

# MASSACHUSETTS REPORT ON NURSING

The Official Publication of  
ANA Massachusetts  
PO Box 285, Milton, MA 02186  
617-990-2856  
[newsletter@anamass.org](mailto:newsletter@anamass.org)

Quarterly Circulation 127,000



Who is this nurse?  
See Page 10



## MASSACHUSETTS AMERICAN NURSES ASSOCIATION

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## SAVE THE DATES

**MAY 12, 2016**

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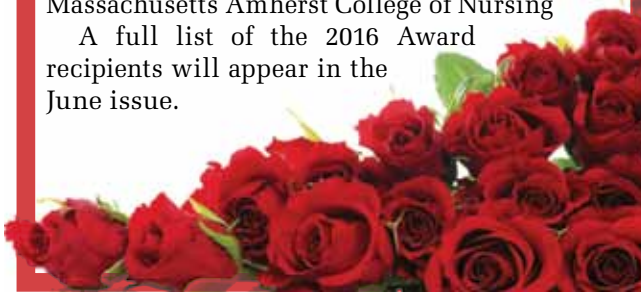
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## Congratulations to the 2016 Living Legends

**Judy Beal, DNSc, RN, FNAP, FAAN**  
Dean and Professor of the School of  
Nursing and Health Science at Simmons  
College, Boston, MA

**E. Ann Sheridan, EdD, RN**  
Professor Emeritus from University of  
Massachusetts Amherst College of Nursing  
A full list of the 2016 Award  
recipients will appear in the  
June issue.



## ANA Launches “Culture of Safety” Campaign

A culture of safety is defined as core values and behaviors resulting from a collective and sustained commitment by organizational leadership, managers, and health care workers to emphasize safety over competing goals. Throughout 2016, ANA will strive to enhance the overall culture of safety within health care by showcasing nursing's contribution to safety and educating nurses on their role within a culture of safety.

It has been 15 years since the Institute of Medicine (IOM) shocked the nation and issued the clarion call for a safer health care system in its landmark reports *To Err Is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health System for the 21st Century*. Nurses have been instrumental in the gains made in improving the quality and safety of U.S. health care over the last decade and a half. However, recent studies suggest U.S. patients experience a far greater number of adverse events each year than even suggested by the IOM.

For more information go to the ANA web site: <http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/2016-Culture-of-Safety>



Don't Miss the 2016 ANA MA  
Awards Dinner and Conference

## Caring Across Generations!

April 8-9<sup>th</sup>, 2016

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**Friday, April 8<sup>th</sup>**

Annual Meeting & Awards Dinner

3:00 p.m. hotel check-in

4:30 p.m. Annual Meeting

6:00 p.m. VIP Chef Reception & Wine Tasting

7:00 p.m. Awards Dinner

After dinner gathering in the Lounge



**Saturday, April 9<sup>th</sup>**

7:30 a.m. Breakfast / Breakout Lunch Full-day  
conference with contact hours

Featuring Ellen Flaherty, PhD, APRN, AGSF

Mary Beth Harrington, PhD, RN

& Nancy Emerson, PhD

3:30 p.m. Farewell Wine & Cheese Reception

“Early bird” registration discount before

March 1st at [www.anamass.org](http://www.anamass.org)

Questions? Lisa Presutti at

617-990-2856 or [lpresutti@anamass.org](mailto:lpresutti@anamass.org)

This activity will be submitted to the Ohio Nurses Association for approval to award contact hours.

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# PRESIDENT'S MESSAGE

## The Journey

**Myra Cacace, MS, GNP/ADM-BC**

On April 9, 2015, I started an incredible journey as President of ANA Massachusetts. This journey began when I joined ANA and realized how much that decision profoundly changed my life as a nurse in Massachusetts. Like most of you, I became a nurse to make a difference in the lives of the people I served. I learned early in my career that the work is harder than I expected and that I needed the support of other nurses who share my experiences. I am grateful to share my journey with many incredible mentors who belong to a great professional organization, advocating on my behalf. Thank you for believing in me and allowing me to serve as President.

This has been a busy year! ANA Massachusetts is present at many important forums where decisions about health care delivery are made. I represented nurses on Capitol Hill, and on Beacon Hill where I prepared and offered testimony about important issues including: appointing a nurse to the Health Policy Commission, eliminating physician supervision of advanced practice nurses, highlighting the role of nurses in treating patients addicted to opiates and increasing safe patient handling. I led delegations of ANA Massachusetts members to meet several Massachusetts state senators and representatives and am pleased to hear that they see ANA Massachusetts as the voice of reason and the 'go-to' organization when they need reliable information about nursing and health care. I am the only nurse serving on Speaker DeLeo's MassHealth Managed Care Organization Quality Improvement Task Force work group, which is providing input about how the Commonwealth will efficiently spend health care dollars.

I am happy to see that the Career Connections program that I started years ago is continuing to work with novice nurses under the leadership of

James Kearnan, RN. We hosted two student meetings to discuss topics of interest to new nurses including caring for patients at the end of life and strategies to employ to gain their first nursing positions. The Massachusetts Action Champions hosted political advocacy forums around the state to encourage our nurse neighbors to get to know our legislators and brought nurses to the State House to meet their legislators to tell their stories. We also convened a nursing round table of organizations in Massachusetts. By working together, we identified the issue of safe patient handling as the issue that we can speak to in ONE VOICE in order to create a safe environment for nurses and patients.

I am fortunate to work with a dedicated Board of Directors, Committee Chairs, Executive Director, Administrative Assistant, Lobbyists and Nurse Peer Review Leader, who understand that they are forging the future of ANA Massachusetts and are excellent stewards of our resources. Due to their efforts, ANA Massachusetts is fiscally sound and in a position to continue to influence decisions made that impact our practice.

2016 starts our 15th anniversary as a professional organization comprised of nurses who choose to remain associated with the American Nurses Association, thus continuing our commitment to the organization that is known world-wide as a champion for nurses. We will be having celebrations throughout the year, so visit our website: [www.anamass.org](http://www.anamass.org) for details about how to join the fun! I look forward to seeing everyone at our 15th Annual Meeting and Gala Awards Celebration on Friday April 8, 2016.



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MAssachusetts Report on Nursing is published quarterly every March, June, September and December for ANA Massachusetts, P.O. Box 285, Milton, MA 02186, a constituent member of the American Nurses Association.



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# EDITORIAL

## Keeping the Trust

**Susan A. LaRocco, PhD, RN, FNAP**



The annual Honesty and Ethics Gallup Poll has been published. Once again the American public has selected nurses as the most ethical and trusted profession. This year 21 professions were counted in the survey, including medical doctors, pharmacists, high school teachers, police officers, clergy, bankers, lawyers, business executives, advertising practitioners, journalists, funeral directors, car salespeople, and members of Congress. The professions surveyed may vary from year to year, but for the last 14 years nurses have led the list, typically with more than 80% of the participants rating nurses as having high or very high ethical standards. The poll is based on phone interviews with more than 800 Americans, including residents from every state in the union. This year 85% of respondents ranked nurses' honesty and ethical standards as "very high/high." Pharmacists with 68% and medical doctors with 67% rounded out the top three.

While the results of this survey always makes me proud, it also makes me stop to think what is it that we do that makes the public trust us? I believe it is because we don't forget the basics, including the most universal principle of respect for all people. We teach ethical concepts in introductory nursing courses and reinforce them in the upper level courses and in the clinical setting. Our students are constantly exposed to positive role

models - nurses who live the ethical principles such as veracity (an obligation to tell the truth) and autonomy (promoting self determination and freedom of choice). Fidelity (the need to keep promises) and confidentiality (keeping privileged information private) are second nature to nurses.

Many years ago a professor told my masters class, "If you always remember that everything we do is for the patient, you can be fearless; you will always be able to stand up for what is right". That lesson in ethics is as valuable today as it was when she said it.

I would encourage every nurse to periodically read the *ANA Code of Ethics for Nurses with Interpretive Statements*. It is an extensive document, revised in 2015. In addition to the nine principles, there is a glossary that provides definitions to give us the language we need to discuss ethics and morality.

The ANA website also contains a plethora of resources to help us with the ethic dilemmas that we all face. Whether you are a clinician, an administrator, or an educator, you are confronted with ethical issues on a regular basis.

A solid understanding of the ethics that guide our profession will help us all to keep the public's trust, to cope with the many ethical dilemmas that we encounter, and to provide ethical care to all of our patients and families, now and for years to come.

<http://www.gallup.com/poll/180260/americans-rate-nurses-highest-honesty-ethical-standards.aspx>  
<http://www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx>  
[http://www.nursingworld.org/DocumentVault/Ethics\\_1/Code-of-Ethics-for-Nurses.html](http://www.nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html)

## Annual Spring Conference Keynote Speaker

Dr. Ellen Flaherty is the Co-Director of the Dartmouth Centers for Health and Aging and the President Elect of the American Geriatric Society. She has a joint appointment in Geriatrics at the Geisel School of Medicine at Dartmouth and at the Dartmouth-Hitchcock Medical Center where she practices in General Internal Medicine. Dr. Flaherty has extensive experience in geriatric nursing practice, education, and research and has published numerous peer reviewed papers and book chapters in addition to being lead editor for the American Geriatrics Society Geriatric Nursing Review Syllabus.

For the past 10 years Dr. Flaherty's program of research and practice has focused on an interdisciplinary approach to quality improvement using the principles and practices she developed as a Fellow at the Institute for Health Care Improvement (IHI). The theme of the 2016 Annual Spring Conference will be the current state of the art and science related to the care of older adults from clinical, educational, and research perspectives.

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**Hackathon | Friday, June 17 - Sunday, June 19**

Launches on Friday evening at Networking Reception and concludes Sunday afternoon

### Featured Summit Keynotes

Discharge Decision Support System Prevents Readmissions, Reduces Costs From Research to an Innovative Company - Right Care Solutions

**Kathryn Bowles, PhD, RN, FAAN**

Using Health IT to Improve Patient Engagement and Team Communication

**Patricia C. Dykes, PhD, RN, FAAN, FACMI**

Taking an Idea All the Way

**Tiffany Kelly, PhD, RN, MBA**

### Featured Hackathon Speaker

**Janie Harvey Garner, RN | Show Me Your Stethoscope**

More information on registration, sponsorship opportunities, & event details  
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## The ANA Massachusetts Presidents

As we celebrate the 15th Anniversary of the founding of ANA Massachusetts (then the Massachusetts Association of Registered Nurses [MARN]), it is only fitting that we put the spotlight on the nursing leaders who served this organization and all nurses in the Commonwealth. Myra Cacace, our current President, continues this legacy of dedication to the profession. Our editorial team has interviewed the Past Presidents. Four of these interviews are presented here. The remaining ones will be in the June issue of the *Massachusetts Report on Nursing*. A special thank you to the Past Presidents who have served our profession so well. Nurses and patients have benefitted from your leadership.

**Karen A. Daley,  
PhD, MPH, RN, FAAN  
2001-2002**



### What were the major issues for ANA MA when you were president?

As the first ANA MA [MARN] president following the MNA disaffiliation from ANA, my top priority was to help establish a sound footing for the newly-formed state association. That work began with a core group of loyal members who, while working to oppose the disaffiliation efforts, also wrote new bylaws and prepared necessary legal filings to establish the new organization. Because of that work, we filed the state charter for the new organization the day following the disaffiliation vote held in Worcester.

### What do you think were your major accomplishments during your presidency?

It was important for MARN and our membership that we provide as smooth and stable a transition as possible in that first year. That was my main priority and accomplishment. The transition process that first year involved many moving parts, including establishing a virtual structure that could meet members' needs and provide opportunities for communication and engagement. We were blessed to have many loyal members and nurse leaders who continued their commitment to our state professional association. Among them was Mary Manning, who stepped forward and worked to establish consistency for members as she assumed the role of the first MARN Executive Director. Due to Mary's leadership and that of the MARN Board of Directors, we didn't miss a beat as we engaged with members, held an annual meeting and

attended the ANA House of Delegates within our first year. My other priority and accomplishment as MARN's first president was to assure that successful succession planning occurred.

### What do you see as the major issue facing nursing today?

I believe one of our major challenges is the necessity for nurses to be engaged in helping bring about changes in healthcare delivery that will most benefit individuals needing care. Our proximity to patients and families provides us with important perspective and appreciation of where the system works – and fails patients. Nurses remain a largely untapped resource in that aspect of healthcare reform. More importantly, we must work with healthcare leaders to innovate care delivery models so that the unique competencies and expertise of nurses are leveraged in a way that most benefits patients—regardless of level or point of care.

### How do you think ANA MA should be addressing these issues?

Continue efforts to grow ANA MA membership, develop nurse leaders, and engage members in state policy reform that will advance nurses' contributions to healthcare delivery and innovation. In addition, partner with the National Nurses on Boards Coalition effort to increase the number of nurses on boards in Massachusetts.

### What words of wisdom would you have for nurses beginning their career?

Understand that your professional commitment to patients means lifelong learning is a necessary part of maintaining your competence and reaching excellence in practice. Your process of education must not end with basic entry-level education. The complexity of today's health care delivery system along with evolving population health needs require nurses to engage in lifelong learning – to keep pace not only with rapid technological advances and the demands of shifting and increasingly co-morbid disease states, but also to become better prepared to promote health within communities, and to develop the qualities, skills and competencies necessary to enhance your effectiveness as a leader.

At the same time, the things we learn in school are but a tiny bit of what it means to be good at doing our jobs. As you all know, it is the integration of knowledge, skills and human compassion that has the greatest impact on patient outcomes and health.

The other advice I would offer is to assign the same priority to caring for yourself as you do for patients. Doing so will allow you to be fully

present for your patients and their families. Nursing is a difficult and challenging profession. It is also, as you know, one of the most incredibly worthwhile and rewarding ones you could have chosen. But to do your best for patients, you must first care for yourself.

### Any final thoughts?

I want to share the pride I feel in the growth and evolution of ANA MA and the gratitude I feel for our members' on-going commitment to our professional association.

**Toni Abraham,  
RN, MSN, ANP-BC  
2008-2010**



When I was asked to reflect on my two years as MARN president, I immediately drew a blank! But, typically for me, as I took the time to reminisce, I recalled the challenges we faced. Being a relatively new organization, we held a strategic planning day where we identified four areas of concern for the organization. These included membership, health policy, developing partnerships with other nursing organizations in the state, and developing a planning process for hiring an Executive Director.

It had only been a few years since MNA broke away from ANA so the creation of MARN, the ANA affiliate was still working to gain RN support in the Commonwealth. During my term, membership went from 670 members to 900. We didn't reach our goal of 1000, but we were on the right track. Cidalia Vital was my Membership Chairman. She worked diligently to promote MARN conferences to Massachusetts nurses as well as nursing students. She also made a focused attempt to reach nurses in the central and western parts of the state.

A major support and mentor, Mary Manning, was my Executive Director. Without her, I would have never made it through my term. The direction and knowledge she shared was invaluable and I will be forever grateful for her presence. Barbara Blakeney spoke of Mary thus: "Mary Manning is that rare person who you just know has enriched you, strengthened you and helped you be a better person for knowing her." Finding a replacement for her was definitely a challenge but I so appreciate her willingness to stay on with me as I finished my term as president.

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Mentoring Matters was a program developed for new RNs while I was in office. Of course, Mary had a major role in obtaining funding for this program in which seasoned nurses were paired with new graduates, helping them navigate the new and sometimes very challenging issues that arise for them.

Our Policy Committee was another shining star during my tenure. They created the MARN Action Team which helped guide us through legislative processes. They provided testimony on current legislative issues and impressed me with their knowledge and commitment to nursing.

Our Continuing Education Committee, chaired by Judy Sheehan, received a 6 year reaccreditation by ANCC of our MARN Approver Program. All the members on that committee worked diligently throughout the years. We were so proud of their accomplishments.

Finally, I briefly wanted to mention how volunteerism helped shape my presidency. MARN nurses worked on the MARN Team at the Boston Marathon (and still do), and staffed an information day for the homeless in Springfield called Project Homeless Connect. Some volunteered their expertise in third world countries and wrote to tell of their ventures in our newsletter. I remain very proud of the ideas and initiatives nurses like Trish Bowe and Myra Cacace presented to our organization.

I have been out of the acute care sector for twenty years, redirecting my focus to community nursing, specifically working with the homeless population in Boston. But safety, as it is in all levels of healthcare, is a major issue facing nursing today. Violence seems to have taken on a face of its own. ANA MA has presented conferences in the past addressing violence; I have attended safety meetings and addressed ways to help keep both staff and patients safe in an unpredictable world. I do think back on “the good old days” when a nurse would never dream of a person coming into an emergency room or clinic with a gun or knife. Today, when I speak to potential new nurses who are interested in working in our program, I stress the importance of staff and patient safety as well as clearly defined safety processes. There needs to be a continued concerted effort to make all work environments safe for all of us.

I am so proud to have been a nurse for 50 years and loving each and every position I held in the process. I also am confident that those of us who retire will be handing over the stethoscopes to knowledgeable men and women who will take the Art of Nursing to newer heights and accomplishments. I see it every day in my clinic and it makes me smile.

**R. Gino Chisari, RN, DNP  
2012-2014**

**What were the major issues for ANA MA when you were president?**

For me, I think the biggest issue I was facing coming into the presidency was “brand recognition” and how to move the organization forward. Many nurses, and it is probably still true to a certain degree, continue to confuse us with the MNA. That was one of the primary reasons I was so committed to a name change to ANA Massachusetts. Beyond brand recognition, the challenge I saw for us as an organization that continues today is member engagement and how to keep the organization flexible and nimble enough to respond to threats in the professional environment.

I think of my time as president as a major turning point for the organization. We, as a Board of Directors spent considerable amounts of time evaluating and self-assessing and recognized that we needed to reinvest in our infrastructure and if we want to be taken as a serious professional organization then we had to invest the resources in ANA Massachusetts. This corresponded with major changes at ANA that directly affected the individual states, including, but not limited to a change from a Delegate Assembly to a Membership Assembly and subsequent changes in both sets of Bylaws; changes in meeting frequency and structure; and most important how to leverage resources as a group in order to sustain individual states. This was being proposed by state-coalition type arrangements. The New England states, including Massachusetts met several times to discuss how we could come together as individuals, and yet be a collective in order to increase the power of the region in meeting our missions, remain relevant and staying solvent. I made the difficult decision to guide the Board of Directors at that time to oppose being part of this pilot and to withdraw from a New England collective. I still think it was a good and right decision for ANA Massachusetts.

Another significant issue for us as an organization was the referendum on physician assisted suicide. It had made its way to a ballot question and there was very strong opposition from the Catholic church as one would suspect, but they recognized the value in having ANA Massachusetts (MARN) publically opposing it and endorsing their side of the argument. It was a complicated issue and one that I’m proud to say we were able to address through our mission. We concluded that our role was to provide education...



as a mission based organization we have an obligation to support our members through several ways, but none as important as education. In response to the issue, we held a state-wide conference and allowed the multiple sides of the debate to be presented so the membership could make their own decisions.

Last was the Staffing Ratio issue that was eventually and expertly handled by my President-Elect Tara Tehan.

**What do you think were your major accomplishments during your presidency?**

I think my major accomplishments were all behind the scenes. During my presidency we changed our name, entered into contracts with a marketing company that has helped move us to a stronger political position; we invested in new and more progressive political consultants, which have helped us enormously to gain far greater respect among legislators than we had in the past. We as an organization became recognized by other professional nursing organizations in the state as the growing voice of the professional nurse.

**What do you see as the major issue facing nursing today?**

The greatest issue facing the profession of nursing today is how to sustain the gains we have made as a profession over the past decade. As we enter deeper into the presidential race, and who ultimately is elected will have to face the ongoing challenges of how to cost-effectively provide safe, quality care to all citizen across the nation. As nurses we must pay attention to this issue, because my fear is that we will be seen as “too expensive” and that all of our outcomes have not resulted in significant enough savings. I see this as another opportunity for some of our interprofessional colleagues to move in and continue taking over more of our practice.

**How do you think ANA MA should be addressing these issues?**

Educate, educate, educate legislators and most important, the public! We as ANA MA must do more in providing patient and family education on the issues of healthcare. We are a trusted profession, we understand the complexities of the issue and we are well respected as advocates for the patient – we need to be more aligned with patient and family groups and associations.

**What words of wisdom would you have for nurses beginning their career?**

Never stop asking how can I be better at what I do for the patient and what can the patient teach me about being a nurse.

*Spotlight on Past Presidents continued on page 6*

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# Moral Courage & Advocacy

**Cathleen Colleran-Santos,  
DNP, RN President-Elect  
Co-chair, Health Policy Committee**

We celebrated 2015 as the year of Ethics. This served as a reminder of two of the ethical principles that highlight the work of the Health Policy committee over this last year. In particular *Provision 7.3: Contributions through Nursing and Health Policy Development and Provision 9.4 Social Justice in Nursing and Health Policy* (ANA, 2015) inform our work. These two provisions highlight the importance of advocacy and moral courage as a professional nurse.

Moral courage requires a commitment to fundamental ethical principles despite potential risks, such as threats to reputation, shame, emotional anxiety, isolation from colleagues, retaliation, and loss of employment. Individuals who are morally courageous are prepared to face tough decisions and confront the uncertainties associated with their resolve to do the right thing despite the consequences they may face (Murray, 2010).

The Health Policy Committee held many ethical discussions regarding the current legislation that could potentially affect the profession of nursing. A few of the bills that were examined and on which testimony was provided are:

- *H. 1958/S.1206 An Act Relative to Patient Safety,*
- *S.1124/H. 1914 Safe Patient Handling, and*
- *H. 2002 An Act relative to Nursing Licensure Compact in Massachusetts.*

In addition, we also filed our first ever bill, *S.572 /H. 2771 An Act Relative to the Governance of the Health Policy Commission (HPC)* cosponsored by Senator Eileen Donohue and Representative Kay Khan. This bill would require the Governor to appoint a registered nurse to the HPC. Considering all of the legislation affecting nurses, *S.572 /H. 2771* is an important step for the profession.

The members of the Health Policy Committee

and the Board of Directors actively engaged legislators this past year, demonstrating moral courage to advance the profession of nursing in Massachusetts. Relationships with key members of the legislature were developed as an effort to help promote ANA Massachusetts as the voice of nursing in the Commonwealth.

Lasala & Bjarnason described ethical values and practices as the foundation upon which moral actions in professional practice are based and describe nurses who are morally courageous as being able to confidently overcome their personal fears and respond to what a given situation requires (2010). As one who provided testimony on the *HB 1958/SB1206 An Act Relative to Patient Safety*, I was proud to advocate for a reasonable approach to a long-standing issue that has divided the profession for nearly two decades.

I encourage all nurses to stand up for what they believe, using the ethical principles to guide their journey into advocacy. As this legislative session continues, it is imperative that all nurses pay particular attention to the key bills mentioned above and reach out to legislators, join the ANA MA Health Policy Committee and advocate for our profession.

As the ANA MA President-Elect, my term as President begins in April 2016 and I am looking forward to contributing to the advancement of the profession for all nurses and patients in the Commonwealth.

## References

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*Spotlight on Past Presidents continued from page 5*

## Any final thoughts?

I extend my deepest appreciation for all of the presidents who came before me – thank you for your wisdom and role modeling and for all those who come after me – you have my support.

**Tara Tehan, MSN, MBA, RN, NE-BC, SCRNP  
2014-2015**

## What were the major issues for ANA MA when you were president?

- Safe staffing bill
- Ebola outbreak
- Creating a brand change for the organization

## What do you think were your major accomplishments during your presidency?

Changing the brand name from Massachusetts Association of Registered Nurses (MARN) to The American Nurses Association Massachusetts (ANA MA) demonstrated visibility of the organization as a professional voice for patient safety and quality care. The circular MARN logo was changed. The ANA MA logo is red, white and blue and a new logo was introduced: "aRe you iN" to promote a focus on nursing engagement.

A lobbyist group, Lynch and Fierro, LLP was hired. This move elevated the profile of ANA MA giving the organization a greater voice at the State House hearings for bills presented.

The first piece of legislation was filed: advocating for a nursing seat on the Health Policy Commission (HPC). The bill seeks to add a registered nurse, licensed to practice in Massachusetts, who practices in a patient care setting to be initially appointed for a term of 5 years on the HPC. The HPC is the independent state agency that shapes policy and tracks cost-control efforts. The 11-member HPC board does not currently have a seat for a registered nurse making it difficult, if not impossible for nursing to influence legislation decision-making.

After the Ebola outbreak, ANA MA evaluated the best way to advocate for nursing and provide accurate information regarding the outbreak and best approach to care for patients with Ebola, as well as promote prevention in health care and the community. Evidence-based research was used in the development of knowledge and practices.

## What do you see as the major issue facing nursing today?

The fundamental shift in the delivery of health care increases the responsibility on nurses to increase the visibility of nursing's value in delivery patient care and contribution as patient advocates. Otherwise, nursing could get lost in the shift.

## How do you think ANA MA should be addressing these issues?

ANA MA should continue its core approach to bring the voice of the nurse and patient forward.

## What words of wisdom would you have for nurses beginning their career?

- Engaging beyond the bedside. The first step is showing up at meetings with a willingness to participate.
- Lifelong learning
- Advocate for patients at the bedside and the profession of nursing

## Any final thoughts:

This is a vulnerable, opportunistic time in the world and nursing history, but we can be hopeful. Actively supporting ANA Massachusetts is important to create a collective voice in which we can harness our power as advocates for patients, nursing, and health. Nurse leaders have the opportunity to promote meaningful dialogue among all nurses. The nursing process is a fundamental nursing tool that is used in all decision-making situations and remains relevant today in developing a nursing paradigm.



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# LT. CMDR. Ann E. Donovan (USNNC RET'D) 1916-2016

Mary Ellen Doona



A U. S. Naval Officer blew taps at St. Joseph's cemetery in West Roxbury Saturday January 16, 2016 before Ann E. Donovan (1916-2016) was consigned to the earth. Several generations of her extensive family attended the ceremony paying tribute to "Auntie Ann," the unifying force in their lives. Almost three quarters of a century had passed since 1943 when she had joined the U. S. Navy Nurse Corps as a young graduate of the Mt Auburn Training School for Nurses. Half a century had passed since 1963 when she completed twenty years of service retiring as a Lieutenant Commander.

Ann had told those who would listen what it was like leaving her home in Somerville, traveling by rail seven days to California and arriving at the Naval Hospital in San Diego that spread over seventeen miles of buildings and cared for 50,000 casualties from the Pacific theater of World War II. Ann was only one of thousands of young nurses who joined the military after the Japanese invaded the United States on December 7, 1941. And as one of those thousands Ann learned that as a Navy nurse domestic duties that were so much a part of her nurses training were extraneous. Care of the patient was the relevant task. Nurses were not wasted on non-nursing duties.

Ann served aboard ships during World War II, Korea and Vietnam assisting in surgery on injured men as they were transported from war zones to hospitals in San Diego or Hawaii. Regret was often in her voice as she related that these ships "took soldiers over and returned with patients." She must have thought of her own brothers who were serving in the navy, army and coast guard as she cared for these men. With perspective gained with the passing of years, Ann said World War II involved everyone with nurses respecting each other as citizens, not as categories, such as one's school, one's ethnicity or one's color. The best thing, Ann would often say, was the way World War II changed life. Ann loved the new direction the Navy Nurse Corps had given her making her an enthusiastic recruiter for the Corps. Well-versed in Boston's history thanks to her parents, Francis and Elizabeth Breslin Donovan, it was with a thrilled reverence that Ann later in her career commissioned new officers aboard the *USS Constitution*.

Following her military service Ann headed the Counseling and Placement Department at the Massachusetts Nurses Association serving during the presidencies of Marie Andrews, Grace Nangle, Ruth Hurley, Minnie Cohen and

Anne Hargreaves. During her twelve years at the MNA, Ann saw young nurses energized with professional ideals change the organization to serve nursing's new goals. It was during these years that Ann met the dynamic Mary Ann Garrigan, who in 1966 established the History of Nursing Archives at Boston University. On retiring from MNA Ann joined Mary Ann's efforts to process the documents of nursing's past knowing that only if nurses knew where nursing had been could nurses make thoughtful choices about where nursing should go. Sarah Pasternack, the President of the Nursing Archives Associates, praises Ann as the "quintessential nurse's nurse" who served her country, her professional association and nursing history.

Ann knew the history of the Navy Nurse Corps. May thirteenth was a red-letter day on her calendar having been the date in 1908 that Congress created the Corps. May twelfth, Florence Nightingale's birthday, was less auspicious. Ann took great delight in calling up her young rebellious self who had decided to be less like Nightingale- really the silly restrictions placed on nursing students in her era- and more like the outrageous Sairey Gamp. But Ann's nursing journey was no joke. She and her World War II generation of nurses made history as they transformed nursing into a profession in fact as well as in word.



On hearing of Ann's death, Vita Paladino, the Director of the Howard Gotlieb Archival Research Center where the History of Nursing Archives resides, said,

Well, it is a sad day for me. She was my one ray of sunshine. She was so wonderful to work with. She was fun and wise, a rare combination. She was a lark [and] amazing in her character and her kindness. Imagine living to 100! What a star... I will never forget Ann.

Diane Gallagher, the Nursing Archivist, had chatted with Ann the week-end before her death. She remembered, "We had a great conversation. What an inspiring lady and nurse she was! I feel honored to have known her."

With her death the archive that once resided in Ann's memory has been closed forever.

# ANA Mass Approver Unit Frequently Asked Questions

Judy Sheehan MSRN  
Nurse Peer Review Leader  
ANA Mass Approver Unit

**I heard there are new American Nurses Credentialing Center (ANCC) criteria.**

The ANCC has recently reviewed and clarified the criteria for nursing continuing education and in response, our application process is changing. The new guidelines are slowly being implemented in Massachusetts and new activity forms have been created. These can be obtained at [ANAMASS-AU.org](http://ANAMASS-AU.org), in the instructions area (center column, center page) and are fully downloadable in a variety of formats. Currently, the activity applications should be submitted using the online application. In the event an applicant wishes to submit on paper or by email an additional fee will be charged. A fall symposium was held in Holyoke in the fall and these changes were addressed. A second symposium will be held in the spring in the Boston area.

**Can I submit an application without all the speakers conflict of interest forms attached and then send them at a later date?**

All related materials must be submitted with the application. Once an application has been submitted it is considered final and is assigned a peer reviewer. If, during the review, missing materials are identified the applicant will be contacted and asked to submit by email attachment. **The applicant will not be able to**

ANA Mass Approver continued on page 8

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# ANA Massachusetts support for Senate Bill # 1124 / House Bill #1914 “An Act relative to Safe Patient Handling in Certain Facilities.”

Dear Mr. Chairman and Members of the Committee,

My name is Christina Saraf and I am a registered nurse (RN) and a member of the ANA Massachusetts (ANA MA) Health Policy Committee. As the state constituent member of the American Nurses Association, the oldest professional nursing organization in the United States, the American Nurses Association Massachusetts, represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles. ANA Massachusetts members strongly support Senate Bill # 1124 / House Bill #1914, “An Act relative to Safe Patient Handling in Certain Facilities.”

As a RN, I work on a busy medical floor at a city hospital. My patient population has historically consisted of stroke patients and has recently changed over to a larger geriatric patient population. The physical needs of these patients take it toll on the nurses and support staff on our unit. When I started as a nurse 7 years ago, much of the training surrounding patient handling was a “learn as you go model.” As a new nurse I did not know the shortcomings of this approach. I was required to manually lift, move and reposition patients regularly. Approximately, 5 months into the job, my back started hurting. There wasn't one thing I could recall that caused this pain but it was this slow gradual process that worsened to the point of causing me to have painful muscle

spasms. Finally after 6 weeks of not getting better, I went for a MRI and was diagnosed with a ruptured disc. The result of this injury impacted both the hospital and me: loss of wages, replacement worker costs, medical costs, enduring my own pain, and future costs associated with living with a chronic condition. What concerns me most is that this scenario is a common occurrence among nurses and other healthcare workers who are responsible for helping patients with their basic activities of daily living.

The Bureau of Labor Statistics (BLS) reported in 2014 that work-related musculoskeletal disorders (WMSD) accounted for 39% of the total injuries and illnesses reported in the health care and social assistance industry. BLS also reported that nursing assistants incurred one of the highest rates of WMSD cases in 2014 accounting for 5 times greater incidence rates than other professions. Workers typically require a median of 13 days to recuperate before returning to work. The Public Citizen report estimates that these types of injuries cost the US approximately \$7 billion each year. A review of historical data shows no real improvement in this area. Without a change in our laws, healthcare workers and patients will continue to run a higher risk of injury in patient handling.

The Center for Disease Control and Prevention (CDC) reports that the single greatest risk factor for overexertion injuries in healthcare workers is the **manual** lifting, moving and repositioning of patients, residents or clients. However, with vast improvements in technology over the years, we still continue to promote this manual process. Eliminating manual procedures and making it mandatory that each unit have the right number of automated equipment such as a Hoyer lifts or powered stand assist lifts is what this bill would insure and will dramatically reduce the risk of injury for nurses. Nurses and other healthcare staff, who have a vested interest, should be instrumental in selecting the proper equipment. Annually, staff should receive mandatory education on proper ergonomics and the use of equipment to reduce the risk of injury related to patient handling. Our laws should support all healthcare employees work under safe conditions.

Thank you for the opportunity to share this testimony on the proposed legislation. We respectfully urge the committee to vote favorably on SB1124/HB1914.

ANA Mass Approver continued from page 7

re-open the application and upload revised documents. If incomplete applications are submitted or if repeated requests for additional information are required, fees may be charged or the contact hours may be denied. Please be sure to have all your documents ready for upload when you are completing the application.

## What does it mean when an educational program is approved to award contact hours?

Continuing Nursing Education is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. High quality individual educational activities should be effectively planned, implemented, and evaluated according to educational standards and adult learning principles. Educational activities submitted to the ANA Massachusetts Accredited Approver Unit are reviewed by nurse peer reviewers to verify that high educational standards have been applied. In order for CNE activities to be approved to award contact hours the following criteria must be met:

The activity must:

- Address a professional practice gap (change in standard of care, problem in practice, or opportunity for improvement)
- Incorporate the active involvement of a Nurse Planner in the planning process. The nurse planner must have an unencumbered license to practice and have a Bachelor degree or higher in nursing.
- Have analyzed the educational need(s) (knowledge, skills, and/or practices) of registered nurses and/or healthcare team members that underlie the problem or opportunity (why the problem or opportunity exists)
- Identify the learning outcome(s) to be achieved by learners participating in the activity
- Use strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcome(s)
- Provide content based on evidence-based practice or best-available evidence
- Evaluate achievement of learning outcome(s)
- Have been planned independently from the influence of commercial interest organizations

The contact hour certificate is the official record of the contact hours earned and should have the ANCC approver unit official statement on it. This certificate, should be maintained by the nurse in the event of an audit by the Board of Nursing. In the event that an educational offering carries a different kind of contact hour or CEU it is the nurse's responsibility to maintain all appropriate evidence of program content and quality in the event of an audit.

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July 6, Day 1 (8a-3p) & July 8, Day 2 (8a-1p)

Sept. 16, Day 1 (8a-3p) & Sept. 26 Day 2 (8a-1p)

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# Massachusetts Regional Caring Science Consortium

## Announces Second Conference on May 5, 2016

### Calling Nurses to Reclaim the Heart of Nursing through Caring Models of Practice

**A. Lynne Wagner, EdD, MSN, RN, FACCE, CHMT**  
*Nurse Consultant/Educator of Caring Practice and Mentoring Programs Faculty Associate, Watson Caring Science Institute*  
*Adjunct Faculty, University of Colorado, Watson Caring Science Center, Caritas Coach Education Program*  
[Lynnewagner@comcast.net](mailto:Lynnewagner@comcast.net)

*Nursing's social, moral, professional, and scientific contributions to human kind and society lie in its commitment to sustain and advance human caring values, knowledge, practices, and ideals in theory, practice, education, and research.* (Watson, Human Caring Science: A Theory of Nursing, 2012)

The Massachusetts Regional Caring Science Consortium (MRCSC), founded in 2013 by Dr. Lynne Wagner and Dr. Mary Mullany, is a grass-root forum for exploring the philosophy, ethic, and practices of Watson's Caring Science and other caring practice models. Over a 100 nurses and other health care providers from diverse clinical and leadership backgrounds have joined the call to reconnect with their core value of nursing, and to share meaningful caring practices and healing approaches to patient care and work cultures. Evolving from bimonthly evening meetings to a conference format, the MRCSC held its first well-attended half-day conference November 2015 at Brigham and Women's Hospital.

The MRCSC will hold its second half-day conference on Thursday, May 5, 2016 at St. Vincent Hospital, Worcester, MA from 7:30 AM to 12 Noon. The conference will feature a keynote speaker, a panel, and discussion opportunities, as well as continental breakfast, parking (a modest fee may be charged), and CEUs.

The guest speaker will be Jeanine Young-Mason, RN, CS, EdD, FAAN, Distinguished

Professor Emerita, College of Nursing, UMass Amherst, recent Co-Director of the UMass Community Arts, Health, and Healing Project and Franklin Medical Center Healing Environment Project, Greenfield, MA. She was consultant to the Dana-Farber Cancer Institute Healing Environment Committee and further, participated in the creation of the indoor, two-story sanctuary, The Stoneman Healing Garden at the Dana-Farber Yawkey Center for Cancer Care. Young-Mason's column "Nursing and the Arts" has appeared in *Clinical Nurse Specialist: International Journal for Advanced Nursing Practice* since 1991. She is author of *States of Exile: Correspondences Between Art, Literature, and Nursing; 21 Words for Nurses; First (1997) and Second Edition (2016) of The Patient's Voice: Experiences of Illness* (Japanese translation published in Tokyo, March 2001) and *Critical Moments: Doctor and Nurse Narratives and Reflections*, as well as essays in the nursing literature and *Academic Medicine, Mobius, Agora, and CrossCurrents*. She has presented her research and work on compassion nationally, and in Europe, Iraq and Japan. Dr. Young-Mason will introduce the personal stories of children and adults, family members, and advocates in medicine, law, and the judicial system and discuss the impact of their narratives on those who are called to care. (Visit Dr. Young-Mason's website: <http://www.arts4health.org> for further information about her work).

The May 5 gathering will also feature project presentations by an interactive panel of Massachusetts Caritas Coaches, graduates of the Watson Caritas Coach Education Program, which prepares nurses and other health care providers to coach, teach and implement caring-healing philosophy and practices, changing culture and environments within their institutions.

The May 5, 2016 MRCSC gathering has no fee, BUT REGISTRATION IS REQUIRED. Registration information will be sent to all on the Consortium email list. If not already on the email list or your email has changed and you are interested in registering for the conference or requesting information about the Consortium and upcoming events, please contact Lynne Wagner at [Lynnewagner@comcast.net](mailto:Lynnewagner@comcast.net). The Consortium and the conference are open to all nurses, other health care providers, and students. New participants are welcomed. The MRCSC mission is to promote a shared wisdom to restore the ethic of caring in health care systems.

#### Upcoming Conferences and Programs on Caring in 2016

The International Association for Human Caring and The Rogerian Society will hold a joint conference in Boston on June 8-10, 2016 ([www.humancaring.org](http://www.humancaring.org)).

The annual Watson Caring Science Center International Caritas Consortium conference with opportunities for pre and post-conference workshops, hosted this year by Brigham and Women's Hospital, will be held in Newton, MA on October 26-29, 2016. For information or registration, click on or search [International Caritas Consortium](#).

Caritas Coach Education Program—Watson Caring Science Center at University of Colorado, College of Nursing offers a 6-month online program of mentored study, that includes two weekend onsite seminars with faculty, is now enrolling for April-October 2016 cohort. Another cohort (October 2016–April 2017) will start in October 2016. For information or registration, click on or search [Caritas Coach Education Program](#).

## Massachusetts Nurses Injured In Physical Altercations Can Seek Compensation

**Attorney Steven M. Ballin**  
 Ballin & Associates, LLC

I was surprised to recently learn from my wife (I'm newly married), a nurse with 33 years of experience, that nurses across the country are often injured in physical altercations with patients and patients' family members. Nurses enjoy an extremely high level of trust and respect, which is well deserved. I had naively believed this spared them from being injured in physical altercations. As I dug deeper, I unfortunately found this level of respect does not prevent nurses from having one of the highest rates of on-the-job injuries resulting from physical altercations. One study published in 2014 found that roughly 30% of the nursing staff at a big city hospital had been physically assaulted within the past year <http://www.sciencedirect.com/science/article/pii/S009917671300216X>. In September, 2015, one of the nation's largest hospitals, located in New Jersey, was cited and fined by the federal Occupational Safety and Health Administration for failing to have adequate procedures in place to protect its employees after eight separate attacks by violent patients within a three month period [https://www.osha.gov/pls/oshaweb/owadisp.showdocument?p\\_table=NEWS\\_RELEASES&p\\_id=28665](https://www.osha.gov/pls/oshaweb/owadisp.showdocument?p_table=NEWS_RELEASES&p_id=28665). In July, 2015, this detestable level of violence against nurses prompted the American Nurses Association to publish a new position statement on *Incivility, Bullying, and Workplace Violence*, available at <http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html>.

Massachusetts nurses who are injured as a result of physical altercations at hospitals, clinics or other work places have the right to seek compensation for their injuries from

the responsible person(s). Like all employees, nurses who are injured on the job as a result of a physical altercation at work are entitled to workers compensation benefits, the same as with any other on-the-job injury. However, these benefits do not cover some harms and losses these nurses suffer, such as emotional distress and PTSD, pain, sleep disturbance, diminished future earning capacity, fear about returning to work, and the negative impact their injury has on a spouse and family members.

In some cases, nurses can successfully obtain additional compensation from the patient, or the patient's relative or friend, who injured the nurse during a physical altercation. In one reported case in Massachusetts, a visiting nurse and her husband recovered \$145,000 from the husband of a patient after the husband assaulted the visiting nurse. The same legal principles that allowed this visiting nurse to recover would allow a hospital-based nurse to recover for an injury from a physical altercation. Most nurses are surprised to learn the Massachusetts legislature provides nurses with the legal right to make these claims for additional compensation in addition to workers compensation benefits received. In other words, the Massachusetts legislature voted to give nurses, like other workers, this right, so no one should be embarrassed about exercising the very same rights that the law gives to all injured workers.

Obviously, not everyone who has been injured on the job will be able to recover from the person who caused the injury. There are a number of factors we consider when reviewing such a case. After all the factors are evaluated, the final decision whether to go forward with what we feel will be a successful claim belongs to the injured nurse, not the attorney. Any nurse injured on the job as a result of some sort of physical altercation should consult with a knowledgeable attorney

to determine whether it may be possible to obtain compensation for his or her injuries. Most lawyers who do this kind of work provide a free initial confidential consultation to anyone who has suffered an injury of this nature. These cases are handled on a contingent fee basis, which means the injured nurse only pays the attorney, if, and when, the attorney successfully collects compensation.

There is typically a three year statute of limitations applicable to making such a claim, so there may be nurses injured in the past three years who have viable cases. These nurses would be wise to consult with an attorney quickly before the statute of limitations passes, after which the nurse's claim for compensation against the responsible person causing their injury will be barred.



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# CLIO'S CORNER



## The American Nurses Association Massachusetts: Protecting The Practice Of Professional Nursing For 113 Years

**Mary Ellen Doona**

Fifteen years have passed since March 23, 2001 when Massachusetts nurses chose to remain members of the American Nurses Association and keep the thread to their origins unbroken. Their predecessors had created the Massachusetts State Nurses Association at Faneuil Hall on February 26, 1903. On that warm winter evening they said, "We the trained nurses of Massachusetts declare in mass meeting assembled, that it is expedient and advantageous to have a bill passed to regulate the practice of professional nursing in the state of Massachusetts."

Mary E. P. Davis, who spearheaded the movement, declined the vote from the floor that she be president of the new association. She acknowledged the recognition of her efforts, but chose to focus her best efforts on the legislation process. In 1905 she would become the second president but in 1903 the officers elected were:

- President: Mary Riddle – Boston City Hospital Alumnae Association President
- Vice President: Pauline Dolliver Massachusetts General Hospital
- Secretary: Sara E. Parsons – Massachusetts Hospital
- Treasurer: Laura A. C. Hughes – Boston City Hospital.

The Massachusetts State Nurses Association was linked with nurses in other states across the country as members of the Associated Alumnae of the United States and Canada, founded in New York 1896.

The young Association contested with those who trivialized nurses controlling their own profession. It was a patriarchal time when men controlled hospitals as well as homes. Not least of the issues involved was an economic one. Pupil nurses were used as an ever-renewing supply of cheap labor though they were promised a nurses training. The law that was passed in 1910 placed the Board of Registration in Nursing under the Board of Registration of Medicine. The nurses, however, had been victorious in making the public more aware of the unscrupulous individuals who passed themselves off as trained nurses. The Associated Alumnae praised Massachusetts newly Registered Nurses for their endurance when it met in convention in Boston the next year. It was during this Boston convention that the Associated Alumnae of the United States and Canada changed its name to the American Nurses Association.

Four decades later as a result of the changes following World War II (1941-1945) the Massachusetts State Nurses Association revised its Articles of Incorporation. On November 8, 1951 it became the Massachusetts Nurses Association. The constant amid the change was the continuing connection with the American Nurses Association. The majority of the Directors of the new organization had been Directors of the old. Except for Katherine McCabe who was then President of the MNA, Helene Lee who was its Executive Director and Alice Davis who would become President in 1953, only the names of the other officers and directors are known at this time. They were:

Margaret Bonner  
Annie Rogers  
Anne E. Nolan  
Hilda Mac Kay  
Herbert J. Butler  
Martha O. Sayles  
Kathleen H. Atto  
Florence C. Britt

It is reasonable to assume that some of these nurses had served their country during the War in Europe and the Pacific. A nation, grateful to nurses for their care of soldiers, funded nursing education through the G.I. bill and traineeships. This investment essentially moved nursing education out of the hospitals and into colleges where education of other professionals took place.

In the spring of 2001 as the Massachusetts Nurses Association neared its centennial, many

of its members voted to make the Association a union. Other members chose to remain true to their origins in Faneuil Hall and their predecessors' long history of advancing professional nursing. Accordingly these nurses created the Massachusetts Association of Registered Nurses and continued their affiliation with the American Nurses Association. Officers of the newly renamed Association were:

President: Karen Daley  
Vice-president: Barbara A. Blakeney  
Treasurer: Margaret T. Barry  
Clerk: Cynthia A. LaSala  
Directors: Peggie Griffin Bretz  
Maura K. Fitzgerald  
Jackie Hayes  
David M. Keepnews  
Mary J. MacKenzie  
Eleanor V. Vanetzian

As officers they oversaw the continued development of professional nurses and fostered high standards of nursing.

Coming from many areas of the Commonwealth and signing their names in broad strokes "in witnesses whereof and under the pains and penalties of perjury" as incorporators on March 19, 2001 were:

Barbara Blakeney  
Eleanor V. Vanetzian  
Linda R. Moniz  
Mary Anne MacKusick  
Donna Mae Donahue  
Sherry Merrow  
Elizabeth M. Grady  
David M. Keepnews  
Jacqueline M. Hayes  
Cynthia A. LaSala  
Carmela A. Townsend  
Peggie Griffin Bretz

Mary Mc Kenzie  
Patricia M. Brigham  
Karen A. Daley  
Claudia Ellis  
Judith Mealey

Constant in the change was the newly named Association's connection with the American Nurse Association. Then on April 1, 2014, the Massachusetts Association of Registered Nurses changed its name to more fully convey this relationship. American Nurses Association Massachusetts stated in a title what had been its practice since 1903. The officers at the time were:

President: Tara Tehan, MSN, MBA, RN, NE-BC  
President-Elect: Myra F. Cacace, MS, GNP/ADM-BC, CDE

Past-President: Gino Chisari, RN, DNP  
Secretary: Anthony J. Alley, BSN, RN, NE-BC  
Treasurer: Diane Hanley, MS, RN-BC, EJD

Directors: Cathleen Collieran-Santos, DNP, RN  
Sabianca Delva, RN, BSN  
Jessica Florentino, BSN, RN  
Linda Moniz, RN, PhD  
Gayle Peterson, RN  
Patricia Ruggles, BSc, RN, CRNO  
Margaret L. Sipe, MS, RN

For one hundred and thirteen years, from February 26, 1903 to today, whether as the Massachusetts State Nurses Association, the Massachusetts Nurses Association, the Massachusetts Association of Registered Nurses or as the American Nurses Association Massachusetts, the aim of its officers, those listed above and others throughout its long history, has been the same, namely, protecting the "practice of professional nursing in the state of Massachusetts."

## Who is the Nurse in the Masthead?

### Lucy Lincoln Drown (1847-1934)

Lucy Lincoln Drown was a New England woman. She was born in Providence Rhode Island, raised in New Hampshire and practiced nursing in Massachusetts. Drown was of the same Mordecai Lincoln line as President Abraham Lincoln. She graduated from the Salem Normal School in 1869, taught in the Newton School system from 1872-1874 and in Fisherville, New Hampshire in 1879. In 1882 she enrolled in Linda Richards' trained nurse program at the Boston City Hospital. Drown succeeded Richards as Superintendent in 1885 and held the position until retiring in 1910. She was among the founders of the American Society of Superintendents of Training Schools in 1893 and served as its treasurer. She organized the Alumnae Association at Boston City Hospital in 1896 and was among the founders of the Massachusetts State Nurses Association in 1903. Drown served as its first historian.



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# FROM THE MASS ACTION COALITION (MAAC)

## Helping Nurses Find Teaching Positions and Helping Schools Find Faculty The CCP Clinical Faculty Database Expands

**Marie Tobin, DNP, MPH, RN, NEA-BC**  
Director, Centralized Clinical Placement Program  
Nursing & Allied Health Initiative  
Massachusetts Department of Higher Education

### The CCP Nursing Faculty Database

In August 2012, the Massachusetts Action Coalition (MAAC), which is co-led by the Organization of Nurse Leaders (ONL) of Massachusetts and Rhode Island and the Massachusetts Department of Higher Education (MDHE), received its first, 2-year, \$300,000, Robert Wood Johnson Foundation Academic Progression in Nursing (APIN) grant. One of the goals of this grant award was to increase the pool of nursing faculty available to educate nurses from the baccalaureate to doctoral degree.

Responding to the call from nursing programs for more nursing faculty, the Massachusetts Clinical Faculty Database, a collaborative project between the MAAC and the Centralized Clinical Placement Management System (CCP) was launched in October 2014. The CCP is an Internet-based software system that streamlines the scheduling and management of clinical education placements between health care organizations and nursing programs. It is used by more than 200 health care organizations and nursing programs in Massachusetts, New Hampshire and Maine to facilitate the placement of students into clinical learning experiences. Thanks to the CCP's Online Orientation Program and Clinical Assignment Ticket, it is well known to clinical faculty and nursing students.

The initial focus of the CCP Faculty Database was clinical faculty positions and clinical faculty candidate profiles. In response to recent requests from nursing programs, the CCP Faculty Database has been expanded to allow nursing programs to post any kind of teaching position: clinical, simulation lab and/or classroom. To reflect this expansion, the Database has also been renamed to the *CCP Nursing Faculty Database*.

### Posting Open Faculty Positions

The CCP Nursing Faculty Database is an integrated component of the CCP website. All CCP nursing programs have access to the Nursing Faculty Database as soon as they login into the CCP website. Through the Nursing Faculty Database, nursing programs can post open positions, search/view profiles that match their needs and manage responses through the website.

The Nursing Faculty Database is designed to connect and support nursing programs and nursing faculty candidates as they work to fill open faculty positions and develop clinical faculty workforce capacity. It is not a substitute for a nursing program's employment policies or procedures so there may be additional steps in the recruitment and/or hiring process.

### Posting a Nursing Faculty Profile

Nurses who hold an earned masters or doctoral degree in nursing and want to teach are encouraged to post a Profile on the CCP Nursing Faculty Candidate's page at: [www.mass.edu/nursing/facdb](http://www.mass.edu/nursing/facdb)

From the Nursing Faculty Database Welcome page, you can search open faculty positions and create a Nursing Faculty Profile. Here are a few important facts to know about the CCP Nursing Faculty Database.

- Open positions are visible to the public.
- Searching open positions can be done without creating a Nursing Faculty Profile.
- There is no fee to create or post a Nursing Faculty Profile.
- The goal of the CCP Nursing Faculty Database is to make it easier for nursing programs to identify faculty candidates so all Nursing Faculty Profiles are visible to all nursing programs.
- While all nursing programs can see all of the Nursing Faculty Profiles, the nursing programs cannot see whether a nursing faculty candidate has inquired about a specific teaching position.

- Candidates need a Nursing Faculty Profile to send an inquiry about a position to a nursing program.

### The Nursing Faculty Profile

The Nursing Faculty Profile helps candidates summarize their qualifications for nursing program review. The Profile collects general contact information; current employment information; educational level and teaching experience; teaching preferences; research interests; schedule availability and supports uploading a resume and posting a short bio sketch.

### You Have Complete Control of Your Profile

The Nursing Faculty Profile is completely under your control. You are able to edit, hide or delete your current profile as well as view, edit or withdraw inquiries to postings you have made. You can update your Profile as often as you would like. You can post your availability for clinical teaching positions one year into the future. You may Hide/Un-hide your Profile as your availability allows. There is no expiration on a Profile. To keep the Database as current as possible, a Profile whose availability is not indicated or is not current will not be displayed.

### Inquiring About Posted Positions

The Nursing Faculty Database allows candidates to send inquiries regarding positions that they find interesting to the posting nursing program. When you send an inquiry to a nursing program the program will see your inquiry and the contact information you entered as part of your Profile. They will get back to you with additional instructions if they feel this is a good match.

When you log into your Profile, you will see a list of your current inquiries. You are able to edit or withdraw an inquiry simply by clicking on that inquiry.

### Teaching

Teaching is something that nurses do every day. Nurses teach patients and families, members of the health care team, other nurses and student nurses. Many nurses fondly remember the positive impact a special nursing faculty had on them and their career. For those who teach, serving in a faculty role is way to develop the profession, to celebrate those who taught them and to support the next generation of nurses. The CCP Nurse Faculty Database is designed to support those who are interested in teaching and to facilitate the development of nursing faculty. We hope that you will take a look at the CCP Nurse Faculty Database, will create Profile, inquire about a posted position and share your thoughts about the Database.

Please contact Marie Tobin, [mtobin@bhe.mass.edu](mailto:mtobin@bhe.mass.edu) with questions or to share information.

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# Massachusetts Nurse Leader Patricia Reid Ponte Appointed Next ANCC President



Patricia Reid Ponte

The American Nurses Association (ANA) Board of Directors has appointed Patricia Reid Ponte, a Massachusetts nursing executive, researcher, and educator, the next president of the American Nurses Credentialing Center (ANCC), the largest nurse credentialing organization and a subsidiary of ANA.

The ANCC president serves as chief spokesperson on behalf of ANCC and leads the ANCC board in setting goals, policy, and long-range plans for the credentialing center. Reid Ponte, who has been a member of the ANCC board since 2013, will begin her two-year term on January 1, 2016. Reid Ponte, DNSc, RN, NEA-BC, FAAN, is chief nursing officer and senior vice president of patient care services at the Dana-Farber Cancer Institute (DFCI) and the executive director of oncology nursing and clinical services at Brigham and Women's Hospital in Boston, Mass., positions she has held since 2000. She is a founding member of ANA MA.

"ANCC's work to advance practice excellence in nursing around the world is vital," said ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN. "We are fortunate to have a leader with Pat's vision, experience, and commitment to lead ANCC as it continues to innovate, expand, and meet its mission to serve nurses and patients around the world."

ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize health care organizations for promoting nursing excellence and quality patient outcomes and promoting safe, positive work environments through the Magnet Recognition Program®, Pathway to Excellence®, and Pathway to Excellence in Long Term Care™ Programs; and accredit providers of continuing nursing education. Additionally, ANCC is increasing its focus on nursing excellence internationally through its ANCC World programs.

Previously, Reid Ponte held leadership positions at Brigham and Women's Hospital, Massachusetts General Hospital, and Tufts Medical Center, where she began her career as a primary nurse on a hematology-oncology unit.

Reid Ponte teaches the Health Care Quality course in the DNP programs at Simmons College in Boston and at the University of Massachusetts, Boston (UMB), where she is an Associate Professor at the College of Nursing and Health Sciences. She is a co-principal investigator for the National Cancer Institute-funded Dana-Farber/Harvard Cancer Center-UMB U54 grant, which funds a post-doctoral nursing fellowship program in oncology and health disparities. She is an adjunct faculty member at her alma mater, the University of Massachusetts, Amherst School of Nursing, an active alumni member, and a recipient of the University's Distinguished Alumni Award in 2005.

Reid Ponte received both her Doctorate of Nursing Science and Master's in Nursing from Boston University. She received her Bachelor's in Nursing from the University of Massachusetts, Amherst. Reid Ponte was a 2001-2004 Robert Wood Johnson Foundation Nurse Executive Fellow.

# MGH Nursing History Committee Focuses on World War I Nurses



NURSES OF BASE HOSPITAL No. 6

## Mary Ellen Doona

With its *Massachusetts General Hospital Nursing at Two Hundred* successfully launched during the Hospital's Bicentennial in 2011, the Department of Nursing formed its first MGH Nursing History Committee. The group's next project involved shining a light on the history of Miss Linda Richards, America's first trained nurse and early superintendent of the Boston Training School at MGH. This included the unveiling of a portrait of Richards, corresponding museum and in-hospital exhibits, and working with the *Boston Globe* on a feature article. Most recently committee members have turned their attention to the MGH nurses who cared for soldiers in France during World War I. As well-seasoned researchers, the Committee knew the work that lay ahead. After *MGH Nursing at Two Hundred*, however, they also knew the rewards. The Committee: Sarah Alger, Patty Austen, Pat Beckles, Ann Collins, Marianne Ditomassi, Mary Ellen Doona, Barbara Dunderdale, Susan Fisher, Mary Larkin, Michelle Marcella, Roberta Nemeskal, Georgia Peirce and Martha Stone, wasted no time in taking on the new project.

Given the depth of the MGH School of Nursing historical collection, they have not been surprised at the number of first person accounts in letters, diaries, scrapbooks and narratives they have found. Not least of what the Committee is discovering is how arduous nursing care was in that pre-antibiotic time. Wounds, infections, burns from gas warfare, shell shock that in subsequent wars became PTSD, were among the pressing problems but these receded in priority once the pandemic of influenza struck. There were 4,319 patients in Base Hospital No. 6 on November 11, 1918 as the Armistice was being signed. Hundreds of these patients were critically ill with influenza.

As busy as these nurses were, they were in frequent contact with their colleagues at home.

As the Committee has learned, many of these narratives were published in the *Quarterly Record of the Massachusetts General Hospital School of Nursing Alumnae Association*. Knowing at first hand the value of the *Quarterly Record* as a historical document, the Alumnae Association has digitized 100-plus years of issues. Public access is a simple matter of going to archive.org and entering MGH Nursing in the search box.

The Committee is in the midst of gathering together these primary sources from the MGHSON archives and the *Quarterly Record*. They have also collected artifacts, such as dog tags, passports, medals, and war memorabilia. Guided by its goal to shine a light on the contributions of these military nurses, the Committee will create exhibits for MGH's Paul S. Russell, MD Museum of Medical History and Innovation and mount displays throughout the hospital during 2017.

The Committee will also provide updates of its progress in future issues of the *Massachusetts Report on Nursing*.

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# Bulletin Board

## Zika Virus Update

The World Health Organization expects the Zika Virus to eventually spread to all of the Americas except for Canada and Chile, the two places where the Aedes species mosquito--a vector for the virus--does not live. Zika viral infection is asymptomatic in up to 80% of exposures or causes mild illness, such as fever, rash, muscle/joint pain and conjunctivitis. Severe disease and fatalities are rare. Health authorities, however, are becoming increasingly alarmed by the virus' association with more severe clinical manifestations, including neurological and autoimmune-like illness, particularly Guillain-Barré syndrome (GBS) and congenital neurological malformations. Most disconcerting is a link between the Zika virus and microcephaly.

In 2016, Zika virus disease became a nationally notifiable condition. On January 26, 2016, the Center for Disease Control distributed the Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection. In addition, the CDC has issued a Level 2 Travel Advisory for Mexico, Central and South America, the Caribbean, Samoa & Cape Verde.

Perinatal, in utero and possible sexual and transfusion transmission events have been reported. Zika viral RNA has been identified in asymptomatic blood donors. Other than universal precautions, no specific extraordinary countermeasures have been advised. No vaccine exists for the Zika virus. Mosquito protection and eradication remain the best defense for minimizing viral spread.

See also

ANA Nurse Insider: <http://www.nursingworld.org/HomepageCategory/NursingInsider/Zika-Virus-What-You-Need-to-Know.html>

CDC Website: <http://www.cdc.gov/zika/>

CDC Interim Guidelines: <http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm>

Protection against mosquitoes: [http://www.cdc.gov/chikungunya/pdfs/fs\\_mosquito\\_bite\\_prevention\\_travelers.pdf](http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf)

Mosquito Control Tips: [http://www.cdc.gov/zika/pdfs/control\\_mosquitoes\\_chikv\\_denv\\_zika.pdf](http://www.cdc.gov/zika/pdfs/control_mosquitoes_chikv_denv_zika.pdf)

### 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.

### 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!

SAVE THE DATE

SAVE THE DATE

SAVE THE DATE

## The History of Nursing Archives

### 50th Anniversary Celebration and Annual Meeting

Sunday, May 22, 2016 at 3:00 PM

775 Commonwealth Avenue - Boston, MA 02215

The Howard Gottlieb Archival Research Center at Boston University and the Nursing Archives Associates invite you to attend our celebration of the 50th Anniversary of the History of Nursing Archives.

We hope you will be able to join us for a special exhibition opening and a key note speech by Dr. Kathleen Bower DNSc, RN, FAAN, CMAC, Principal Emeritus for Case Management.

Details forthcoming. Please check our website ([www.bu.edu/archives/events](http://www.bu.edu/archives/events)) for updates.

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UNIVERSITY**

### Winter Program on the Opioid Crisis



In spite of the threat of the season's first major snow storm, more than 125 nurses attended the Winter Conference on the opioid crisis. Keynote speaker Susan L. W. Krupnick, MSN, PMHCNS-BC, ANP-BC, C-PREP provided valuable information on specific prevention and treatment interventions, as well as statistics regarding the local and global impact of the crisis. The audience shared personal perspectives and asked many thought-provoking questions. In addition to the information provided by the lecture, there was time for some networking. All in all, it was another successful conference. The presentation was videotaped by an 84 year old man, who asked me if he could share his perspective. In his words:

Even though I am an ordinary guy out there on the street and not of the medical field, it seems apparent to me that the nursing profession has this concern of the opioid crisis added to all the other standard medical practices you have been performing throughout the years.

I learned so much at the conference. I have much more awareness of the ills of society and the severe consequences that befall addicts.

The feedback from the audience to the various subjects that were addressed, especially the Narcan use, was quite revealing. I had a great time performing the video coverage but far more gratifying was to listen to the concerns of the nursing profession.

He says he wants to be hired to video our next conference because he learned so much!



Left to right: Pat Ruggles, Director ANA Mass, Amanda Oberlies, Executive Director of Organization of Nurse Leaders, Kay Khan and Diane Jeffery, Executive Director ANA Mass, congratulating Rep. Kay Khan, RN, on receiving the Abigail Adams Award from the MA Women's Political Caucus October 27, 2015

# Bulletin Board

## Members Only

### Visit Your ANA Massachusetts Career Center: A Valuable Member Benefit

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Visit the Career Center at [www.ANAMass.org/jobs](http://www.ANAMass.org/jobs) and register today!

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

- **Dell Computers** – ANA Massachusetts/ANA are pleased to announce a new member benefit. ANA Massachusetts and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133.
- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers – Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
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### Promote yourself: professional development tools and opportunities

- Members save up to \$140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org – ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center – developed in cooperation with Monster.com.

### Stay informed: publications that keep you current

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

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

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Contact us at: 617-990-2856 or [info@ANAMass.org](mailto:info@ANAMass.org)

## Technology Committee Request for Proposals

The Technology Committee, chaired by Susan L. Conrad, requests that ANA MA members submit proposals for improvements to all aspects of the Association that might be achieved through the use of technology. The Technology Committee will consider each proposal in terms of the resources needed to implement the change and the anticipated benefit to the entire Association.

The form for Proposal Submission can be found on the homepage of the website ([www.anamass.org](http://www.anamass.org)) upper left hand corner under tab labeled ANA Mass/member technology recommendations. The form can be completed on-line or be e-mailed to [info@anamass.org](mailto:info@anamass.org).

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

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# The Patient's Perspective: Who I Am



**Julia Burk and her long time partner John Gurney**

**Julia Burk**

If you are a gardener, then you are perhaps familiar with a saying that is used to describe the growth pattern of a ground cover called pachysandra:

The first year it sleeps  
The second year it creeps  
The third year it leaps.

Similarly, Parkinson's disease will slowly erode your abilities to move, to think and even to emote. At first, you may have nothing more than a vague sense that "something" is not quite right. You may notice a slight trembling of your fingers or a strange tingling in your toes when you take a bath. These symptoms are little more than nuisance distractions, certainly not troublesome enough to schedule an appointment with your doctor. Nonetheless, whether you are attentive to the process or not, Parkinson's will continue to unravel your neurological network with a silent and unrelenting force.

### In My 30s

I feel that most days during this time period were fairly normal. I could not, however, silence a nagging voice from somewhere deep within. Some days, it would take me twenty minutes to button a blouse and that nagging little voice would tell me to beware. Then a symptom presented that clearly was out of the range of anything that could be called normal. One stressful day at the office, I struggled to hold a pen, dropping it repeatedly. In addition my hand shook so badly I could not write a single letter. The moment of truth was at hand. A consultation with a neurologist confirmed I had Parkinson's disease. I was 32 years old.

Once diagnosed, life became easier. I responded well to Sinemet and, as long as I took my meds

faithfully, few people could tell I had a life-altering condition.

### In My 40s

Due to the basic nature of the disease, my Parkinson's symptoms drifted from creeping mode to leaping mode without once asking my permission. I went from walking with a slight limp (bad knees) to falling 8 to 12 times per day. I lost my sense of smell. The hot flashes associated with menopause did not compare to the furnace-intensity heat due to waxing or waning medications. Also, for the first time in my life, there was a double-edged psychological sword hanging over me: depression. One side of the blade was depression due to the chemical changes in the brain inherent to Parkinson's disease. The opposing blade was also for depression but it was caused by mental exhaustion as I worked to overcome literally hundreds of symptoms.

### In My 50s

As much as I would have preferred otherwise, the creep to leap model which began in my 40s continued well into my 50s. I knew that the symptoms had, in some instances, turned life-threatening and it was past time to do something about it. (Insert drum role here).

I applied to the Deep Brain Stimulation Program at Boston University Medical Center. I was accepted and the first surgery was booked for March 29, 2008. We ran into difficulties placing the electrode in the right brain stem so the surgery was rebooked for two weeks later. Attempt number two also left us without a successful electrode placement. The third time being the charm, the right electrode was successfully implanted on April 23. One down, one to go. The left-side electrode was easily placed with one try. I was ready to be "turned on." But wait . . .

The brain needed some rest and repair time so I was booked one month out for a "go live" date. When the big day arrived, I was brought into my neurologist's office in a wheel chair. He programmed the internal pulse generator (IPG) units that had been placed in my chest and told me I could get out of the wheelchair. I stood, paused for just a moment, and then walked down the hallway as though I had done it every day of my life. I had gambled and beat the odds — I was once again a walking woman!

### In My 60s

In the first five years of my 60s, I have undergone nine surgeries, only one of which was due to Parkinson's disease. I had

- the surgical repair of a compound fracture of my radius and ulna
- two surgeries to remove osteomyelitis from bone tissue
- day surgery to change the batteries in my IPGs
- three surgical sessions to repair a detached retina
- partial knee replacement
- one total knee replacement

If I have learned one lesson from these hospitalization experiences, it is that the Parkinson's symptoms must be brought under control before other health issues can be addressed. The key to safeguarding the ever-dwindling skills that I do have is to mirror in

the hospital the patterns and routines found in my home, especially medication schedules and exercise/ambulation regimens.

In light of the complexity of most PD medication schedules, this can be a daunting task. The following is my med list:

Medication	Dose	Frequency
Carbidopa/Levodopa	50/200mg	1 daily
Carbidopa/Levodopa	25/100mg	1.5 pills, 2 times daily
		1 pill, 2 times daily
		2 pills, once daily
Entacapone	200mg	1 pill, 6 times daily
Amantadine	100mg	1 pill, once daily
Quetiapine	25mg	2 pills, once daily
		1 pill, once daily
		¼ pill once daily
Ropinerole	4mg	2 pills, once daily
		½ pill, once daily
Citalopram	40mg	1 pill, once daily
Ranitidine	150mg	1 pill, 2 times daily

The above list contains only those meds that are specifically used to manage Parkinson's. All that remains to be done is to fit the meds into a 3-hour interval grid, starting at 6AM (9AM, 12PM, 3PM, 6PM and 10PM). Admittedly it does pose challenges.

The drugs are prescribed to do the following: one pill controls primary symptoms of Parkinson's, one lengthens the time L-dopa stays in the system, one controls dyskinesia, one is an anti-hallucinogen, one is an anti-depressant, and there is an antacid. Knowing what each medication does allows the patient to better participate in building her own care plan.

### Today

Today I am a 65 year old senior who does those classic senior-ly things such as knitting, crocheting, and playing Canasta. Over the past year I have noticed that the Parkinson's is making in-roads in my cognitive processes: short term memory issues, organizational skills, word retrieval, etc. This is scarier than losing any of my physical abilities. No matter how much I ramp up activities that challenge my brain, I know this disease well and that it will move ever forward.


We all know the outcome of a Parkinson's diagnosis. What we don't know is what we will each learn as we travel down our individual paths. Thus far I am absolutely certain of three things:

1. Victory is measured by the degree to which you stay engaged
  2. No one can handle Parkinson's alone
  3. I am a better person because of what Parkinson's has taught me
- . . . . And my journey is not over yet.

Editors Note: I met Julia and her partner John when I participated in a Back to the Clinic Day as a component of the Edmond J. Safra Visiting Nurse Faculty Program at Boston University Parkinson's Disease and Movement Disorders Center. Her resilience and optimism, and knowledge and self advocacy inspired me. Perhaps overstepping my observer role, I boldly asked her if she would share her story with the nurses in Massachusetts. I hope that her words will help all nurses to better understand the importance of the timing of Parkinson's medications and the difficulty that patients with Parkinson's disease have when they are hospitalized for other conditions.

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# ANA President Responds to New Institute of Medicine Report

Recently, The Institute of Medicine (IOM) released the report, *Assessing Progress on the Institute of Medicine Report the Future of Nursing*. American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, responded to the new report:

“We appreciate the Committee’s thoughtful report about what has been accomplished and what needs to be done to continue to move the Future of Nursing report’s recommendations forward to meet the growing demand for high-quality, cost-effective health care services. We agree progress has been made since the Future of Nursing Report was issued in 2010, however, if we hope to achieve the vision of a patient-focused health care system, we must ensure the nation’s 3.4 million registered nurses are able to fully

contribute. We agree now is the time to accelerate the work to expand access to education, remove barriers to nurses’ full practice, improve data about the nursing workforce, and increase the number of nurses in leadership positions. The American Nurses Association is actively engaged in this work and agrees that interdisciplinary collaboration and support from various stakeholders, including the business community and consumers, are essential.”

The new report is an important step in examining and assessing the changes both in the nursing profession and the broader health care setting following the 2010 release of the IOM report *The Future of Nursing: Leading Change, Advancing Health*. It provides a straightforward assessment of the progress made to date in

implementing the recommendations of the 2010 report, and it sets out a series of recommendations to ensure the vision and goals in the original report are fully attained.

The progress report recognizes the Campaign for Action, a nursing initiative developed by the Robert Wood Johnson Foundation and AARP, which has made significant progress toward instituting the recommendations of the Future of Nursing report and galvanizing the nursing community to further action. The report identifies several areas that require engagement of a broader network of stakeholders to ensure improvements continue. These areas include scope of practice, education, collaboration and leadership, diversity and data.

# ANA President Responds to Executive Actions to Regulate Gun Sales

January 5, 2016

SILVER SPRING, MD – President Obama announced new executive actions to reduce gun violence. The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to today’s announcement:

“Mass shootings and other tragedies have unfortunately become all too common in this country and steps must be taken to stop the carnage. We commend President Obama for taking necessary actions today to reduce gun violence and make our communities safer.

The president’s actions will make an immediate impact. Commonsense reforms aimed at keeping guns out of the wrong hands through background checks and increasing research

into the development of gun safety technology will help protect our communities from the endless series of preventable violence that steals innocent lives, taxes our health care system, and leaves communities and families broken.

We are especially heartened by the president’s emphasis on increasing access to mental health care. While people with mental illness are more likely to be the victims of gun violence rather than the perpetrators, recent events have repeatedly shown the link between easy access to guns and inadequate access to mental health care services. ANA applauds President Obama’s investment of \$500 million dedicated to supporting the engagement of individuals in their care and improving service capacity within the mental health care system. These actions are needed to fix a system that is clearly broken.

As the largest single group of health care professionals, nurses regularly witness the trauma that gun violence inflicts on victims, families and communities. As the premier organization representing the nation’s 3.4 million registered nurses, the American Nurses Association has and will continue to be engaged in efforts to prevent and reduce gun violence. In the aftermath of the Sandy Hook tragedy, ANA issued a call to action to Congress and policymakers to take swift action to curb gun violence.

Today’s actions are a start, but we will continue to call on lawmakers to enact additional meaningful reforms to protect society and stop the constant cycle of gun violence and death that plagues our communities.”

## Howard Gotlieb Archival Research Center Welcomes New Partners to Florence Nightingale Digital Collaborative

The Howard Gotlieb Archival Research Center at Boston University is pleased to announce seven new partners for the Florence Nightingale Digital Collaborative. The Augustus C. Long Health Sciences Library at Columbia University; the Center for the History of Medicine’s Francis A. Countway Library of Medicine at Harvard University; the Derbyshire Record Office in England; the Library of the Health Sciences at The University of Illinois at Chicago; the National Library of Medicine of the National Institutes of Health and the UNC Health Sciences Library join the Collaborative in its efforts to preserve and promote the legacy of Florence Nightingale, pioneering social reformer and founder of modern nursing. Materials from six new partners are now available online at [www.bu.edu/florencenightingale](http://www.bu.edu/florencenightingale). Letters written by Florence Nightingale from the newest partner, the British Red Cross, will be available online in the coming months.

The Florence Nightingale Digitisation Project is a collective effort to create a comprehensive database of digitised Nightingale correspondence. The original partners in the collaborative are the Florence Nightingale archives housed by the Florence Nightingale Museum in London, the Howard Gotlieb Archival Research Center at Boston University, The Royal College of Nursing, and the Wellcome Library in London. The database currently contains over 2,200 items and is accessible to the public through this portal: [www.bu.edu/florencenightingale](http://www.bu.edu/florencenightingale) Searchable by subject, name, and date, this valuable tool benefits students and researchers all over the world.

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# Massachusetts Nurses and Naloxone

**Laurie Talarico, MS, RN, CNP**  
 Nursing Practice Coordinator  
 Board of Registration in Nursing

October 30, 2015

To: Massachusetts Nurses  
 From: Laurie Talarico, MS, RN, CNP Nursing Practice Coordinator  
 Re: Domestic and Sexual Violence Training – updated memo

MGL c 260, §9 of the Acts of 2014 requires the boards of registration in medicine, nursing, nursing home administrators, physician assistants, social workers, psychologists and allied mental health and human services to promulgate regulations establishing standards that require training on the issue of domestic and sexual violence as a condition of licensure and license renewal.

Nurses are not expected to comply with this new requirement until the training standards are developed and new regulations are promulgated. Once the training standards are developed and new regulations are promulgated the Board will convey the information on its web site. Nurses whose license expiration dates fall prior to the completion of these regulatory revisions will be required to comply with the new requirement prior to their renewal in 2018.

Information about the Board's promulgation of revised regulations, how nurses can comply with this new requirement, and effective dates will be posted on the Board's website when it is available. All nurses are directed to consult the website regularly to stay abreast of further developments.

The Board of Registration in Nursing suggests that all nurses subscribe to the RSS feed found in the right column on the Board's home page at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn). Once subscribed, you will be electronically notified when the Board updates information under "News and Alerts".

In June, 2015, Governor Charlie Baker's Opioid Addiction Working Group published a list of 65 recommendations to combat the opioid epidemic in Massachusetts. Among these recommendations are several to increase access to naloxone, an antidote for opioid overdose. Supporting access to naloxone is an important component of the Baker-Polito Administration's multi-prong approach to reduce opioid overdose deaths in the Commonwealth.

In an overdose, opioids can cause difficulty breathing, sedation, and death. Naloxone is a medication that reverses these effects. Naloxone is inert unless opioids are present in the body. It does not work on other drugs or alcohol. Naloxone usually takes effect in 3 to 5 minutes and lasts 60 to 90 minutes.

The Public Health Council, during an emergency session, determined that first responders would be universally permitted to carry and administer naloxone to individuals who presented with signs and symptoms of an opioid overdose.

### Massachusetts General Law Amended

In addition, Massachusetts General Law Chapter 94C Section 19 was amended to allow naloxone or other opioid antagonist to be lawfully prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Further, Section 19B authorizes a pharmacist to dispense naloxone to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose pursuant to a standing order. Chapter 94C Section 34A provides protection for possession and administration of naloxone by allowing a person acting in good faith to receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

Currently, naloxone is widely available through standing order prescription in pharmacies in order to provide greater access to family and friends who fear a loved one might overdose. The Board of Pharmacy maintains a list of pharmacies that have valid standing orders to dispense naloxone rescue kits. The list can be found at: <http://www.mass.gov/eohhs/docs/dph/quality/boards/pharmacy/pharmacies-so-naloxone.pdf>. Individuals may purchase the kits with a prescription or without a prescription at a pharmacy that has a valid standing order.

### Nurses and the Law

Massachusetts nurses can obtain and possess naloxone to administer to any individual appearing to experience an opiate-related overdose. In addition, nurses are frequently called upon to train unlicensed persons how to administer naloxone by intranasal and/or intramuscular route. This education is not considered delegation and the nurse trainer does not retain accountability or responsibility for the administration of naloxone by the unlicensed person they teach. However, the nurse trainer is responsible for the accuracy of the information taught and may want to reference the *Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution* publication as a training guide which can be found at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>.

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**Minimum Qualifications:** Graduate of accredited BSN degree program or relevant Associate's degree plus additional years of clinical experience equivalent to the BSN. Current license to practice professional nursing in the Commonwealth of Massachusetts, five years of progressively responsible general clinical experience, critical thinking skills, decisive judgment and the ability to work with minimal supervision in a fast paced environment. Must have certification in basic CPR (to be reviewed annually) and ability to lift and transfer patients.

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Applicants must apply online at <http://umass.interviewexchange.com/jobofferdetails.jsp?JOBID=67785> and submit a cover letter, resume and names and contact information of three professional references no later than February 19, 2016.

*The University of Massachusetts is an Affirmative Action/Equal Opportunity Employer of women, minorities, protected veterans, and individuals with disabilities and encourages applications from these and other protected group members.*

## The Newsletter Committee

Our dedicated Newsletter Committee members are instrumental in writing and editing the articles that are published in the *Massachusetts Report on Nursing*. A special thank you for their continued service and to all the authors who write for our newsletter.

Susan LaRocco, Editor

### Barbara Belanger, MSN, RN, CNOR

Barbara Belanger graduated in 1978 with a diploma in nursing from Newton-Wellesley Hospital School of Nursing in Newton Massachusetts, in 2010 with a BSN from Saint Joseph's College in Standish, Maine, and completed her MSN in 2015 also from Saint Joseph's College. Barbara's clinical experience includes medical-surgical, ICU/CCU, telemetry, and adult/pediatric perioperative nursing practice in the operating room and PACU. Currently, Barbara is the Clinical Practice Leader of Surgical Services at Hallmark Health Systems in Melrose, Massachusetts. Barbara is a member of AORN, ANA MA, Sigma Theta Tau International and Massachusetts Regional Caring Science Consortium. She has maintained CNOR credentialing since 1993.

Barbara's professional interests include policy development, professional writing, and collaborating with nursing leaders and clinicians to promote quality care and patient safety. She enjoys traveling with her husband, gardening, music, cooking, and walking with her shiba inu dog.



engaged in a variety of experiences in keeping with the nursing regulations of our hosts.

My colleague, Dr. Patrice Nicholas and I received grant funding from the Bureau of Health Professions more than 20 years ago to establish an HIV/AIDS specialization. The HIV/AIDS Certificate continues today in a distance-learning format.

Given my interest in writing, I am honored to serve on the ANA MA Newsletter Committee where I enjoyed the leadership of President Myra Cacace and our current Chair, Dr. Susan Larocco and the camaraderie of the other members of the committee.

### Anya Bostian Peters PhD, RN, CNE

Dr. Peters received her BSN from UNC-Chapel Hill, MSN in Nursing Education from Wilmington University,



and her PhD in Nursing Education from Widener University. Her clinical area of expertise is in cardiovascular/cardiothoracic nursing. Anya has been a nurse educator for 12 years in Associate, Baccalaureate, and Post-Baccalaureate programs. She is certified as a Nurse Educator.

Her research area of interest is incivility in academia, with a special interest in faculty-to-faculty incivility, stress in the academic workplace, and the impact of incivility and stress on faculty retention. Anya is an Associate in the Center for Women and Work at UMass Lowell, a member of the MA Action Coalition Faculty Recruitment & Retention Committee, and a member of the ANA Workplace Violence & Incivility Professional Issues Panel Advisory Group. She also holds memberships in the Council for the Advancement of Nursing Science and Eastern Nursing Research Society. Anya is the mother of 3 children. She and her family live in Hopkinton.

### Peggy Fair, MSN, RN

I have been an RN since 2006. Nursing is a second career for me. I am so happy that I made the decision to become a nurse. Currently, I am employed by the Department of Veterans Affairs. I transitioned to the VA from the private sector in 2007. My role since 2013 is in an outpatient psychosocial rehabilitation and recovery center where I work with Veterans diagnosed with serious mental illness. I get a great deal of enjoyment working with the elderly- specifically older Veterans. Prior to my VA career, I worked in private nursing homes and briefly in acute care. While all of the Veterans I work with are diagnosed with mental health issues, many also have significant medical co-morbidities. My work consists of not only providing recovery focused services to these Veterans, but also assisting them with improving their physical health. Every day is challenging, fulfilling, and I feel I am making a real difference in the lives of the clients I work with.

When I am not working I enjoy spending time with my husband, companion animals, family, and friends. I also enjoy gardening and working on home projects.

### Inge B. Corless PhD, RN, FNAP, FAAN

I graduated from the Bellevue Schools of Nursing in New York and have had a variety of practice experiences including emergency services, oncology, hospice, and palliative care. Currently I am on faculty at the MGH Institute of Health Professions where I teach a course on the History of Nursing Ideas that affords me the opportunity to share the impressive history of our profession with new students. I also take students to sub-Saharan Africa so they can learn about health care in a country with a different heritage and culture. Over the years we have visited The Republic of South Africa, Swaziland, and Lesotho where we have



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