nursing education program within six months to ten years after graduation (first membership year only)
☐ 62 years of age or over and not earning more than Social Security allows
Special Membership Dues
☐ 62 years of age or over and not employed
☐ Totally Disabled
☐ No $750 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 SSA for the correct amount.

Payment Plan (check one box)
☐ Full Amount Payment
☐ Check
☐ Mastercard or VISA Bank Card (Available for annual payment only)
☐ Payroll Deduction
☐ Electronic Dues Payment Plan (EDPP) - $16.16

Full Dues Annual - $150 for all Districts
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Full Dues Annual - $150 for all Districts
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$256
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*EDPP – monthly Electronic Dues Payment Plan

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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 2: Baltimore City Baltimore County Howard County Carroll County
District 3: Anne Arundel County
District 4: Eastern Shore ExCEPT Cecil County
District 5: Montgomery County Prince Georges County
District 6: Harford County Cecil County
District 7: St. Mary’s County Charles County Calvert County
District 8: Frederick County Washington 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:

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Anne Arundel Medical Center (AAMC) has achieved Magnet® recognition as a reflection of its patient- and family-centered care, nursing professionalism and teamwork. Magnet recognition is determined by the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program®, which ensures that rigorous standards for nursing excellence are met. With this credential, AAMC joins the Magnet community—a select group of 401 U.S. hospitals out of some 5,700 organizations. Only six other hospitals in Maryland and two in Washington, D.C. have achieved Magnet® recognition since the program’s inception in 1990.

Magnet recognition provides our community with the ultimate benchmark to measure the quality of patient care,” said Tori Bayless, AAMC’s president and CEO. “Achieving Magnet recognition reinforces the patient- and family-centered care that is a cornerstone of how we serve our community. It’s also the tangible evidence of our nurses’ commitment to providing the very best care to our patients, of which we are extremely proud.”

“Over the last seven years, AAMC Nursing has used the Magnet framework to improve care, quality and outcomes for our patients, while also improving nurse satisfaction and the work environment,” said Sherry Perkins, PhD, RN, chief operating officer and chief nursing officer at AAMC. “To apply for Magnet recognition, we had to be above benchmark performance in our nursing quality indicators, patient satisfaction and nurse satisfaction. Only 6 percent of hospitals nationally achieve this designation—most hospitals cannot even apply.”

The term “Magnet” refers to hospital work environments that attract and retain well-qualified nurses who promote quality patient care. To achieve Magnet recognition, organizations must pass a rigorous and lengthy process that demands widespread participation from leadership and staff. The process begins with the submission of an electronic application, followed by written documentation demonstrating qualitative and quantitative evidence regarding patient care and outcomes. If scores from the written documentation fall within a range of excellence, an on-site visit will occur to thoroughly assess the applicant. After this meticulous on-site review process, the Commission on Magnet will review the completed appraisal report and vote to determine whether Magnet recognition will be granted.

In particular, the Magnet model is designed to provide a framework for nursing practice, research, and measurement of outcomes. Through this framework, ANCC can assess applicants across a number of components and dimensions to gauge an organization’s nursing excellence. The foundation of this model is composed of various elements deemed essential to delivering superior patient care. These include the quality of nursing leadership and coordination and collaboration across specialties, as well as processes for measuring and improving the quality and delivery of care. The ANCC cited five best practices they took from AAMC:

1. Nursing leadership
2. Nursing satisfaction results, especially nurse-physician collaboration
3. Patient satisfaction results
4. Implementation and dissemination of evidenced-based practice across the organization
5. Patient- and family-centered care, especially its use of patient and family advisors

Magnet recognition has been shown to provide specific benefits to hospitals and their communities, such as:

- Higher patient satisfaction;
- Lower mortality and complication rates;
- Higher job satisfaction among nurses; and
- Lower nurse turnover and fewer vacancies.

About Anne Arundel Medical Center

Anne Arundel Medical Center (AAMC), a regional health system headquartered in Annapolis, Md., serves an area of more than one million people. Founded in 1902, AAMC includes a 384-bed not-for-profit hospital, a medical group, imaging services, a substance use treatment center, and health enterprises. In addition to a 57-acre Annapolis campus, AAMC has outpatient pavilions in Bowie, Kent Island, Pasadena, Odenton, and Waugh Chapel. AAMC is nationally recognized for its joint replacement center, emergency heart attack response and cancer care. A leader in women’s services, AAMC delivers the state’s second highest number of births annually and has a Level 3 NICU. With more than 1,000 medical staff members, 3,900 employees and 750 volunteers, AAMC is known for its quality, patient satisfaction and innovation. To learn more, visit www.askAAMC.org.
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