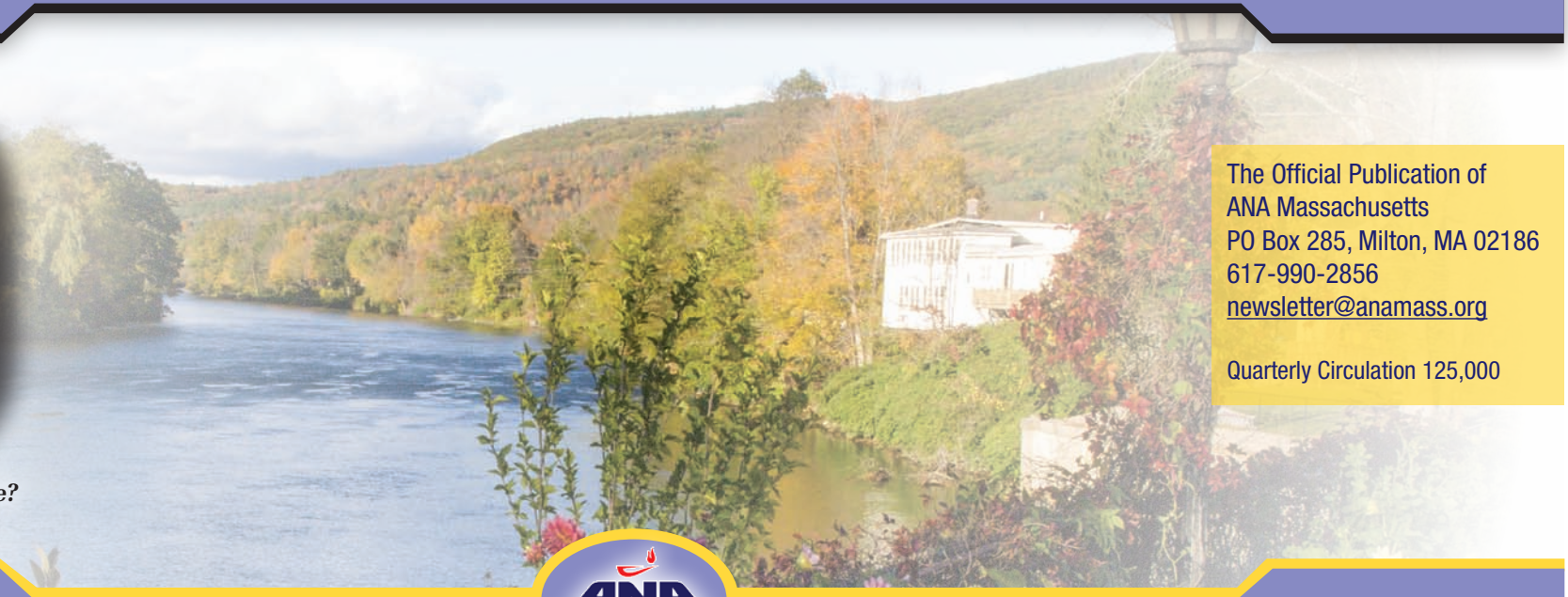
# Massachusetts Report on Nursing

*Do you know this nurse?*
*See page 9*



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ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

September 2017


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

# MEMBERSHIP ASSEMBLY

***ANA MA Executive Director and members meet in Senator Warren's office to lobby on issues important to the nursing profession.***

***Myra F. Cacace GNP/ADM-BC***

I had the privilege to accompany ANA Massachusetts President, Diane Hanley and Executive Director, Diane Jeffery to represent ANA Massachusetts at the American Nurses Association's annual Membership Assembly in Washington, DC (June 9-11, 2017). This is ANA's governing body, where 300 nurses from across the nation, the Philippines and Guam come together to chart the future of nursing in America. Massachusetts nurses, Karen Daley and Barbara Blakeney, (Past ANA Presidents), Gayle Peterson (ANA Massachusetts member and Staff Nurse Director on the ANA Board) and Maura Flynn (Past President of the National Dermatological Nurses Association) were also in attendance, insuring that the voice of nurses from Massachusetts was truly heard.

In addition to looking at bylaws recommendations, electing new officers, learning about advocacy and membership engagement strategies and networking with our colleagues, I had the opportunity to visit staff members from the offices of Senators Elizabeth Warren and Edward Markey, and Representatives Nikki Tsongas and Katherine Clark at the United Stated Capitol on Lobby Day (June 8, 2017).

After several sessions working with our colleagues the following recommendations were made to the ANA Leadership to frame our work for the coming year:

- Highlight and promote the use of policy and advocacy resources.
- Emphasize policy development and advocacy as central to the role of all RNs.
- Advance mechanisms to heighten the involvement of individual RN members in the generation of policy and advocacy topics.

The Assembly representatives adopted several bylaws, including one that expands the total number of voting seats to the Assembly to allow for more member engagement. Another bylaws change allows Constituent/State Nurses Associations (C/SNAs) to include non-RNs, such as LPNs and respiratory therapists, in their membership - with no ANA membership status.

The voting representatives also formally supported a resolution that firmly opposed the current American Health Care Act as passed by the House of Representatives. They directed the ANA board to continue to aggressively oppose the AHCA as passed by the U.S. House on May 4 2017, and to stress the importance of adopting a health care law that is based on ANA's Principles for Health System Transformation. The ANA Staff will continue to provide timely reports to the C/SNAs and independent member division.

Elections for the offices of Vice President, Treasurer, Directors at large and nominating committee were also held. Joining President Pamela Cipriano and Gayle Peterson, ANA Massachusetts member and ANA Director to the Board representing Staff Nurses, are Vice President Ernest James Grant (from North Carolina, re-elected), MaryLee Pakieser (from Michigan-Director), Jennifer Mensik (from Arizona-Treasurer), and Amanda Buechel (from Illinois - Recent Graduate Director). Members were also elected to the Nominations and Elections Committee. Terms of service begin January 1, 2018.

I want to take this opportunity to thank the membership of ANA Massachusetts for electing me as your representative to the ANA Membership Assembly.


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## SAVE THE DATES

**October 31, 2017**
**Health Policy Legislative Forum**
***Health Care, What Do We Do Now?***
**Keynote Speakers:**

**Donald M. Berwick, MD, MPP, FRCP**
President Emeritus and Senior Fellow, Institute for Healthcare Improvement. He is also former Administrator of the Centers for Medicare & Medicaid Services

**Atul Gawande, MD, MPH**
Surgeon, writer, and public health researcher. He practices general and endocrine surgery at Brigham and Women's Hospital. He is Professor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health and the Samuel O. Thier Professor of Surgery at Harvard Medical School

**Roseanna Means, MD**
President and Chief Medical Officer, Women of Means, Wellesley, MA; Physician on the Women's Division Attending Staff, Brigham and Women's Hospital; Associate Professor, Harvard Medical School

**Massachusetts State House*Boston, MA**

**November, 2017**
**Healthy Nurse Event**

**November 3, 2017**
**ANA MA Accredited Approver Unit Provider Symposium**
**Baystate Health Education Center | Holyoke, MA**

**November 16, 2017**
**Networking Event**
**Boston Beer Works*Boston, MA**

**December 7, 2017**
**Boston Pops**

**April 6, 2018**
**ANA Massachusetts Spring Conference and Awards Dinner**
**Dedham Hilton Hotel*Dedham, MA**

**May 2018**
**ANA Massachusetts Night at Boston Red Sox**
**Fenway Park* Boston, MA**

**May 4-11, 2018**
**Rhode Island SNA's Earn and Learn CE Cruise to Bermuda | 7-day Bermuda, round-trip Boston**
**Call 401-828-2230/donna@travelplusri.com for details**

**October 19-20, 2018**
**ANA Massachusetts Fall Conference**
**Sturbridge Host Hotel*Sturbridge, MA**

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

# President's Message

*Diane Hanley, MSN, RN-BC, EJD*

As we entered the nursing profession, we took an oath to do no harm. The Nurse of the Future will minimize risk of harm to patients and providers through both system effectiveness and individual performance" (Massachusetts Nurse of the Future Nursing Core Competencies, 2010, p. 34). Safety is "critical to promoting high quality patient care" (American Association of Colleges of Nursing, 2008, p. 13). Safety and quality go hand in hand and are concerns of all nurses. Let's consider the meaning of these terms as well as what drives quality, the role that professional nurses play, and implications for healthcare policy. Drivers for quality in healthcare come from all directions; internally, and externally, including the Joint Commission, Centers for Medicare and Medicaid Services (CMS), and other organizations.

Quality and safety begins with knowing your baseline. Nurses use data to monitor the outcomes of care processes, and use a variety of improvement methods to design and test changes to continuously improve the quality and safety of health care. This is important so that nurses can improve the structure and process of care provided to enhance patient outcomes. Quality improvement activities enable nurses to recognize opportunities for improvement and set goals to improve. As we know, what you measure – you manage.

Patient falls and falls with injury continue to gain a substantial amount of attention nationally. Falls continue to be a major concern due to population growth, an aging population, and the physical and emotional suffering, and financial burden associated with preventable falls. Falls are the leading cause of injury in older adults and pose a significant challenge to the inpatient facility of the present and future. In the U.S., statistics demonstrate that roughly 23% to 42% of patient fall incidences resulted in some form of injury and 2% to 9% were serious injuries. The average cost of a patient falling is $13,316, and varies depending on the level of injury. In many cases the cost can be substantially higher.

To tackle the ongoing challenge of fall prevention in hospital settings, leaders are now routinely sharing unit level data with nursing staff as a viable improvement strategy for organizations to use. Once staff gain knowledge to interpret the data, nursing staff can then gain a better understanding of how their units are performing and implement plans to improve.

Patient safety and quality are major concerns in hospitals today. Medication errors account for approximately 7,000 deaths annually. The leading cause of unexpected death in a hospital is contributed to medication errors. These statistics are eye opening and difficult to accept. As a result of these statistics, organizations have developed and adopted best practice guidelines in order to maintain patient safety and ensure that patients are receiving safe quality care. Through teamwork, collaboration, evidence based practice, quality improvement, safety and informatics, we increase our ability to provide patient-centered, safe, quality care.

Nurses consistently capture patient and public trust by performing in accordance with the ANA Code of Ethics for Nurses which describes nurses as the strongest advocates for patients who are vulnerable and in need of support and safe quality care. Registered nurses are increasingly being recognized as leaders in transforming healthcare to meet the burgeoning demand for prevention, wellness, and care with a focus on improving quality and managing costs. In addition to their clinical expertise, nurses are being sought out to serve in a variety of leadership positions, developing policy recommendations related to a wide-range of healthcare issues. Nurses are truly leading change and advancing the healthcare system!

In 2010, the IOM released its report, *The Future of Nursing: Leading Change, Advancing Health*, which includes many key recommendations regarding how nurses will impact quality patient care. To assume this role, nurses must develop expertise in the structure and processes to drive and achieve quality outcomes. These recommendations include leadership, education, and practice.

(1) *Nurses are the key to quality care in a transformed healthcare system.* Healthcare experts and patients alike are calling on our profession to optimize its contributions to better meet the needs of all patients for quality healthcare. Nurses are uniquely positioned to assist in the development and implementation of technologies to support high-quality and evidence-based care.

(2) *Nurses' knowledge and expertise are in demand.* It is time for all nurses to step up and meet the challenge. This is an opportunity for every nurse to become the change you want to see. Nursing professionals are experts and can contribute greatly in transitioning healthcare to our future state.

(3) *What we do today will influence how our healthcare system looks in 10 years.* The public values and trusts nurses. As the most trusted profession, policy makers are calling on nursing to shape the future of healthcare. If our profession doesn't answer the call, others will.

(4) *Every nurse, from the bedside to the boardroom, has a role in transforming nursing.* The environment is ripe for nurses to get engaged in charting our future - the future of our nation's healthcare. Read, learn, and share.

(5) *ANA Massachusetts is your partner on this transformational journey.* ANA Massachusetts will help you to maximize this opportunity – advocating for leadership roles for nurses in patient-centered care, encouraging your involvement in shaping the future, and providing tools and resources to support your success.

We have done much to decrease harm to patients, but there is still a lot to do! Let's not lose focus and keep patients' health foremost as we continue to discuss how to improve the nation's health care system.

Thank you for all you do for our patients and the profession.





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EDITORIAL

# What Would Flo Say, or the Importance of History

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

Recently a faculty colleague posed this question to her class… "What would Flo say?" She was met with blank looks. Finally she determined that they thought she meant Flo from the Progressive Insurance commercials. They were mystified as to why she cared what Flo would say, not even considering that she meant Florence Nightingale. At a Nightingale ceremony, held shortly before the students began their first clinical rotation, students were given a lapel pin with a raised Nightingale lamp. The next day one student asked her professor, "Why is there a teapot on the pin?" Previous generations would have certainly recognized it as the lamp that Nightingale carried when she nursed soldiers during the Crimean War.

These humorous incidents speak to how little we value our nursing history. Our students barely know the name of the founder of modern nursing and nursing education. When I discuss the Alexian Brothers and other all male nursing schools, most nurses are surprised. Male nurses existed, dating from the time of the Black Death in Europe? Really? Male students are surprised to hear that they are not blazing the way for gender inclusion; in fact they are tramping down an age old path that includes men as far back as the Middle Ages.

How can we increase our knowledge of our profession's history? We are fortunate in Massachusetts to have our resident historian, Dr. Mary Ellen Doona, who provides us with regular articles about Massachusetts nursing history. Almost 50 of her columns have been compiled into a book (*Clio's Corner* available on the ANA MA website). We also are privileged to have one of the major nursing archives at Boston University. As part of a consortium, they are in the process of digitizing and categorizing Flo's letters (Flo as in Florence Nightingale). These are available for free on their website. The Massachusetts Board of Registration in Nursing has an interesting Historical Highlights document that provides a timeline of significant events in Massachusetts nursing.

(http://www.mass.gov/eohhs/docs/dph/quality/boards/nursing/nursing-historical-timeline.pdf). The *American Journal of Nursing* has an occasional column called Looking Back. The mission of this column is "two-fold: to make the nursing public more aware of the richness and relevance of its history and to provide a forum for scholars to engage in the synthesis of text, photograph, and research."

The American Association for the History of Nursing "advocates the inclusion of nursing history in the curricula of all undergraduate and graduate nursing programs." (https://www.aahn.org/position.html) They contend that "History offers not only contextual perspective, but also enlightenment." Our students need more than technical skills and scientific knowledge.

How many nursing faculty integrate any nursing history into their courses? Do they have any assignments that require students to discover the historical perspective? Do they ever discuss treatments and diseases from the historical perspective? Do practicing nurses ever say to themselves, "I wonder what it was like to be a nurse in World War I?" or "When did ICU nursing begin?"

Valuing our history is the first step to developing the contextual perspective. I encourage you all to let your curiosity run wild and gain some perspective about the historical development of our profession.

# Rest in Peace, Gladys Scipien

1928 – 2017

It is with sadness that we inform you of the death of ANA MA Living Legend and founding member Gladys Scipien.

Gladys earned a BSN from Adelphi University in 1951, and a Master's degree in Parent-Child Nursing from Boston University. She spent her entire career invested in providing care to children and families and teaching nurses to do the same. After several years of pediatric nursing and leadership positions, Gladys taught at Boston University School of Nursing for several years and was an Associate Professor Emerita. After BU closed, she was an Associate Professor at University of Massachusetts Boston. She mentored many nurses and faculty members.

She was the chief editor of *Comprehensive Pediatric Nursing*, a textbook published in 1976. The book was specifically designed to address a gap in the quality and relevance of pediatric nursing textbooks in the 1970's. As chief editor, Gladys Scipien's design of the book represented a complete transformation in the way nursing knowledge was presented in this new multi-edited, multi-authored textbook. Each chapter placed an emphasis on nurse as manager of care, educator of patient/family and core member of the inter-professional team, which was a very innovative approach in that era. The book was such a success, it was published in two additional editions and it was translated into several languages. It can be found in libraries on six continents. She was also the chief editor of the early years of a professional refereed journal entitled *Issues in Comprehensive Pediatric Nursing*.

Gladys was inducted into the American Academy of Nursing in 1978 and she was appointed to the Adelphi University Academy of Distinction. A past president of Theta Chapter, Sigma Theta Tau International Honor Society of Nursing at Boston University, she was honored with the chapter's Mary Ann Garrigan Award for Excellence in Leadership. She was frequently sought after as a speaker for professional nursing conferences. In retirement, she continued her contribution to the profession by serving on the executive board of the Nursing Archives Associates at Boston University's Howard Gotlieb Archival Research Center. She was the Vice President of the Nursing Archives Associates at the time of her death.

## Reflections from Past Presidents

# What in the World Has Happened to Civility?

*Gino Chisari, RN-BC, DNP, Past President*

What in the world has happened to civility? I remember a time when we all followed simple rules of good social behavior. We made eye contact with each other (as appropriate), we acknowledged each other's presence, we said hello, please and thank you. We were polite and tried not to make anyone feel bad for being different – well maybe that part is only a romantic notion. After all we survived grammar school where feeling bad about being different was the norm for many of us.

Some of you may recall a 4-part series I wrote a few years ago about nurse-on-nurse bullying. Since that time my interest has turned to learning more about all types of disruptive behaviors. I've read that disruptive behaviors can be defined as any behavior that interferes with normal operations, and exists on a continuum. At one end is incivility while at the other is murder. The problem, as I've come to learn, is that as we become exposed to greater and greater amounts of disruptive behaviors we also become desensitized to it. The threshold of what constitutes unacceptable behavior continues to advance and we accept greater amount of incivility, bullying or violence as the norm. When I contemplate these facts, I go from being concerned, to being alarmed, to being worried, to being afraid.

I'm afraid of the current state of our national discussions becoming increasingly more abusive towards each other. I'm afraid of the political rhetoric that has become so loud that it makes me feel as if a war is being waged, and it's "us versus them!" I worry that as a society we stand at the threshold of that mythical point of no return. I've asked myself, "How did we get here?" Sure, we have always had political debates, even strong disagreements. We have always had differing opinions on how to solve problems – isn't that what makes us a great democracy? And we have certainly had a fair share of shouting across the aisle at each other. But, this seems different. This seems hostile and visceral in our reactions to everything that is on the proverbial "airwaves." This seems like we are being assaulted by constant noise designed to deliberately pit us against each other.

I've heard, as many of you might have, that some people have become so politically polarized that their relationships with friends and family are damaged or even broken. I ask myself, how can this be, and how did we get here? What has changed in our society so significantly that some of our most precious relationships could be impacted in such negative ways? Did the change occur suddenly, or was it growing quietly like a cancer and I was unaware of its presence? Were there signs and symptoms that I failed to detect that would have alerted me to take action? Am I part of the problem in failing to recognize the pain and suffering of those who feel left out, left behind, disenfranchised, and marginalized? Was I so absorbed in my own "stuff" that I didn't see my neighbor?

While I'll debate the answers to these questions for a long time to come, I know that I must stay vigilant to the current political hurricane and work to stop it from entering the workplace. I have to be on guard to how insidious disruptive behaviors can be and protect my relationships with my colleagues from them. During this time of great impending changes with long-ranging effects to our organizations and ultimately our profession, I must remember that as nurses we are over 3 million strong when we stand together. I must put aside my political differences and band together with others to protect our relationship with our patients and their families. I must put aside my fears and suspicions so that all members of society feel safe, welcomed and valued. Like all of you, I have a moral and ethical imperative to care for society that is inclusive of all – not some, but all.

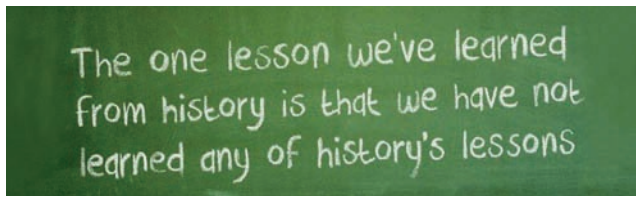
Let us as nurses, who once again have been voted by the public as the most trust worthy profession, continue to earn that trust by becoming leading examples of what it means to be respectful to each other. Let us as nurses lead the discussions that effect the most vulnerable in our society. Let us as nurses lead in the protection of our natural resources, our children, our elderly, our veterans, and so many others who need our advocacy, and let us as nurses be role-models in what it means to accept and care for each other. Let us as nurses remind each other of the intrinsic worth and dignity of all, even those with whom we disagree or who are different than ourselves. Let us as nurses never stop working towards the greater good. Let us as nurses raise our voices and demand that our elected officials stop the rhetoric and solve the problems; for our mutual and collective future truly depends on it more now than ever before. Only when this happens, will I no longer be afraid.



## Health Policy Committee

# Here We Go Again!

*Myra F. Cacace GNP/ADM-BC*




I have been a nurse since 1978, and through the years I have seen some of my colleagues become disillusioned about the state of nursing care in our Commonwealth. We are called to do this work, which, at times, can leave us angry and drained. Certainly, there are the good experiences…great colleagues… memorable patients who energize us. Here's a true story: More than 700 nurses joined us at Fenway Park on May 3rd to celebrate National Nurses week. After singing the National Anthem before the game (a thrill and an HONOR), I was heading back to my seat with my friend and fellow ANA Massachusetts Health Policy Committee member, Gayle Peterson, when she was approached by a young man asking, "Are you a nurse at Mass General oncology?" When Gayle said "yes," he immediately smiled, and said, "You took care of my father! You were his favorite nurse and my family will never forget the great care you gave to him and to us!" Hopefully you have had a similar experience to sustain you when you are struggling to get through a difficult day.

Every year we are faced with increasing health care costs, unfair staffing practices and increased nursing responsibility with fewer available resources. For decades, nurses have been trying to find a way to improve staffing protocols and to show the value of nursing care. Now, more than ever, we ensure that the right nurse is taking care of the right patient at the right time!

We all want to take good care of our patients. But what is the best way to do that? Attempts at bringing about a legislative solution have had only limited success.

- Some nurses favor rigid ratios, and there have been ratios in intensive care units since 2014. Has nursing care and job satisfaction improved in ICUs? What are the experiences of the nurses in states where ratios exist?
- Other nurses favor a plan with enough flexibility to allow the nurse at the bedside to decide how they provide nursing care after careful consideration of the acuity of the patient, the experience level of the nurse and the resources available on the unit. Nurses at Mass General Hospital use acuity tools completed by the nurse to plan their staffing assignments. Do these tools work?
- Should nursing supervisors decide? Are hospital administrators in charge?
- Should we allow the voting public to determine our work assignments?

Surveys have been sent. Research has been conducted. In a survey sent to our members, the response was substantial and nurses overwhelmingly agree that appropriate staffing is mandatory and that they should be in the driver's seat when decisions about nursing assignments are made. The opinion was that RN staffing makes a critical difference for patients and the quality of their care and that Nursing staffing is more than numbers. The number of patients nurses care for is not a true measure of the "'work" of the nurse.

Are nurses more satisfied with their patient assignments? What are the experiences of nurses in states where ratios exist?

I had the great privilege of accompanying more than 400 nurses at ANA Lobby Day (June 8, 2017) in Washington DC. Staffing issues were one of the important issues discussed with our legislators. ANA has effective tools to assist nurses in framing the conversation for effective nurse staffing with other members of the health care team. Visit http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/Nurse-Staffing for this excellent information.

These important questions must be answered. In the next few editions of the *Massachusetts Report on Nursing*, we will attempt to explore and answer them. We invite you to contact us at newsletter@anamass.org or info@anamass.org to join the discussion.

# Health Policy Committee

## Nurse Licensure Compact

### *ANA MA submits Testimony to the Joint Committee on Public Health*

June 15, 2017

ANA Massachusetts (ANA Mass) respectfully submits testimony regarding H.1188/S.1162, legislation regarding the Nurse Licensure Compact. ANA Mass is the largest voluntary professional nursing organization in Massachusetts advocating on behalf of our patients as registered nurses who practice across all nursing practice settings.

The Nurse Licensure Compact (NLC) allows nurses to have one multistate license in the state where they reside, with the privilege to practice in their home state and all other states that are members of the NLC. We strongly support the NLC because it enhances the Massachusetts' efforts to respond to the changing landscape of health care delivery, permits qualified nurses to care for patients across the health care continuum, allows for better emergency preparedness and more rapid staff response in times of disaster, and enhances access to quality nursing care for all residents of the Commonwealth.

- With the rise of telehealth, nurses are now able to assist in a patient's progress after they leave the hospital and can also rely on technology to prevent unneeded hospital visits. The NLC would allow nurses to provide necessary follow-up care to patients in other states that are part of the Compact, as is happening in practice anyway – without the safe guard for the nurses of being licensed in the other state. This bill would help to provide predictability to Massachusetts' nurses who are following up with out-of-state patients upon discharge from Massachusetts hospitals. This follow up care is specific to the services the patient received in Massachusetts, and the specialized nursing follow up of the nurse most familiar with the patient is the best practice.

- The licensing standards under the NLC are more stringent than Massachusetts' current standards. To obtain a Compact license, a nurse must meet their home state's qualification for licensure and must submit to a criminal background check. Right now, nurses applying to Massachusetts's Board of Registration in Nursing for a license are not required to undergo a background check.

- The NLC would require compact states to share information through a coordinated licensing system which would include disciplinary action and investigations, for nurses coming from other compact states. Currently, other states are not required to share nurses' disciplinary information with Massachusetts. Joining the Compact would flag "dangerous nurses" for the Board of Registration in Nursing before they are allowed to practice in the Commonwealth.

- The NLC requires that each party state meets the home state's qualifications for licensure or renewing of licensure, including continuing education requirements.

- There would be little financial impact on Massachusetts upon joining the NLC. Massachusetts would still receive revenue from nurse licenses for MA residents.

As the membership in the NLC has grown on an annual basis, with 25 states participating and counting, it is important that Massachusetts adopt the Compact as soon as possible. NLC membership would positively impact 14,000 nurses currently residing in Massachusetts who hold a license in another state by relieving them of the maintenance of multiple, costly licenses in those other states where they practice.

Last session, the bill was favorable reported out of the Joint Committee on Public Health. ANA Massachusetts promotes and advances the health, well-being and safety of all citizens of the Commonwealth. We are available for consultation and we appreciate your thoughtful consideration of our position.

Sincerely,

Diane Hanley

Diane Hanley, MS, RN-BC, EJD
President, ANA Massachusetts

Diane F. Jeffery

Diane Jeffery, MPA
Executive Director, ANA Massachusetts

## *2017 Health Policy Committee*
## LEGISLATIVE FORUM

**October, 31, 2017**
**Great Hall - Massachusetts State House**

***Health Care, What Do We Do Now?***

Please join us for presentations by three top notch national health care advisors, who will address the issues of the day, what we have learned, and provoke discussion on where we need to be.

### *Keynote Speakers:*

**Donald M. Berwick, MD, MPP, FRCP**
President Emeritus and Senior Fellow, Institute for Healthcare Improvement. Former Administrator of the Centers for Medicare & Medicaid Services.

**Atul Gawande, MD, MPH**
Surgeon, writer, and public health researcher. Practices general and endocrine surgery at Brigham and Women's Hospital. Professor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health and the Samuel O. Thier Professor of Surgery at Harvard Medical School.

**Roseanna Means, MD**
President and Chief Medical Officer, Women of Means, Wellesley, MA; Physician on the Women's Division Attending Staff, Brigham and Women's Hospital; Associate Professor, Harvard Medical School

### *Registration Fee:*

**$20.00 students**
**$40.00 for ANA Massachusetts Members**
**$60.00 for all others**

***No Registrations at the door**

More Information, go to **www.ANAMass.org**.

# Massachusetts Regional Caring Science Consortium

*A. Lynne Wagner, EdD, MSN, RN, FACCE, CHMT*
*Nurse Consultant/Educator of Caring Practice and Mentoring Programs | Faculty Associate, Watson Caring Science Institute*
*alynnewagner@outlook.com*

**The 4th Massachusetts Regional Caring Science Consortium (MRCSC) half-day conference,**

***Caring Science: A Framework for Personal and Professional Healing-Caring Practices in Health Care and Educational Systems***

**Friday, October 20, 2017 from 7:45 am to 12 noon**
**Elms College in Chicopee, MA.**

**The Massachusetts Regional Caring Science Consortium** (MRCSC), founded in 2013 by nurses Dr. Lynne Wagner and Dr. Mary Mullany, is a grass-root forum committed to exploring the philosophy, ethic, and practices of Watson's Caring Science and other caring practice models. Over 200 nurses and other health care providers from diverse clinical, educational, and leadership backgrounds have joined the Consortium to reconnect with their core value of caring, and to share meaningful caring practices and healing approaches to self-care, patient care and healthcare environments. With a goal to engage as many nurses as possible, the Consortium has evolved from bimonthly local evening meetings to a twice-a-year conferences held in different parts of the state. This fall, the MRCSC will hold its 4th half-day conference Friday, October 20, 2017 in western Massachusetts, hosted by the School of Nursing, **Elms College**, Chicopee, MA.

The keynote speaker will be Veda Andrus, EdD, MSN, RN, HN-BC, Vice President, Education and Program Development of The BirchTree Center for Healthcare Transformation in Florence, MA. Dr. Andrus will speak on *Stop, Look, and Listen: The Future of Healthcare is About Kindness and Compassion*, with some experiential interaction. The conference will also feature an interactive panel of Caritas Coaches, nurses who will present various projects they have launched at their workplaces. Caritas Coaches, graduates of the Caritas Coach Education Program at the Watson Caring Science Institute coach, teach and implement caring-healing philosophy and practices, changing patient care, student learning, and work environments within their institutions. There will be time for discussion and networking.

Parking, breakfast and nursing contact hours will be provided.

**There is no fee to join the MRCSC or to attend the MRCSC conference, but registration is required for conference attendance.** All interested can register for this event on the new MRCSC website (https://mrcsc.org/events) or by personally contacting Lynne Wagner for information and registration form at alynnewagner@outlook.com.



# Nurse Practice and the Nurse License Compact Promise

*Jim Kernan, RN, MPIA, CARN*

The nursing market has odd barriers to practice. Across the country, depending on a nurse's residence and licensure, a nurse may or may not be allowed to practice in another state. On a sliding scale, nurses from some states can practice across state lines. Massachusetts nurses are at the low end of the scale, allowed to practice only in the Commonwealth. Other nurses, who live in states that belong to the Nurse License Compact (NLC) can operate across state lines into other NLC states. Nurses in states that are not members of the NLC face barriers to practice in other states. As such, Massachusetts should adopt the NLC.

**The Promise**

The NLC allows the nurses of participating states to practice in their home state and other NLC member states. Participating in the NLC removes arbitrary borders, allowing nurses to serve populations better and can alleviate short-term nurse needs. Among participating states, the NLC works much like a driver's license; nurses may practice across state borders so long as they practice according to the nurse practice act of the state in which they are working. Nurses may practice in person, or via telephone, or electronic means. Changing state residency requires, of course, applying for a nursing license in the new state of residency (NCSBN, 2017).

The NLC is currently active in only 25 states. The goal is to roll out the NLC to all 50 states. According to recent ANA – Massachusetts testimony to the Massachusetts Joint Committee on Public Health (June 2017), Massachusetts would benefit from participation in the NLC as it provides:

- More mobility and employment opportunities
- Ability to serve a larger patient population
- Few fees and paperwork.
- Better emergency preparedness and more rapid staff response in times of disaster.

**The Practice**

NLC implementation in Massachusetts and across the country faces obstacles. Some are concerned about a fall in nurse license revenues (Wallis, 2015). Nursing unions fear that NLC limits the ability to negotiate; wherein healthcare facilities will find it easier to find short-term nurses in a strike situation, and that unions will lose their work and wage "threat" tools (Coombs, Newman, Cebula & White, n.d.). There is some ground to the unions' concerns, as harmonizing licensing requirements across the country will change the labor market for nurses. Single state licensing limits the movement of nurses from state-to-state, limits employment in nursing, and creates geographical and population-based imbalances (Ivanchev, 2016). However, as the recent Tufts Medical Center nurses' strike shows, there is no difficulty finding replacement nurses under the current rules.

We can expect regional nurse labor imbalances in the future, according to the National Bureau of Economic Research (Auerbach, Buerhaus & Staiger, 2017). In New England and the Pacific coast, the number of nurses joining the labor market is expected to match those leaving through 2030. This zero-level growth will leave these regions with nursing shortages. On the other hand, the East South-Central region (Alabama, Kentucky, Mississippi, Tennessee) and the West South-Central region (Arkansas, Louisiana, Oklahoma, Texas) can expect to see 40% growth in nurse numbers. Thus, the NLC would help manage these issues at the regional borders.

However, the NLC can be expected to affect these imbalances only once it reaches a critical mass closer to all 50 states. The limited implementation of the NLC (currently only 25 states) does not yet bear out the hopes of correcting labor imbalances. According to the recent study, the NLC thus far has no measurable effect on the labor market. The study failed to find any measurable effect even in between geographically contiguous counties separated by a state border – but both states in the NLC. That said, their study does not consider telenursing (DePasquale & Stange, 2016).

Telenursing has grown significantly with developments in telecommunications tools and may be the real hope for increasing cross-border nurse activities. Telenursing is expected to play a fundamental role in reaching the 20% of patients that generate 80% of healthcare costs (Dorsey & Topol, 2016). As such, activation of nurses across borders through NLC implementation in Massachusetts and other states is critical.

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# A Note of Thanks and an Invitation…

***Cynthia Ann LaSala, MS, RN,***
***Chair, Conference Planning Committee***

An "open" letter to all registered nurses in Massachusetts and especially, our members:

I am writing to you on behalf of the Conference Planning Committee to express our gratitude and appreciation for your ongoing support of ANA Massachusetts educational programs. The membership is central to any successful professional nursing organization and ANA Massachusetts is no exception! We are most grateful for the feedback you continue to provide which is invaluable to the Committee and Association leadership in planning events based upon your interests and learning needs.

During this time of great national and international uncertainty, it is more important than ever that we stand in solidarity with one another to advance the profession of Nursing through clinical practice, education, research, health policy, management, and leadership. Education is empowering. Learning from one another by networking at Association events, attendance at educational offerings to increase our knowledge and skills, and giving of our time perhaps as a member of a committee or a mentor to a colleague are but a few examples of ways in which our individual professional development becomes a positive collective catalyst to ensure that Nursing not only survives but more importantly, thrives both now and in the future. For those of you who have attended our conferences in the past, we hope you will continue to do so, and bring a colleague! For those of you who have not, we extend a warm, open invitation to give us a try! Here are a few testimonials from participants at some of our more recent programs:

"…I found the entire program was wonderful. I have a 92 year old aunt in good shape but found the presentation on the needs of the older adult will help me assist her as she gets even older."

"I always enjoy the reconnections with colleagues while gaining information that can improve my practice."

"Today's program lays a foundation for a healthy nursing lifestyle that translates to healthy nursing practice."

"I am retired, but I found all presentations relevant to my life."

"…Another year with another great conference, lots of information, good food, good talk, etc…not least of what is done in creating ambience for a professional conference…"

"As a night nurse it has been a challenge to "balance" work, personal, family life. I am more motivated to change my behavior as well as motivate others."

"This was a great program. I am currently a student and I wish more students could be here to enjoy the day."

In closing, the Conference Planning Committee is pleased to invite you to attend the programs we are currently planning for the Spring and Fall of 2018. This year we will be shifting from a focus on a specific theme to presenting a variety of clinical topics impacting contemporary nursing practice across roles, settings, and specialties. At the recent Annual Strategic Planning Retreat for the ANA Massachusetts Board of Directors and Committee Chairs, the Board proposed a one day Annual Spring Meeting which would include a full day conference followed by the Annual Business meeting and Awards Dinner. For the Fall conference, we hope to host a special event, a "meet and greet" on Friday evening for nurses new to practice to network with other members over cocktails and appetizers followed by an educational presentation that would emphasize keeping the passion alive in one's career and personal strategies to achieve fulfillment and success. In continuing with our emphasis on clinical topics in contemporary nursing practice, Saturday would feature a half-day conference to provide you with evidence-based content to enhance your knowledge and skills. Dates and locations will be:

2018 Annual Spring Meeting:
- April 6
- Dedham Hilton, Dedham, MA

2018 Fall Conference:
- October 19-20
- Sturbridge Host Hotel, Sturbridge, MA

Stay tuned for more information and we look forward to welcoming you in person at these events! Again, thank you for supporting ANA Massachusetts…Nurses rock!

# ANA and ANA MA Past President Karen Daley Recognized

In May, Dr. Karen Daley received an Honorary Doctorate from Curry College and served as the Commencement Speaker. She told graduates that "Whenever life takes an unexpected turn - like it did in mine - when life at times seems so unfair and beyond your control, because it will - understand that that is the nature of life. It is how you deal with those difficult times that matters most and reveals the most about who you are as a person. Finding meaning and purpose during difficult times will help sustain you."

In June, Karen received the Dean Rita P. Kelleher Award from Boston College. This award recognizes a graduate of the Connell School of Nursing who embodies the BC nurse: an accomplished nurse leader, an ethically aware scientist, and inquisitive clinician. The award's namesake, Rita P. Kelleher, was the nursing school's first faculty member in 1947. She served as dean from 1948 to 1968. She returned to full-time teaching and retired in 1973. Dean Kelleher died on November 2, 2009, at the age of 101, leaving a legacy that is still felt today.

***ANA Past President Karen Daley receiving an honorary doctorate from Curry College President Ken Quigley Photo credit: Dan Vaillancourt***

# Clio's Corner

# "Over There": Massachusetts Homeopathic Hospitals' Base Hospital No. 44

*Mary Ellen Doona*
*With special thanks to Emily Feener, MMHSON '49, BUSON '52, '58*

During World War I (1914-1918) the War Department accepted Massachusetts Homeopathic Hospitals (MMH: precursor of Massachusetts Memorial Hospitals that in 1965 was renamed University Hospital that in 1996 merged with Boston City Hospital to become Boston Medical Center) as one of 238 large hospitals for designation as a Red Cross Base Hospital. Massachusetts General Hospital, Peter Bent Brigham Hospital and Boston City Hospital were other Boston hospitals selected. Like other base hospitals across the country, MHH's Red Cross Base Hospital No. 44 consisted of doctors, nurses and ancillary personnel used to working together under the same protocols and procedures. If the United States did join France and Britain against Imperial Germany, base hospitals would be ready to function as soon as they arrived in France.

Preparedness for nursing was especially necessary in 1917 for the Army Nurse Corps (ANC) had only 403 active nurses and 170 reserve nurses. Given that each base hospital was to have one hundred registered nurses, the ANC would not have been able to meet that requirement. As percipient as the War Department was in its preparation, it was also aware that it lacked the authority to create these base hospitals during peacetime. Placing them under the Red Cross and its humanitarian volunteerism dealt with this problem until April 6, 1917 when Congress declared war on the German Empire. Only then did the War Department assume control of all the base hospitals.

The war had been in progress since 1914 with soldiers in trenches and a No Man's Land covered with coils of barbed wire preventing movement except under cover of the night's darkness. By its very nature, trench warfare also immobilized the cavalry that had been the elite force in the army. Prized instead were tanks that could roll over the barbed wire to bring the opponents within reach of one another. Aerial warfare ensued once airplanes were fitted with machineguns and changed their mission from reconnaissance to combat. Toxic gases were still another tactic against the immobility of trench warfare.

*Massachusetts Homeopathic Hospitals Base Hospital No. 44*

Then in June 1917 the first "Doughboys" landed in Europe. By the next summer American troops numbered one and a half million. Vera Brittain, an English nurse serving in Étaples in northern France, described the arrival of American troops as they boldly strode through her camp:

> *They looked larger than ordinary men; their tall, straight figures were in vivid contrast to the under-sized armies of pale recruits to which we had grown accustomed. [They moved…] with such rhythm, such dignity, such serene consciousness of self-respect…. I pressed forward with the others to watch the United States physically entering the war, so God-like, so magnificent, so splendidly unimpaired in comparison with the tired, nerve-racked men of the British Army…. The coming of relief made me realize all at once how long and how intolerable had been the tension, and with the knowledge that we were not, after all, defeated, I found myself beginning to cry."* [1]

Army Base Hospitals followed the Doughboys to France. Mobilized in March 10, 1918 the doctors and enlisted men of MHH's Base Hospital No. 44 spent the next four months at Fort Dix in New Jersey where they drilled for military duty. Nurses were stationed at Fort Oglethorpe in Georgia just across the state line from Tennessee. There they learned how to wear gas masks that more than any other lesson dramatized their transition from hospital nurses to military nurses. Under the leadership of Chief Nurse Alice Flash R.N., their superintendent as well at MHH, nurses were fingerprinted and given their dog tags. They insured their lives, allotted their income and made their last wills and testaments. Some spent time learning French. Conforming to military regulations was markedly different from earlier practices marching down Commonwealth Avenue to Park Drive. These parades had the benefit of reinforcing the nurses' new status as did the group photograph taken at Trinity Church in Copley Square. Their ankle length navy blue uniforms topped with a straw-hat boater signified that these MHH nurses were now military nurses.

Then on June 17, 1918 these nurses left Georgia traveling by train to New York City where they marched in the Fourth of July parade. Ten days later they were on board the troop ship, *Northland* (formerly *Zeeland* and later *Minnesota*) and travelled through submarine infested waters to Liverpool, by train to Southampton, across the English Channel to Le Havre in France, and arrived at Pougues Les Eaux in the Loire Valley. The popular resort area where people came for the waters was now part of the city-sized Mesves Hospital Center of hospitals and housing. Twenty-four nurses were detached for special service. Half of the remaining seventy-four were sent to Base Hospital No. 48 for temporary duty - its nurses would not arrive until August twentieth - while the other half remained with Base Hospital No. 44. (One nurse, Evelyn Petrie, had died after being thrown by a horse while at Fort Oglethorpe).[2]

MHH's Base Hospital No. 44 arrived in the first weeks of the Second Battle of the Marne (July 15, 1918-August 6, 1918). That battle would prove to be the turning point of the war pushing back the German Empire's last assault and pointing the Allies toward the Armistice in November. That success cost the lives of 168,000 German, 95,000 French and 12,000 Americans. MHH's Laura G. Frost equipped with a helmet, a gas mask, a mess kit and canteen served in mobile surgical tents as they moved behind the line of battle. As the wounded poured in they were set on the ground, stripped of their filthy uniforms, deloused and then showered to cleanse them of the muck of the trenches. Only then could they be moved into the tent for surgery.[3] So lengthy was nurses' operating room duty each day that some reported getting an "ether jag."

Margaret Erbs, another of MHH's nurses serving temporarily with Base Hospital #48 of Metropolitan Hospital in New York City, remembered the desperately sick men with all types of wounds of the head, chest, abdomen and limbs. Amputations were ordinary. The wards reeked of chlorine from the Dakin's Solution that saturated open wounds such as that left from the excision of shrapnel along with scraps of the man's uniform from deep within his flesh. The wards resounded with shrieks and moans from men in agony that was beyond their strength to bear or opiates to relieve.[4] Among these suffering the most were those who had been gassed and had burns so terrible they could not tolerate even the lightness of a sheet. Their luckier comrades never forgot these men. Robert Feener, who served during World War I with the Canadian Expeditionary Forces, told his daughter, Emily Feener (MMHSON 1949), about men who had been gassed.[5]

Back in Boston, three sailors serving at Commonwealth Pier reported to sick-bay on August 27, 1918 becoming the first victims of the influenza that would fell sailors and Bostonians alike. Then on September 8, 1918 flu broke out at Camp Devens, the army base located in the Ayer/Shirley area of Worcester County. The second wave of what would become a pandemic had entered the United States and rapidly spread through men in crowded camps and traveled with them from camps to ports and aboard crowded ships to France. From September 25th to October 21st Boston closed its schools, theatres and concert halls in an effort to control the spread of the flu but these measures had little effect in containing the virus. The death rate soared. Two Boston nurses remarked, "It seemed as if all the city was dying, in the homes [was] serious illness, on the streets [were] funeral processions."[6]

In Europe the four-year-long war came to an end when the belligerents signed the Armistice on the eleventh hour of the eleventh day of the eleventh month of 1919. The sudden silence after months of bombardments startled Laura Frost

who remembered, "There wasn't a sound" as she and other nurses continued caring for the sick and wounded. Gradually the hospitals closed but the troop movements towards home and crowds at home and abroad celebrating with parades and parties furthered the second wave of the flu.

Before leaving for home, Laura Frost, the MMH nurse from a farm in Taunton, Massachusetts, toured Monaco, visited the French Alps, and gazed at medieval castles as she cruised down the Rhine. On April 20, 1919 one year after she had been inducted, she arrived in New York City as fire-boats and tugs spewed fountains of water in welcome. Caught up in the exuberance Frost took off her straw-hat boater and flung it towards the Statue of Liberty. Glad to be home, the twenty-five year old nurse tucked the "many hurt boys" into her memory and chose obstetrical nursing where babies were lovely and everyone was happy.[7] But Frost, the MHH nurse who recorded her story, never forgot those hurt Doughboys though she lived to be one hundred and five years old.

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[3]Laura Frost Smith on her services as an Army nurse during World War I. HTTPS://dlib.mus.edu.

[4]"Local nurse felt 'so helpless' at makeshift First World War hospital," June 6, 2014. www.therecord.com

[5]Emily Feener to Mary Ellen Doona June 6, 2017. Emily Feener is a 1949 Massachusetts Memorial Hospitals School of Nursing graduate devoted to its history.

[6]Recollections of Miss East and Miss Franklin, in Record Group 22.1, School of Public Heath Nursing, Department of Nursing, Box 8, Folder 1, "Personal Experiences during the Outbreak," Simmons College Archives, Boston, Massachusetts as cited in "The American Influenza Epidemic of 1918-1919: Boston Massachusetts." *Influenza Epidemic Encyclopedia*, www.influenza.archive.org.

[7]Carol Smith [Laura Smith's granddaughter]. "Nurse recalls life of service to troops wounded in battle," *Seattle Post Intelligencer*, October 11, 1998. www.sfgate.com.


***A few of the 100 nurses of Massachusetts Homeopathic Hospital No. 44***

## *Who is the Nurse in the Masthead?*

### Alice Flash

Alice Flash R.N., Superintendent of Nurses at the Massachusetts Homeopathic Hospitals, was appointed as Chief Nurse of the one hundred registered nurses in its Base Hospital No. 44. Flash directed these nurses as they cared for the sick and wounded soldiers in Pougues-Les-Eaux in France's Loire Valley during the Great War (1917-1918) as World War I was known at the time. In December 19, 1918, one month after the Armistice (November 11, 1918) Flash received a special appointment as Chief Nurse of the Mesves Hospital Center. In this capacity she oversaw the redeployment of nursing services as the number of patients lessened and each of the hospitals in the Mesves Hospital Center closed. Part of her new responsibilities was ensuring that nurses got passes to visit Paris and other enticing parts of France before returning to the United States.

# My Adventure in Asia


***Shellie Simons, PhD, RN***
***Associate Professor, University of Massachusetts Lowell***


Last fall, I was invited to spend a semester teaching in the nursing program at Shandong University, a public university located in the provincial capital of Jinan, China. I have never had a great adventure and so without a moment's hesitation, I applied for a sabbatical and was off to Asia.

After a 17 hour flight, my husband and I arrived in Beijing which is two hours from Jinan by high speed train. My instructions were to call my contact in Jinan to arrange to be met at the Jinan train station. When I found a pay phone, it was completely incomprehensible. I thought, "This is going to be trouble," when a Chinese woman approached me, speaking English, and kindly offered to call my contact on her cell phone. This was an example of the kindness and warm hospitality that was everywhere we traveled in China. Strangers were so willing to go out of their way to assist us.

Upon arriving in Jinan we were taken to a sort of residential hotel that was to be our home for the next 3½ months. The room was sparsely furnished with a bed, table, TV (with only Chinese stations), a refrigerator and a bathroom with a western style toilet. There were no housekeeping services and we had to purchase towels, toilet paper and cleaning supplies. There was a small washing machine in the bathroom with a clothesline on the roof of the hotel.

Two graduate nursing students were assigned to help us navigate our way through this adventure. Both spoke English fairly well. I learned that Chinese children are taught English from early grades but are always taught by Chinese speakers who generally do not speak English and so do not know how the words are supposed to be pronounced. As a result, the students I met could read and write English much better than they could speak.

***Shellie Simons, Nursing Professor Li Jing, and Student Nurses***

Nursing education is very different in China. Baccalaureate students spend a full three years in the classroom without any actual clinical experience outside the nursing lab. During the fourth year, students spend a full year working in various clinical areas in the hospital. Students were surprised to learn that American nursing students are introduced to the clinical setting so much earlier. The downside to this is that students do not learn if they actually like nurse's work until their fourth year of university study.

I was assigned to teach the cardiovascular nursing unit in their undergraduate program. Because students had no clinical experience and had never seen an actual cardiac patient, it was extremely difficult using case studies and other active learning strategies to teach content. I was told that in China, the material presented is not nearly so application focused.

During my office hours which are called "tea time" in China, though there is no tea involved, students would come just to practice their English with me. They were so curious about life in America and particularly, nursing in America. Students told me that all they knew about American nurses was from the television show, Grey's Anatomy! Interestingly, there are no nurses seen on that show. Students tried rather unsuccessfully to teach me a bit of Chinese but the sounds are so foreign and so difficult for an American to say properly. I understand so much better now why Chinese people coming to the US have such a hard time pronouncing some English words properly. For instance, they were teaching me to say "where is." The first word is pronounced TSUH and for the life of me, I couldn't make the sound come out properly.

***Dorm Room***

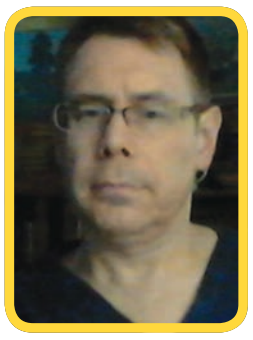
***My Adventure in Asia continued on page 10***

# Celebrating Nursing Excellence – ANA Mass Awards

## Arthur L. Davis Publishing Agency, Inc. Scholarship

### James Kernan, RN, MPIA, CARN

*Attending Walden University in the Psychiatric – Mental Health Nurse Practitioner Masters Program*



*James Kernan, RN, MPIA, CARN*

Jim Kernan is an active member of ANA MA, serving on the Board of Directors, as well as a contributor to the *Massachusetts Report on Nursing*. His career goals are to work with disadvantaged populations and to advance the nursing profession while pursuing advanced education. Currently, he works in the Center for Behavioral Medicine at Holy Family Hospital, Methuen, and in the infirmary at the Essex County Correctional Facility.

*My Adventure in Asia continued from page 9*

One of my students took me to visit her dormitory on campus. It was a five-story building with no elevator. On each very long hallway, there were dozens of rooms with one very large bathroom with rows of squatting toilets. Each dorm room housed six girls. There were three bunk beds with a long table in the middle of the room. Each girl had only a small cupboard to store her possessions as there were no closets or dressers. Most surprising to me was that there were no spaces in the building to socialize or relax. And of course, there was no mingling of the genders. Men were strictly forbidden from entering the female dormitory at any time with a matron at the entrance to make sure the rules were followed. Students told me the only exception to this rule was on moving in and out days when fathers were allowed upstairs. Students were surprised when I described an American dormitory. These dorms were strictly functional. In fact, the entire campus was strictly functional. There was no student union or other places to socialize other than the school's cafeteria. Students told me that socializing was discouraged as they were there to study.

We had all our meals at the school's cafeteria or at local restaurants. The food is very different from Chinese food in the US. For instance, Chinese eat every part of the animal, mostly chicken and pork. Much of the meat looks different than I was used to. I learned that this was because soy products were often added to the meat as a protein expander. There is very little beef eaten in China. There were lots of unrecognizable vegetables and often we would have to point to another diner's meal to order since none of the menus in Jinan had English translations. Dumplings are very popular in Jinan and there were dozens of shops to get all kinds of delicious dumplings. We were adventurous and tried everything including fish head, pig's ears and bull penis. Surprisingly, they were quite tasty. Mostly, we enjoyed everything we ate even when we did not know what we were eating. Very occasionally, we would crave American food and there were plenty of McDonalds, Burger Kings, Subways, KFCs, and Pizza Huts to satisfy.

Since I was only teaching a couple of days each week, we were able to travel all over eastern China. My favorite city was Xian, home to the Terracotta warriors that were buried in the 3rd century and discovered by a local farmer in 1974. The pits contained an army of more than 8000 soldiers, chariots and over 500 horses all life size and made of clay. It was the most amazing sight I have ever seen.

My time in China passed too quickly and soon it was time to leave. We made many good friends that I hope to see again and had the most amazing adventure of my life. Bye bye was a word that was universally understood.

## President's Award

### Stephanie Ahmed, DNP, FNP-BC

*Nursing Director, Ambulatory - Brigham and Women's Hospital; Past President, Massachusetts Coalition of Nurse Practitioners; Presented by ANA MA President Cathleen Colleran*

*Stephanie Ahmed, DNP, FNP-BC*

While I was aware of and witnessed Stephanie's efforts and her tireless work on the APRN scope of practice agenda in MA, I was most impressed with her presentation at this year's ANA MA Winter conference.

Stephanie willingly shared her journey to mindfulness - a very personal reflection of where she was and where she wanted to be as a healthier nurse. Her courage to recognize her areas of improvement and to tell her story really resonated with me. Stephanie has participated in the Jean Watson's Caring Science Institute.

Stephanie serves as a leader by virtue of her role in the nursing community, and also serves as a role model for all of us in our own pursuits of healthier living. We often need the permission to take a step back and appreciate when there is too much on our plate and when it is time to make some changes for better health and wellness.

Stephanie's presentation was very powerful; she engaged the audience with her passion and with that I am honored to present this award to her.

## Loyal Service Award

### Janet Ross, MS, RN, PMHCNS

*Janet Ross, MS, RN, PMHCNS*

Janet has been an involved ANA MA member since she joined the organization. She volunteered for, and then became Chair of the Membership Committee, which she still chairs. During that time she has been in that position, membership in ANA MA has greatly increased and is now nearing 2,000 members. Janet was also recently elected to the Board of Directors and has participated in many ANA MA activities and events. She is always willing to pitch in whenever and wherever help is needed. She has greatly enhanced the ANA MA recruitment efforts. Janet is a pleasure to work with, an enthusiastic member of ANA MA. Her past service is appreciated and recognized with the Loyal Service Award.

## Future Nursing Leader Award

### Avery Klepacki

*2017 Graduate, UMass Amherst*

*Avery Klepacki*

Avery Klepacki is a proven leader at UMass Amherst. As President of the Student Nurses Association, she increased attendance at meetings as well as student engagement in a variety of activities, Her regular contributions to the community have fostered strong networks and community engagement in towns surrounding the university. She is already an accomplished speaker. Her speech at the College of Nursing Scholarship and Awards Dinner held attendees mesmerized. Avery has also worked as a faculty research assistant and as a DONA certified doula.

## Friends of Nursing Award

### Senator Jason Lewis and Representative Hannah Kane

*Senator Lewis, Past President Cathleen Colleran, Representative Kane, Past President Gino Chisari*

Senator Lewis has been a longtime friend of nursing and health care, leading efforts in the state legislature to contain healthcare costs and reduce rates of preventable chronic diseases by focusing on prevention and wellness. He served as the Senate Chair of the Joint Committee on Public Health and the Vice Chair of the Senate Committee on Steering and Policy during the last legislative session. He also co-founded and co-Chairs the legislature's Prevention for Health Caucus.

Senator Lewis has championed reforms to the state's education financing system in order to ensure that all children have access to a high quality education and a bright future. And h e has been a strong advocate for increasing economic opportunity and fairness for poor and working families.

He is a friend of nursing and the patients we serve and has spearheaded the efforts to stop the legalization of recreational marijuana in the Commonwealth, an effort that helped ANA MA to work closely with him in 2016.

Representative Hannah Kane is deeply committed to public service. She is also member of the Shrewsbury Coalition for Addiction Prevention and Education and a Board member for Shrewsbury Youth and Family Services (SYFS), and hosts a charity golf tournament benefitting SYFS, St. Anne's' Human Services and Westborough Food Pantry. Hannah is a Trustee for the Seven Hills Foundation and serves on the Board and Executive Committee for Andover Newton Theological School in Newton, MA. Hannah is past President of the Shrewsbury Development Corporation.

Hannah serves as a member of the Joint Committee on Public Health, and worked tirelessly in partnership with Senator Lewis to defeat the recreational marijuana bill in 2016. Hannah is an advisory board member of the 495/ MetroWest Partnership, a member of the Central MA Opioid Task Force and a State Director for the national Women in Government Foundation where she is a member of the Mental Health and Substance Abuse Task Force.

Both of these worthy legislators are open and receptive to the views of nurses in the Commonwealth, expressing their knowledge that nurses are vital and are the most numerous members of the health care team.

# It's Not Too Soon to Begin to Think About Nominating a Colleague for an ANA MA Award

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

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

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

**Mary A. Manning Nurse Mentoring Award**

This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. **(ANA MA membership not required)**

**Excellence in Nursing Practice Award**

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

**Excellence in Nursing Education Award**

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

**Excellence in Nursing Research Award**

The ANA MA *Excellence in Nursing Research Award* is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care. **(ANA MA membership not required)**

**Loyal Service Award**

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

**Community Service Award**

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

**Friend of Nursing Award**

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

**Future Nurse Leader Award**

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

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

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

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

**The nomination process for all awards is easy:**

- Access the applications at the ANA MA website: www.anamass.org
- Complete the application and **submit electronically** or **by mail** by the deadline of **January 14, 2018**
- If you have any questions or need help, call ANA MA at 617-990-2856

## Professional Scholarships

**Ruth Lang Fitzgerald Memorial Scholarship**

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

**Arthur L. Davis Publishing Agency Scholarship**

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

**Application Process for Scholarships**

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail ***(postmarked by January 14, 2018 for Fitzgerald Scholarship; March 15, 2018 for Davis Scholarship)***
- If you have any questions or need help, call ANA MA at (617) 990-2856.
- The selected recipients will be notified by January 28, 2018 for Fitzgerald Scholarship and by April 1, 2018 for Davis Scholarship.

**Living Legends in Massachusetts Nursing Award**

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

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

**Nomination Process**

- Access the application at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the **deadline of January 14, 2018**
- If you have questions, need help? Call ANA MA at 617-990-2856

# Bulletin Board

## WHY JOIN ANA MASSACHUSETTS TODAY?

- Great Networking Opportunities
- Hear World Renowned Speakers
- Meet Living Legends of Nursing
- Influence Legislation and Public Policy
- Foster Professional Development
- Promote Excellence in Nursing Practice
- CE Programs and Merchandise Discounts
- Be a Strong Voice for Nursing
- Volunteerism
- Have Fun!

## Congratulations to Heather Daehler

Heather was the first to identify the speakers for the upcoming Health Policy Forum. She will receive a $25 voucher to use for an ANA MA program. Heather is an RN at Countryside Nursing Home in Framingham (part time) and also works per diem at Southboro Medical Group in adult medicine. She is a mom to 2 boys, ages 7 and 4. Heather is also an avid runner who ran the Boston Marathon this year, her first marathon.

## Regis College Educational Offerings for Fall 2017

### *Co-Sponsored with Harvard Pilgrim Health Care*

**October 25, 2017**

**Title: Brain/Breast/Lung Cancer Treatment/Western & Integrative Medicine Treatment Modalities**

***Contact Hours:*** 2
***Location:*** Regis College, Casey Theater, Fine Arts Center

***Description:*** Biomedical Advances in Cancer diagnosis and treatment occur every day. Keeping current is a challenge. The presentation will focus on diagnosis, care and treatment of brain, breast and lung cancer from integrative medicine and traditional western medicine perspectives. Come and talk with the experts!
***Online Registration:***
www.regiscollege.edu/cancer

**November 15, 2017**

**Title: Schizophrenia/Bi-Polar Disorders/New Treatment Modalities**

***Contact Hours:*** 2
***Location:*** Regis College, Student Center, Upper Student Center Lounge

***Description:*** New treatment modalities have emerged for Schizophrenia and Bi-Polar disorders. Counseling is a vital component of treatment. The topics will include diagnosis, care and treatment for these conditions, as well as the use of yoga and integrative therapies in treating veterans for mental health problems. Come hear the experts, including a presenter who has these disorders!
***Online Registration:***
www.regiscollege.edu/disorders

**Time:** 6:30 – 8:30 pm | **Fee:** None | **Registration Information:** Call 781-768-8080
**Email:** presidents.lectureseries@regiscollege.edu

**Regis College | 235 Wellesley Street | Weston, MA 02493**

ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

## JOIN ANA Massachusetts and ANA TODAY!

### Professional Development - Advance your knowledge through ANA's Continuing Education Opportunities

- Online CE Library - discounted on-line independent study modules, a solid library of education offerings to meet your practice and career needs
- ANA Meetings & Conferences/ ANA Annual Nursing Quality Conference™
- Navigate Nursing Webinars
- Gain and Maintain Your ANCC Certification
  (Save up to $125 on ANCC initial certification and up to $150 on ANCC certification renewal)
- American Nurse Today
- The American Nurse—ANA's award-winning bi-monthly newspaper
- OJIN—The Online Journal of Issues in Nursing
- ANA SmartBrief—Daily eNews briefings designed for nursing professionals
- Nursing Insider—Weekly e-newsletter with ANA news, legislative updates and events
- Discounted Nursing Books!
- ANA Leadership Institute - enhance and extend your leadership skills
- ANA MA Career Center
- Network and Connect with Your Fellow ANA Member Nurses
- Valuable Professional Tools
- Leadership opportunities/professional development
- Discounted ANA Massachusetts conference fees
- Access Valuable Professional Tools to enhance your career development

### Advocacy

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

### Personal Benefits

- Professional Liability Insurance offered by Mercer
- Auto Insurance offered by Nationwide
- Long Term Care insurance offered by Anchor Health Administrators
- Term Life Insurance offered by Hartford Life and Accident Insurance Company
- Financial Planning Offered by Edelman Financial Services
- Savory Living Eating – discounted program offerings
- Walden University Tuition Discounts
- Chamberlain College Tuition Discounts
- Scholarships for you and your family members
- Free Research Recruitment Notices placed on ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution

**Join today at www.ANAMass.org**

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

**Please join ANA Massachusetts today and become an active member of the world renown and most respected professional nursing organization. Go to: www.ANAMass.org to complete the application.**

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

Go to www.ANAMass.org for more information

***Like us on Facebook - http://www.facebook.com/pages/ANA Massachusetts/260729070617301***

### ADDRESS CHANGE? NAME CHANGE?

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

### ANA Massachusetts Mission

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

### Vision

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

# Bulletin Board

## Research Participants Needed

Are you a male nurse who graduated from a traditional four year nursing program after November 2014? If so, please consider participating in a study entitled Progression and Retention of Male Nursing Students. The purpose of this study is to explore factors that contribute to male students' completion of nursing programs. Participation will involve either an interview or a focus group meeting at a time and location convenient to the participants. Please contact Dr. Susan LaRocco at slarocco0603@curry.edu to discuss your participation in this research. This study has been reviewed and given exempt status by the Curry College Institutional Review Board (IRB).

## Long Term Care NURSES

Do you work in long term care? The newsletter team would like to hear from you. What are the current issues in your area of nursing? Would you like to write an article for the *Massachusetts Report on Nursing*? Or perhaps a letter to the editor sharing your concerns and perspectives? Please contact the Editor at newsletter@anamass.org.

## A Great Gift Idea


Looking for the perfect gift for a new nurse or one who is graduating with another degree? Or how about a gift for yourself? Consider purchasing Clio's Corner: The History of Nursing in Massachusetts. This compilation of almost 50 of Dr Mary Ellen Doona's popular Clio's Corner columns provides the reader with a new appreciation of the influence nurses have had on the health care system. Her reader-friendly style of writing makes you feel as if you have met these famous nurses or witnessed the events described. Clio's Corner is now available on the ANA MA website at: http://www.anamass.org/?page=412&hhSearchTerms=%22clios+and+corner%22

MASSACHUSETTS Department of Higher Education · massachusetts action coalition FUTURE OF NURSING · ONL Organization of Nurse Leaders

## SAVE THE DATE

**4th Annual Massachusetts Healthcare Workforce Summit**

### *Building a Culture of Health Creating Momentum in Massachusetts*

***Friday, November 3, 2017 - Devens Common Center***

Registration and breakfast begins: 7:30 – 8:30 am
Program: 8:30 am – 3:30 pm

Presented by the Massachusetts Action Coalition (MAAC)

**Keynote Speaker: Susan Hassmiller, PhD, RN, FAAN**
Robert Wood Johnson Foundation Senior Adviser for Nursing;
Director, Future of Nursing: Campaign for Action

- Making health a shared value
- Fostering cross-sector collaboration to improve well-being
- Creating healthier, more equitable communities
- Strengthening integration of health services and systems

Hear from leading experts at the national and state level on critical healthcare issues
Breakout Sessions, Networking, Poster Presentations
CEUs available

Watch for more details and registration information to follow (www.mass.edu/nursing)

***Who Should Attend:***

*• Current and Future Healthcare Leaders • Public Health Professionals • Elected Officials • Community Leaders • All those working to improve the health of the Commonwealth •*

***Past President Myra Cacace sings the national anthem at Fenway Park on May 3, 2017***

# Why Nurses Need to be at the Planning Table

***Jean M Roma MSN, APRN-BC Former Team Commander for the National Nurse Response Team-East Coast/ National Disaster Medical Services; Retired Director Cape Cod and Martha's Vineyard Medical Reserve Corps***

A shelter is not a cruise ship; it is a lifeboat! The following story will highlight why it is important for nurses not only to be in the lifeboat but also to plan for the issues that we face during our storms. As former director of the Cape Cod and Martha's Vineyard Medical Reserve Corps, I was involved in opening shelters five times during my tenure: Hurricane Earl, Hurricane Irene, Hurricane Sandy and two blizzards. The Cape has unique geography, jutting out into the Atlantic Ocean. It is connected to the mainland by only 2 bridges or to the Vineyard by boat. This poses some unique challenges during weather emergencies. When the winds are high, the bridges close and the boats don't run to the Vineyard.

The Cape Cod Medical Reserve Corps is part of the Barnstable County Emergency Response Team. On the Cape, we have six regional shelters. We drill every shelter, every year with our partners. We are a team, one Cape, one response. The American Red Cross, AmeriCorps, Disaster Animal Response Team, weather networks, the local emergency providers- police and fire, regional transportation services, Amateur Radio Services, and the Medical Reserve Corps. We thought we were doing a great job. Several days in advance of the storms we would start telephone conference calls, some several times a day. The day before the event, we brought our equipment in Conex boxes, planned our shelter staff and eventually opened our Multiagency Coordination Center. All our planning and our Federal Emergency Management Agency training were in place.

Hurricane Irene and Hurricane Earl brought some people into our shelters. Due to the hurricanes being in warm weather, we had mostly tourists. The governor had closed the camp grounds and people did not want to leave this lovely tourist area in the summer. They took their campers to supermarket parking lots to ride out the storm. When the campers started to "rock and roll," they came into the shelters. We even had a football team who was down for a week of practice on the Cape who elected not to go home when the hurricane was projected to hit the Cape and they came into the shelter. A bus back home certainly would have put the players home well in advance of the hurricane. After this I realized that sometimes common sense isn't common. People who came into the shelters were the walking well.

One of these projected hurricanes was on Labor Day weekend. While planning with the team on Martha's Vineyard, I thought maybe we should get people off the island prior to the storm. The tourists did not feel the same way. It was Labor Day weekend and they did have their plans. The boats to the Vineyard were packed with the summer visitors looking for the last full weekend of summer fun. They did get their weekend because the hurricane turned at the last minute. I don't think many of these tourists considered they were on an island seven miles off shore.

Then we had NEMO, a historic blizzard in February 2013. Two low pressure areas combined causing hurricane force winds and heavy snow. We knew the storm was going to be bad. We did all our usual preparations and we thought we were prepared. But there were some snags. February was a month when many of our volunteers from all our emergency organizations were in Fort Myers or elsewhere. Neighbors who usually checked on their elderly neighbors had gone to sunnier climates.

The people who were left on Cape Cod were the very elderly that at one time probably had gone to Florida in February. The population were the medically fragile, the homebound, the over 80 crowd, and special populations. The weather was brutal, the winds horrific. The power was quickly lost to almost the entire Cape. Along with loss of power was loss of heat. The World War II generation hunkered down. They did not want to be a bother. Two nuns I know did what others did. They went to bed, put on all the blankets and stayed there for three days. Others eventually came to the shelters. We were lucky that people did not die of hypothermia.

We had only opened three of the regional shelters. At the mid-Cape shelter, people came and came and came. We exceeded capacity many times over. We had people on cots in the gym, in the hall, outside the offices, and in the offices. Emergency vehicles brought people in all night. The vehicles had to wait in line to get into the loading dock of the school. People were cold, wet and hungry. The people arrived without their medications, without their wheelchairs, without their walkers and with no dry clothes. One nurse commented, "We had 550 people in the shelter when I helped out and only about 15% were under 80 years." Over the next few days, the combined number of people in the three shelters exceeded a thousand.

At the other two shelters, we had the same populations but the numbers were less. As the winds howled and the snow flew our generators failed at both shelters. I was at one of the shelters when this occurred about 2 AM. We had 7 people on generator supported medical equipment from J-tube feedings to oxygen along with many other clients. The manager of the shelter wanted to keep everyone at the shelter while they worked on the generator. It was apparent that the generator problem was not a quick fix. Terri Arthur , a Red Cross nurse (author of Fatal Decision: Edith Cavell World War I Nurse) and I said, "no way." We called EMS to bring us oxygen. They came but they could not leave us any tanks as they only had a small supply.

You might be thinking why not send these people to the hospital? Cape Cod has one hospital that serves most of the Cape and a small hospital serving the Falmouth area. These hospitals were already swamped. With the help of the emergency manger we transferred those dependent on electricity to a local facilities lobby. Then a family arrived; they had been staying at home and keeping warm with their fireplace. One of their blankets touched the fire and their house burned down. They got out but one of their dogs did not. They came into the shelter about 3 AM. We continued until daybreak without heat, without power, and with very little food. The volunteers shared the snacks they brought with the clients of the shelter. When the sun came up an alternative shelter was opened with a functioning generator.

In the after-action report that I sent to MA Department of Public Health, I said we had people on oxygen, people that needed assistance with walking, transferring and toileting, people with dementia, back pain, nausea, vomiting, confusion, falls, agitation, people from group homes, people with low vision, a hospice patient on morphine and many others with functional needs. These people needed their medications, their supplies, their equipment, their special dietary foods, and their support staff. Most of these items or aides were not brought with them and not available to us at the height of the storm.

What made this work for the community was the dedication of the volunteers. I was most fortunate to have about 28 Medical Reserve Corps volunteer nurses who covered round the clock with a few Red Cross nurses for up to 5 days. Nurses, who worked one shift at their regular facility, slept for a shift and offered to help for a few hours each day. We had Advanced Practice Nurses that could assess clients when they fell and were able to handle some of the less critical clients. We did send a few to the hospital but if we sent even 10% of those who arrived with medical issues to the hospital it would have been overwhelmed.

Some of the key issues we learned from this experience were that nurses play an important role in all phases of the disaster plan. This was implemented by getting nurses to the table prior to future events to discuss functional needs and purchasing supplies to meet these needs; preparing all our clients for how to prepare for a disaster whether they are our home bound clients or our walking well clients; and educating clients as to when it is safe to shelter in place and when it is not safe to stay home.

Nurses' need to teach their clients to have a communication plan: how do I get help in an event; how do I let my family know where I am; how can I send i-phone messages when phone lines are unavailable. Clients need to be taught to have not only Plan A and Plan B, but also a Plan C. Clients need to have family liaison where all the family checks in with each other.

Nurses need to be familiar with disaster phases and their role during an event. This involves training, particularly *Incident Command 100,* so everyone can speak the same language in a disaster. As I teach Population Health in the Community, I make sure my students take this online course to ensure their ability to be part of the team. As nurses, we need to properly implement triage models to minimize morbidity and mortality of people impacted by an event. As nurses, we recognize that disaster phases and the nursing process are closely aligned.

Why am I writing this now? We are well on our way to an active hurricane season, followed perhaps by winter storms or maybe a flu pandemic or worse. The planning for events often takes place within the emergency services of many towns and maybe with the input of a health agent. **It is pivotal that nurses get on the planning committees; actively volunteer to assist the community in the event of a disaster, and pretrain and get pre-approved to help.** There are options for nurses to get involved. In Massachusetts, nurses can join MA RESPONDS, the Medical Reserve Corps or the American Red Cross. Our experiences during Blizzard NEMO reflect that disaster preparedness is a whole community event. Assessment, assurance and policy development are our core public health functions. Nurses need only exercise their principles of public health nursing to ensure a safer America in these uncertain times.

# Nurses Create a Healing Space at Brigham and Women's Hospital The Dream Continues

**(See *Massachusetts Report on Nursing* [June 2017] for how these nurses began this journey of support for nurses)**

***Mary A. Absi, MSN, RN; Santina Wilson, BSN, RN, HN-BC; Heather Hogan, BSN, RN***

Healing the mind, body, and soul is as important as compassionate care is to the patient. Nurses need to nurture and foster their inner self to be able to provide the best possible care to their patients. To do so, nursing self-care strategies have been instrumental in promoting a positive healing environment which meets the needs of the nurse and the patient. We began a stress reduction program of self-care modalities that included Reiki, massage, reflexology, tea for the soul, music therapy, pet therapy, yoga, meditation, positive affirmations and HeartMath. We provided bi-monthly health fairs that included these modalities in addition to nutritional education and meal planning. Staff were invited to participate in these health fairs off the nursing unit that allowed for a serene and peaceful environment for all staff to enjoy. The intention was set; our nurses felt they were being cared for and nurtured.

The health fairs were a success in promoting stress reduction among the nurses and we wanted to continue these therapies. However, due to lack of funding from our awards, this was not feasible; therefore, we collaborated and developed a relaxation space, the "Caritas Room," on our nursing unit Shapiro 8 (Watson, 2008). This would be sustainable and more cost-effective. The room includes various self-care relaxation tools including arm, neck, back, and foot massagers, CD player, journaling book, holistic nursing magazines, and positive affirmation cards. We had a grand opening ceremony to introduce this room to the staff. The staff was overjoyed with the ability to use it at their convenience. We continue to encourage staff to use this room to renew, recharge, and rejuvenate.

This idea of a healing space was well received by many nursing colleagues throughout the hospital. Creating a designated healing space allows the nurse leaders to provide for self-care and self-healing to their nurses in times of need and supports their intentions of positive awareness to their staff (Crane & Ward, 2016). News of our "Caritas Room" traveled quickly as we were the first unit to implement this healing space for nurses at Brigham and Women's Hospital (BWH) (Watson, 2008). Many were amazed when they experienced the inner peace and tranquility upon entering our room; however, we have found that the staff often finds it difficult to find time to utilize this space due to the demands on the unit. In addition, we have discovered the staff preferred the health fairs where they were receiving hands on therapies rather than providing self-care therapies individually. This new concept of a healing space and implementing self-care has been revolutionary in advancing nursing practice; however, further research is imperative to identify strategies for nurses to accept the concept of caring for oneself and finding ways to facilitate time during their busy day to utilize the room.

Patient's quality of care may also be enhanced when the nurse is in a supportive work environment (Kutney-Lee et al., 2009). Providing the tools for the nurse proliferates and flourishes a feeling of peace and tranquility, fostering a presence of calmness to other nursing colleagues while providing compassionate nursing care. Improving nurses' work environments may enrich the patient experience and quality of care. Peace, serenity, and emotional well-being are essential components to foster holistic nursing care. We desire to continue and advance this program to decrease the stress of the nurse while continuing to provide exceptional compassionate care. Balancing nurse's self-care, heart-centered, and self-reflection is the core of our nursing practice.

A special thanks to our Nurse Director, Alice O'Brien, MS, RN, for her unwavering insight and constant support. This journey would not be possible without her compassion and dedication to the nursing staff.

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# Board Member Elected Mary Grant, MS, RN

Mary has been a Clinical Nurse Specialist in Psychiatric Nursing for over 30 years. She was in private practice in Beverly, MA since 1990. Previous to that she worked for 14 years in the MA Department of Mental Health in Community Mental Health Centers in Boston and Cape Ann. During this time, she co-directed a Sexual Abuse Treatment Service for Cape Ann under a criminal justice department grant. She has clinical expertise in psychological trauma as well as in children and adolescent psychiatric nursing. Mary received her MS in Community Health Nursing from Boston College and her BSN with honors from Boston College. Recently she has been teaching health policy in the graduate school at Regis College, and role development and leadership in the graduate nursing school at Endicott College. She serves on many boards and advisory committees including: NSIV-a biotech incubator, Regis College Advisory Committee for Health Care degrees, Northeastern School Health Academy, Endicott College Nursing School Advisory Committee, North Shore YMCA board, MA Action Coalition Committees on Culture of Health and Academic Progression.

Mary served for eight years as a Massachusetts State Representative (2003-2011) for the 6th Essex District, Beverly, MA. In her State Representative position she served on numerous committees including Vice-Chair, Joint Committee on Health Care Financing and the House Ways and Means Committee. She served on the Joint Committee on Public Health and the Joint Committee on Children, Families and Persons with Disabilities.

Following her service in the MA House of Representative, she served as the Clinical Director for the Mass Health Office of Long Term Service and Supports and an interim director of statewide institutional, day and residential programs providing long term care. She served as the Director of Public Affairs at Care Dimensions, a large hospice organization for the past year, and was successful in writing and obtaining a healthcare workforce transformation grant for the organization.



# New Graduate Board Member Appointed Alycia Dymond, BS, RN

My route to a nursing has not been a direct one, but I'm thrilled that it's brought me to both Massachusetts and the ANA MA New Graduate board position. Originally from California, I hold a Bachelor's of Arts in Technical Theatre from San Francisco State University. I worked as a Stage Manager for several years and then moved to Seattle to become a nanny, a birth doula, postpartum doula, and Certified Lactation Educator. My interest in assisting families during the perinatal period, helping parents and infants ease into their new lives together, eventually led me to nursing school. I graduated from University of Southern Maine's Accelerated Bachelor's of Science in Nursing program in August 2015. I got my feet wet as a New Nurse Resident in Endoscopy at MGH. From there I moved on to a position as a Pediatric staff nurse at East Boston Neighborhood Health Center. I have been there for a little more than a year, and am now in the process of leading our lactation services. I hope to sit for the IBCLC exam in a year.

I look forward to serving in my position on the ANA board. I am excited to learn more about the Massachusetts nursing community and how we can better serve each other and our patients.