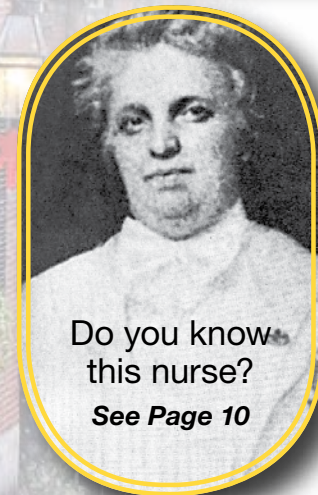


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Do you know
this nurse?
See Page 10

Vol. 14 No. 4



December 2016

Receiving this newsletter does not mean that you are an ANA Massachusetts member. Please join ANA Massachusetts today and help to promote the Nursing Profession. Go to: www.ANAMass.org
Join ANA Massachusetts today!

Save the Dates

How Nurses Can Influence Policy
Tuesday, January 10, 2017 | 6:00 pm - 7:30 pm
Shriners Hospitals for Children Boston

Thursday, February 9, 2017 | 6:00 pm - 7:30 pm
Upper Cape Cod Regional Technical School,
Bourne, MA

Western and Central MA locations to be announced -
check the website www.anamass.org

Winter Program

Healthy Nurse, Healthy Nation
(Healthy Massachusetts)

Saturday, January 14, 2017 | 8:00am - 12:30 pm
Sheraton Framingham

Bruins Game and Networking Event
Tuesday, March 21, 2017

Awards Dinner

Friday, April 7, 2017

Westin Waltham Boston Hotel

Spring Conference

Saturday, April 8, 2017 | 7:30am - 3:15pm
Westin Waltham Boston Hotel

Speakers:

Debbie Hatmaker, PhD, RN, FAAN,
Executive Director of the American Nurses
Association Healthy Nurse/Healthy Nation initiative

Carol R. Taylor, PhD, RN,
Professor of the Educator Track, Senior Clinical
Scholar, Kennedy Institute of Ethics Professor of
Medicine and Nursing, Department of Professional
Nursing Practice, Georgetown University

Gino Chisari, RN, DNP

Director of the Norman Knight Nursing Center
for Clinical & Professional Development at
Massachusetts General Hospital

For more details see page 6

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

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

Opportunity to Honor Your Colleagues continued on page 3

ANA Massachusetts Announces a New Award Future Nurse Leader

The Future Nurse Leader Award was established to recognize nurses who have demonstrated leadership potential during nursing school or in their first nursing position. It is designed to encourage recent nursing graduates to become active in ANA Massachusetts and to develop their leadership skills. Nominees for this award must have graduated from any pre-licensure nursing program within two years of the nomination deadline.

Nomination must be made by an ANA MA member. An additional letter of support from another ANA MA member is required. At least one letter of support must come from the Dean or a faculty member of the nominee's nursing program.

The nominee selected must plan to live in Massachusetts for one year after receiving the award and serve on one of ANA MA's committees for one year.

The recipient of this award will receive a one year ANA MA membership and will attend the annual ANA MA Awards dinner free of charge.

DEADLINE FOR NOMINATIONS:

January 6, 2017

Access the application at the ANA MA website: www.anamass.org. If you have questions call ANA MA at 617-990-2856

A Holiday Gift Idea



Looking for the perfect holiday gift for a nurse colleague? Consider purchasing *Clio's Corner: The History of Nursing in Massachusetts*. This compilation almost 50 of Dr. Mary Ellen Doona's popular Clio's Corner columns provides the reader with a new appreciation of the influence nurses have had on the health care system. Her reader-friendly style of writing makes you feel as if you have met these famous nurses or witnessed the events described. *Clio's Corner* is now available on the ANA MA website at: <https://marn.siteym.com/store/ListProducts.aspx?catid=236826&ftr=>

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PRESIDENT'S MESSAGE

Cathleen Collieran-Santos DNP, RN

As we approach the holiday season, I reflect back to the past year and all the accomplishments we have collectively realized as an organization. I am amazed at the level of volunteerism among our dedicated membership to assure the mission of the organization is fulfilled.

All of the ANA MA committees have been very active this past year, most notably the committee that planned our annual awards dinner and 15th anniversary celebration. We have worked extremely hard to be recognized as the premier nursing organization in the state, advocating for all nurses in the Commonwealth.

We have made many advances this past year in the legislative arena, submitting our first ever bill H. 2771/S.572 "An Act Relative to the Governance of the Health Policy Commission" co-sponsored by Rep. Kay Khan and Sen. Eileen Donahue. While this bill did not pass this year, it was favorably received by the legislature. We had the opportunity to present our bill and our position on many other bills to the legislators and we have been very well received.

ANA MA was asked to participate in the Campaign for a Safe and Healthy MA. We partnered with many other organizations outside of healthcare in hopes to defeat the ballot initiative legalizing the sale and distribution of marijuana products

in Massachusetts. As nurses, we value public health and the negative implications of this ballot initiative, particularly on the youth of MA, is alarming, especially in light of the opioid epidemic in this state and around the country.

We have partnered with the Mass. Serious Illness Coalition and the Institute of Healthcare Improvement (IHI) to help spread the word about end of life care decisions and the importance of having that conversation with loved ones about what is important at the end of one's life. We plan to develop a Continuing Education program for nurses across the state to continue to help educate the public on this important topic.

This coming year will also be filled with legislative activities including the annual Health Policy forum and the refiling of our bill to secure a nursing seat on the Health Policy Commission. In addition, we will be kicking off the year of the Healthy Nurse, Healthy MA initiative, aligning with ANA's national initiative Healthy Nurse, Healthy Nation. The ANA defines a healthy nurse as "one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients."

Many of our events and offerings this year will focus on keeping nurses healthy in all aspects of their life, whether at work or play. We will be challenging our colleagues to engage in healthy behaviors, increasing their activity level, practicing mindfulness and stress reduction, to name a few. We are looking forward to another year filled with networking and educational offerings.

We hope to see many of you at these events and we encourage those who are not members to take the time to attend and to become members, to benefit yourselves and your profession.

Wishing you all the happiest of holidays and a prosperous and healthy 2017.



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EDITORIAL

Owning Our History

Susan A. LaRocco PhD RN MBA FNAP

Throughout 2016 we have celebrated the 15th anniversary of the founding of ANA Massachusetts (called Massachusetts Association of Registered Nurses [MARN] when it was incorporated in 2001). But in fact our organization is more than 100 years old. As Dr Mary Ellen Doona, our illustrious historian, so clearly documents in Clio's Corner in March 2016, the Massachusetts State Nurses Association was created in 1903. It affiliated with the Associated Alumnae of the United States and Canada, founded in New York in 1896. In 1911, during its convention in Boston, the Associated Alumnae changed the organization's name to the American Nurses Association. In 1951, with revised articles of incorporation, the word State was dropped from the name and the Massachusetts Nurses Association became the official name of the ANA affiliate. During the next decades, the organization thrived and membership increased, in part because it became the bargaining agent for nurses at many hospitals.

When a majority of those present at a meeting in Worcester in March 2001 voted to disaffiliate from the ANA, a group of nurses who wanted to



maintain a national affiliation created MARN and a new organization was born. This organization was new in the sense that it is a legal entity that was incorporated in 2001, but old in the sense that it is a continuation of the ANA affiliation begun in 1903. Like many state associations, in 2014, the membership voted to include ANA in the organization's name, thus the most recent name change to ANA Massachusetts.

Massachusetts State Nurses Association, Massachusetts Nurses Association, Massachusetts Association of Registered Nurses, American Nurses Association Massachusetts - the name changes but the national affiliation remains strong. Our affiliation with the ANA strengthens the national organization while at the same time the national organization adds stature and great resources to our state organization. ANA is the only non-specialty national nursing professional association, a place where all nurses can know that they are represented.

Not only are we an affiliate of the ANA, on at least two occasions, Massachusetts nurses have served as President of the national organization - Barbara Blakeney (2002-2006) and Karen Daley (2010-2014). Currently an ANA MA member (Gayle Peterson) serves on the national Board of Directors.

While as a legal entity ANA Massachusetts is 15 years old, as a state association of nurses committed to membership in the national organization, we are well past the century mark. This is our history. We must continue to celebrate our original founding in 1903, as well as our more recent re-birth in 2001.

Opportunity to Honor Your Colleagues continued from page 1

that 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

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 6, 2017**
- 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 6, 2017 for Fitzgerald Scholarship; March 15, 2017 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 16, 2017 for Fitzgerald Scholarship and by April 1, 2017 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 6, 2017**
- If you have questions, need help? Call ANA MA at 617-990-2856

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Health Policy Reflections



Health Policy Committee Strategy Meeting

**By Myra Cacace & Christina Saraf
Co-Chairs of the Health Policy Committee**

As the Massachusetts State House closed its doors on another session (Jan 2015- Jun 2016), the ANA MA Health Policy Committee reflected on the past legislative year and our strategy for the upcoming new session. As with any legislation, the road is often slow and bumpy to either approval or defeat. Our first attempt to file legislation to have a nurse appointed to the Health Policy Commission did not bear fruit (An Act relative to the governance of the Health Policy Commission), but we smile at the success we had this year:

- Supporting a bill restricting indoor tanning for minors, a bill that became law, was a great victory. Evidence reveals exposure to UV rays through indoor tanning during adolescence years cause a higher risk of getting melanoma. No individual under the age of 18, regardless of parent/guardian, will be allowed access to a tanning bed.
- We provided testimony about Governor Baker's fight against opioid overuse, abuse and the growing drug overdose crisis in Massachusetts. The swiftness of creating this law marked a critical step in the process to curtail the widening effects of drug dependency and its devastating outcomes.

However, the path remained uncertain for other bills, as the process can be long and tedious:

- The safe patient handling in certain health facilities bill filed by Senator Harriet Chandler with our MNA colleagues proved to be a nail biter. This bill (H1914/S1124) would require hospitals to put processes and equipment in place that protect both the patient and nurse when handling patients. We had the opportunity to testify on behalf of ANA MA in favor of this bill, in a show of solidarity and unity for all nurses regardless of their organizational affiliation. The House supported this bill and was sent to the Ways & Means Committee in May, but failed to emerge from that committee by deadline.
- Nurse licensure compact bill (H2002) would allow nurses who are registered in Massachusetts to practice their profession in a reciprocity state within the required scope of their practice for that state. Massachusetts had remained out of the original compact that included 25 states. However, ANA MA did vote to support the newly revised compact bill. Unfortunately, members of the Health Care Financing Committee did not release this bill favorably.
- The Advanced Practitioner Independent Practice bill (H1996/S1207 An Act to remove restrictions on the license of NPs and CRNAs as recommended by the Institute of Medicine and the Federal Trade Commission) would allow an

advanced practice nurse including Nurse Practitioners and Nurse Anesthetists to practice independently, without the oversight of a doctor, but within the scope of their practice. This bill had a strong buzz within the State House, receiving an extension from the Health Care Finance Committee. Unfortunately, this bill did not pass. It will be resubmitted for 2017-18.

- AARP sponsored a bill, an Act establishing the caregiver advise, record and enable (CARE) act (H3911), recognizing the critical role family caregivers play in keeping their loved ones out of costly institutions. Patients are able to designate a family caregiver who is kept notified of discharge intentions along with any necessary medical tasks performed by the patient at home such as wound care or medication injections. ANA MA supports this bill. This bill will be refiled in the next legislative session.

As the ANA MA Health Policy Committee reflects on the past, we gain strength to develop a strong platform for the upcoming legislative year (2017-2018). We continue to keep our finger on the pulse of the process by participating on taskforces, attending hearings and through the efforts of our lobbyists. Our regular meetings, on the first Tuesdays of each month, allow us to stay abreast of current and relevant information and strategize about effective advocacy on behalf of all nurses and the community we serve.

In addition to following legislation and providing testimony, we are proud to sponsor an Annual Health Policy Forum at the State House to discuss a variety of topics relevant to YOUR everyday practice and to lobby your legislator about issues that are important to you. We will be offering sessions in several locations around the Commonwealth to help you learn about and become effective advocates for our profession. We welcome you to become Massachusetts Action Champions (MAC), and visit your legislators to tell them your story about our profession and patients. Visit our website: anamass.org for dates and locations.

Our strength in Health Policy comes from all of the ANA Massachusetts members. We end this article with a quote by a famous poet, Mattie Stepanek, "Unity is strength. . . when there is teamwork and collaboration, wonderful things can be achieved."

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- ◆ Utilize a variety of appropriate teaching strategies to promote students' critical thinking and understanding including learning communities.
- ◆ Develop instructional material consistent with course objectives.
- ◆ Participate in determining appropriate student learning outcomes of nursing courses and assist in developing course standards.
- ◆ Use simulations and computer technologies in the classroom.
- ◆ Refer students to the College's support resources and services, including tutoring as needed.
- ◆ Actively participate in on-going professional development.
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- ◆ Comply with the duties as stipulated in the Massachusetts Community College Council Collective Bargaining Agreement.

Required Qualifications

- ◆ Minimum of a Master's degree in Nursing and current licensure or eligibility to practice as a Registered Nurse in good standing in Massachusetts
- ◆ Minimum of five (5) years full-time experience in Nursing or its equivalent within the last eight years
- ◆ Two years full time teaching experience in a registered nurse program preferred, with background sufficient to teach theoretical and clinical content in Pediatrics
- ◆ Proven ability to work effectively with a diverse faculty, staff and student population
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Advocacy in Action

The ANA MA Health Policy Committee and Board of Directors are often asked to comment on important topics affecting nursing practice in the Commonwealth. The following testimony was submitted.

Testimony on Proposed New Regulations, 105 CMR 173.000, Mobile Integrated Health Care and Community EMS Programs

The American Nurses Association Massachusetts is pleased to submit our comments regarding Proposed New Regulations, 105 CMR 173.000, Mobile Integrated Health Care and Community EMS Programs. We have several concerns regarding these regulations.

Two concepts stand out: Role confusion and Role competence. The nursing role is clearly not that of the Paramedic. As described, the nursing role is strongly related to assessing, identifying, implementing and coordinating care once the emergent situation is resolved. Nursing needs creditable assurances that only those with demonstrated competence in the role through appropriate certifications and ongoing continuing education be permitted to function in the role of a Paramedic as defined and according to our state's law.

As the professional association advocating on behalf of 120,000 registered nurses in Massachusetts, we are concerned about a model for health care delivery that would be established, allowing care beyond the scope of unlicensed, non-nursing personnel. Nurses should be doing nursing duties, which includes assessment and evaluation of patients in their homes. We support any system that insures adequate reimbursement

to agencies for nursing services. We advocate a system for putting nurses on ambulances? Putting nurses in action, makes more sense than inventing a new role for other necessary providers in health in the community. Excellent care for our citizens requires more than making changes in a job description for personnel with limited or no training to perform nursing duties.

We are concerned that this regulation allows paramedics whose scope of practice includes provision of emergency services, some simple treatments (when using established protocol) and transport patients to an ED to be allowed to provide nursing care to people in the community. Changing the name to Community Paramedic does not change the fact that there is no clear cut information in the proposed regulations as to what that scope covers.

Training for these CPs is left to the medical director of the program that operates at the hospital where the ambulance services are operated under their medical direction as well as training requirements that might be established by DPH. The community deserves to know what the training will be before we can be comfortable a paramedic has the knowledge and skills to assess patients for a wide variety of health conditions, including CHF, impending appendix rupture or kidney disease. There might be subtle changes that a nurse is better able to identify than someone trained to recognize life threatening emergencies and respond to them.

There is also language that CPs must use non transport vehicles for making visits to MIH

patients so it seems like they will have patients "admitted" or enrolled in a service. If the visit is in fact an emergency they will then have to dial 911 and the EMS system would have to dispatch an ambulance. In Massachusetts there are many visiting nurse organizations in every area who provides these services, so allowing a new designation for paramedics will lead to duplication of services, confusion and an increased expense without improving care to our citizens.

There is also language that states that all programs will be developed and operated with local public health agencies. How would that work given every town has a health department and ambulances serve a number of towns? Do they all approve and operate/oversee these programs?

We are concerned about the scope of practice. We understand the need for paramedics to be trained to help triage patients that don't necessarily need to be transported to the ED. Right now we believe that if the call does not warrant a visit to the ED then the EMS service is not paid. This would help eliminate unnecessary trips to the ED, aiding in lowering health care expenses, and getting people the appropriate care. And while Boston is not rural there are some remote areas in western MA that could benefit from this. That being said, this seems to encompass a little more than just an initial visit and referral to other services. Much of what seems to be proposed would be more suited and within the scope of practice of home health care nurses. The extent the paramedics will be used is disconcerting.

To the Board of Registration in Nursing

On behalf of the American Nurses Association Massachusetts, I would like to submit the following comments of the proposed regulations based upon recommendations articulated in the 3.05 Collaborative Task Force report that the members of the ANA Massachusetts Health Policy Committee and the Board of Directors have reviewed and discussed.

We compliment the Board of Registration in Nursing (BORN) for proceeding with this important public protection initiative while remembering to be inclusive of the many arenas where nurses care for patients and their families. We also thank the BORN for your due diligence with collecting, analyzing, synthesizing and incorporating current and contemporary evidence into the recommendations. Lastly, we appreciate the references to the American Nurses Association, of which ANA Massachusetts is a constituent member and who has at its core, the mission to advocate for the more than 130,000 professional registered nurses across the Commonwealth. We do, however, have concerns regarding the regulatory language. We would encourage the BORN to extend the changes to the regulations for 60 days in which time the nursing community may be able to further discuss this important document with all stakeholders.

While we agree that the UAP medication administration model has been demonstrated as safe and appropriate for UAPs under nurse supervision with proper training in some settings such as assisted living and schools, the general nature of the language implies that RN/LPN delegation of medication administration may be appropriate and could be extended – based on RN or LPN assessment – to any setting. We are concerned that while the stated intent is not to expand this delegation model beyond currently designated settings, it lays the groundwork for that to happen. We can foresee, without additional language to clarify that stated intent, that some employers could use the regulations to pressure staff to delegate medication administration to UAPs as a mechanism for not adequately staffing their units. Granted, you would hope RNs and even LPNs would choose not to delegate under those circumstances. We are concerned, however, that expanding workload and staffing pressures could create untenable decisions for staff. We are also not sure why the BORN would be unwilling to more clearly state the intended boundaries of these changes to the current regulations. This is our key reservation and concern regarding the proposed regulations.

We also have the following additions for your consideration while promulgating regulations: The

Massachusetts' Nurse Practice Act designates the "licensed nurse" to include both RNs and LPNs. It states that the LPN "participates" in higher level planning and evaluation of nursing care, while the RN practices these parts of the nursing process independently. We advise that the language of the regulations clearly designate that the care plan is developed by the registered nurse, who frequently assesses the patient's condition and delegates tasks to either the LPN or the UAP. Schools in MA have been involved in Delegation of Medication through oversight by the MA DPH School of Health for some time now. Overall, it has proven to be very successful and more importantly, safe. This is related to the strict guidelines and protocols that have been implemented. We would recommend that similar training programs and competencies are used to ensure safety for all individuals, patients, UAP's and nurses. There is a need for language that identifies settings deemed appropriate for delegation of medication administration by UAPs.

We are satisfied with the language that reinforces and respects the rights of the registered nurse to decide at the point of care whether or not delegation of a skill or task to either a LPN or a UAP is appropriate, based on the registered nurse's professional frequent and ongoing assessment and analysis of what is in the patient's best interest. Whether nurses have the capacity and time, given the number of patients they are legally and professionally accountable for, to adequately supervise UAPs is questionable. Regardless of that reality, it is important to note that nurses remain concerned about professional accountability for delegation of tasks with potential to harm patients - especially when the number of patients they are caring for is beyond what is safe.

It would be good to confirm that DPH oversight of training programs and outcome data exists and demonstrates that this program works and poses no potential threat to patient safety. ANA Massachusetts supports language and continues to advocate for regulatory language that protects the rights of the registered nurse to exercise his/her full autonomy inherent in the license issued by the BORN. ANA Massachusetts would like further clarification on how the Massachusetts General Laws, Chapter 94C will be amended relative to other state-wide initiatives to allow unlicensed assistive personnel to participate with medication administration. We are most concerned with this area and wish for further clarification in the best interest of the public and registered nurses in the Commonwealth.

In closing, the ANA Massachusetts Board of Directors welcomes future collaborations with the

BORN and continuing our work together for the benefit of the nurse and the public which we both serve.

Sincerely,
Cathleen Colleran-Santos DNP, RN
President, ANA Massachusetts

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Events

How Nurses Can Influence Policy

The American Nurses Association Massachusetts Action Champions invite you to learn more about Political Advocacy.

January 10, 2017

Shriners Hospitals for Children Boston

February 9, 2017

Upper Cape Cod Regional Technical School, Bourne, MA

Western and Central MA locations to be announced - check out our website www.anamass.org

Programs will run from 6:00 pm - 7:30 pm

A light supper will be provided.

There are many legislative issues that affect YOUR nursing practice. Come learn about what they are and how YOU can make a difference. Learn about your professional nursing organization and how it can support you. Provide us with YOUR expertise on important nursing issues. Learn how to effectively lobby your legislators and their staff.

Spring Conference
Saturday, April 8, 2017 | 7:30am - 3:15pm,
 Westin Waltham Boston Hotel

Presentation: Debbie Hatmaker, PhD, RN, FAAN, Executive Director of the American Nurses Association Healthy Nurse/Healthy Nation initiative will provide an overview of the 2017 ANA *Healthy Nurse, Healthy Nation* initiative, activities at national and local level, and available resources for the nursing community.

- This conference will include presentations by speakers with notable expertise on a variety of topics that nurses may encounter in the workplace across all roles and settings which may impact their ability to practice effectively and safely.
- The Conference Planning Committee is in the process of formalizing the content and speakers for this program. The following speakers have been confirmed:

Carol R. Taylor, PhD, RN, Professor of the Educator Track, Senior Clinical Scholar, Kennedy Institute of Ethics Professor of Medicine and Nursing, Department of Professional Nursing Practice, Georgetown University
 Dr. Taylor is a nationally and internationally known expert in bioethics and the care of patients who are chronically and critically ill. Her research interests include clinical and professional ethics, and organizational integrity. Dr. Taylor is closely aligned with health care professionals and leaders in her work in assisting them to explore the ethical dimensions of their practice and serves as an ethics consultant to systems and professional organizations. She is the author of the textbook entitled, *Fundamentals of Nursing: The Art and Science of Person-Centered Care* and is widely published on a variety of topics related to clinical ethics, ethical challenges in nursing practice, research, and education, moral distress, and advocacy.

Gino Chisari, RN, DNP, Director of the Norman Knight Nursing Center for Clinical & Professional Development at Massachusetts General Hospital

Dr. Chisari will provide a comprehensive and thought-provoking presentation on workplace violence and bullying that will include new insights into these issues and interventions, coping mechanisms, and resources that nurses may utilize.

And....Our conference will conclude with a 30 minute Cardio-Dance Party Workout by Jess Felton, Fitness Director at Salem Fitness, Salem, MA. Take it from the Conference Planning Committee Chair, Jess is dynamite so bring your gym sneakers, towel, and wear casual gear to have an awesome time with your colleagues! Jess' routine will be one not to overwhelm but to re-energize you...Be there!

Winter Program

Healthy Nurse, Healthy Nation
(Healthy Massachusetts)

Saturday, January 14, 2017 | 8:00am - 12:30pm,
 Sheraton Framingham

Keynote presentation:

Cathleen Colleran-Santos, DNP, RN, President, ANA MA

This program will include five, 25 minute presentations that emphasize self-care and understanding some of the significant risks that may jeopardize nurses' physical and emotional well being.

Content areas may include:

- Obesity and Optimizing a Healthy Nutritional Lifestyle
- Substance Abuse Disorders...The Nurse at Risk
- Maintaining Personal Safety in Practice
- Mind, Body, and Spirit
- Mindfulness and Gratitude

Registration and a breakfast will occur from 8:00- 9:00am with the keynote presentation and other educational sessions to follow.

Sheraton Framingham will be offering overnight accommodations at a reduced rate of \$109.00 + tax. Reservations must be made on or before December 13.

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FROM THE MASS ACTION COALITION (MAAC)

Working Together to Build Healthier Communities National & State Initiatives Are Focus Of Healthcare Workforce Summit



(Left to right) Facilitator Amanda Stefancyk Oberlies, Organization of Nurse Leaders of MA, RI, NH & CT; Dr. Wendy Brooks Barr, Greater Lawrence Family Health Center; Charlotte Stepanian, MA Association of Public Health Nurses; Julia Dyck, Health Care Workforce Center; Sharon Callender, Mattapan Community Health Center; Kathleen O'Brien, Everett Community Health Partnership.

“Building healthy communities as a team sport” was the overarching message of the 3rd Annual Massachusetts Healthcare Workforce Summit. Nurses from all practice settings are partnering with “teammates” in mental and behavior health, social services, and business to improve health and healthcare across the Commonwealth.

More than 140 nurses and leaders from across the healthcare spectrum attended the September event, which was hosted by the Massachusetts Action Coalition (MAAC), a partnership co-led by the MA Department of Higher Education and the Organization of Nurse Leaders of MA, RI, NH & CT.

“Everyone has a stake in better healthcare and healthier communities,” said MAAC Project Director Patricia Crombie, MSN, RN. “As we mark the Coalition’s fifth anniversary, we’re delighted to be expanding our membership to include public health nurses, school nurses, community health centers, and more employers and businesses and to be strengthening partnerships working toward improved health for every resident and community in the state.”

Retail is Health Care’s New Front Door

While attendees were not surprised when keynote speaker Joanne Disch, PhD, RN, FAAN, Professor ad Honorem at the University of Minnesota School of Nursing, said that “the delivery of health care is changing,” there were plenty of raised eyebrows when she showed a photo of a “Flu Shots Available” sign outside a gas station.

The location of care delivery is changing, with technology and practice innovations expanding options, said Disch. *Who* provides the care is changing also, with social workers, nutritionists, and mental health therapists (among others) joining nurses and physicians as providers.

Counterintuitive Strategies for Building Culture of Health

Disch urged participants to use new, sometimes counterintuitive, strategies to find solutions to improve health and healthcare:

Embrace the paradoxes of your situation: Rather than rail against the seeming impossibility of mandates to “do more with less” or “improve quality and reduce costs,” move away from an either-or, us-vs.-them framework. Invite solutions by asking, “what do we agree on?” or “what goals do we share?”

Seek ambiguity: Understand that there is rarely a single correct solution to any given problem. Learn to be comfortable with different methods of care delivery and problem solving. “We’ve always done it that way” is not conducive to new solutions.

Practice creativity and be open to new solutions: Disch recounted an example of homeless patient with heart disease who, upon discharge, was asked to track his level of fluid retention. While daily weight tracking may be the preferred monitoring method, it was not feasible for this individual. “If your shoes start to feel tight, come back and see us” was the best solution for this individual to get the care he needed.

Elements of Success for Academic Progression Efforts

The second keynote highlighted one of the MAAC’s key priorities, the academic progression of nurses. Supported by grants from the Robert Wood Johnson Foundation (RWJF), action coalitions in nine states, including Massachusetts, have implemented programs 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.

Tina Gerardi, MS, RN, CAE, Deputy Director of RWJF’s *Academic Progression in Nursing* (APIN)

The Massachusetts Action Coalition (MAAC) is a multi-stakeholder organization co-led by the MA Department of Higher Education and the Organization of Nurse Leaders of MA, RI, NH & CT (ONL). The MAAC has partnered with American Nurses Association Massachusetts (ANA MA) since its beginning more than five years ago. ANA MA is one of MAAC’s largest member organizations. The coalition is part of the nationwide Campaign for Action, a joint initiative of the AARP Foundation and the Robert Wood Johnson Foundation, to help implement the Institute of Medicine’s recommendations on the future of nursing. Learn more about MAAC at <http://campaignforaction.org/state/massachusetts/>

initiative, shared the six essential elements for successful initiatives that her office has identified after four years of site visits, interviews, and analysis of APIN grant recipients.

- strong relationships among schools of nursing, practice and clinical settings, and healthcare employers;
- strong leadership, that is, at least one person who took responsibility to keep projects on track and moving forward;
- support infrastructure of a dedicated staff member who handled administrative logistics and follow-up, including regular reporting;
- institutionalization strategies that identified and prioritized programs that could be sustained after APIN grant funding had ended;
- formal and informal partnerships across many settings, such as community colleges and universities, education and practice settings, LPN, RN, and BSN academic programs;
- clearly defined competencies, such as the Nurse of the Future Nursing Core Competencies developed in Massachusetts, so that the transfer of credits and academic progression could be facilitated.

A panel of healthcare organizations shared their experiences with innovative initiatives to improve the health of their communities. Highlights can be found below “What Does It Take to ‘Build Healthy Communities?’”

In lively, small group discussions, Summit participants shared ideas and strategies for Building a Culture of Health in their own communities and workplaces. They identified promising projects and what was needed to engage more partners – from both in and outside healthcare—and expand awareness of these efforts.

For speaker presentation materials and to learn more about the Massachusetts Action Coalition, visit <http://campaignforaction.org/state/massachusetts/>

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FROM THE MASS ACTION COALITION (MAAC)

What Does It Take To “Build Healthy Communities”? Innovative Initiatives from Healthcare Workforce Summit

At the 3rd Annual Health Care Workforce Summit in September, representatives of a range of organizations across Massachusetts shared their innovative, expansive, and collaborative approaches to improve the health of their communities.

Common themes were the importance of partnerships beyond healthcare, community engagement, addressing the social determinants of health, and caring for people, not just patients.

Focus on Healthy Equity, Racial and Social Justice

Everett Community Health Partnership

In Everett, a city outside Boston, a diverse multi-sector partnership is working together to examine community health in its totality. Groups from across the city have come together to examine cultural, racial, and economic inequality and how they can affect residents' health and well-being.

The Everett Community Health Partnership (EHP) was awarded a “Culture of Health Prize” by the Robert Wood Johnson Foundation last year, which recognized “inspiring examples of communities that are weaving health into everything they do.”

“We focus on health equity and racial and social justice because they are intertwined,” says EHP Director Kathleen O’Brien. “Safe, affordable housing, public safety, food access, mental health services in schools, and more quality jobs are all social determinants of health.”

Growing A Primary Care Workforce

Greater Lawrence Family Health Center

The Greater Lawrence Family Health Center (GLFHC) has taken an innovative approach to a staffing challenge common in urban community health centers.

“In the early 1990s, when we had only eight primary care clinicians serving 3,000 people in a city of 75,000, we realized that traditional graduate medical training was not meeting the needs of underserved communities,” explained Residency Program Director Wendy Brooks Barr, MD, MPH. “So we decided to grow our own primary care workforce.” Today, the Center has more than 100 clinicians and 37 family medicine residents and serves more than 56,000 patients.

The mission of the Family Medicine Residency Program is to train family doctors for the Lawrence community, one of the poorest in the state. In addition to the full spectrum of community health training, the curriculum includes integrated Spanish language training to proficiency – not just medical language but total fluency so clinicians can speak with patients about all aspects of their lives.

“Cultural competency is not something you learn in a classroom,” says Barr. “It’s learned by immersion and experience, by living and working in a community.”

“Foot Soldiers” for Homeless Veterans

Massachusetts Association of Public Health Nurses

Public health nurses may be best known for home care visits or for screenings in community settings. But over the past decade, the MA Association of Public Health Nurses (MAPHN) has also become known for its nurse-managed foot care clinics for homeless veterans.

The MAPHN community works through the year to collect supplies needed for its largest clinic at the annual Stand Down, a one-day event that provides immediate comprehensive and coordinated services to veterans in Massachusetts.

This year more than 100 nurses and nursing students provided foot care to hundreds of veterans, reports Charlotte Stepanian, MSN, RN-BC, Past President of the MAPHN. In addition to providing foot care, MAPHN nurses partner with the Occupational Health Nurse Association to conduct health assessments and provide vaccinations to veterans.

Health Care Revival

Mattapan Community Health Center

“As a community health center, we’re not just committed to the health of our patients but to the health of everyone in our community,” says Sharon Callender, RN, MPH, Coordinator of Family & Community Health Services at the Mattapan Community Health Center.

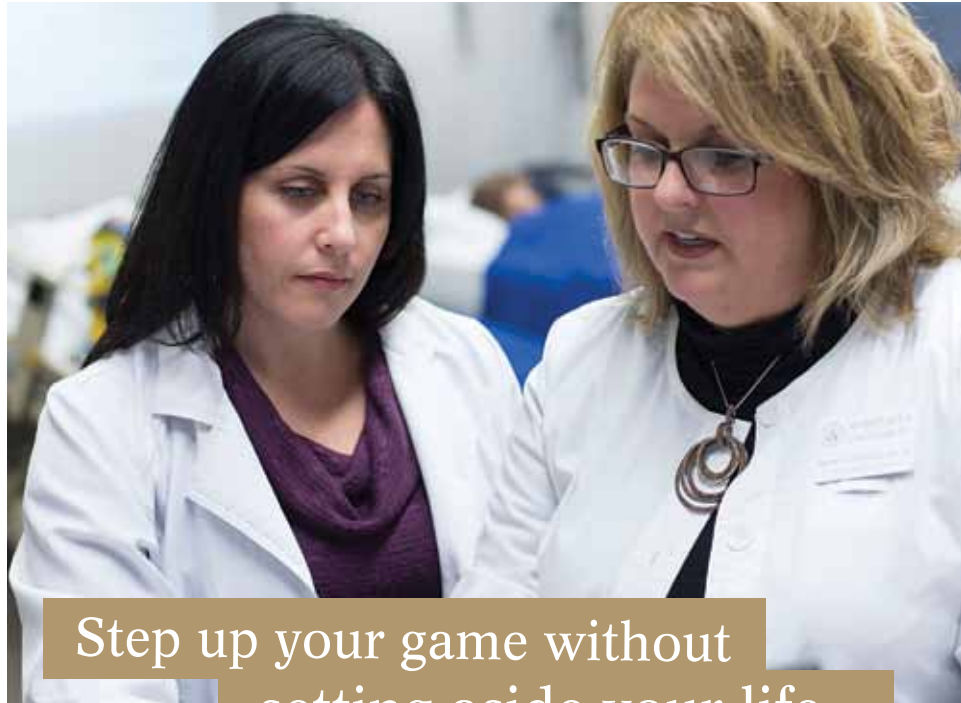
For 20 years, the MCHC has held a Health Care Revival, a faith-based, data-driven community initiative to address health disparities in Mattapan, a neighborhood of Boston. A day full of connections, education, and fun, the outdoor festival offers free health and dental screenings, information, and community conversations on health topics, such as hypertension or diabetes.

The Revival is the result of partnerships among diverse organizations — for example, a local community garden sharing information about access to healthy food. “It’s vital that we leave our egos at the door to see what we can do together to improve the health of all people in our community,” says Callender.

What Do We Know About RNs in Massachusetts?

Health Professions Data Series, MA Department of Public Health

Data on the workforce characteristics of registered nurses licensed in Massachusetts is vital to identifying needs, allocating resources, monitoring trends, and planning for education and policy. Julia Dyck, MPA/H, MA, Director of the Health Care Workforce Center, shared highlights of the 2014 Health Professions Data Series for Registered Nurses. Derived from an online survey of nearly 92,000 RNs, the series reports on demographics, employment characteristics, education, geographic distribution, and practice settings.



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CLIO'S CORNER



Susan E. Tracy RN: Founder of Occupational Therapy



Adams Nervine Asylum Jamaica Plain, MA

Mary Ellen Doona

With special thanks to Nancy Fennessey RN

Following graduation from the Massachusetts Homeopathic Hospital Training School of Nursing (precursor of the Massachusetts Memorial Hospital School of Nursing) in 1898, Susan E. Tracy became an independent practitioner. She lived in patients' homes where she was responsible for their care twenty-four hours a day. Nursing care was a labor-intensive process with infectious diseases the number one cause of death. Only improvements in sanitation, increased use of vaccinations and the introduction of antibiotics knocked infectious diseases from first place. Alcohol baths to reduce

fevers were common nursing procedures and *crisis* and *lysis* ordinary terms as a nurse waited to see if the fever would break abruptly or gradually. If the patient were fortunate enough to survive, a long convalescence ensued with the nurse focused on restoring the patient's depleted strength and preventing relapse.

Tracy presents the tedium of private nursing as long twenty-four hour days for seven days a week, sometimes for thirty days a month and even three hundred and sixty-five days a year.¹ If nurses' days were long, they were an eternity for patients:

No nurse [she wrote] who has had the care of a child through scarlet fever can feel she can afford to set aside anything which offers help in suggestion for those long, distracting hours, days, and weeks when, no longer ill, the child feels keenly his restrictions and behaves accordingly. His only defense will be the fertility of her resources. How may this prove to be made one of pleasure and profit to both nurse and patient?²

Those convalescing in a hospital setting had difficulties of their own as Tracy shows:

Convalescence as a rule is not long tolerated in the rush of the hospital service. One not infrequently finds, however, old ulcer cases, long draining appendicitis cases, a whole sluggish list, any one of which keeps the patient stationery in a ward where everything around him shifts constantly. What shall be offered to these?³

Disruption of lives presented other problems:

Gloomy indeed is the outlook for a man whose interests have been centered in the strong tide of men and affairs, when he finds himself shut in a four-walled space through

a long convalescence or more tedious chronic condition...What can the nurse bring into this limited space, a veritable prison to a man of active habits, which will appeal to him as being worthwhile?⁴

Contemporaries who knew Tracy said it was her long years in private nursing that prompted the insight that happier patients were those whose hands and minds were occupied. Not only was their working at something beneficial to themselves, it also benefitted the spirit of the ward.⁵ That insight evolved into invalid occupation, the foundation of occupational therapy.

Tracy, a woman with a bright, spontaneous nature, pursued answers to her questions during her Hospital Economics courses at Teachers College, Columbia University where she also observed sessions in the Manual Arts Department. In July 1905, once her courses were completed, Tracy accepted the position of nursing superintendent at the Adams Nervine Asylum. Located on the edge of the Arnold Arboretum in the Jamaica Plain section of Olmstead's Emerald Necklace, the Asylum provided an aesthetic environment for women who suffered from nervous debility.⁶

Although not a patient at the Asylum, Alice James (1848-1892), provides one instance of nervous problems then afflicting women: "Physical pain however great ends in itself and falls away like dry husks from the mind, whilst moral discords and nervous horrors sear the soul."⁷ Probably as gifted as the men in her family who had illustrious intellectual careers, James led the restricted life of women of her culture. The nervous problems of other women arose

Clio's Corner continued on page 10

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Clio's Corner continued from page 9

from waiting on others and tending to the needs of invalids in the family. Still others were women of no occupation and perhaps of no interest. Therapeutics were as vague as diagnoses were non-specific.

The “bright-faced, healthy, wholesome looking young women in nurses’ caps and aprons [who] flit hither and yon” were the visible evidence that the Adams Nervine Asylum was well into hospitalizing the asylum.⁸ Not only would nursing students make the asylum more like the general hospital, they could be got “for nothing” according to S. Weir Mitchell who berated psychiatrists for becoming hotel keepers far removed from the challenge and discourse of the medical community.⁹

His once popular rest cure that made infants of women putting them to bed and feeding them a rich diet was a thing of the past when Tracy began her tenure at the Asylum.¹⁰ With the fulsome praise and support of Dr. Daniel H. Fuller, the Asylum’s superintendent, Tracy introduced invalid occupation. With a “wise human sympathy,” as Fuller describes Tracy’s nursing, patients were helped to create an object. “Sick talk” was not allowed as the nurse tactfully and enthusiastically kept patients focused on the task at hand with the expectation of success. The personality of nurses was a major aspect of the therapy that helped patients broaden their horizons beyond being sick.¹¹

Tracy grounded her invalid occupation in the pragmatism of John Dewey of Teachers College at Columbia University:

By occupation is not meant any kind of ‘busy work’ or exercise that may be given to a child to keep him out of mischief or idleness when seated at his desk. By occupation I mean a mode of activity on the part of the child which reproduces or runs parallel to some form of work carried on in the social life. The fundamental

point of the psychology of an occupation is that it maintains a balance between the intellectual and the practical phases of experience.¹²

Similarly, Tracy’s invalid occupation was not diversion nor was it work that benefitted hospitals. Invalid occupation was an integral part of nursing care designed for the individual patient in light of her physical and psychological state and sensitive to her condition and tastes. It required imagination on the part of nurses to awaken the interest of the patient in something beyond her nervous state. The patient’s progress toward health was the priority not the article he was making. As Tracy’s contemporaries said, the therapy was “the beginning of a cure”¹³ with patients “reinstated in their own self-esteem.”¹⁴

Under Tracy’s tutelage pupil nurses no longer flitted hither and yon. They learned to focus on the patient and not tasks surrounding her care. Tracy taught them invalid occupation by having them make an object under her close and enthusiastic supervision. They had to keep a notebook of all the materials and procedures they followed. Their notes had to be so clearly written that a stranger could follow their directions, use their patterns and illustrations to make the article discussed, as well as know its cost. Good teacher that she was, Tracy encouraged her students, providing an example of how students could later encourage their patients and build their self-esteem. By the end of the course nurses had a volume on invalid occupation as well as had expanded their expertise in caring for patients. The finale was an exhibit of all the articles made during the course.

Tracy compiled her principles and teaching methods into *Studies in Invalid Occupation: A Manual for Nurses and Attendants* that was published in 1910 and continued in use until 1940. Her dedication: “to William Maxwell Houghton in loving recognition of great lessons taught by a little child” perhaps holds the key to

invalid occupation being “part and parcel of her existence.”¹⁵ William was a baby she had cared for in 1900.

Tracy left the Asylum in 1912 and established her Experiment Station for the Study of Invalid Occupations at 818 Centre Street, Jamaica Plain. She gave lectures, mounted exhibits and taught courses at the Station and beyond. She had already taught the senior class at the Massachusetts General Hospital where Sara E. Parsons, her predecessor at the Asylum, was now overseeing nursing. Among those that followed in Massachusetts were the Newton Hospital, Childrens Hospital and the Huntington Memorial Hospital for Cancer Patients. She taught a five month course at Teachers College, a three month course at Michael Reese Hospital in Chicago and another three month course at Rush-Presbyterian Hospital also in Chicago. Her 1918 course in Detroit prepared nurses to care for debilitated soldiers returning from World War I.

The psychiatric community nodded to Tracy’s preeminence. The January 1917 *Maryland Psychiatric Quarterly* entitled “Susan E. Tracy R.N. Number” featured articles by Tracy, two nurses and Tracy’s publisher. The issue sold out. Thus was Tracy’s invalid occupation that she had established in her private nursing, systematized while she was at the Adams Nervine Asylum and spread from her Experiment Station officially launched as a therapy.

1. Susan E. Tracy, *Studies in Invalid Occupation: A Manual for Nurses and Attendants*, (Boston: Whitcomb & Barrows, 1910), 19.
2. Tracy, *Invalid Occupations*, 58.
3. *Ibid.* 113.
4. *Ibid.* 143.
5. Sara E. Parsons, “Miss Tracy’s Work in General Hospitals,” *Susan E. Tracy Number: Maryland Psychiatric Quarterly*, 6, no. 3, (1917): 63-64; Mary Barrows, “Susan E. Tracy R.N.,” *Susan E. Tracy Number: Maryland Psychiatric Quarterly*, 6, no. 3, (1917): 57-59.
6. The Asylum’s Queen Anne and French Mansard architecture and its surrounding landscape remain as they were in Tracy’s day thanks to being granted Boston Landmark Status in 1976 and in 1982 listed in the National Register of Historic Places.
7. thinkexist.com. See also Jean Strouse. *Alice James: A Biography*. (New York: NYRB, 2011).
8. Mary Norton Bradford, *Boston Globe* April 18, 1887. See JPHS.org.
9. S. W. Mitchell, “Address before the fiftieth annual meeting of the American Medico-Psychological Association,” *Proceedings of the American Medico-Psychological Association*, 19, no. 7, (1894): 101-121.
10. See Charlotte Perkins Gilman, *The Yellow Wallpaper* 1892 for a fictionalized critique of the total rest treatment.
11. Daniel H. Fuller, “Introduction,” in Tracy, *Invalid Occupation*, 9.
12. Tracy, *Invalid Occupations*, 13.
13. Reba Cameron, “An Interview with Miss Susan Tracy,” *Susan E. Tracy Number: Maryland Psychiatric Quarterly*, 6, no. 3, (1917): 65-66.
14. Parsons, “Miss Tracy’s Work,” 64.
15. Cameron, “An Interview,” 65.

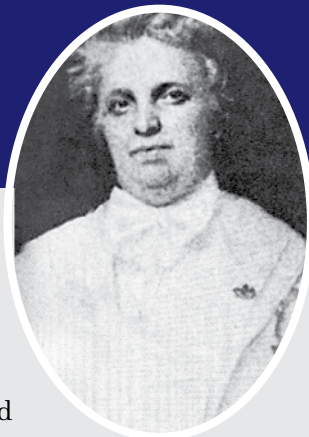
Who is the Nurse in the Masthead?

Susan Edith Tracy

(January 22, 1864-September 12, 1928)

Susan Edith Tracy (January 22, 1864-September 12, 1928) was the youngest child of three girls and one boy born to Cyrus M. Tracy and Caroline M. Needham Tracy in Lynn Massachusetts. The New England family had roots that reached back into the American Revolution. Tracy graduated from the Massachusetts Homeopathic Hospital Training School of Nursing, the precursor of the Massachusetts Memorial Hospital School of Nursing in 1898. She became the first president of the School’s Alumnae Association in 1907. In 1910 while she was superintendent at the Adams Nervine Asylum in Jamaica Plain, her book: *Studies in Invalid Occupation: A Manual for Nurses and Attendants* was published. It remained the textbook for occupational therapists until the 1940s.

Tracy’s photo from Meta Rutter Pennock, *Makers of Nursing History*, Lakeside Publishing, 1940.



Did you get your Flu Shot?

According to the CDC’s *Morbidity and Mortality Weekly Report*, 79% of health care workers received their annual flu vaccine in the 2015-16 flu season. The previous year it was 77%. Health care workers in hospitals had the highest rate of vaccination, with 91% protected. In long term care facilities and nursing homes, only 69% were vaccinated.

Morbidity and Mortality Weekly Report (September 30, 2016)

ANA MA Board Member Andrea Falciano Commissioned into US Army Reserve Nurse Corp



Andrea Falciano, a nurse at the VA Medical Center and a Masters student at Curry College, was commissioned as a Second Lieutenant on October 5. Andrea’s husband and two boys witnessed her taking the oath of allegiance. Also attending the commissioning ceremony was ANA MA founding member Lieutenant Colonel (LTC) Mary McKenzie (retired). Mary presented Andrea with two challenge coins, including her Lieutenant Colonel coin which represents Mary’s accomplishments in the military.

The tradition of military coins dates back to Roman times. Having a retired colleague present her coins signifies faith in Andrea’s leadership and commitment to the ideals of the Army Nurse Corp. Andrea said, “I can only hope to reach Mary’s level of accomplishments.” ANA MA is proud of Andrea’s patriotism.

Prediabetes? That's a thing? Yes. And 1 in 3 people have it.

More and more Americans are being diagnosed with diabetes. A 2014 report from the American Diabetes Association says that 29.1 million Americans have diabetes, although an estimated 8.1 million have gone undiagnosed. More and more Americans are being diagnosed with diabetes. A 2014 report from the American Diabetes Association says that 29.1 million Americans have diabetes, although an estimated 8.1 million have gone undiagnosed.¹ At the current pace, the Centers for Disease Control and Prevention (CDC) projects that *one out of three* Americans will have type 2 diabetes by 2050.

Those projections are based in part on the estimate that 86 million people currently have *prediabetes*. That's a drastic increase from the 79 million with prediabetes in previous years.¹

One in three adults in Massachusetts has prediabetes, but only seven percent know it.² Read on to find out what you can do to increase awareness of prediabetes and how to screen, test, and refer patients with prediabetes to a Diabetes Prevention Program.

Increasing Awareness

In 2016, both the CDC and the Massachusetts Department of Public Health (MDPH) launched prediabetes public awareness campaigns to increase adults' understanding of their risk for diabetes and what they can do to prevent it. MDPH is also working with communities across the state to implement and refer patients to evidence-based lifestyle change programs, like the Diabetes Prevention Program (DPP).

With no change in lifestyle habits, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years.³

Research shows, however, that lifestyle changes—like eating healthier foods and adding physical activity—can actually cut the risk of type 2 diabetes in half.

MDPH strongly urges that people take the Diabetes Risk Test and ask their providers about getting screened for prediabetes. Likewise, health care providers are highly encouraged to order blood tests for patients who may be at risk for type 2 diabetes and refer patients with prediabetes to a local DPP site.

Screening and Diagnosing Patients

Health care providers can diagnose prediabetes and diabetes with a simple blood glucose test, which the American Diabetes Association recommends for anyone age 45 years or older. Other candidates for diabetes screening are adults who are overweight or obese [BMI ≥ 25 (23 if Asian)] with 1 or more of the following risk factors:

- Sedentary lifestyle
- A family history of type 2 diabetes
- Are African-American, Hispanic, American Indian, Asian-American or a Pacific Islander
- High blood pressure
- History of gestational diabetes

For more information about identifying and diagnosing prediabetes, providers can download the *Prevent Diabetes STAT* toolkit developed by the CDC and AMA at www.preventdiabetesstat.org.

A National and Statewide Movement

The Diabetes Prevention Program (DPP) is a proven intervention for helping people with prediabetes and/or who are at risk for type 2 diabetes make realistic lifestyle changes. DPP participants have cut their risk of developing type 2 diabetes by **58 percent**.⁴

Endorsed strongly by the CDC and the American Medical Association, DPP is a year-long, group program held in-person at local YMCAs, health centers, or other community-based organization or accessed virtually over the internet. This program can help individuals lose 5-7 percent of their body weight and attain 150 weekly minutes of moderate physical activity. This weight loss lowers participant's risk for type 2 diabetes. A trained lifestyle coach will help participants learn:

- Practical ways to eat healthy
- How to add physical activity in their daily routine
- How to manage stress

DPP Referrals

A diagnosis of prediabetes should prompt a referral by the healthcare provider to a local DPP site. For residents in Massachusetts, joining a DPP may be free or subsidized by their insurer, employer, or based on their income. Local DPP providers can assist with enrollment.

Learn More Today

Visit MDPH's Diabetes Prevention website to learn more about how you can screen, test, and refer your patients with prediabetes to a Diabetes Prevention Program—www.mass.gov/dph/

preventdiabetes.org. The site links to MDPH campaign materials, the Prevent Diabetes STAT toolkit for providers, diabetes risk tests, a summary of diabetes prevention research, and a list of DPP sites in Massachusetts.

1. Accessed on June 28, 2016: <http://www.diabetes.org/diabetes-basics/statistics/>
2. Accessed on June 28, 2016: <http://www.cdc.gov/media/pressrel/2010/r101022.html>
3. Accessed on June 28, 2016: <http://www.diabetes.org/diabetes-basics/statistics/>
4. MA-DPH data retrieval via BRFSS, 2012
5. Accessed on June 28, 2016: <http://www.cdc.gov/diabetes/basics/prediabetes.html>
6. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002 Feb 7; *346*(6):393-403.



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A New Graduate's Perspective: Part Two

Corey Dean, BS, RN

If I'm honest, I don't quite know where to begin. So much has changed since my last correspondence that it's hard to believe I've come so far. When I last wrote in I was in a state of complete angst, finding it difficult to imagine myself actually working as a nurse. I was yet to start interviewing for jobs—or even pass my boards for that matter—and I was having trouble dealing with the many unknowns in my life. It seemed like I was headed towards a whole new set of hurdles when I had just overcome my greatest challenge yet: earning a BS in Nursing, that is. Well, I'm happy to say that many of my concerns have been resolved and while I have a whole new set of unknowns to attend to, I'm overjoyed with where I am today.



Shortly after my last post, I had an interview with an RN Residency Program. I was anxious and confident all at once, knowing that I was taking the steps I needed to get my career started. I read through every nursing interview guide I could find and practiced answering questions with a friend beforehand, but I still had no clue what to expect on the day of the interview. Fortunately, everything came together as well as I could have imagined. I felt an immediate rapport with the interviewers and answered their questions with aplomb. When it was all said and done I was confident that I had earned a follow-up interview. The only real concern I had left was passing the NCLEX. Queue the dramatic music!

My test date was two weeks after the interview. I had prepared as well as I could have but it was hard not to let the weight of it all get to me. I found out that I was given a second interview for the Residency Program just before I sat for the boards, which was both exciting and sobering. I knew that if I didn't pass on the first try my chances of getting into the Residency Program would be all but gone. It's an uneasy feeling having all of

your hard work in college and the prospects of landing your first job all depend on a single test. It's an even more uneasy feeling leaving the exam thinking that you failed. Waiting the 48 hours for my results was awful. When the time came to learn my fate, my heart was pounding out of my chest. The results page loaded and in a flash, there it was: PASS. I couldn't believe it!

Everything was falling into place and it truly felt surreal. Before I knew it, I had my second interview. I met with a few managers and was reveling in the fact that one of them might end up hiring me. I left the interview feeling great; hopeful that one of the managers I met with would find me a good fit for their unit. Then, I waited...and waited. It felt like an eternity as I awaited a call, eager to know whether or not I got the job. When the call finally came and I got the news I was being hired I was elated! I couldn't wait to get started.

Today, I'm finally settling in after a few weeks of orientation and I love it! I'm so fortunate to be where I am and am forever grateful to those who helped me get here. I look forward to growing as a new nurse and keeping everyone up to date on my journey.

Johnny

Maureen Bisognano
President Emerita and Senior Fellow
Institute for Healthcare Improvement

I'm the oldest of nine children from a big Irish family. We're all close and when we get together during the holidays, there are more than 50 of us – a number that keeps growing. But there's one person who isn't there – my brother, Johnny.

When Johnny was 17 years old, he was diagnosed with Hodgkin's disease. It progressed quickly, and he was in and out of hospitals over the next several years. When Johnny was 20, he would come up to my apartment (I was 23), and tell me, "I'm not going to make it." He was ready to face death, but I wasn't.

I thought my job was to offer encouragement and try to give him hope. I would talk about the next round of radiation, or chemotherapy. But then I learned a powerful lesson – one that has guided me throughout my career. While Johnny was in the hospital during that last year of his life, doctors would come and go from his room. They'd speak over him, and about him, but almost never *to* him.

Then one day, after the doctors left his room, one came back. He asked him, "Johnny – what do you want?" "I want to go home," Johnny answered. The doctor took my jacket from me, put it on Johnny, picked him up from his hospital bed, and carried him to my car, breaking about a dozen different hospital rules. Johnny came home.



Once he was home – surrounded by family and friends – the power of that one question, "What do you want?" became clear to me. So I finally learned what my job actually was...and I asked Johnny, "What do you want?" "I want to turn 21," Johnny answered. Johnny turned 21 on November 25. He died on December 1. Those last few weeks at home with Johnny were magical. We had friends and family, laughter and joy, all with open conversation with Johnny.

Looking back, I wonder what might have come had I known to ask that one simple question earlier. I think about that physician. I want to thank him. It must have been his years of experience that taught him the importance of asking, "What do you want?" And I'm so grateful he taught me the importance of that question.

It's why I have agreed to co-chair, with Atul Gawande, the Massachusetts Coalition on Serious Illness Care. With support from Blue Cross/Blue Shield of Massachusetts and many other

organizations across the state, we did research that showed that I am not alone: 85% of people in the state feel that having the conversation on what matters is important but only 15% have done so. The gaps are big.

Atul and I have worked to set out a bold goal: To ensure that health care for everyone in Massachusetts is in accordance with their goals, values and preferences at all stages of life and in all steps of their care. And we hope to achieve this level of change across the state:

- Everyone in Massachusetts, 18 and older, has designated a health care decision-maker (health care agent)
- Everyone in Massachusetts, 18 and older, has had a conversation (and continues to have conversations) with their agent to communicate their goals, values and preferences for care at the end of life
- All Massachusetts clinicians have appropriate training to facilitate high-quality communication with patients on advance care planning and serious illness care
- Everyone in Massachusetts facing a serious illness has had a high-quality, informed goals and values conversation with their care team
- All Massachusetts health care providers have systems in place to elicit and document goals, values and preferences for patients with serious illness
- All Massachusetts health care providers have systems in place to share patient goals, values and preferences across care settings, to ensure they are accessible regardless of place of care

And being a nurse myself, I see the amazing impact that nurses can have in getting to these important goals. I hope, in fact, that we can be the leader on this culture change by starting with ourselves. Have you had the conversation?

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LIVING LEGENDS IN MASSACHUSETTS NURSING

2006

Mary K. Alexander, EdD, RN, ANP
Karen Daley, PhD, RN, MS
Ann G. Montgomery-Hargreaves,
RN, MS
Rita P. Kelleher, MEd, RN
Anne Kibrick, EdD, RN
Ida Jean Orlando-Pelletier, MA, RN

2007

Joyce C. Clifford, PhD, RN, FAAN
Rachel E. Spector, RN, PhD, CTNA,
FAAN

2008

Anna Bissonette, RN, MS
Carol Picard, PhD, RN
Sister Calista Roy, PhD, RN, FAAN

2009

Barbara A. Blakeney, RN, MS
Mary Ellen Doona, RN, EdD.
Marjory Gordon, PhD, RN, FAAN
Joan M. Vitello-Cicciu, PhD, RN,
FAAN, FAHA, NEA-BC

2010

May Futrell, PhD, RN, FAAN, FGSA
Christine Mitchell, RN, MS, MTS,
FAAN

2011

Phyllis Moore, DNSC, PMH, CNS, BC
Muriel A. Poulin, EdD, RN, FAAN

2012

Frances A. Portnoy, PhD, RN, MS, MA
Rachel Tierney, PhD, RN

2013

Jacqueline Fawcett,
PhD, DSc (Hon), FAAN
Gladys Scipien, MS, RN, FAAN

2014

Carol R. Hartman, DNSc, BS, MS
Sarah B. Pasternack, MA, RN

2015

Arlene Lowenstein, PhD, RN
Anne P. Manton, PhD, APRN,
PMHNP-BC, FAEN, FAAN

2016

Judy A. Beal, DNSc, RN, FNAP, FAAN
E. Ann Sheridan, EdD, MS, BS, RN

EXCELLENCE IN NURSING PRACTICE

2004

Martha J. Hackett, CNM, RN

2005

D. Virginia Capasso, PhD, RN, CN

2006

Judith Mealy, MS, RN, ANP

2007

No Nominations

2008

Susan L.W. Krupnick, MSN,
PMHCNS-BC, ANP, CPREP

2009

Denise Braddock, BSN, RN, CPON

2010

Karen Sherwin, BSN, RN

2011

Neah Kim Ling,
MSN, FNP, APRN, BC

2012

Shirley Lucier,
MSN, RN, CNL, CWOCN
Brid Walsh, BSN, RN

2013

Roger Blanza, RN, BSN, CCRN, CSC

2014

Natasha D. Smitherman, RN, BSN
Marie Krupar, RN, MSN/MBA, CCRN

2015

Michael Dolan, RN, AD, BA

2016

No Nominations

EXCELLENCE IN NURSING EDUCATION

2004

Sandra Reissour, BS, RN

2005

Ellen Vangel-Brouseau, MS, RNI
Lin Zhan, PhD, RN, FAAN

2006

Joanne Evans, EdD, RN, CRRN, FAAN

2007

Judith Healey Walsh, MS, RN

2008

Barbara Hazard, PhD, RN, FAAN

2009

Susan Emery, MS, RN, CRNA

2010

Greer Glazer, PhD, RN, CNP, FAAN
Angela Nannini, PhD, RN, FNP

2011

Susan Kelly-Weeder, PhD, RN, CS,
FNP-BC

2012

Helen C. Fagan, MSN, RN
Josephine M. Gaviola, MSN, RN,
CRRN

2013

Susan Rowen James, PhD, RN
Kelley Stamp, PhD, APRN, ANP-C

2014

Jean A. O'Neil, EdD, RN

2015

Amy Rex-Smith, DNSC, RN, ACNS, BC

2016

Kechinyere C. Iheduru-Anderson,
DNP, RN, CNE, CWCN

EXCELLENCE IN NURSING RESEARCH

2004

Roseanna DeMarco, PhD, RN, Ph
CNS-BC, ACRN, FAAN

2005

June Andrews-Horowitz, PhD, RNCS,
FAAN

2006

Diane L. Carroll, PhD, RN

2007

Barbara E. Wolfe, PhD, RN, CS, FAAN
Judith A. Vessey, PhD, CRNP, MBA,
FAAN

2008

No nominations

2009

Dorothy A. Jones, EdD, RNC, FNP,
FAAN

Rothlyn P. Zahourek, PhD, RN, AHN-BC

2010

Margaret Kelly-Hayes, EdD, RN,
CRRN, FAAN, FAHA

2011

Diane Feeney-Mahoney, PhD, RN,
APRN, BC, FGSA, FAAN

2012

Katherine E. Gregory, PhD, RN
Patrice K. Nicholas DNSc., DHL
(Hon.) MPH, MS, RN, ANP, FAAN

2013

Inge Corless PhD, RN, FAAN

2014

Marilyn Lanza, DNSc, RN, CS, FAAN
Lichuan Ye, PhD, RN

2015

Cynthia Jacelon, PhD, RN-BC, CRRN,
FAAN

Sara Looby, PhD, ANP-BC, FAAN

2016

Rachel DiFazio, PhD, RN, PPCNP-BC,
FAAN

PRESIDENT'S AWARD

2004

Barbara Blakeney, MS, RN

2005

Karen Daley, PhD, MPH, RN, FAAN

2006

Sen. Richard Moore

2007

Jeanette Ives Erickson, DNP, RN, FAAN

2008

Myra F. Cacace, RN, MS, APRN, BC-
ADM, CDE

2009

Jeanne Gibbs, MSN, RN
Sandra Reissour, BS, RN

2010

Massachusetts Board of Registration
in Nursing - 100 year Anniversary

2011

Elizabeth (Beth) Grady, PhD, RN

2012

MARN Past Presidents

Karen Daley, PhD, MPH, RN, FAAN
Susan L.W. Krupnick, MSN,
PMHCNS-BC, ANP-BC, C-PREP
Judy Sweeney, MS, GNP
Toni Abraham, RN, MSN, ANP-BC

2013

Marie McCarthy, MS, RN

2014

No Recipient

2015

Senator Eileen Donoghue
Representative Kay Khan, RN, MS

2016

Susan A. LaRocco, PhD, RN, FNAP

ARTHUR L. DAVIS PUBLISHING AGENCY SCHOLARSHIP

2004

Susan C. Frazier, BS, RN

2005

Jacqueline Somerville, RN, MS

2006

Patricia M. Bowe, MS, RN

2007

No nominations

2008

David A. Higgins, BS, RN

2009

Rebecca Leach

2010

Nicole Ashton, BS, RN, MS (C)

2011

Carmela A. Townsend, MS/MBA, RN

2012

Mariann McShane, BS, RN

2013

Gail Slotnick, MBA, RN-BC, WGS

2014

No nominations

2015

Elizabeth Kinsella, MSN/FNP
Candidate 2015, BSN, BS, RN

2016

Christina Buettner, BSN, RN, CCRN

RUTH LANG FITZGERALD MEMORIAL SCHOLARSHIP

2006

Cidalia Vital, RN, BSN

2007

Yolanda Starling, RN, BS

2008

Karen Daley, PhD, MPH, RN, FAAN

2009

Georgia P. Ameia Yen-Patton, RN, CS,
MS, GNP

2010

Pamela Gorgone, BSN, RN, CNOR

2011

Sharon Lee-Gifford, BS, RN

2012

Cynthia Vella, RNC, APRN

2013

Elizabeth Kinsella, BSN, RN, BS

2014

Christina Buettner, BSN, RN, CCRN

2015

Maura Flynn, RN, BS, DNC

2016

Christianna Papadopulu, MA, RN

JEAN STEEL LECTURESHIP

2006

Diane E. Snow, PhD, APRN, BC,
CARN, PMHNP

2007

Joyce C. Clifford, PhD, RN, FAAN

2008

Barbara Stabile, RN, MS

MARY A. MANNING MENTORING AWARD

2008

Mary A. Manning, RN, MS

2009

Edward Coakley, RN, MSN, MA, Med.

2010

Theresa Gallivan, RN, MS

2011

Erin T. Lamoureux, RN, MS, GCNS, BC
Marion Winfrey, RN, EdD

2012

Cecilia McVey, RN, MHA, CAN

2013

Barbara Wolfe, PhD, RN, FAAN

2014

Tommie L. Burton, BS, RN, BC
Judith Shindul-Rothschild, PhD,
RNPC

2015

Catherine Read, PhD, RN

2016

Jacqueline S. Dowling, PhD, RN, CNE

LOYAL SERVICE AWARD

2010

Maura K. Fitzgerald, RNC, MS

2011

Myra F. Cacace, GNP/ADM-BC, CDE

2012

Jeannie Gibbs, MSN, RN
Cynthia LaSala, MS, RN

2013

Gayle Peterson, RN

2014

Patricia Ruggles, RN, BSc, CRNO

2015

Susan L. Conrad, PhD, RN, CNE

2016

Margie Hamilton Sipe, DNP, RN, NEA-BC

COMMUNITY SERVICE AWARD

2015

Joellen Hawkins PhD, RN, WHNP-BC

2016

No Nominations

FRIEND OF NURSING AWARD

2015

Diane Shugrue Gallagher
Nursing Archivist

2016

Secretary Marylou Sudders
Executive Office of Health and
Human Services

The Board of Registration in Nursing Is Going Green!

Paper Renewal Reminders and Paper Licenses to be Eliminated

Effective with the 2018 Registered Nurse (RN) and the 2019 Licensed Practical Nurse (LPN) renewal cycles, license renewal reminders and nursing licenses in paper format will no longer be mailed via the U.S. Postal Service to Massachusetts nurses.

The Board will use email to send updates to nurses who maintain a current email address in the Board's database. Log onto the Mass Department of Public Health Online Licensing site to update email or mailing addresses. Please note that the mailing and email addresses for each license held must be updated individually. For example, those with both a RN license and Advanced Practice Registered Nurse (APRN) authorization will be required to maintain current addresses for both categories.

After the current renewal cycle, nurses will be expected to initiate renewal of their nursing license without a paper reminder by logging on to <http://onlineservices.hhs.state.ma.us>.

Licensure status can be verified by accessing the Board of Registration in Nursing (Board) "Check a License" link that can be accessed at www.mass.gov/dph/boards/rn. The link is considered primary source of verification and is available 24 hours a day, seven days a week at no cost. It is possible to print information from the website or download licensing information into an excel spread sheet. Directions are provided at the site. Verifications are not provided over the phone or in person.

In addition, nurses and employers can automatically receive free, publicly available primary source license and discipline status updates from boards of nursing in multiple jurisdictions after logging into Nursys e-Notify.

Details regarding the Board's process for Primary Source Verification are available on the Board's website.

Nurses are urged to regularly check the Board's website for further developments. The Board posts information on its website to alert nurses to licensure requirement revisions or other

noteworthy news. In order to keep current, the Board recommends that all nurses subscribe to the Board's RSS feed icon at www.mass.gov/dph/boards/rn to be automatically notified via email when the Board posts a "news and updates" item. If you have not done so, take a moment to review the Board's annual Newsletter.

RN license and APRN authorization renewals occur on the RN's birthday in even-numbered years. LPN license renewals occur on the LPN's birthday in odd-numbered years. Licenses revert to an "Expired" status automatically should the licensee fail to renew by 11:59 pm on the license expiration date. Once the renewal is complete, the renewed license status will immediately appear on the Board's license verification site.

Practice with an expired license is illegal and grounds for Board discipline. A civil administrative penalty for unlicensed practice of up to \$2,500 and/or six months of imprisonment may be imposed [ref: MGL c.112, §65A].

During the renewal process, all nurses attest under penalties of perjury to compliance with:

- State tax and child support laws
- Mandatory reporting laws
- All Board laws and regulations including continuing education requirements
- Prescriber training requirements pursuant to MGL c. 94C, s. 18(e)

VERY IMPORTANT INFORMATION FOR ADVANCED PRACTICE REGISTERED NURSES

APRNs (Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, Psychiatric Clinical Nurse Specialists, and Clinical Nurse Specialists) are required to have current certification from a Board approved certifying organization.

An APRN is not authorized to practice without current certification [ref: 244 CMR 9.04(4) and 244 CMR 4.05]. Should APRN certification lapse for any reason, the APRN must inform the Board by completing a Request to remove APRN authorization and cease APRN practice until such time that certification becomes current. The Board does not have a "grace period."

When renewing a RN license, APRNs will renew their Board authorization to practice as an APRN at the same time. If, for any reason, an APRN does not intend to renew their APRN authorization, he or she must complete a Request to remove APRN authorization, allowing time for processing, prior to renewing to avoid paying the APRN renewal fee. Be advised that fees are non-refundable.

When expired, should an APRN successfully complete the certification process, he or she may complete a Request to reinstate APRN authorization. Upon receipt of the form, the Board verifies the certification as current, updates the Board's license verification site and the APRN may return to practice.

The Board advises APRNs to review the information on the current renewal reminder carefully. During the renewal process, APRNs are requested to provide specific certification information, such as:

- Name of Board approved certifying organization (ANCC, AANP, NCC, PNCB, AACN, AMCB, NBCRNA)
- Certification number (as it appears on your certification)
- Certification expiration date (mm/dd/year)

It is an APRN professional responsibility to meet the initial and continued certification requirements of the Board approved certifying organization. APRNs should contact their certifying organization for additional certification information.

The APRN with prescriptive authority, pursuant to M.G.L. Chapter 94C, Section 18(e), in addition to acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management, are required to complete appropriate education in the following concepts prior to initial Board authorization to practice in the advanced role, and subsequently, during each renewal period:

1. effective pain management;
2. the risks of abuse and addiction associated with opioid medication;
3. identification of patients at risk for substance use disorders;
4. counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications;
5. appropriate prescription quantities for prescription medications that have an increased risk of abuse; and
6. opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.

Please note that MGL 94C, Section 18(e) does not specify a minimum number of contact hours to comply with this education requirement. APRNs may choose any continuing education offering consistent with the Board requirements at 244 CMR 5.00: Continuing Education and Advisory Ruling 0901: Management of Pain.

By signing the MCSR form and by your signature on your license renewal form, you attest under penalties of perjury that you have complied with state tax and child support laws, mandatory reporting laws, and all Board laws and regulations, including continuing education requirements.

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Questions about the ANA Massachusetts Nurses Association Approver Unit

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

How does the ANA Massachusetts support quality continuing nursing education in the Commonwealth?

The ANA Massachusetts approver unit review process is based on standards of nursing continuing education and is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. Individual educational activities must be effectively planned, implemented, and evaluated according to educational standards and adult learning principles. The ANA Massachusetts Approver Unit reviews submitted programs and looks for evidence that the standards articulated in the criteria set forth by the American Nurses Credentialing Center (ANCC) are reflected in the program. The review is completed by volunteer nurse peer reviewers who work with the nurse peer review leader to insure high quality programming across the state.

How do I know if a program I am attending will meet the Board of Nursing's continuing education requirement?

If an educational program is approved by the ANA Mass approver unit, the official statement, **"This continuing nursing education activity was approved by the American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation"** should be provided to participants prior to the start of the program and be present on the certificate of completion. It is the responsibility of the individual Registered Nurse to maintain copies of the certificate so if the Board of Registration in Nursing requests validation of continuing education these can provide the evidence necessary to demonstrate compliance with the regulations. Programs not approved by the ANA Massachusetts Approver unit may or may not comply with the regulations.

What is the difference between a nursing contact hour and a CEU?

The contact hours provided by educational programs approved by ANA Massachusetts Approver Unit are accepted by boards of nursing in almost all other states. The official language of the ANCC and the accredited approver units is **Nursing Contact Hours not CEU, as the term CEU is owned by a different organization and should not be used in approved programs.**

When should the 2015 criteria be fully implemented in Massachusetts

All nurse planners should be using the 2015 criteria at this time. Packets have been sent out to the primary nurse planners at the approved provider units with new instructional packets and suggested forms. If you have not received these please notify inforce@anamass.org. Individual activity applications should all be submitted on line using the anamass-au.org website.

Questions related to continuing nursing education can be directed to jsheehan@anamass.org

With Celebrity Comes Responsibility: Giving Back!

Jeanne Gibbs, MSN, RN and Sandra Reissour, MSN, RN

When the ANA Massachusetts Accredited Approver Unit was awarded the Premier Award by the American Nurses Credentialing Center (ANCC) in Pittsburgh on July 18, 2016, it joined an elite group. There are only 3 recent recipients of the Premier award for Accredited Approvers: Montana, Ohio and now Massachusetts. The award brought great joy to the members and staff who work tirelessly at the ongoing work of operating an accredited approver unit.



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

While the designation confers an aura of excellence, it also carries immense responsibility. The award is not a stopping point...to the next level. There are expectations of giving back. The approver unit serves as a model and the Nurse Peer Review Leader

(NPRL) serves as a model and mentor. For example, Judy Sheehan, the Nurse Peer Review Leader since 2009, assisted in the planning and was a speaker at the ANCC meeting held in Seattle in early August. There, she presented on Recruitment and Retention strategies for approver and provider units. She will also serve as a coach and guide to Nurse Peer Review Leaders who are new to the position.

Judy's knowledge of ANCC criteria, which guide the work of the approver unit and the educators who choose to plan continuing education activities according to this gold standard, led to her selection as an ANCC Appraiser candidate. If accepted as an appraiser, she will be part of a 2-person team to review the self-study of applicants seeking accreditation status. (ANA Massachusetts is an ANCC Accredited Approver) After determining if any of the material provided in the self-study requires amplification, clarification and/or modification, she will participate in the Virtual Visit of the applicant. Together with the second appraiser, she will recommend a decision to the Commission on Accreditation.

All of these roles: planner for national continuing nursing education activities, speaker at national CNE activities, mentor to other Nurse Peer Review Leaders in the country and ANCC Appraiser candidate, reflect well on ANA Massachusetts. All of these roles contribute to the concept of giving back!

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ANA MA Members Enjoy Networking at the Wine Tasting Event



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- Have Fun!

Congratulations

to Past President Tara Tehan on her appointment to the ANA Audit Committee.

Shaunna O'Connell, State Representative, Governor Baker and ANA MA President Cathleen Colleran-Santos



shop for holiday gifts for your favorite nurse... or yourself at

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Massachusetts Prescription Monitoring Program (PMP) Attention Prescribers!

Launching the new online PMP: Massachusetts Prescription Awareness Tool (MassPAT)

MassPAT, the new online PMP, will go live Summer 2016!

In preparation, please read the information below about what PRESCRIBERS will need to register with MassPAT.

1. Use your professional email address as your username. The email address you choose for your username will be used by the PMP for communication purposes and to link with delegate(s) account(s).
2. MassPAT will require you to have the following credentials to create your MassPAT account:
 - a. Federal Drug Enforcement Administration (DEA) Number
 - b. Professional License or Board Number
 - c. Massachusetts Controlled Substance Registration (MCSR) Number

Notice to all Prescribers - Effective October 15, 2016, you will be required to check MassPAT each time you prescribe a Schedule II-III opioid and when prescribing a benzodiazepine or DPH designated Schedule IV-VI for the first time.

The PMP team will follow-up with more information as the MassPAT go-live date approaches, including providing your MCSR Number.

More information, please visit the PMP website: www.mass.gov/dph/dcp/pmp

Bulletin Board



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- ❖ Gain and Maintain Your ANCC Certification (Save up to \$125 on ANCC initial certification and up to \$150 on ANCC certification renewal)
- ❖ American Nurse Today
- ❖ The American Nurse—ANA's award-winning bi-monthly newspaper
- ❖ OJIN—The Online Journal of Issues in Nursing
- ❖ ANA SmartBrief—Daily eNews briefings designed for nursing professionals
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- ❖ Discounted Nursing Books!
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- ❖ ANA MA Career Center
- ❖ Network and Connect with Your Fellow ANA Member Nurses
- ❖ Valuable Professional Tools
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- ❖ Discounted ANA Massachusetts conference fees
- ❖ Access Valuable Professional Tools to enhance your career development

Advocacy

- ❖ Protecting Your Safety and Health
- ❖ ANA's HealthyNurse™ program

- ❖ Strengthening nursing's voice at the State and National Levels
- ❖ National and State-Level Lobby Days
- ❖ Lobbying on issues important to nursing and health care and advocating for all nurses
- ❖ Representing nursing where it matters/ representation in the MA State House
- ❖ Speaking for U.S nurses as the only U.S.A member of the International Council of Nurses
- ❖ Protecting and safeguarding your Nursing Practice Act Advocating at the state level
- ❖ ANA-PAC demonstrates to policymakers that nurses are actively involved in the issues that impact our profession and patients
- ❖ ANA Mass Action Team
- ❖ ANA's Nurses Strategic Action Team (N-STAT)

Personal Benefits

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- ❖ Long Term Care insurance offered by Anchor Health Administrators
- ❖ Term Life Insurance offered by Hartford Life and Accident Insurance Company
- ❖ Financial Planning Offered by Edelman Financial Services
- ❖ Savory Living Eating – discounted program offerings
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- ❖ Free Research Recruitment Notices placed on ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution

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ADDRESS CHANGE? NAME CHANGE?

ANA Massachusetts gets mailing labels from the Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing!

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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ANA MA President receives Faculty Award from Massachusetts Rhode Island League for Nursing (MARILN)



The Massachusetts Executive Office of Health and Human Services (EOHHS) received approval on November 4, 2016 from the Centers for Medicare and Medicaid Services (CMS) to amend and extend its MassHealth Section 1115 Demonstration. The waiver supports the restructuring of the MassHealth program to provide integrated, outcomes-based care to 1.9 million Massachusetts residents. It will allow Massachusetts to move from its current fee-based model to a system of Accountable Care Organization models (ACO) who work in close partnership with community-based organizations to better integrate care for behavioral health, long-term services and supports and health-related social needs. The new waiver, which is effective July 2017, authorizes \$1.8 billion over five years of new Delivery System Reform Incentive Program (DSRIP) funding to support the move to ACOs, invests in Community Partners for behavioral health and long-term services and supports, and allows for innovative ways of

addressing the social determinants of health. It also authorizes and sustains nearly \$6 billion of additional safety net care payments over 5 years to hospitals and the health safety net for the uninsured and underinsured, and for subsidies to assist consumers in obtaining coverage on the Massachusetts Health Connector.

The waiver also authorizes more than \$52.4 billion to the MassHealth program over the next five years, expands substance use benefits to address the opioid epidemic, and secures important investments for strengthening the community-based health care system for behavioral health services and long-term supports.

EOHHS appreciates all of the support and engagement received from the health care community and is committed to continue to engage stakeholders as it begins to implement these reforms.

For more information go to <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/masshealth-innovations/1115-waiver-proposal-information.html>

American Nurses Advocacy Institute



Christina Saraf, BS, MSN, RN, CNL, Staff Nurse, Boston Medical Center Co-Chair, Health Policy Committee

Twenty-two nurses from across the country came together in Washington, DC on October 23rd to 25th representing their state's nurses' associations to begin a year-long journey to becoming stronger advocates for the profession. They are participating in the American Nurses Advocacy Institute (ANAI), designed to develop nurse's political competence, thereby expanding nursing policy leaders and grassroots capacity for the profession and health care. Endorsed by their state nurses association (SNA), each ANAI Fellow is preparing to provide counsel to the SNA in establishing legislative and regulatory priorities with recommended strategies to achieve, as well as contribute, to execution of actions to advance policy. Fellows will also serve as mentors to other SNA members.

Sessions in DC included conducting a political environmental scan in order to navigate the

legislative arena more successfully. An interview with Minnesota State Representative Erin Murphy RN who has been in the House for ten years and was a lobbyist for the state nurses association prior to that, helped us gain a greater appreciation for both sides when trying to advance policy. Inspiration was also garnered from two dynamic leaders: Mary Behrens, RN, MS, FNP-BC, former Wyoming Legislator, Mayor, and County Commissioner and Dr. Irene Trowell-Harris, RN, Ed.D. Major General USAF, Retired, the former Director of the Department of Veterans Affairs Center for Women Veterans. They shared their paths to involvement in policy making and public office.

Time was dedicated to developing and controlling advocacy messages for differing audiences: media, legislators, reporters, and colleagues, followed by effective use of digital advocacy. During the remainder of the year, an example of topics to be explored will be bill analysis, preparing for and delivering testimony, and lessons learned in building and/or participating in a coalition. ANA staff, Janet Haebler, MSN, RN, Senior Associate Director for State Government Affairs, and state mentors provide support in the application of the new knowledge and skill throughout the year. The experience was capped off with a "Day on the Hill" seeking support for two ANA priority bills prior to the conclusion of the 114th Congress which meant meeting with Massachusetts Senator Elizabeth Warren's staff. Of course, Senator Warren was busy out on the trail gathering votes prior to the election!

As Co-Chair of the Health Policy Committee, being a participant in the ANAI is a tremendous opportunity to learn new skills to influence policy in the Commonwealth.

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House Unanimously Passes the Title VIII Nursing Workforce Reauthorization Act

On November 14, 2016, the U.S. House of Representatives passed H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act by voice vote. First enacted over 50 years ago, the Health Resources and Services Administration's (HRSA) Title VIII nursing programs bolster nursing education at all levels, from entry-level preparation through graduate study, and support institutions that educate nurses for practice in potential shortage areas, such as rural and underserved communities. In addition, the programs support loan repayment opportunities for nurses in exchange for working

in underserved areas or for going into academia to teach the next generation of the profession, and they also support specific training for nurses to practice with the aging population. The Title VIII Nursing Workforce Reauthorization Act would continue these programs and update them to recognize changes in the nursing profession.

Over 50 national nursing organizations endorsed the Title VIII Nursing Workforce Reauthorization Act when it was introduced in 2015. S.3245, the Senate version of the Title VIII Nursing Workforce Reauthorization Act was introduced earlier this year.

2nd Annual Wellness Event

NEW DATE: Friday, March 3, 2017



Nurses are Special...take time out to join us for a Day of Wellness!

10:00 a.m. – 3:00 p.m.
Danversport Yacht Club
Keynote Presentation
Donna M. White, RN, PhD, CNS, CADAC
Check Out www.anamass.org for Wellness Session Breakouts

Have you seen the Healthy Nurse resources on the ANA website? Go to <http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/Resources-2> for information on fatigue, ergonomics, chemical safety, environmental health, immunizations, workplace wellness and much more.

ANA Ready to Work with New Administration to Improve Health for All

SILVER SPRING, MD –The American Nurses Association (ANA) is steadfast in its commitment to improve the health of people across the country. We look forward to sharing the valuable expertise of nurses with the new Administration and Congress.

"As President-elect Trump looks to improve America's health care system we are ready to work with his administration to advance health care that is accessible, affordable, equitable, integrated and innovative," said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of ANA.

"This new Administration also has an opportunity to unite the country around a shared vision that puts protecting and promoting quality health care for all Americans above partisan politics," said Cipriano. "ANA stands ready to offer support and assistance to make this opportunity a reality."

In addition to the presidential race, many advocates of health care and nursing priorities were elected to the U.S. Congress on Tuesday. In total, 83 percent of the 52 candidates endorsed by ANA's Political Action Committee (PAC) won their election and will serve in the 115th Congress.

Nurses are the largest single group of health care professionals, and the nursing profession has been voted as the most trusted profession for 14 years straight. ANA will continue to leverage this trust to advocate for access to quality, affordable health care, optimal nurse staffing and other policies that remove barriers to health care for the broader community.

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The Bachelor of Science and Master of Science in Nursing programs at Southern New Hampshire University are accredited by the Commission on Collegiate Nursing Education (CCNE). (http://www.aacn.nche.edu/ccne-accreditation)

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