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Who is this nurse?
See page 7

Vol. 13 No. 4

December 2015



Save the Date

Saturday, January 23, 2016

Winter Program • The Opioid Crisis:
The Massachusetts Response for Prevention,
Intervention, Treatment and Recovery

Tuesday, February 23, 2016

ANA Massachusetts • 2016 Health Policy Legislative
Forum • The Cost of Health Care: What it means to
you and your practice.

April 8-9, 2016

ANA Massachusetts Spring Convention
Living Legends in Nursing and Annual Awards
Banquet • Annual Spring Conference

May 12, 2016

Celebrate Nurses Day at Fenway Park

Details on page 15

Testimony to the Joint Committee on Public Health

October 16, 2015

My name is Cathleen Colleran-Santos and I am President-Elect of the American Nurses Association Massachusetts. As the state constituent member of the American Nurses Association, the oldest professional nursing organization in the United States, the American Nurses Association Massachusetts (ANA MA), represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles. As the President-Elect, I am here today to provide testimony on behalf of ANA MA on the

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Anne Manton Recognized by University of Rhode Island

Former ANA Massachusetts President Receives Award

Susan LaRocco, PhD, RN, MBA

Anne Manton says that you should do what makes your heart smile. Since her graduation from Mass General more than 50 years ago, she has been the nurse that made many other hearts smile. She has worked as a staff nurse in a variety of settings, as a mental health nurse practitioner and as an educator. She has been recognized as a Living Legend by ANA Massachusetts and is an honorary lifetime member of the National Student Nurses Association. Anne is a Fellow in the American Academy of Nursing and in the Academy of Emergency Nursing. She is also in the Emergency Nurses Association Hall of Fame. And this is just a sample of her many awards and honors. Oh, and did I mention that she is the Editor in Chief of the Journal of Emergency Nursing and still works part time as a psychiatric nurse practitioner at Cape Cod Hospital. And now she is being recognized by the University of Rhode Island with their Distinguished Achievement Award. This is the university where she received her PhD. Anne, you are an inspiration to all of us!



(L to R) Anne Manton, Mary Sullivan, Dean of University of Rhode Island College of Nursing, Beth Mancini (the other award recipient), and Pat Burbank, Associate Dean of University of Rhode Island College of Nursing

Opportunity to Honor Your Colleagues American Nurses Association Massachusetts Awards Open to All Nurses

**Maura Fitzgerald, RNC, MS
Chair of the Awards Committee**

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today's world, there is often little time to acknowledge them and their professional contributions. ANA MA Awards provide you the opportunity to honor their remarkable, but often unrecognized, practice.

ANA MA Awards are not restricted to ANA MA members. Nominees can be a member of ANA MA or a non-ANA MA member who is nominated by a member of ANA MA. These awards can be peer or self-nominated.

For more information on and applications for the various scholarships and awards offered by ANA MA please visit the ANA MA web site: www.anamass.org

Mary A. Manning Nurse Mentoring Award

This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the

amount of \$500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (ANA MA membership not required)

Excellence in Nursing Practice Award

The ANA MA *Excellence in Nursing Practice* is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Excellence in Nursing Education Award

The ANA MA *Excellence in Nursing Education Award* is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting. (ANA MA membership not required)

Excellence in Nursing Research Award

The ANA MA *Excellence in Nursing Research Award* is presented yearly to a nurse who has demonstrated excellence in nursing research that

Opportunity continued on page 3

PRESIDENT'S MESSAGE

The End of the Beginning

Myra Cacace, MS, GNP/ADM-BC

2016 will mark the 15th anniversary of ANA Massachusetts (formerly known as MARN). We will be celebrating this auspicious event at our Annual Meeting and Gala Awards Celebration on Friday, April 8, 2016 and throughout 2016. I think of this as the end of our beginning...with countless explanations that we used to be one organization but split to form another organization that later changed its name...

I am proud of the fact that the American Nurses Association has existed since the 1800s and that nurses in Massachusetts have always been an integral part of the formation and leadership of ANA. So with this in mind, I officially declare 2016 is the end of the beginning with a commitment to the continuation of YOUR professional nursing organization dedicated to increasing nursing leadership, education, advocacy and practice!

Although we are approaching the winter solstice and will endure increasing darkness and plunging temperatures, things will be heating up for nurses and health care professionals in the Commonwealth. Independent practice for advanced practice nurses, safe patient handling, nurse staffing and healthcare quality improvement and spending are the hot topics that promise to keep us warm this winter. Members of the ANA Massachusetts leadership team have been providing testimony and participating in the

Massachusetts Action Coalition (MAAC), the Massachusetts Health Council, the Mental Health Coalition, and as an invited member of Speaker Robert DeLeo's Managed Care Task Force Quality Improvement work group, a group charged with developing ways to improve health care delivery in a smart, efficient and cost effective manner. Please visit our website, www.anamass.org for information about the hearings and other important events for the coming year.

Speaking of new beginnings, we welcomed our new twin granddaughters into our family on September 18th and once again I found myself in the role of being the recipient of nursing care. I want to take this opportunity to thank the nurses in the NICU at Newton Wellesley Hospital, who treated our whole family with loving care, good humor and the utmost in professionalism during Eleanor and Audrey's 2 week stay. I was able to witness firsthand how excellent nursing care leads to positive outcomes.

So as 2015 comes to an end, I look forward to beginning a new year as your president and wish you all a happy holiday season and a wonderful new year!



~ Board of Directors ~

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ANA MASSACHUSETTS MOURNS FOUNDING MEMBER

Gail Harkness died at Sandwich, Massachusetts on July 19, 2015. She served in many leadership roles including Dean at Boston University, and the Universities of Connecticut and New Hampshire and Leeds University, Leeds, England. Gail was a prolific author, educator and researcher and influenced public policy and nursing standards through the American Nurses Association. She was elected as a fellow in the American Academy of Nursing. She has just completed a nine-year appointment to Falmouth Board of Health where she was a member and Chair. Gail earned bachelor's and Master's degrees from the University of Rochester and a Doctorate in Public Health from the University of Illinois, Chicago. We remember her for her kindness, generosity and wisdom and her dedication to the profession of nursing.

Modified from the obituary published in the *Boston Globe* on July 20, 2015.



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Opportunity continued from page 1

has had (or has the potential to have) a positive impact on patient care. (ANA MA membership not required)

Loyal Service Award

This award is presented annually to a member of ANA MA who has demonstrated loyal and dedicated service to the association. (ANA MA membership required)

Community Service Award

This award is presented annually to a nurse whose community service has a positive impact on the citizens of Massachusetts. (ANA MA membership not required)

Friend of Nursing Award (our newest award!)

This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. (ANA MA membership not required)

The nomination process is easy:

- Access the applications at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the deadline of **January 5, 2016**
- If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship

This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald, a long time member of ANA MA. The monetary award of up to \$1,000 is given each year to a member of the ANA MA to pursue an area of special interest or a special project that will be beneficial to the member and/or the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. (ANA MA membership required)

Arthur L. Davis Publishing Agency Scholarship is for an ANA MA Member to pursue a further degree in nursing or for a child or significant other of an ANA MA member who has been accepted into a nursing education program. The \$1,000 scholarship can only be applied to tuition and fees.

Application Process for Scholarships

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail (postmarked by **January 5, 2016 for Fitzgerald Scholarship; March 15, 2016 for Davis Scholarship**)
- If you have any questions or need help, call ANA MA at (617) 990-2856.
- The selected recipients will be notified by January 14, 2016 for Fitzgerald Scholarship and by April 1, 2016 for Davis Scholarship.

Living Legends in Massachusetts Nursing Award Nominations Sought

The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level.

Living legends in Massachusetts Nursing Awards are presented each year at the ANA MA Awards dinner ceremony. **Candidates for this award should be a current or past member of the American Nurses Association Massachusetts (ANA MA) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.**

Nomination Process

- Access the application at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the **deadline of January 5, 2016**
- If you have questions, need help? Call ANA MA at 617-990-2856

EDITORIAL

What Can You Buy for 72 Cents a Day?

Susan LaRocco, PhD, RN, MBA

For 72 cents, you can buy about one-third of a medium cup of Dunkin coffee; or about one-third of a gallon of gas, or one-half of the daily Boston Globe; or you can buy membership in ANA Massachusetts, the Massachusetts affiliate of the American Nurses Association and the only professional nursing organization in Massachusetts that advocates for all nurses at the state and national level.

You may be thinking “Why would I join ANA MA when I already belong to other nursing organizations?” While other nursing organizations provide a variety of services for their members, ANA MA is the largest professional nursing organization, looking out for the interests of nurses in all specialties and roles, wherever we practice. I myself belong to other nursing organizations as well as the American Association of University Professors, which is a union representing my interests as an educator. I have served on the Executive Committee and the Nominating Committee of the Curry College AAUP, but I understand that this is not my PROFESSIONAL organization, even if it is comprised of other professionals.

Our professional association, ANA MA, is active in health policy, with initiatives such as supporting legislation for safe patient handling to prevent injuries to nurses, advocating for legislation that would allow nurse practitioners and nurse anesthetists to practice to the full scope of their

education and promoting legislation to have a nurse on the Health Policy Commission.

ANA MA offers networking opportunities and helps to keep all nurses in the Commonwealth aware of trends in nursing by sending this newsletter to all RNs in the Commonwealth, not just to members. Providing mentoring opportunities for new nurses and maintaining the accredited approver unit for continuing education activities are just two of the many activities in which ANA MA engages that benefits nurses in Massachusetts. Educational conferences and an active awards program that recognizes excellence in clinical practice, education, mentoring and research are some of the additional activities of our professional organization.

And as a member of ANA MA you are also a member of the American Nurses Association and that includes a subscription to *American Nurse Today*, and many personal benefits including discounted member prices on books and conferences.

So what will you do with 72 cents a day? I hope you will join ANA MA. We need to add your voice to those of the hundreds of other nurses in Massachusetts who believe that belonging to a professional organization is important. With a strong professional organization, we will be able to advocate for issues of importance to you and our other members. And retirees, you can belong for only 18 cents a day. We need your knowledge and wisdom as we go forward. To join go to: <http://www.nursingworld.org/joinana.aspx>



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ANA Urges Nurses to Protect the Public's Health

Did You Get Your Flu Shot?

Barbara Belanger RN, MSN, CNOR
Beth Israel Deaconess Medical Center

In response to evidence presented by the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), the American Nurses Association (ANA) has revised its position on immunization. ANA supports public health through immunization of all individuals based on CDC guidelines for vaccine-preventable diseases that include measles, mumps, diphtheria, pertussis, and influenza. ACIP recommends immunizations for all individuals 6 months and older. ANA's position to support mandatory immunization of all health care workers (HCW) including registered nurses (RNs) is based on recommendations from CDC and the Association for Professionals in Infection Control and Epidemiology (APIC) <http://nursingworld.org/DocumentVault/Position-Statements/Practice/Immunizations.pdf>.

Preventing cross contamination of infectious diseases from HCW to vulnerable patient populations and colleagues has been the rationale behind CDC immunization guidelines since 1981. Evidence demonstrating lack of compliance by HCW with voluntary immunization and serious patient morbidity and mortality from vaccine-preventable diseases has led to the support for mandatory immunization of all HCW. Tracking compliance with mandatory immunization is accomplished with healthcare organizational support. <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Articles-Previous-Topic/Mandatory-Influenza-Vaccination-in-Healthcare-Workers.html>

The increase of measles is one health issue at the core of discussions to promote mandatory immunizations. CDC declared the elimination of measles from the United States in 2000. This was in direct response to the efficacy of a program to administer measles vaccines in 2 doses before the age of 6. Since 2008 when measles outbreaks were first documented in communities with unvaccinated people, the number of measles outbreaks has risen. Out of 188 people from Washington DC and 24 states reporting measles cases in 2015, 117 were related to an outbreak in California. The measles virus type in California was identical to a measles virus type identified in the Philippines <http://www.cdc.gov/measles/cases-outbreaks.html>.

Immunization from annual vaccination is the primary means for prevention of illness, complications, and death from influenza. An estimated number of influenza-related deaths reported from 1976 through 2006 ranged from 3,000 to 49,000 annually. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm#RecombinantInfluenzaVaccine>. In the 2014-2015 season a total of 146 influenza-associated pediatric deaths were reported. <http://www.cdc.gov/flu/weekly/>

Balancing the rights of individuals and promoting public health has been a challenge in achieving compliance with immunization. Exemptions are in place for individuals with medical contradictions and religious beliefs. To obtain an exemption for immunizations, documentation must be provided from a healthcare provider or religious leader. <http://nursingworld.org/DocumentVault/Position-Statements/Practice/Immunizations.pdf>

The *Code of Ethics for Nurses* guides nursing practice and decision-making to promote public health and safety from an ethical perspective that resonates in every interaction between nurses and patients. The foundational ethical paradigm of nursing has not changed despite the dynamic nature and complexity of health care today. This paradigm guides nurses to model health promotion measures that includes immunization for vaccine-prevention diseases for their own well-being, individuals in their care, and members of their team. <http://www.nursesbooks.org/Main-Menu/Ethics/Code-of-Ethics.aspx>

ANA's mission statement "nurses advancing our profession to improve health for all" increases awareness of nursing's dedication to public health from a personal and professional perspective. This altruistic approach for patient advocacy promotes public trust in nurses and compliance with immunization through education. <http://nursingworld.org/FunctionalMenuCategories/AboutANA>

Testimony continued from page 1

issue of nurse staffing as it relates to HB 1958 and SB 1206, An Act Relative to Safe Patient Care.

Registered nurse staffing is a complex process that requires the consideration of many factors. Appropriate nurse staffing is a balance of registered nurse experience with the needs of the recipient of nursing care services in the context of the practice setting, acuity and situation. Thus safe staffing standards need to be responsive and dynamic given the minute to minute changes that can occur in the acute care setting. The American Nurses Association has developed Principles for Nurse Staffing, in which the many considerations are articulated and must be factored into the development of an optimal staffing plan. These include:

- The characteristics and needs of the patient and family.
- The characteristics and expertise of the Registered Nurse.
- Availability and expertise of the interdisciplinary team.
- Principles related to the organization and workplace culture.
- The overall practice environment.
- The evaluation of a staffing plan.

ANA MA respectfully requests that we take this opportunity to gather the evidence about the impact of the new ICU staffing law, specifically if there are tangible improvements in patient care and nurse staffing. This data would be helpful before considering any additional staffing legislation, particularly one that prescribes aggressive mandated ratios for other acute care settings. Further, the Health Policy Commission and the Department of Public Health must be assured that all hospitals have successfully implemented acuity tools for the ICUs and that nurses at the bedside in the ICUs are making decisions about the most effective way to care for their patients.

Nursing assessment and evaluation of care are foundational practice principles embedded in the nursing process. All nurses collectively value that evaluation of any plan should be made a priority before implementing a new course of action, or adding more complexity to this issue.

We appreciate the opportunity to provide testimony before this Committee and to express our support for approaches that protect consumers and ensure decision making power regarding nurse staffing remain with the Registered Nurse. As always, we are committed to working with policy-makers and providers to support and advance meaningful reform to safeguard the health care needs of all the citizens of the Commonwealth.

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The Global Health Services Partnership – An Opportunity for Nursing Diplomacy

Eileen Stuart-Shor, PhD, ANP, FAAN
Chief Nursing Officer Seed Global Health
Associate Professor University of
Massachusetts Boston

“The opportunity to build capacity, rather than be a ‘Band-Aid’ solution during short stints providing care to patients, is what really intrigued me about joining GHSP as a lecturer of nursing at a Malawian university” – 2013 GHSP Volunteer, Brittany Sullivan

The health of billions of people across the globe is directly influenced by the number of health care professionals in their communities. The dire shortage of 7.2 million physicians and nurses in 83 countries is perpetuated by the scarcity of educators in medical, nursing and other health science schools in many parts of the world. This crisis is particularly severe in Sub-Saharan Africa, which bears 24 percent of the world’s disease burden, but has only three percent of the world’s health care workforce. And in that small workforce, 80 percent of the caregivers are nurses and midwives.



2013 Nurse Educator, Crystal Bailey, with a student at Kamazu College of Nursing in Malawi

The Global Health Service Partnership (GHSP) — a unique collaboration between Seed Global Health and the Peace Corps funded through the U.S. President’s Emergency Plan for AIDS Relief — was established to strengthen health education and service delivery by working with partner countries to meet their long-term health care human resource needs. GHSP places volunteer nurses as faculty for one-year rotations in nursing schools in Malawi, Tanzania, Uganda and Swaziland to address this persistent shortage of nurses.

GHSP Nurse Educators are posted overseas as Peace Corps Volunteers to teach and work alongside local faculty to expand capacity, strengthen the quality and breadth of education, provide improved health professional development opportunities, and importantly, improve care for patients. Seed Global Health strategically assists in recruitment, selection and ongoing support to health care professionals who teach medical and nursing trainees in addition to providing excellent care.

GHSP Nurse Educators make a significant difference in the expertise and competency of

their students and colleagues while also improve their own clinical knowledge and skills. Studies show that clinicians who work abroad gain a heightened sensibility around appropriate health resource utilization and acquire sharpened clinical acumen while practicing in settings with limited access to state-of-the-art technology. Health practitioners in resource-limited settings also gain deeper understanding of the social determinants of health. GHSP Nurse Educators return to their home communities with strengthened clinical and teaching skills.

In the first two years, GHSP placed 38 Nurse Educators across seven nursing schools in all three countries. These educators completed more than 36,000 service hours, instructed 3,600 trainees including nursing students, staff and nursing faculty in over 170 courses and trainings. Today, there are 20 Nurse Educators teaching and training in our partner countries.

Mary Sebert, David Baure, Laurie Pidgeon, and Kaye Bultemeier were nursing volunteers in southwest Uganda. They partnered with the Massachusetts General Hospital Global Health, and Healthy Child Uganda to provide over 153 Ugandan nurses and midwives from across 40 health facilities on essential newborn care training sessions using the Helping Babies Breathe Plus (HBB+) educational program. Over the course of the year, seven HBB+ trainings were taught to prevent neonatal asphyxiation by teaching skills and topics such as early and exclusive breast feeding, thermal protection, clean cord care as well as identification and management of infections and low birth weight. The nurses who attended were excited about these trainings and have inquired about additional sessions. As one nurse said, “We were so traumatized before. It was like daily prayer. We were told to suction every baby without question. Now I know which babies need it, how to do it and why.” Preliminary reports from nurses at the 40 health facilities across Uganda suggest nearly 30,000 mothers and babies were impacted by this training. As Nurse Educators with GHSP, these individuals are having a lasting impact on nursing education and are helping to train the next generation of nurses.

To learn more about GHSP volunteer opportunities please visit <http://seedglobalhealth.org/>

Technology Committee Request for Proposals

The Technology Committee, chaired by Susan Conrad, requests that ANA MA members submit proposals for improvements to all aspects of the Association that might be achieved through the use of technology. The Technology Committee will consider each proposal in terms of the resources needed to implement the change and the anticipated benefit to the entire Association. The form and instructions for submitting proposals can be found at <http://www.anamass.org/?page=678>



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Happy Holidays

from the Board & Staff of ANA Massachusetts



Nurses with a Passion for Health Policy: The Health Policy Committee

Kathy Donaher-Keough PhD, RN-BC

I'm delighted to serve as co-chair of the ANA MA Health Policy Committee. I don't think there's ever been a better time to be a nurse with a passion for health policy. As a committee, we actively monitor regulatory and public policy activities within the Commonwealth, make recommendations for legislative and regulatory actions to advance the profession of nursing and quality patient care, and provide testimony on pending bills. Some legislative priorities for this session include: (<http://www.anamass.org/?page=901>)

An Act relative to the governance of the Health Policy Commission - Support (H2771/S572)

Filed by ANA Mass and sponsored by Rep. Kay Khan (D-Newton) and Sen. Eileen Donoghue (D-Lowell).

- The Health Policy Commission is an independent state agency that shapes policy and tracks cost-control efforts. The 11-member HPC does not currently have a seat for a registered nurse.
- The bill seeks to add a seat for a registered nurse to the HPC.

An Act to Remove the Restrictions on the Licenses of NPs and CRNAs – Support (H1996/S1207)

Filed by the Massachusetts Coalition of Nurse Practitioners along with the Massachusetts Association of Nurse Anesthetists and sponsored by Representative Kay Khan, Representative Paul Donato and Senator Marc Pacheco.

- This legislation seeks to modernize the statutes for Massachusetts advanced practice nurses enabling NPs and CRNAs to practice to the full extent of their education and training.
- These changes are consistent with the recommendations cited in the Institute of Medicine's *The Future of Nursing* and supported by the National Council of State Boards of Nursing, the Federal Trade

Commission, ANA Massachusetts, as well as numerous other specialty organizations and businesses.

An Act Providing for Safe Patient Handling - Support (H1914/S1124)

Filed by the Massachusetts Nurses Association (MNA) and sponsored by Senator Harriette Chandler and Representative Claire Cronin.

- This legislation provides for the development of a "Safe Patient Handling Policy": a written statement describing the replacement of manual lifting and transferring of patients and equipment with powered transfer devices, lifting devices, and/or lift teams, consistent with a needs assessment mandating the replacement of manual lifting and transferring of patients with techniques using current patient handling equipment/technology to lift patients unless specifically contraindicated for a patient's condition or medical status.
- This legislation would mandate that by a certain date, each health care facility shall establish a safe patient handling committee through the creation of a new committee or by assigning the functions of a safe patient handling committee to an existing committee.
- At least half the members of the safe patient handling committee shall be frontline non-managerial employees who provide direct care to patients.

A national perspective on key nursing and health policy issues is provided by the American Nurses Association. This year I'll join nurses from across the nation for a year-long mentored program: the American Nurses Advocacy Institute (ANAI). As your ANAI fellow, I provide counsel to establish legislative and regulatory priorities with strategies to achieve them and actions to advance nursing and health policy.

ANA Mass Begins Implementation of New 2015 ANCC Criteria

*Judy L. Sheehan, MS, RN
Nurse Peer Review Leader*

ANA Massachusetts Accredited Approver Unit

The American Nurses Credentialing Center (ANCC) engages in a process of continual quality improvement and to that end updates the continuing education criteria from time to time. In June, 2015 the newest criteria changes were introduced to the Accredited Approver units who are incorporating them into the approval process and will be rolling them out over the next few months. In response to these changes the ANA Massachusetts Approver Unit has updated the activity and provider applications and is rolling them out to their constituency. The annual forums have been designed to address the changes as well as provide guidance and support to the nurse planners and primary nurse planners with whom we engage.

In the process of making the changes to the criteria, ANCC discussed their priorities and positions on the various components of high quality nursing continuing education programs. The following areas have been identified as critical elements: The nurse planner, gap analysis, identified purpose of the activity, outcome measures and insuring there is no conflict of interest or bias in the program planning process. These changes are now reflected in the ANA Mass CNE applications with a greater emphasis being placed on the qualifications and responsibilities of the nurse planner, the process by which the nurse planner ensures no conflict of interest exists and how the nurse planner measures the outcome.

FAQ about the 2015 criteria

Q: What is the relationship between the purpose of the program, the gap analysis, and the outcome?

A: The purpose articulated at the beginning of the program planning is pivotal to creating a high quality, effective, and efficient educational activity. The purpose is identified by undertaking a needs assessment or more specifically a GAP Analysis, then determining how the outcome will be measured. All of this is undertaken by a qualified nurse planner who insures the program meets the needs of the target audience and is free from bias or the influence of a commercial entity. The nurse planner must keep the target audience's best interest at the forefront, insuring the best available evidence is used to develop content and that appropriate teaching strategies are utilized to meet the learner needs. Once the purpose of the activity has been determined, in response to the gap analysis, the nurse planner will be able to determine the outcome measure. Asking "how will we know the purpose has been met?" may begin the process of outcome identification. Will this program influence how a nurse practices and/or will it improve patient care? Will the information help the nurse develop professionally or learn something that will help with professional identity? Is there new information in the literature that the nurse needs to know in order to stay current? Will this be measurable at the end of the program by self-report or in a posttest? If so, this is a short term measure. Is it something that will be measured over time? If so, this is a long term measure. Perhaps the plan is to measure immediately at the end of the program and again by survey after six months. In this case the outcome will measure both the long and short impact of the educational activity. These areas: purpose, gap analysis, and outcome measures, receive greater emphasis in the 2015 criteria and are reflected with greater significance in the updated ANA Mass applications.

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CLIO'S CORNER



The Sundial: Taking Nursing's Measure

Mary Ellen Doona

Many have seen Mrs. Mallard who since 1987 has been leading her eight ducklings: Jack, Kack, Lack, Mack, Nack, Ouack, Pack and Quack across cobblestones at the Beacon and Charles Street entrance to Boston's Public Garden. Runners probably consider *Make Way for the Ducklings* secondary to the bronze tortoise and hare in Copley Square dedicated in 1995 anticipating the one hundredth anniversary of the Boston Marathon. These are probably the most popular of Nancy Schon's many bronze pieces of public art. Not to be overlooked, however, is the magnificent sundial at the Massachusetts General Hospital dedicated in 2004 that gives the lie to Schon being known only as "The Duck Lady."

For nurses Schon is much more than that. She is the artist who created a bronze sculpture depicting nursing's ancient and enduring presence in society. Commissioned by the Alumni Association of the Massachusetts General Hospital School of Nursing, Schon chose the sundial that dates from 1500 BCE in Egypt as the symbol to capture nursing's timelessness. Nursing, as ancient as civilization, is a continuing activity that occurs twenty-four hours a day and seven days a week.

Various aspects of the sundial denote time—the past, present and future—as a measure of existence. The biblical creation of the world in seven days is alluded to in the sundial's measuring seven feet in diameter. Its circularity reflects nurses being present at the beginning

and end of life. The granite base that is ten feet in diameter on which the sundial rests further echoes that circularity and points to the cyclical nature of life itself with its seasons following each other.

The figures on the gnomon or the stylus whose shadow points out the time are especially significant. Schon chose Greek goddesses: Athena, noted for wisdom; Aphrodite, noted for love and beauty; and, Artemis, noted for her care of nature and childbirth to epitomize nursing's evolution as a profession. It must be said that these figures represent abstractions. Wisdom, love, beauty and care are beyond persons or gender and thus incorporate all nurses throughout the past, present and future.

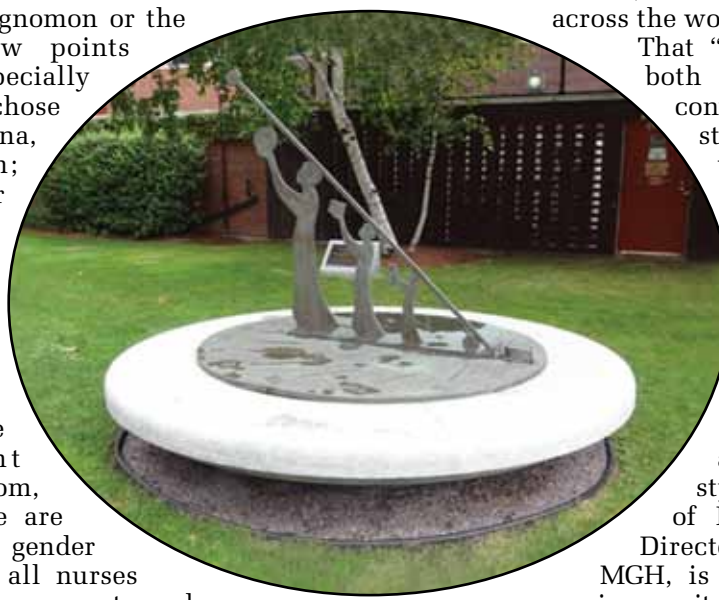
The figures on the gnomon-stylus vary in size suggesting nursing's evolution as a profession. Florence Nightingale and her lamp representing nursing's past is the smallest of the three, followed by a larger figure holding a book signifying nursing's present with its intellectual requirements; and the last of the three figures

holds a world signifying nursing's expansive universality. Lamp, book and globe also indicate the change in the ways nurses have gathered knowledge: first from the light of a lamp, then from a book, and finally gathered from across the world via the internet.

That "nurses care for people both day and night" is conveyed in the gnomon-stylus telling the time, sun time, says Schon while night is symbolized in the area under the gnomon-stylus. An excerpt of Florence Nightingale's pronouncement in 1871 that "Nursing is an art. The finest of arts" is to the gnomon-stylus' left while that of Ruth Sleeper, the late Director of Nursing at the MGH, is at its right. Reflecting nursing as it began its quest for its

science in earnest, Sleeper said in 1966, "Always, always more to see, more to learn, more to do...to improve both care and cure." Fittingly given the Alumni's gift of this elegant and eloquent statement on nursing, the cap of the Massachusetts General Hospital nurse has an honored place at the base of the gnomon-stylus.

The sundial is situated between two birch trees on a grassy patch of lawn leading up to MGH's Wang Ambulatory Care Center. The granite base on which the sundial rests provides a comfortable place to sit and ponder. All the while as the sundial is measuring the moment, nurses are caring for patients as predecessors did throughout nursing's history and as successors will do in nursing's future.



Who is the Nurse in the Masthead?

Mary Eliza Mahoney



Mary Eliza Mahoney (1845-1926) guided the twenty-six members of the National Association for Colored Graduate Nurses attending the National Association for the Advancement of Colored People (NAACP) convention on a tour through the New England Hospital for Women and Children on a hot August day in 1909. Sometime during the tea that followed, Mahoney praised the hospital where she had trained for not being "selfish" when it included her. Her nursing diploma, granted August 1, 1879, enabled Mahoney to practice nursing and command fifteen dollars a week. Tiny in stature but large in influence, Mahoney's preeminence is honored in the Mary Mahoney Medal that the American Nurses Association awards.

Suggested reading:

"Mary Eliza Mahoney: A Force for Justice." In *Clio's Corner, Massachusetts Report on Nursing*, June 2007, 9.

www.aahn.org/gravesites/mahoney.html

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FROM THE MASS ACTION COALITION (MAAC)

Preparing the Nursing Workforce to Transform Healthcare MA Workforce Summit Focuses on National & State Perspectives and Initiatives

Mary Ann Hill

More than 150 nurses and leaders from across the healthcare spectrum attended the 2nd Annual Massachusetts Healthcare Workforce Summit and shared updates on national and statewide progress in developing a more highly educated and diverse nursing workforce, including data from successful initiatives in academic and practice settings.

The September 25 event was organized by the Massachusetts Action Coalition (MAAC), a partnership of the MA Dept. of Higher Education and the Organization of Nurse Leaders of MA & RI, which is leading a statewide campaign to transform health care through nursing education and practice innovations.

“Over the last four years, the Massachusetts nursing community and the Department of Higher Education have made strong progress in implementing the recommendations of the Institute of Medicine’s landmark report, *The Future of Nursing*,” said Patricia Crombie, MSN, RN, MAAC Project Director. “Our goals now are to energize and engage more healthcare employers in this work and to develop initiatives and partnerships that can sustain this progress over the coming years.”

“Nurses are integral to building a nationwide culture of health,” Dr. John Lumpkin, Sr. Vice President of the Robert Wood Johnson Foundation (RWJF), said in his keynote address. “Everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health”

“Nurses are everywhere -- where people live, learn, work, and play -- and have long been on the forefront of changes to improve health and healthcare”, said Lumpkin. “Through Action Coalitions across the country, nurses are partnering with a wide range of public and private organizations to make health a priority. If we’re going to succeed in building a culture of health, nurses are, and will continue to be, critical to our success.”

Massachusetts is one of nine states recognized by the RWJF for their efforts to create a more highly educated, diverse nursing workforce by making it easier for current and future nurses to earn a bachelor’s degree or higher. Nationwide, more

BSN-educated nurses are entering the workforce than those without a bachelor’s degree, noted Tina Gerardi, Deputy Director of RWJF’s *Academic Progression in Nursing* (APIN) initiative.

The number of students in RN-to-BSN programs increased 69% from 2010 to 2014, Gerardi told the participants. Because there is enormous variability in requirements and credits in nurse education programs, APIN is reviewing a set of foundational courses for RN-to-BSN programs that are considered to be a best practice.

In addition to keynote addresses by Lumpkin and Gerardi, the daylong summit included examples of initiatives in Massachusetts to increase the diversity of the nursing workforce, facilitate the academic progression of nurses to the baccalaureate level and beyond, expand the use of the MA Nurse of the Future Nursing Core Competencies© in academic and practice settings, and remove barriers that hinder nurses from

practicing to the full extent of their education and training. In the afternoon, participants shared insights, challenges, ideas, and promising solutions during lively break-out sessions.

Many of the presenters and small group leaders expressed their enthusiasm for the work, leadership experience, and professional partnerships they have experienced as a member of a MA Action Coalition project team. Deborah Washington, Director of Diversity Patient Care Services at Mass. General Hospital, expressed gratitude to “all the change agents who have and are working to make the nursing profession more accessible to an increasingly diverse population.”

Stephanie Ahmed, President of the MA Coalition of Nurse Practitioners and co-leader of the MAAC “Scope of Practice” project team, echoed the sentiment and added an appeal to Summit participants: “Join us because our patients need us.”

Removing APRN Practice Barriers is Key to Improving Access & Quality

Stephanie Ahmed, DNP, FNP-BC, President,
MA Coalition of Nurse Practitioners

The Massachusetts Medical Society’s 2013 Access Report (MMS) chronicles the untoward consequence of health reform: patients across the state are experiencing difficulty accessing needed care. The appointment lag for new patients seeking access is further supported by a 2013 Merritt Hawkins study which documents that despite boasting the greatest number of physicians per capita, Massachusetts has wait times that are among the worst in the nation.

It is clear the state’s health reform initiatives have created geographic areas of inequity. Anticipating the increased pressure that health reform would place on an overwhelmed US healthcare system, the Institute of Medicine’s (IOM) report, *The Future of Nursing*, provides solutions to meet care needs. Recognizing that increased numbers of covered individuals and decreased physician availability posed significant concern, the IOM strategically sought to position nurses, the largest segment of healthcare providers, to ease that burden. Particular recognition was given to the role that advanced practice nurses (APRNs), including Certified Nurse Midwives, Certified Nurse Anesthetists, Clinical Nurse Specialists and Nurse Practitioners, could play in enhancing access to care.

Decades of peer-reviewed data support APRNs’ delivery of high-quality, cost-effective health care, yet an antiquated Nurse Practice Act and restrictive state regulations limit the professional autonomy of this independently-licensed workforce and impact their accessibility to patients. In recent testimony to the Massachusetts Health Policy Commission on Scope of Practice, David Auerbach, the Commission’s deputy director of research and cost trends supported this by saying, “Here’s the bottom line: Massachusetts has among the most restrictive laws in the nation,” and further added that those laws can become barriers that prevent patients from accessing necessary care.

The Massachusetts Action Coalition (MAAC), which is leading a statewide campaign to implement the recommendations of the Institute of Medicine 2010 report on nursing, has made removal of practice barriers one of its top priorities. Last year, a MAAC project team released a report, *The Advanced Practice Nurse*

in Massachusetts, and continues to work to educate nurses statewide on these issues. In an effort to contemporize the Nurse Practice Act and create access to needed care, the professional organizations representing each of the APRN roles have filed legislation to ease unnecessary restrictions. The following is a summary of pending APRN legislation:

Certified Nurse Midwife Legislation HB 3174: *An Act to Increase Access to Primary Care Services for Women* requires insurers to recognize CNMs as providers of primary care and to reimburse for such care. Sponsor: Representative Khan. The bill had a hearing before the Finance Committee in July 2015 and is currently without movement.

Psychiatric Clinical Nurse Specialist Legislation: HB 1801: *An Act to Increase Access to Mental Health Services* would remove the requirement for physician supervision of Psychiatric Clinical Nurse Specialist prescriptive practice, as well as ordering of tests and therapeutics. Sponsor: Representative Khan. The bill has been referred to Mental Health and Substance Abuse, and currently, no hearing date has been scheduled.

Nurse Practitioner and Certified Registered Nurse Anesthetist Legislation: HB 1996/SB 1207: *An Act to Remove Restrictions on the Licenses of NPs and CRNAs as Recommended by the Institute of Medicine and the Federal Trade Commission* would remove requirements for Joint Promulgation, the mandate for MD supervision of NP and CRNA prescriptive practice and further permit the ordering and interpretation of tests and therapeutics. Sponsor: Representatives Khan and Donato, Senator Pacheco. The bill has been referred to the Joint Committees on Public Health – Hearing November 17, 2015.

Never has the statement that “every patient needs a nurse” been truer. The social contract that exists between nursing and society precedes Florence Nightingale and obligates us to give voice to the health care needs of individuals, communities, and populations. Seeking to bring the voice of nurses to this discussion in a meaningful way, every nurse in Massachusetts is encouraged to engage in advocacy by notifying your state representative and state senator and requesting their support for these legislative initiatives that will create access to high quality, cost effective care to more residents of the Commonwealth.

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Transcending the Cloud: Practical Approaches to Embracing Online Education

Michelle C. Ferguson, DNP, PPCNP-BC
Clinical Associate Professor/Interim Director of the
Online Post-Master's Nurse Practitioner Certificate Program
University of Massachusetts Boston

As an online faculty member, I sometimes stop to reflect on the evolution of the trending tools that reshape how we prepare our current and next generation nurses. Just imagine, the World Wide Web of internet bliss took our lives by storm a mere 26 years ago, in 1989 (Jackson, 2000). Unbeknownst to healthcare professionals, this tool would become an essential cornerstone in our own transformation and progression, both in the way we acquire advanced training and in the way we clinically practice and educate our patients.

Traditional nursing education leaves a permanent and memorable imprint in all of our educational careers. The intimacy of the student professor relationship really was the hallmark of our signature caring approach to nursing education and the profession of healing. As we all aspired to carry the torches of our Nursing Trailblazers, we replicated this intimacy as we

Book Review

***Being Mortal: Medicine and What Matters in the End* by Atul Gawande,**
Metropolitan Books, Henry Holt and
Company, New York, 2014

Janet Ross, MS, RN, PMHCNS
Massachusetts Department of Mental Health

“Well, if I’m able to eat chocolate ice cream and watch football on TV, then I’m willing to stay alive. I’m willing to go through a lot of pain if I have a shot at that.” (p.183) This is the answer that was given by a professor emeritus to his daughter, Susan Block, a psychiatrist and palliative-care specialist on the evening before he was to undergo a risky neurosurgical procedure. Block had “told him, I need to understand how much you’re willing to go through to have a shot at being alive and what level of being alive is tolerable to you.” (p. 183). Block was then able to make informed decisions as her father’s health care proxy when he was incapacitated and his surgery led to serious complications. Block’s father had a chance to watch football, eat ice cream, and continue to pursue his academic studies. This poignant moment is one of many in Atul Gawande’s new book *Being Mortal: Medicine and What Matters in the End*. Gawande and Block are colleagues at Brigham and Women’s Hospital.

What makes it worthwhile for us to go through a difficult and painful treatment or surgery when we are very ill? What, for us as individuals are the equivalent of eating chocolate ice cream and watching football on TV?

Book Review continued on page 10

became creative and innovative in blending various modalities of training and educating. The incorporation of web enhanced education allowed students to acquire the necessary technological savvy that would keep our profession on the cutting edge of health care delivery. So much so, that our standards of education incorporate technological integration throughout graduate and undergraduate nursing education (Horne & Sandmann, 2012).

Domestic and international demands for Registered Professional Nurses and Advanced Nurse Clinicians and faculty lead us to operationalizing the World Wide Web into our bridge to educational accessibility. In Mill’s 2007 comparative study of traditional classroom nursing education and Online/Distance nursing education, he hypothesized the general sentiment that the only contrast between the two would be the latter creating increased accessibility and marketability of Advanced Nursing Education. We have witnessed the depth and breadth of the effect of online education with the emergence of fully online programs in the most reputable institutions of higher learning reaching across to international educational markets.

Student satisfaction and evidence of educational effectiveness is evident. Emerging online educational models are very user friendly and inviting to students who may be new to the online delivery method. Web based face to face orientations allow students to meet faculty ahead of time, ask questions about progression, and hear testimonies from Online Education graduates. More enticing, some Universities invite students to try out the online technology, prior to turning in a critical assignment or taking online exams. Social communication is encouraged in these programs. Some courses utilize Facebook or remind 101, a course-wide texting application which normalizes the technological fear that some prospective students may have. Faculty are specifically seeking out innovative pedagogical and technology training to enhance the online educational experience (Schnetter *et al*, 2014). Online communities of learning have become just that, a close knit family of colleagues and educators that desire to bridge technology and caring, as well as alleviate anxiety of learning virtually. Online learning management systems have been developed to offer infinite virtual support to learners and instructors alike. The experience can emulate one of feeling right at home, and in the classroom at the same time. The diversity of the classroom can be one that’s enviable and the possibility of having a global audience’s perspective injected right into the curriculum is priceless.

Finding the right online environment, which boasts first class, interactive, and technologically savvy faculty, may be your first step of your advanced nursing career. Continuing your education is just a click away. Surf around the World Wide Web and find a Distance Education Program that truly transcends the cloud and gives you the comfortability to take your nursing practice to the next level.

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How I Learned to Be a Nurse

Gail B Gall, PhD, APRN, BC
Adjunct Assistant Professor
MGH Institute of Health Professions



Great Aunt Mary was a nurse who went out to the Yukon at the turn of the century. Her namesake, my mother, was an Army nurse in World War II in the Pacific. Not surprisingly, I applied to be a Peace Corps volunteer in the spring of my senior year as a nursing student. In mid-July of 1969 the invitation arrived, plucking me out of swampy Washington DC, where I donned a public health nurses uniform five days a week, joined antiwar demonstrations, celebrated the lunar landing, volunteered at the Free Clinic, and waited for my life to start.

The Peace Corps immersed me into three months of language and cultural training in Puerto Rico. I learned nouns, pronouns and verbs, experienced the warmth of Latin hospitality, and made life-long friends. Then I landed in San Pedro Sula, Honduras, another hot and sticky city, where I began to learn what nursing really meant.

San Pedro, then as now, is a sprawling city about 50 miles inland from the Caribbean coast. Today gang strife is so prevalent that in 2014 thousands sent their children unaccompanied overland to the US to escape harm. Even in 1970, it was a challenging place for an idealistic, inexperienced, newly graduated nurse. The city hospital, "Leonardo Martinez" had a small training program for auxiliary nurses and was my first assignment. I struggled to follow the lead teacher's directions and students' explanations of their assignments. On arrival, I could say "Buenos dias, buenas tardes," but the subjunctive flummoxed me. I was unprepared for the constant "Psst, psst, psst" by men in the street. Packs of roaming dogs scared me. One-armed men who had lost a machete fight, children with cleft lips and palates, and begging polio survivors scooting along the streets on hands and wheels bore constant witness to the gap between the "developed" and "underdeveloped world" in the vernacular of the times.

The hospital was the last resort for health care. Families lined up for clinics in the morning and once a relative was admitted settled in as well. Soon I learned the reasons why: without family, there would be no meals, no one would feed a weak patient, or turn them, or clean them. Iron cots were lined up like Civil War battle wards. At night cockroaches boldly invaded the utility rooms in undulating black waves. Children sick with parasites barely fought against the restraints binding them and often died. I had arrived not quite fully

understanding what nurses did and the absence of nursing care taught me more than all the preceding lectures and clinicals.

I transferred to work for Caritas, an agency steeped in liberation theology. I joined a team of community health workers who organized health education programs. Women and children lined up in schoolrooms and patiently attended brief "charlas" in order to get free surplus American food. A 16mm projector, a generator, and an aging Jeep pickup kept our team in business. Mickey Mouse touted the value of vaccines as he and his nephews cavorted across the sheet hung in the school yard. After class, we sat with the women as they talked about their lives: having children over and over, losing them, losing teeth, losing husbands to work abroad. They wanted beans and rice, schools and jobs, good health and more control over their lives. We had so little to give.

By learning to listen in Spanish, I learned to really listen. Using proper tenses and idioms led to conversations from San Pedro Sula to the Mosquito Coast. I grew up and slowed down: went to the beach with students, drank café and cerveza, danced and got homesick. I took the time to say the proper greetings and wait for the answers. From Mission Hill to Salem's Point, from Chelsea High to Navajo Nation, listening has helped me advocate for better access to care, and become a better nurse and teacher.

In Honduras, each parting was accompanied by "Si dios quiere" (if God wills). Seems like it worked out okay.

Book Review continued from page 9

How do we make sure that our loved ones understand how to make those decisions for us when we are no longer able to decide for ourselves? These are the challenging and insightful questions Gawande asks his readers to consider.

Gawande gleaned this work from his clinical practice as a surgeon and from his life. He interviewed a wide range of patients, caregivers, former piano teachers, and healthcare professionals, but most importantly shared his personal experiences as a son and son-in-law. He challenges the medical and healthcare fields to change how they approach people. Rather than just treating the symptoms at hand, he encourages clinicians to find out what is most important to the person. This isn't just good bedside manner, it can prevent useless suffering and a waste of valuable healthcare resources. Gawande's work benefits all whose loved ones may become seriously ill, or may face this challenge themselves. He encourages dialogue within families and between providers and patients, in order to avoid the dangers of misguided treatments. Gawande and Block are advisors to *The Conversation Project*, where additional information on this topic may be found (<http://theconversationproject.org/>).

The battle of being mortal is the battle to maintain the integrity of one's life – to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be. Sickness and old age make the struggle hard enough. The professionals and institutions we turn to should not make it worse (p.141).

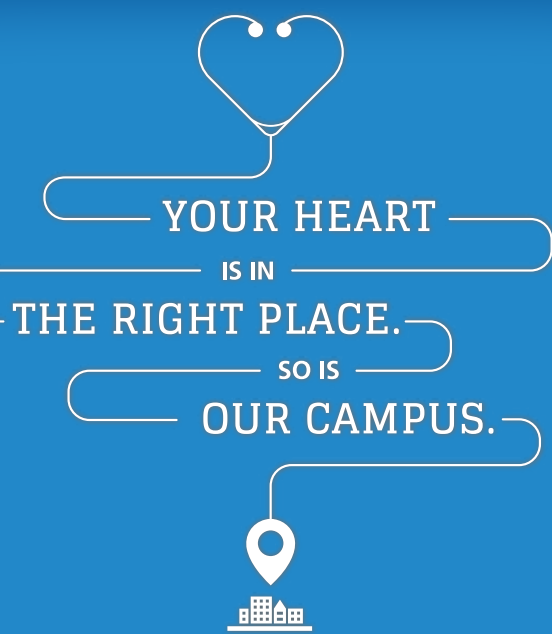
Gawande tells his stories in a sensitive and thoughtful way. He takes a global perspective, comparing the culture of elder living in the United States to the approach taken in his parents' native India. His mother-in-law in the U.S. was fiercely independent by living alone, eventually transitioning to assisted living. His grandfather in India resided in the family home. The family enabled him to live a full life, including riding a horse (as he insisted upon doing) to inspect his fields each evening until the age of 100 years!

"My uncles were worried he'd fall - he was weak and unsteady – but they knew it was important to him. So they got him a smaller horse and made sure that someone always accompanied him. He made the rounds of his fields right up to the year he died." (p.16).

Gawande interacts with clinicians in other parts of the world, where medical interventions and resources are scarce, and discusses the lessons U.S. clinicians can learn from those with less to offer. He represents the viewpoints of the frail or very ill person, their spouse, child, friend or healthcare provider. He weaves into his storytelling the history of the development of nursing homes, assisted living, and the many ways that these developments have failed to achieve their goals. Gawande writes:

We've begun rejecting the institutionalized version of aging and death, but we've not yet established our new norm. We're caught in a transitional phase. However miserable the old system has been, we are all experts at it. We know the dance moves. You agree to become a patient, and I, the clinician, agree to try to fix you, whatever the improbability, the misery, the damage or the cost. With this new way, in which we together try to figure out how to face mortality and preserve the fiber of a meaningful life, with its loyalties and individuality, we are plodding novices. We are going through a societal learning curve, one person at a time. And that would include me, whether as a doctor or as simply a human being. (p.193)

This passionate and absorbing book offers nurses a valuable, touching, and thought-provoking perspective on providing true patient-centered care for those facing old age or life-threatening illness.



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Health Policy Committee Member Testifies on CARE Act

Christine Schrauf, PhD, RN, MBA
*Associate Professor in Nursing, Elms College,
 Chicopee, MA*

Thank you for the opportunity to submit testimony in favor of Massachusetts House Bill 2081, An Act establishing the Caregiver Advise, Record and Enable (CARE) Act.

I am a nurse and former spousal caregiver for my late husband, David, who suffered from progressive multiple sclerosis. I cared for David at home until his death but was fortunate to have the knowledge and skills to provide whatever care he needed. Most family members or close friends who choose to accept the role of home caregiver are not knowledgeable about what they will need to do, and need training and encouragement to perform necessary care.

It is and has always been the role of nurses to help home caregivers be successful in most of these care activities. Improving continuity of care between care settings is actually a current goal of the Western Mass Nursing Collaborative in partnership with the Mass Senior Care Foundation. Education and training programs such as those developed through this initiative can empower nurses to assist patients and their caregivers succeed in care at home. Some specific care areas, such as respiratory, physical therapy, or occupational therapy, are most appropriately managed and taught by health professionals in these fields.

Since home care services may not be available to fill this gap, it must be accomplished in the hospital setting as the bill details. Everyone benefits when this is done, including hospital administrators who can prevent unnecessary readmissions and rejected reimbursement claims. But most importantly, it reduces the experience of isolation and failure that home caregivers can experience when they are not adequately prepared to assume this role.

The bill carefully specifies required activities that must be accomplished and documented to

train identified home caregivers for each patient. I believe the bill and its goals can be strengthened by requiring home caregivers to successfully demonstrate care tasks before discharge to ensure that they are competent and confident in performing them. This would also encourage nurses and other health care providers to involve home caregivers as early in the hospitalization as possible, and make the transition to home more successful. If family resources and/or health insurance benefits are available to adapt needed skills in the home environment, every effort should be made to arrange for continued education at home after discharge.

The most important action that must be achieved to make this bill successful, however, is the need for hospital administrators to give nurses the time to spend with home caregivers for adequate education. This part of the professional role must be built into the acuity systems designed to measure the amount of nursing care needed for successful patient care and discharge preparation. Without that, effective teaching will not occur and this carefully crafted piece of legislation will become an unfunded mandate. Nurses want their patients and their home caregivers to be successful – we must find a way for this to be supported as a part of current hospital standards.



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Summer Wellness Event



ANA MA members enjoying the summer wellness event

ANA Massachusetts held its first ever Summer Wellness event at the Danversport Yacht Club on Friday, August 21st. The featured speaker was Sue Levy, owner of Savory Living, which promotes Eating Well for YOU: behavior changes, nutrition science, food skills to help you feel well. Participants were educated and encouraged to start a sustainable approach to healthy eating that fit their tastes and lifestyles. There was a fashion show sponsored by North Shore Chico's and participants were treated to wellness sessions and treats from Whole Foods, Essential Oils, Salem Fitness Center, Elements Massage, as well as 30 minute Yoga and Tai Chi classes.

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Bulletin Board

ANA Massachusetts Mission

ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision

As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

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September 30, 2015

Patricia Bowe, MS, BSN, RN

Dear Ms. Bowe:

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to the Committee on Nursing Practice Standards (CNPS). Your term commences January 1, 2016 and ends December 31, 2019.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve is a testament to your commitment to ANA and the nursing profession. Staff support for the Committee on Nursing Practice Standards will contact you with additional information.

Congratulations on your appointment!

Sincerely,

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President

Regis College Educational Offerings Spring 2016 | Co-Sponsored with Harvard Pilgrim Health Care

March 23, 2016

Title: Transforming Health Care; Health Reform and Beyond
Contact Hours: 2

Location: Regis College, Casey Theatre, Fine Art Center
235 Wellesley St., Weston, MA 02493

Time: 6:30-8:30pm • **Fee:** none

Registration Information: Call 781-768-8080
Email presidents.lectureseries@regiscollege.edu

Online registration: www.registowertalk.net/THC

Description: This lecture will focus on healthcare reform beyond the Accountable Care Act. Our experts will present the cost of healthcare, change occurring within insurance companies, how healthcare reform is working in Massachusetts, and how to expand healthcare across the country. Come talk with the experts.

April 20, 2016

Title: Pandemic Infections/Ebola/Enterovirus/Measles
Contact Hours: 2

Location: Regis College, Alumnae Hall, Upper Student Union
Lounge • 235 Wellesley St., Weston, MA 02493

Time: 6:30-8:30pm • **Fee:** None

Registration Information: Call 781-768-8080
Email: presidents.lectureseries@regiscollege.edu

Online registration: www.registowertalk.net/pd

Description: Ebola, Enterovirus and Measles are infections that have been currently in the international and local media. What are the after effects of these diseases? How are they prevented? How are they transmitted from person to person? What are the risk factors? Come hear the experts who have cared for these patients and/or studied the public health implications and epidemiology.

Congratulations to Baystate Medical Center in Springfield MA on their recent Magnet re-designation under the Magnet Recognition Program. Baystate has been recognized as a Magnet hospital since 2005. It is one of only nine hospitals in Massachusetts to be designated as a Magnet hospital.

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www.ANAMass.org



September 14, 2015

Rachel Spector, PhD, RN

Dear Dr. Spector:

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to the Committee on Honorary Awards Subcommittee. Your term commences immediately and ends January 31, 2016.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve is a testament to your commitment to ANA and the nursing profession. Staff support for the Committee on Honorary Awards Subcommittee will contact you with additional information.

Congratulations on your appointment!

Sincerely,

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President

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Your Guide to the Benefits of ANA Massachusetts Membership... It Pays for Itself

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- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers – Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- Professional Liability Insurance – a must have for every nurse, offered at a special member price.
- Nurses Banking Center – free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule, at an affordable price – Liability/Malpractice, Health Insurance, Dental and Vision.
- CBCA Life and Health Insurance Plans – Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.

- Discounts on auto rental through Avis and Budget:
Call Avis 1-800-331-2212 and give ID# B865000
Call Budget – 1-800-527-0700 and give ID# X359100
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- Online discounts on all your floral needs through KaBloom.

Promote yourself: professional development tools and opportunities

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- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org – ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center – developed in cooperation with Monster.com.

Stay informed: publications that keep you current

- Free subscription to The American Nurse – a \$20 Value.
- Free online access to OJIN – the Online Journal of Issues in Nursing.
- Free subscription to the Massachusetts Report on Nursing – a \$20 value
- Free access to ANA's Informative listserves including – Capitol Update and Members Insider.
- Access to the new Members Only web site of NursingWorld.org.
- Free access to ANA Massachusetts's Member-Only Listserve

We also welcome any pictures that show ANA Massachusetts members in action... at work or at play. Interested persons, please contact Susan LaRocco at newsletter@anamass.org.

ANA Massachusetts is the Massachusetts affiliate of the American Nurses Association, the longest serving and largest nurses association in the country.

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ANA MA Leaders Meet the Governor
Left to right: Myra Cacace,
Governor Baker,
Cathleen Collieran-Santos



ANA MA President Myra Cacace in Washington with Senator Elizabeth Warren

The ANA **Massachusetts Action Team – MAT** cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.
Go to www.ANAMass.org for more information

We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

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Introduction to ICD-10

Sheryl LaCoursiere, PhD, FNP-BC, PMHNP-BC, APRN

On October 1, 2015, the Federal government has mandated that all claims for Medicare and Medicaid services, as well as anyone covered by HIPAA, use ICD-10 coding. This has forced private insurers to follow suit and required electronic medical records to adapt to allow for this new coding.

What is ICD-10?

ICD stands for the International Classification of Diseases. The ICD system has been developed and maintained by the World Health Organization (WHO). There have been eight major revisions, with ICD-9 being used since 1975. ICD-10 is much more robust, covering over 69,000 diagnostic codes, compared to ICD-9's 13,000. The types of new codes vary. Some reflect a specific part of the body (for instance left, right, bilateral) or a location where an injury occurred (for instance land, sea).

All codes start with a letter, followed by 3 numbers. The first space is always a letter. The second and third spaces indicate the condition/illness.

Basic ICD-10 Code Structure

A00–B99	Infectious, Parasitic
C00–D49	Neoplasms
D50–D89	Blood, Immune System
E00–E89	Endocrine, Nutritional, Metabolic
F01–F99	Mental, Behavioral, Neurodevelopmental Disorders
G00–G99	Nervous System
H00–H59	Eye and adnexa
H60–H95	Ear and mastoid process
I00–I99	Circulatory system
J00–J99	Respiratory system
K00–K95	Digestive system
L00–L99	Skin and subcutaneous tissue
M00–M99	Musculoskeletal system and connective tissue
N00–N99	Genitourinary system
O00–O9A	Pregnancy, childbirth, puerperium
P00–P96	Perinatal conditions
Q00–Q99	Congenital, chromosomal abnormalities
R00–R99	Abnormal clinical or laboratory findings, not elsewhere classified
S00–T88	Injury, poisoning, other consequences
V00–Y99	External causes of morbidity
Z00–Z99	Factors influencing health status, other health services

Codes can be up to 7 numbers. The fourth, fifth and six spaces indicate severity, etiology and location. Most of these spaces are taken up with increased *severity* or *specificity* of a problem. For instance, specificity of asthma is indicated by the 4th digit:

Coding for Asthma- Severity

J45.2	Mild intermittent asthma
J45.3	Mild persistent asthma
J45.4	Moderate persistent asthma
J45.5	Severe persistent asthma

Coding for abdominal pain requires the *specific* location:

Coding for Abdominal Pain- Specificity

R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain

The seventh digit is considered an extension that provides more information on the characteristics of an encounter. For instance, three possible values for the 7th digit are:

7th Digit

A	Initial encounter
D	Subsequent encounter
S	Sequelae

One problematic aspect of ICD-10 is that many diagnoses have different codes depending on whether the encounter is *initial* or *subsequent*. Thus the code has to be manually changed between the first and second visit.

In the informatics class I teach at UMass Boston, this semester we are discussing the impact of ICD-10 on nursing practice. Some nurse practitioners in our DNP program have needed to learn this system very quickly, as they are expected to code their own patient visits. With up to 30 patients a day, and multiple diagnoses per patient, this can be a baptism by fire. Other nurse practitioners, usually those in larger hospital chains, have their coding done by their billing departments.

There are already quite a few apps available that “crosswalk” between ICD-9 and ICD-10. For instance, a hypertension code of 401.9 in ICD-9 is now I10 in ICD-10.

When trying to determine an ICD-10 code, think of the placeholders, and work from there to become more severe or specific.

References:

Baldor, R. 2015. HTT/ICD-10 and HCC Codes for Primary Care. Pri-Med. Boston, MA; September 20, 2015.

Center for Medicare and Medicaid Services web site <http://www.cms.hhs.gov/ICD10>

Nursing Archives at the Howard Gotlieb Archival Research Center Plans 50th Anniversary Celebration

Susan LaRocco, PhD, RN, MBA

Dr. Kathleen A. Bower, DNSc, RN, FAAN, CMAC, will be the keynote speaker at the History of Nursing Archives meeting on Sunday, May 22 at 3 PM in Boston University's Gotlieb Gallery of Mugar Library at 771 Commonwealth Avenue, Boston.

Dr. Bower is Principal Emeritus of The Center for Case Management. She was a member of the team that invented Clinical Paths and provider based Case Management at New England Medical Center in 1985. Dr. Bower holds a BSN from Georgetown University, a MSN from Boston College and a DNSc from Boston University. She is a Fellow in the American Academy of Nursing. Dr. Bower received the American Organization of Nurse Executives Lifetime Achievement Award at the 2015 AONE Annual Meeting.

Learn more about the Nursing Archives at <http://hgar-srv3.bu.edu/collections/nursing>. To arrange a visit, contact archives@bu.edu.

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Upcoming Events



Saturday, January 23, 2016

**Winter Program
The Opioid Crisis: The Massachusetts
Response for Prevention, Intervention,
Treatment and Recovery**

8:00 a.m. – 12:00 p.m.

Sheraton Framingham Hotel • Framingham, MA

Keynote: Susan L.W. Krupnick MSN, PMHCNS_BC, ANP-BC, C-PREP

Arbour SeniorCare Psychiatric Consultation Liaison Nurse Specialist
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At the conclusion of this program attendees will be able to:

- Discuss the global, national, statewide (Massachusetts) and community impact and penetration of the Opioid Crisis
- Describe the pathophysiology of opioid use disorder and neurophysiology of addictive illness
- Identify specific prevention and treatment interventions to address the opioid crisis
- Discuss specific community focused strategies to address health issues associated with opioid crisis

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association (OBN-001-91) is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

More Information and to Register: www.ANAMAss.org

Tuesday, February 23, 2016

ANA Massachusetts
2016 Health Policy Legislative Forum
*The Cost of Health Care: What it means
to you and your practice.*



9:00 a.m. – 1:00 p.m.

Massachusetts State House - Great Hall

This activity will be submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association (OBN-001-91) is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

More Information and to Register: www.ANAMAss.org

April 8-9, 2016

ANA Massachusetts Spring Convention
Living Legends in Nursing and Annual Awards Banquet
Annual Spring Conference
Dedham Hilton Hotel • Dedham, MA

Keynote Speaker: Ellen Flaherty, PhD, APRN, BC, AGSF
Co-Director of the Dartmouth Centers for Health and Aging and
President-Elect of the American Geriatric Society

The theme of the 2016 Annual Spring Conference will be the current state of the art and science related to the care of older adults from clinical, educational and research perspectives.

May 12, 2016

Celebrate Nurses Day at Fenway Park

Check out www.ANAMASS.org for up to date event information!

News from the Membership Committee

Janet Ross, RN, MS
Chairperson

The Membership Committee is developing ideas for networking events, either alone or in conjunction with other ANA Massachusetts committees such as the Career Connections Committee. This year brings a wine tasting event, held in November, an event to be determined that will be done in coordination with the Massachusetts Student Nurses' Association, and the third annual Red Sox event. We support ANA Massachusetts conferences with raffle prizes to encourage non-members to join the ANA. We also review membership numbers to see if there are trends or concerns, and have at times reached out to members to find out if there is anything that we can do to improve our members' experiences. There are times when we might reach out to members who have not renewed their membership. Many times this has been an accidental situation that is quickly corrected.

In June our President, Myra Cacace, and Office Administrator, Lisa Presutti, visited a Skills Lab Day at Harrington Memorial Hospital in Southbridge. They were able to interact with a number of nurses who are employed there and encouraged them to consider joining ANA Massachusetts. We plan to reach out to other settings, perhaps beginning with those who have Magnet designation, to see if we can visit them during similar activities.

We are always eager to welcome new members to the Membership Committee. Please contact Janet Ross through Lisa Presutti (lpresutti@anamass.org) if you are interested in joining.

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- Nursing Education

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worchester.edu/gradnursing



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