Thank You for Being a Nurse

Gino Chisari, RN, DNP

I’ve known for the past 2 years that the day would come that I would write my last column as MARN president. I was sure it would be filled with profound statements of reflection, or a grand report of unsurpassed achievement, or at least a few highly amusing anecdotes. But, I’m sorry to say this farewell doesn’t contain any of those elements. Instead I simply want to wish you the best and to thank you for being a nurse.

A few years ago I was invited to give a presentation in China on the importance of professional development and how supporting the intellectual growth of a nurse will transform an organization. A dear colleague who was also lecturing at this symposium gave one of the most inspiring talks I have ever heard. She concluded with thanking us for being nurses. As the audience politely applauded, she then asked the over 300 nurses present to stand up and thank each other. The nurses who just completed a difficult shift, and did so with grace and dignity. Thank the nurse who taught you, or thanked each other. That day was the first time in their careers many of the nurses present, this enormous energy and joy. For room was suddenly filled with applause, she then asked the nurses. As the audience politely applauded, she then asked the over 300 nurses present to stand up and thank each other. The nurses who just completed a difficult shift, and did so with grace and dignity. 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March 2014

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Carol Hartman, DNP, BSN, MS
by Carol Glod, Ph.D.

Dr. Carol Hartman is a distinguished researcher, educator, and nurse clinician with an extensive record of scholarship. She is Professor Emeritus (since 1995) at Boston College School of Nursing, after a long and distinguished academic career that began in 1966. She started the advanced practice psychiatric nursing graduate program and has trained hundreds of psychiatric clinical nurse specialists throughout the region and the country. A prolific grant writer, she obtained over 2 million dollars in federal funding to launch and support psychiatric nursing education from 1965 until 1982. She also conducted some of the original research on psychiatric needs of mothers as part of the Harvard University Research Corporation, Joint Admission Project and Child Development Study. Furthermore, she co-directed the Nursing Aftercare Project funded by the National Institute of Mental Health (NIMH).

Dr. Hartman is the author of over 47 peer reviewed journal articles, and 48 books and book chapters. Carol has mentored countless students, faculty, nurses and alumni. She is a caring, dedicated, and admired individual. As a counselor, guide, tutor, and friend, Carol’s long standing career contributions serve as an inspiration to other nurses. Her creativity, compassion, and innovation created paths for other nurses to follow, even when they might not have imagined those paths for themselves.

Dr. Glod remembers, “Carol was in a BU doctoral class sitting next to a very pregnant red-headed student. And so marked the beginning of the dynamic duo: Hartman-Burgess. Our work together was a counselor, guide, tutor, and friend, Carol’s long standing career contributions serve as an inspiration to other nurses. Her creativity, compassion, and innovation created paths for other nurses to follow, even when they might not have imagined those paths for themselves.

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Carol Hartman provided a firm foundation for the next generations of highly motivated young nurses and scholars to forge ahead.”

Sarah Pasternack, MA, RN
by Judy A. Beal, DNP, SN, FNAP, FAAN

Sarah Pasternack, MA, RN has made significant contributions to the profession of nursing on a state, national, and international level. As a faculty member at St. Francis Hospital in NJ, Boston University, and Simmons College, Sarah has educated thousands of young pediatric nurses who have perpetuated the values of excellence, family centered care, evidence-based practice, lifelong learning, and professionalism. I have had the honor to first teach with Sarah and then to supervise her in her clinical teaching roles. She was the pent-ultimate “pedi” nursing instructor back in the day!—tough…with the highest of expectations for her students…always dedicated to quality of patient care and insuring that students embraced this…yet compassionate in her educational approach. I am one of those colleagues who is so very proud of being Sarah Pasternack’s colleague.

Part of why Sarah was such an exceptional pediatric instructor was because she had such strong roots in patient care. While teaching she always practiced and when she “retired” from teaching, she continued to work to insure that children and families were cared for in the excellent tradition that she prepared so many of her young staff at Children’s Hospital. As a Director of Patient Care Services and then the Coordinator for Patient Safety and Quality of Children’s Hospital, Sarah made a significant contribution to the then emerging quality and safety movement in nursing and to one of the best Children’s Hospitals in the country.

Since 1993 Sarah has been the President of the Nursing Archives Associates Special Collection at Boston University. In her role as founder and president of the Nursing Archives, Sarah has perpetuated nursing’s strong legacy nationally and internationally. She is a tireless advocate of the preservation of our rich history and will one day be recognized in the Archives as one of our country’s living legends. In Massachusetts, Sarah Pasternack is already a living legend!
MARN/ANA Testify in Support of Massachusetts Advanced Practice Nurses: Advocating for Improvements in Quality and Cost

Stephanie Ahmed, DNP, FNP-BC
MCNP President

On Tuesday, November 19, 2013, ANA President Karen Daley joined MARN President Gino Chisari and Massachusetts Coalition of Nurse Practitioners (MCNP) President Stephanie Ahmed at the Legislature’s Joint Committee on Public Health hearing. The advanced practice nurses’ legislation, S.1079 and H.2009, an Act Improving the Quality of Health Care and Reducing Costs consumed about four hours of the Committee’s time with testimony in support and opposition.

In addition to verbal testimony presented by Rep. Kay Khan (D-Newton), the House bill sponsor, many organizations submitted testimony in support, including: AARP of Massachusetts, Atrius Health, Organization of Nurse Leaders (ONL) and the Massachusetts Association for School-Based Health Care. MCNP and MANA had two panels of presenters who discussed the role of advanced practice nurses, what they do, and the rationale for the legislation and why NOW is the time to enact this bill!

Organized Medicine had a total of 15 physicians and one NP who appeared in person to testify against the bill. Opposition insisted that the patient needed physician supervision of NPs and Certified Registered Nurse Anesthetists (CRNAs) because our education and training pales in comparison to theirs. No evidence presented, just anecdotal statements and erroneous statements such as:

- APRNs make unnecessary referrals to specialists
- APRNs do not know how to diagnose ear infections or perform EKGs.
- When there is a disagreement whether to extubate a patient, it should be the physician in the end to have the final authority to decide what is safest for the patient.

As difficult it was for the leadership of MARN/ANA, MCNP and MANA to hear these inaccurate statements we stressed that this debate is NOT about APRNs’ competence to practice. The evidence of over 40 years of research overwhelmingly support the high quality of care provided by APRNs every day.

APRNs are grateful to two state representatives on the committee who are nurses and were capable of keeping the discussion focused by posing specific questions to the physicians who testified. Rep. Christine Canavan (D-Brockton) and Rep. Denise Garlick (D-Needham) made the following inquiries:

- Why is organized medicine opposed to APRNs practicing to the full extent of their education and training?
- Why do they disagree with the Institute of Medicine’s report recommending that APRNs be authorized to practice without these barriers?
- Who is billing for the services rendered by APRNs?
- Do doctors review every referral made by an NP now?
- Are CRNAs being allowed to utilize their prescriptive authority?

Now is the time for all nurses to contact your representatives to urge them to support S.1079 and H.2009, an Act Improving the Quality of Health Care and Reducing Costs. A list of legislators on the Committee with a link to their contact information can be found at https://malegislature.gov/Committees/Join/16.

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Nurse Practitioners (NPs) and Certified Registered Nurse Anesthetists (CRNAs) have been recognized nationally and in Massachusetts as Advanced Practice Nurses for more than forty years. NPs and CRNAs are responsible for the care they deliver; must adhere to national professional standards, and retain their own professional malpractice.

Since the early 1990s, NPs have been able to independently write prescriptions. In 2008, the legislature recognized the NP as a primary care provider that beneficiaries can choose. Further in 2012, the legislature debated that all beneficiaries must choose a primary care provider and that all licenses must be able to practice to the full extent of their scopes of practice. Further the National Council on Quality Assurance (NCQA) recognizes that NPs can lead patient centered medical homes.

On January 1, 1989 CRNAs became the first nursing group to be paid directly for their services under Medicare and have been independently billing third party payers since that time. CRNAs added prescriptive authority in 2010, increasing their capacity to more fully serve the patients in their care.

For over 20 years, the Massachusetts General Laws (MGLs) have tied the Massachusetts Board of Registration in Nursing to promulgating regulations jointly with the Massachusetts Board of Registration in Medicine for NPs and CRNAs. This antiquated mandate, which requires physician supervision of prescription practices for CRNAs and NPs, and requires an agreement between the APRN and the physician for prescribed guidelines, is ineffective, arbitrary, inefficient and no longer rational.

In 2010, the Institute of Medicine along with the Robert Wood Johnson Foundation and the National Council of State Boards of Nursing recommended that:

- Nurses should practice to the full extent of their education and training;
- Boards of Nursing should be solely responsible for licensing APRNs;
- The cost of care is increased and much time is wasted by unnecessary physician supervision, and by duplication of services resulting from required “confirming” visits with a physician and co-signatures for prescriptions or orders. APRNs should be licensed as independent practitioners with no regulatory requirements for collaboration, direction or supervision from physicians.

The goals of AN ACT IMPROVING THE QUALITY OF HEALTH CARE AND REDUCING COSTS are to:

1. Remove the mandate of supervision by physicians for the prescriptive practice of the NP and CRNA.
2. Remove the mandate for practice guidelines with a physician;
3. Provide the sole authority for the regulation of NPs and CRNAs to the Board of Registration in Nursing;
4. Remove restrictive time limitations on writing prescriptions for the CRNA; and
5. Update the Nurse Practice Act to reflect that NPs and CRNAs not only order tests and therapeutics, they also interpret them in order to best treat the patient.
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FPC: Consumers and Competition the Winners in Massachusetts Advanced Practice Nursing Bill

H2009/S1079 Could Lower Costs and Improve Access, FTC Says

January 30, 2014 – The Massachusetts Association of Nurse Anesthetists, the Massachusetts Coalition of Nurse Practitioners, and the Massachusetts Chapter of the National Association of Pediatric Nurse Associates and Practitioners announced today that proposed legislation that would remove certain outdated physician supervision requirements for advanced practice nurses in Massachusetts has received favorable analysis from the Federal Trade Commission (FTC).

The FTC, in a letter answering to a request from Massachusetts Rep. Kay Khan (D-Newton), the sponsor of House Bill 2009, stated that the changes would likely benefit consumers and competition in the state’s health care market.

“I am so pleased that the FTC has taken the time to evaluate this bill and has issued its strong support for this important legislation,” said Khan. “This bill will allow for greater access to care and remove out-of-date supervision requirements for advanced practice nurses in the Commonwealth. I hope this endorsement will provide the necessary support to push this bill through the Legislature by the end of this session.”

The legislation would remove a requirement that Certified Registered Nurse Anesthetists (CRNA) and Nurse Practitioners (NP) practice under outdated regulations adopted 20 years ago by both the Board of Registration in Nursing and the Board of Registration in Medicine, a requirement that applies to no other health care profession. The FTC highlighted the high quality and safety of CRNA and NP practice experienced nationally, including in states that do not require physician supervision of these health care professionals.

CRNAs and NPs are licensed professionals who must meet national certification standards. They undergo seven to eight years of undergraduate and graduate education and clinical training.

“We are gratified that the FTC sees the wisdom in removing these antiquated supervision barriers so that Certified Registered Nurse Anesthetists and Nurse Practitioners are better able to practice to the full extent of their education and training,” said Steve L. Alves, PhD, CRNA, FNAP, president of the Massachusetts Association of Nurse Anesthetists.

“We urge legislators to pass this bill now, at a time when the shifting dynamics of health care both in Massachusetts and the nation demand the most efficient and cost-effective approach,” said Stephanie Ahmed, DNP, FNP-BC, FNAP, president of the Massachusetts Coalition of Nurse Practitioners.

“The FTC has recognized that health care reform is inexplicably tied to regulatory flexibility and the retirement of regulations that restrict the supply of qualified and safe health care providers,” said Janinne Nemes Walsh, MS, PNP-BC, legislative chair of the Massachusetts Chapter of the National Association of Pediatric Nurse Practitioners.

In its Jan. 17, 2014, letter to Rep. Khan, the FTC commented that if institutional health care providers are better able to deploy advanced practice nurses, including CRNAs and NPs, as needed, then Massachusetts consumers “are likely to benefit from lower costs, additional innovation, and improved access to health care.”

About the Massachusetts Association of Nurse Anesthetists

Since 1940, the Massachusetts Association of Nurse Anesthetists (MANA) has been dedicated to the professional interests of Certified Registered Nurse Anesthetists (CRNAs) and to patient safety through the advancement of anesthesia care. MANA is an affiliate of the American Association of Nurse Anesthetists (AANA).

About the Massachusetts Coalition of Nurse Practitioners

The Massachusetts Coalition of Nurse Practitioners (MCNP) was organized in 1992 to provide focused representation and support of issues relevant to all Massachusetts Nurse Practitioners regardless of specialty or organizational affiliation.

About the Massachusetts Chapter of the National Association of Pediatric Nurse Associates and Practitioners

The Massachusetts Chapter of the National Association of Pediatric Nurse Associates and Practitioners (Mass NAPNAP) is a professional organization that advocates for children and provides leadership for pediatric nurse practitioners who deliver pediatric health care in a variety of settings.

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ACCESS, FTC Says

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Certified Registered Nurse Anesthetists.

MANA is an affiliate of the American Association of Nurse Anesthetists (AANA).

To qualify as a MAP tester you must

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“Access, FTC Says

Community Counseling of Bristol County (CCBC), a comprehensive mental health center located in SE MA region is looking for the following full time candidates:

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The Continuing Education Unit

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Men in Nursing Group Plans April Educational Program

Jerry Brown

AAMN members Chapter President, Jerry Browne, RN, BSN of Massachusetts General Hospital Cancer Center; Susan Larocco, PhD, RN, MBA and Professor at Curry College; Treasurer, Don Anderson, CMSRN, Ed.D., Professor at Curry College

The New England Chapter of the American Assembly for Men in Nursing (AAMN) is finalizing plans for their annual spring educational program on April 8, 2014. The program is entitled, “Caring for our Veterans: From the Frontlines and Beyond” and will highlight the role of military nursing, services offered by the U.S. Department of Veterans Affairs and clinical considerations for nurses caring for veterans. Registration, dinner and a “meet and greet” session among members and new attendees begins at 6:00 pm, followed by the program from 7:00 to 8:30 pm. The program will take place at the Shipley Auditorium at the Newton Wellesley Hospital, in Newton, Massachusetts.

The first half of the program will feature John Deckro, MS, RN-BC, ANP-BC, faculty member of the VA Nursing Academic Partnership at the Providence VAMC and the Rhode Island College School of Nursing. Deckro’s presentation will provide an overview of some of the specialized needs of veterans from differing eras and recommendations for clinical care when working with a client who is a veteran. The second part of the program will be composed of a panel of speakers who are either current or former military nurses. The speakers will share their experiences in this unique path of nursing. Panel highlights will include their reasons for choosing military nursing, the training involved, tales from the frontlines and how they might have used their military nursing experience to pursue other careers in nursing.

A growing number of men are now pursuing nursing as a profession. Recent surveys (Buerhaus, 2013) show men now comprise 11.5% of the nursing workforce, reaching double-digits for the first time. The AAMN is a national organization that strives to encourage men to become nurses, thereby strengthening and humanizing health care through diversity. AAMN achieves this through the offering of scholarships, mentorship programs, continuing education programs and community partnerships. Founded in 1974, the organization now has 65 chapters nationwide. Membership is open to both men and women. Chapter President, Jerry Browne, RN, BSN, of the Massachusetts General Hospital Cancer Center, states “our programs offer educational and developmental opportunities in a variety of contemporary nursing topics, but they also provide unique networking opportunities. We strive to create a sense of belonging and brotherhood within the greater nursing community.”

For more information about the program or to RSVP for the event, contact Tony D’Eramo at Anthony.D’Eramo@va.gov. Also, “like us” on Facebook at www.facebook.com/AAMN.NE.

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About Dolphins for Nurses:

From April 12—May 12, 2014 staff at major hospitals throughout the country will sell paper dolphins to support nurses in need. Gold dolphins will be offered in exchange for a $5 donation and blue dolphins for a $1 donation. The dolphins may be displayed in a designated area of the hospital throughout Nurses Week (May 6-12) as a unique way for nurses to show support for their colleagues.

Hospitals will have the opportunity to show their support by matching all donations raised.

All proceeds will benefit nurses in need through Nurses House, Inc.

About Nurses House:

Nurses House is a national 501(c)3 charitable organization dedicated to assisting Registered Nurses in need. Through its service program, Nurses House offers financial assistance to Registered Nurses who are ill, injured, disabled, or facing other dire circumstance. Assistance is offered on a short-term basis to cover basic necessary expenses such as food, rent/mortgage, utilities, health insurance and medical needs.

Please visit www.nurseshouse.org to learn more.

For more information on how your hospital or group can participate in the campaign, please contact: Stephanie Dague

Director of Development for Nurses House

sdague@nurseshouse.org

(518) 456-7858 x27

DOLPHINS FOR NURSES

-A National Campaign for Nurses in Need

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(518) 456-7858 x27
Dear Readers and Fellow Nurses,

The December issue of the MA\textsc{ssachusetts Report on Nursing} highlighted stories about the battle to decide the best ways to provide safe staffing for nurses in the hospital setting. I am happy to say that we heard from many nurses across the Commonwealth and I am including some of the comments in this edition. I encourage all respectful comments and will try to publish letters expressing as many different points of view as possible. Please address all letters to Newsletter Editor: newsletter@marnonline.com. Please also include a sentence letting me know if you have permission to publish your remarks. Whether or not you permit us to publish your letter I encourage you to feel free to contact MARN with your views. The more we communicate the more likely we are to find the common ground.

We all know that there are monumental problems with nurse staffing. MARN also agrees that significant changes are needed. The MNA & MARN position on the need for strong safe staffing are the same! The basic difference between the MARN and MNA position is the question of who decides how many nurses are needed on the unit in any given day. MARN wants YOU, the front line nurse to make these decisions knowing that static numbers are not always the RIGHT numbers and based on your patient’s acuity and the experience of the nurses on the unit. MARN nurses believe that the decisions should be made by nurses on their own unit NOT mandated by the general public.

I want to take the time to address some apparent misconceptions about MARN and our contributors:

- Gayle Peterson (who wrote the Staff Nurse Perspective) IS and always HAS BEEN a staff nurse.
- The MA\textsc{ssachusetts Report on Nursing} is supported by the Massachusetts Association of Registered Nurses, which is the professional nursing organization and a constituent member of The American Nurses Association.
- MARN IS NOT supported by hospitals. We are nurses working for nursing!
- MARN members ARE nurses in hospitals and DO see what is going on and are working to change the bad practices!

I feel your pain (and share your experiences) when you say that nurses are being taken further and further away from their patients. I feel that, given the increased acuity of patients in hospitals, all floors should be staffed with at least a minimum of one RN for every four patients on all shifts, intensive care units should be staffed with a minimum of one RN for every two stable patients and one RN for every critical patient. Shifts should be limited to no more than three twelve-hour shifts per week or five eight-hour shifts per week with no mandatory overtime. If there is not adequate staffing, beds should be immediately closed or staffing agencies should be used to fill the positions. If this is not legislated, it will not be done. Hospital administrators and their agents who clearly consider hospitals not as care-giving institutions but only as businesses and run them accordingly, will continue to short-change the patients and patient care-giving institutions but only as businesses and run them accordingly, will continue to short-change the patients and patient care.

Sincerely,
James Moore, R. N.

Dear Editor,

I have just read the front page piece in the December 2013 issue of the MA\textsc{ssachusetts Report on Nursing}. Bravo! For years I have been saying the same thing – nurses need to decide on a day by day, shift by shift basis what is an appropriate caseload based on client needs not based on a union contract or regulation. My colleagues, not nurses, understand and totally concur. Unfortunately I haven’t heard any other nurses say this so – THANK YOU!

Kathleen Janssen, RN, MS

The \textsc{massachusetts Report on Nursing} editorial team is looking forward to working with Dr. John S. Murray, PhD, RN, GNP\textregistered, CS, FAAN who joined us in January 2014. Dr. Murray served in the United States Air Force for 28 years in various clinical leadership positions in pediatrics including critical care, chronic care, primary care and clinical research. He also served as the Consultant to the Air Force Surgeon General for Pediatrics and Research. While in the Air Force John was the President of the Federal Nurses Association, a constituent member association of ANA.

Upon retiring he moved to Boston where he grew up and has many family members. When not working, John enjoys spending time with his dog, traveling, hiking, running, trying new restaurants and watching major league soccer. Welcome John!

John S. Murray

Joins Newsletter Committee
Making Connections...Career Connections

Sabianca Delva BSN, RN

One of the perks of being in the nursing profession in an environment of a documented “nursing shortage” is the expectation that there would be job opportunities even in tough economic times. Right? No! Unfortunately newly graduated/licensed nurses are facing challenges finding employment soon after graduation. The term “nursing shortage” is becoming more of a misnomer than a reality. Being a new grad in a healthcare mecca, such as Boston, complicates the process too. Boston hospitals have reached a saturation point due to the high volume of applications and limited number of open positions. Employers are looking for nurses with prior experience, which can be discouraging for new grads at the beginning of their careers. This leads to new grads becoming discouraged, often feeling like they have been dropped into the real world without any guidance. The Massachusetts Association of Registered Nurses (MARN) recognized this need and started the Career Connections Program. Now in its fourth year, all of the participants found positions by participating in this program. The MARN Career Connections was designed to connect experienced nurses (Career Guides) with senior nursing students and new graduate nurses during the transition from student/new graduate to the professional nursing role while searching for the first professional nursing position. This program is completely voluntary for the seeker and career guide. Along the way, the program coordinator provides resources and holds networking events for program participants. The Seeker/Guide relationship formally ends when the first professional nursing position begins.

On Wednesday December 11, 2013, MARN hosted a networking social at Boston University (BU) Mugar Library. The purpose of the event was to officially launch this year's program this year and to provide MARN members, nurses, and nursing students an opportunity to socialize and have some fun! This must have been a welcome break during finals season; the number of student attendees surpassed our projected count.

MARN President Gino Chisari welcomed the attendees and Diane Gallagher, Nursing Archivist of the Howard Gotlieb Archival Research Center provided a brief presentation on the Nursing Archives. Event organizers, Sabianca Delva (Career Connections chair), and Janet Ross (Membership Committee chair) added their remarks. MARN members gave advice and were impressed by the students' enthusiasm and professionalism; prepared with their business cards and resumes and posing appropriate and thoughtful questions. There was even a door prize; Two MARN Spring Conference registrations (one of the winners was a nursing student)!

Be sure to join us at the Career Forum, cohosted by MARN and the Massachusetts Student Nurses Association (MaSNA) on March 25, 2014

A seeker:
• Is a new graduate nurse or nursing student who agrees to help a seeker make the transition from student to professional nurse
• Receives personalized help in resume building, job hunting, and interviewing skills
• Gains a unique opportunity to network
• Is expected to attend at least one MARN event
guides?
• Is expected to write a brief article about their experience for the MARN Newsletter
• A Career Guide is an experienced nurse who is passionate to help novice nurses

Interested in being involved in the Career Connections Program either as Seekers or Guides?
Contact Sabianca Delva at sabianca.delva@gmail.com.

Meet the MaSNA President: Andrea Lopez

Andrea Lopez is in the last year of her undergraduate nursing program at Boston College. She is looking forward to her graduation in May 2014 and is enthusiastic about becoming a professional nurse. She is especially interested in working in the medical/surgical, trauma or ICU settings.

“Growing up I was always into watching discovery health and medical shows. I was never “grossed” out by blood like my friends and always wanted to make people feel better. I realized that the noble profession of nursing is not for everyone and that I had a certain fascination for the way nurses worked with patients and made a difference in their lives. I hoped that my energetic personality would help me work in a fast paced environment. I’ve come to understand that it is a privilege and a humbling career. You’ll take care of some of the sickest people you’ve ever seen and sometimes patients will teach you more than you teach them. But most importantly you learn to do your part and are proud of who you are.”

“I love the fact that I grew up bilingual and that I am able to use both languages in my everyday life. I embrace my culture and see it as an opportunity to share an unknown part of the world with others. Being Latina is part of my identity and I make sure to carry that with me wherever I go.”
Time to Go Back to School?  
Massachusetts Action Coalition Works to Improve Academic Progression in Nursing

Ashley Waddell MS, RN

The long-running conversation about academic preparation level of nurses was reinvigorated with the release of the Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health (2010). Right now, approximately 55% of Massachusetts’ nursing workforce holds a BSN degree or higher. “This is a good starting place, but we have a lot of work to do to get to the recommended level of 80%,” notes Patricia Crombie, MSN, RN, Project Director of Massachusetts Action Coalition (MAAC).

In response, the Robert Wood Johnson Foundation and AARP established Action Coalitions in all 50 states that will advance the IOM’s recommendations. Massachusetts was one of nine states to receive an APIN (Academic Progression In Nursing) grant to identify best practices for academic progression of nurses. The work focuses on building capacity in RN to BSN programs, identifying educational pathways for nurses initially prepared at the ADN level, and simplifying the transfer of credits into BSN programs through a Nursing Education Transfer Compact. “Ultimately, the goal is to ensure that our education system promotes and supports seamless academic progression for all nurses,” said David Cedrone, an Associate Commissioner at the Massachusetts Department of Higher Education.

The IOM’s recommendations align with a growing body of research that supports the value of baccalaureate-level education for patients and employers. Two significant contributions to this body of evidence include the work of Linda Aiken, PhD, RN, FAAN, and colleagues, who in 2003 reported a significant decrease in surgical patient mortality in hospitals employing more staff nurses prepared at a baccalaureate level. In 2013, Aiken and colleagues reported that hospitals with higher percentages of BSN or higher nurses had a positive impact on nurse-sensitive outcomes other than mortality. Consequently, nurse leaders are recognizing the value of having a higher ratio of baccalaureate prepared nurses at the bedside, and incorporating that into their hiring practices and strategic planning. This was validated in Massachusetts through a recent employer survey conducted by MAAC.

Nurses must be prepared to meet diverse patient needs, function as leaders, and deliver safe, high-quality patient care. This becomes even more critical as people are living longer in vulnerable states of health and are cared for with new approaches in a variety of settings. “The range of skills required in today’s healthcare environment require the breadth and depth of preparation of BSN programs,” says Sharon Gare. “Our goal is to encourage nurses to set their sights on attaining higher levels of education and committing to lifelong learning. We need to inform students about educational pathways available to them, and to foster academic progression at all levels within the profession.”

For more information on the Massachusetts Action Coalition or the work being done to advance the objectives in the Future of Nursing Report, please visit the following sites:
- Center to Champion Nursing in America: http://campaignforaction.org
- Massachusetts Department of Higher Education: http://www.mass.edu/nursing
- Organization of Nurse Leaders Ma/Ri at: www.OOIL.org

References:

Ashley Waddell MS, RN is part of the Communication Team of MAAC and works in Staff Development Specialist Boston Children’s Hospital.
Gracefully-fronded palm trees; cocoanut shells surrounding light bulbs; rattan, bamboo and leather covering concrete walls; and, billowing satin covering a plaster board ceiling created a tropical ambiance to the Cocoanut Grove, a popular restaurant/supper club in war time Boston.

The exotic, but artificial, décor belied the building's origins as a garage and warehouse complex, as well as its subsequent incarnation as a speakeasy during Prohibition (1920-1933). By November 28, 1942, the Cocoanut Grove was second in popularity only to the Latin Quarter. Indeed that wintry Saturday night 1000 people crowded into the club far exceeding its capacity: 460.

Among the merry-makers who stepped into the vibrant Cocoanut Grove that night were soldiers and sailors enjoying a leisurely week end. Some were stationed in Boston while others were soon to ship out for foreign areas. Already at the club were football fans that had come over from New England College and were eager to forget for a while that the United States was at war with Germany.

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The Boston Globe, November 29, 1942, headlined: 400 HUNDRED DEAD IN HUB NIGHT CLuB FIRE; HOSPITALIZED HURT IN PANIC AS THE COCOANUT GROVE BECOMES A WILD INFERNO. The final count of the disaster was 492 dead and 106 injured but the number excluded the injured who did not seek hospital treatment. The psychological trauma is still to be calculated.

In 1952, Dr. Stanley Levenson remembered the treatment at the BCH fifty years before. “What pulled the patients through...was intensive nursing. You simply kept them going, kept them breathing, getting them to cough, urging them on, physically clearing their airways, lending moral support. We had great attending doctors…”

Immediately on arrival at the hospitals victims were admitted. At the BCH were admitted into the wards that had been set up to receive war victims. At the same time, Nursing departments were starting to feel the pinch as more and more nurses left hospitals for military duty.

The Cocoanut Grove provided a welcomed respite from the pressure of war. With the exception of a few patrons who had lit a match so that he could replace the light bulb that a patron had unscrewed to provide more light for him and his date. Investigators also considered faulty electrical wiring and refrigeration gases as culprits but concluded that the origin of the fire was unknown. What is certain is that the fabric that created the tropical sky ignited. A hissing ball of flames and fumes raced up the four foot wide, steep stairway that had beenshaunted as they surged the fire up into the foyer, where it then sped into the dining room. Within five minutes the entire complex was ablaze.

The ball of flame and fumes, seeking oxygen and customers seeking escape, competed for the same exits. Within two to five minutes of its first appearance, the fire poured through the most possible exits making them useless. The main exit, a revolving door that opened onto Piedmont Street, was not used because it was not protected from the smoke and heat by the bodies piling up in front of it as the toxic fumes asphyxiated the fleeing people. Other exits opened into the club rather than out to the street and were a similar exit, a series of bastions to prevent customers from leaving without paying an imposed escape.

Club personnel who knew of other exits in the service areas rescued some customers. Other personnel smashed the few windows that could be reached and pushed people head first out of them. Some of these escaped the flames only to die from the toxic fumes already in their lungs once they breathed in the clear, cold night air. As one fireman observed, “They dropped like stones.”

The fire department had been nearby on Stuart Street putting out a car fire and raced to the scene. They and others battled the blaze and by 10:24 pm, “the fifteen minute fire” was extinguished. Rescue became the priority. Soldiers and civilians became stretcher-bearers. One young nurse sped over and pulled patients through…was intensive nursing. You simply kept them going, kept them breathing, getting them to cough, urging them on, physically clearing their airways, lending moral support. We had great attending doctors…”

The fire has focused on a Melody Lounge worker who pounded out of the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist in the Melody Lounge. Some were waiting for the 10 pm show that was already lat...
The Health Policy Commission: Leading Changes in the Health Care Delivery System and Payment Re-design

Craven & Ober Policy Strategists, LLC

Nurses in Massachusetts know that the health care delivery and payment systems are transforming on a daily basis. In large part, these changes are driven by the passage of several legislative initiatives in Massachusetts (since 2006) aimed at reforming the health care delivery system; changes that created greater transparency, increased insurance coverage, created affordable health plans, and movement away from a fee for service system that rewards volume over value. These reforms are evidenced by nurses as they advocate for patients who are struggling to navigate through the cumbersome system in order to get and maintain access to all health care settings. Since the need to contain costs is pivotal to these large system changes Massachusetts legislators created the Health Policy Commission (HPC), a quasi-governmental body that is the leader and the watchdog on these groundbreaking and significant changes. The HPC was established by Chapter 224 of the Acts of 2012, titled “An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation.” The HPC is an independent state agency that monitors the reform of the health care delivery and payment systems in Massachusetts and develops health policy to reduce overall cost growth while improving the quality of patient care. To fulfill the HPC’s mission of efficient health care cost reduction and enhancement innovative health care delivery models, the HPC’s short tenure, below is a brief list of their accomplishments on behalf of patients and the Commonwealth.

- The movement of the Office of Patient Protection to the Commission
- Regulations that prevent Mandatory Overtime for Nurses in Acute Care Settings
- Establishing the Community Hospital Acceleration, Revitalization, and Transformation (CHART) – grant program focused on enhancing community hospitals’ delivery of efficient, effective health care and making $10 million dollars available for such innovation
- Organizing a work group to plan health care resources throughout the state and mapping them out geographically
- Working with the Department of Public Health on Workforce Training Initiatives
- Overseeing the annual health care cost trends hearings and public examination into the science of the disease process and the science of the disease process
- Through its Cost and Market Impact Reviews examining such transactions as the proposed mergers of Partners Health Care and Hallmark Health, Partners Health Care and South Shore Hospital, and Lahey Health Systems and Winchester Hospital to examine and avoid anti-competitive business decisions and monopoly in the market place

In the near future, the HPC will design draft regulations to certify Patient Centered Medical Homes and Accountable Care Organizations. Since both have a reliance on care coordination and care management, nursing will be impacted.

The HPC is unique. It’s likely that their effectiveness at analyzing cost trends, prohibiting monopolies, driving the system towards containing costs to an affordable level and influencing the health care workforce and innovative health care delivery models will be emulated by other states.

Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.

Sources

Massachusetts General Hospital - Department of Emergency Medicine

ADVANCED CARDIOLOGICAL LIFE SUPPORT – TWO DAY PROVIDER COURSE
Course Fee: $250 Partners/HMS affiliated employees and $280 all others
Classes are held March 10 (8a-7p) & March 24 (8a-7p); June 20 (10a-3p & 8a-1p); June 23 (8a-7p); July 10 (8a-6p) & July 11 (8p-7p); Sept 12 (8a-6p) & Sept 13 (8a-7p)
One Day Recertification Course
Course Fee: $250 Partners/HMS affiliated employees and $280 all others
April 9, May 14, Aug 10 & Oct 8 - all 5:30 - 10:30 pm or Saturday, Sept 20 (9a-1p)
To register go to: http://www.massgeneral.org/emermededucation/education/acts.aspx
Phone 617-726-3905 • Email acls@partners.org

Regis College

Nursing Faculty
Full-Time Position
Regis College

Regis College is seeking a full-time Women’s Health Nurse Practitioner to serve as faculty and coordinator for the Women’s Health NP concentration for fall 2014. A small Catholic college, Regis is committed to increasing diversity in the nursing workforce through its dynamic graduate programs that prepare nurse leaders, nurse practitioners, and clinical nurse specialists.

Master’s degree in Nursing, three years of experience, and certification as a WHNP required. Doctorate in Nursing or related field preferred. Doctorate prepared applicants can teach in the master’s and the DNP programs.

If you are passionate about practice, teaching, community service and scholarship, please send letter of application, resume, philosophy of clinical practice, research experience, and three letters of recommendation to: Kathleen H. Talanian, the Executive Assistant to the Dean at nursingfaculty@regiscollege.edu

Regis College is committed to equal opportunity and affirmative action.

Feeling anonymous at work? Set yourself apart, become certified.

Wound Care Education Institute® provides comprehensive online and nationwide onsite courses in the fields of Skin, Wound, Diabetic and Ostomy Management. In just a few days you will have the knowledge needed to become current with the standards of care and legally defensible at bedside.

Educational courses for:
RN • LPN/LVN • NP • PT • PTA • OT • MD • PA

Skin and Wound Management Program
This course offers an overall comprehensive approach to risk assessment, wound assessment and patient treatment plans.

Ostomy Management Program
This comprehensive course takes you through the anatomy and physiology of the systems involved in fecal and urinary diversions and hands on workshops.

Diabetic Wound Program
This online course takes you through the science of the disease process and covers the unique needs of a diabetic patient.

Receive $100 off any certification course by using coupon code “ALDMAC” (expires 12/31/2014).

Health care professionals who meet the eligibility requirements can sit for the WCC®, OMSsm and DWC® national board certification examinations through the National Alliance of Wound Care and Ostomy (www.nawccb.org).

Visit www.wcei.net for more information.

To register go to: http://www.wcei.net

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Like us on Face Book - http://www.facebook.com/pages/Massachusetts-Association-of-Registered-Nurses-MARN/260729070617301

Receiving this newsletter does not mean that you are a MARN member. Please join MARN today and help to promote the Nursing profession.

Go to: www.MARNonline.org or see page 14 to complete the application. Join MARN today!

ADDRESS CHANGE? NAME CHANGE?
MARN 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!

SAVE THE DATE
MARN Annual Meeting & Living Legends in Nursing and Annual Awards Banquet Friday, April 11, 2014
Annual Spring Convention Saturday, April 12, 2014

Notification of ANA Dues Increase - effective January 1, 2014

It has been a busy year at MARN and ANA! We have been working for you and for nursing, and are committed to continuing to make your membership an invaluable resource. Of course, the costs to serve our members and to represent the profession have continued to grow.

Beginning January 1, 2014, MARN’s member dues increased as follows:

- Employed full or part-time RNs $8 per year
- Newly-licensed graduates $4 per year
- Unemployed RNs $4 per year
- RNs who are full-time students $4 per year
- RNs age 62+ (not earning more than Social Security allows) $4 per year
- Unemployed RNs age 62+ or totally disabled $2 per year
- Totally disabled RNs age 62+ $2 per year

The MARN Action Team – MAT cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

Go to www.marnonline.org for more information

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

Join us at www.MARNonline.org

Contact us at: 617-990-2856 or info@MARNonline.org
The MARN Career Center works with members, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts.

Gain access to tools that allow you to:
- Quickly find the most relevant nursing jobs from top employers
- Receive automated notifications through customized job alerts keeping you up-to-date on the latest opportunities
- Create an anonymous profile and resume to quickly apply for jobs and have employers come to you
- Receive Job Flash emails twice a month
- Network more effectively and become a valuable resource to your peers
- Post your own open positions

Visit the Career Center at www.marnonline.org/jobs and register today!
Spirituality is a component of life, health and healing that can be challenging to integrate into clinical practice. The Heart of Healing offers a practical weekend seminar/workshop to explore and assist nurses in how to use the language of cutting-edge scientific research to integrate the timeless techniques of authentic spiritual practice into our healing relationships. The program will include a combination of didactic and experiential dialog and provide skills, tools and language for self-care and use in clinical practice. When the heart is engaged, we become compassionate and can hold the healing space for others. Nursing contact hours are pending.

The program begins with dinner on the evening of Friday, May 16 and will go through lunch on Sunday, May 18. The location will be The Abode of the Message, a retreat center in New Lebanon, NY, on the grounds of a historic Shaker campus. The Abode is known for its healthy, organic meals, tranquil environment and promulgates the Sufi ideals of inter-religious harmony and personal transformation.

Three experienced teachers will be leading this weekend seminar. Mikhail Raqib Kogan, MD, is Board Certified in both Internal Medicine and Geriatrics, on the faculty of the George Washington University School of Medicine and the medical director at GW Center for Integrative Medicine. Dr. Kogan has lived in Europe, the mid-east and the US and has a lifelong interest in spirituality. He regularly conducts workshops for health professions and physicians-in-training on spiritual care and has published on the topic in Psychosomatics, EXPLORE: The Journal of Science and Healing, and Academic Medicine.

Devi Tide, BA is the current head (Kefayat) of the Sufi Healing Order in North America. Devi has over 30 years experience as a spiritual guide and is Emeritus Secretary General of the Sufi Order International. She has conducted workshops and led retreats on healing throughout the US, Canada, New Zealand, India and in Europe. Devi has presented to audiences at medical schools, in 2000 was the first woman to address the International Sufi Symposium in Hyderabad, India, and was a delegate to the UN Millennium World Peace Summit of Religious and Spiritual Leaders.

John Deckro, MS, RN-BC, RN-ANP has been a nurse for over 30 years and has practiced in medical/surgical units, home hospice, taught for 10 years in a graduate program at the MGH Institute of Health Professions, and has been a home-based primary care NP. For seven years he worked with Herbert Benson, MD and was Associate Director of Cardiovascular Programs at the Mind/Body Medical Institute, affiliated with the Harvard Medical School. John has organized and participated in programs exploring spirituality and its relationship to clinical practice for over 25 years. In John’s present position he teaches nursing and works in the VA healthcare system. In addition to being a nurse, John is an ordained minister.

For further information or to register for this program, contact the Programs Office at (518) 794-8095 or programsoffice@theabode.net, or The Abode of the Message (http://www.theabode.org/visit/events).
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