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March 2014



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MARN Annual Business Meeting Page 3



2014 Living Legends and Excellence in **Nursing Awards** Dinner

Friday, April 11, 2014

Dedham Hilton Hotel Dedham, MA Join MARN as we celebrate the BEST in **Nursing in Massachusetts!**

> **Cocktail Reception** 6:00 pm - 7:00 pm

Dinner and Awards Ceremony

7:00 pm - 9:30 pm

Living Legends in Massachusetts Nursing Carol R. Hartman, DNSc, BS, MS Sarah B. Pasternack, MA, RN

> President's Award TBA

Excellence in Nursing Research Marilyn Lanza, DnSc, RN Lichuan Ye, PhD, RN

Excellence in Nursing Education Jean O'Neal, EdD, MS, RN

Excellence in Nursing Practice Natasha Smitherman, RN, BSN Marie Krupar, MSN/MBA, RN-CCRN

Ruth Lang Fitzgerald Memorial Scholarship Christina Buettner, BSN, RN, CCRN

> Arthur L. Davis Publishing Agency Scholarship TBA

Mary A. Manning Nurse Mentoring Award Tommie Burton, RN, BSN, BC Judith Shindul Rothschild, PhD, RNPC

> Loyal Service Award **TBA**

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President's Message

Thank You for Being a Nurse

Gino Chisari, RN, DNP

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

A few years ago I was invited to give a

presentation in China on the of professional importance development and how supporting the intellectual growth of a nurse will transform an organization. A dear colleague who was also lecturing at this symposium gave one of the most inspiring talks I have ever heard. She concluded with thanking us for being nurses. As the audience politely applauded, she then asked the over 300 nurses present to stand up and thank each other. The room was suddenly filled with enormous energy and joy. For many of the nurses present, this was the first time in their careers they had been publically thanked or thanked each other. That day showed me how grateful I am to work in a society where nurses are publically thanked, treated

with respect and valued by the public we serve. One thing that might be missing – thanking each

> Please take a moment to thank a nurse you know for all he/she does for those people in their lives. Or thank a colleague who just completed a difficult shift, and did so with grace and dignity. Thank the nurse who inspires you, who mentors and supports you. Thank the new nurse for joining the profession. Thank one who has retired for their years of dedicated service. Thank the nurse who taught you, encouraged you and on occasion gave you that healthy dose of "tough love."

> As I leave office I hope we continue to speak out against bullying. The columns I wrote on bullying provoked the most

stimulating discussion in MARN history. The pain of being victimized is so raw and palpable for so many of our colleagues that it is hard to hear their stories. We must continue to combat this deadly "disease" in our profession. We must name it, challenge it and eliminate it. I call on every Chief Nursing Officer, Director of Nursing, Supervisor, Nursing Administrator, nurses in academia, and all nurses in the Commonwealth to pledge to eradicate this horrible and devastating behavior from your organizations.

As I leave office I hope you have felt cared

for by the actions taken by the MARN leadership. Like any family, we didn't always agree with each other and on rare occasions "the tension in the room could be cut with a knife." But as we debated, discussed and deliberated it was toward the same goal – advocacy for nurses and the public we serve.

My last column generated great deal of feedback. expected there disagreements, but I am satisfied with the discussion. I still strongly believe that nursing belongs to nurses and nurses must fight any initiative seeking to rob us of our rights to self*manage*. We harm our profession by asking the general public to make decisions for which they cannot possibly understand the

consequences. Nurses must come together to find the compromise before the public is forced to live with the unintended consequences of nurses on the unit abdicating their power of decisionmaking.

As I leave office I hope you are motivated to become a member of and volunteer in MARN. Remember it takes more than your membership dues to keep it going - it takes dedicated people doing their part, coming together with others who share similar values, contributing toward the common goals. Together we can make the entire profession stronger and leave the profession in a better place than the one we inherited.

So as I turn the presidency over to Tara Tehan and bid farewell you, I want to simply say "thank you for being a nurse."



Dr. Gino Chisari

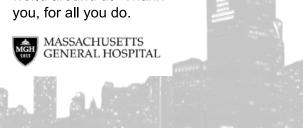


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2014 Spring Conference



Saturday, April 12, 2014

8:30 am - 4:00 pm Dedham Hilton Ĥotel Dedham, MA

Reaction...Response...Reflection Lessons Learned from the **Boston Marathon Tragedy**

This educational offering will focus on nursing considerations in the assessment $% \left(1\right) =\left(1\right) \left(1\right)$ and management of patients with traumatic injuries, disaster preparedness, and lessons learned as we approach the one year anniversary following the Boston Marathon tragedy. Come meet and learn from those who were there and experts in the fields of trauma care and post-traumatic stress disorder (PTSD) as we explore implications for practice, education, and research

Keynote Speaker: Joe Blansfield, NP, RN

Trauma Program Coordinator, **Boston Medical Center**

Conference Faculty: William D. Evans

Boston Police Commissioner

Maryfran Hughes, RN, MSN

Nursing Director, Emergency Department, Massachusetts General Hospital

Charles Kerr

Clinical Resource Nurse for Special Care, VA Boston Healthcare

Dan Nadworny, RN, BSN, CEN

Clinical Manager-Emergency Department, Beth Israel Deaconess Medical Center

A. Lynne Wagner, EdD, RN, MSN

Nurse Consultant/Educator: Facilitating Caring Practice and Mentor Programs, Faculty Associate, Watson Caring Science Institute

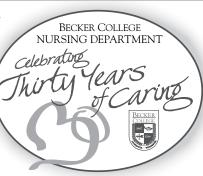
Registration and Continental Breakfast begins at 7:30 a.m.

Program begins at 8:30 a.m.

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Massachusetts Report on Nursing



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2014 Living Legends in **Massachusetts Nursing**

Carol Hartman, DNSc, BS, MS

by Carol Glod, Ph.D.

Dr. Carol Hartman is a distinguished researcher, educator and nurse clinician with an extensive record of scholarship. She is Professor Emeritus (since 1995) at Boston College School of Nursing, after a long and distinguished academic career that began in 1966. She started the advanced practice psychiatric nursing graduate program and has trained hundreds of psychiatric clinical nurse specialists throughout the region and the country. A prolific grant writer, she obtained over 2 million dollars in federal funding to launch and support psychiatric nursing education from 1965 until 1982.

She also conducted some of the original research on psychiatric needs of mothers as part of the Harvard University Research Corporation, Joint Admission Project and Child Development Study. Furthermore, she co-directed the Nursing Aftercare Project funded by the National Institute of Mental Health (NIMH).

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

Dr. ___ Burgess remembers:

"Carol was in a BU doctoral class sitting next to a very pregnant red-headed student. And so marked the beginning of the dynamic duo: Hartman-Burgess. Our work together was critical in the development of theories of the neurobiology of trauma. Carol was a pioneer in the treatment of the mentally ill. She developed the nursing component on a NIMH grant for an innovative project admitting mentally ill mothers and their babies to the inpatient unit at Mass Mental. While at Boston College, Carol wrote grants to NIMH for tuition and stipend resources for graduate students. She was instrumental in the development of the Boston NURS group that successfully argued for third party reimbursement for nurses. Her work opened doors for psychiatric nurses to treat trauma and develop research

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

Sarah Pasternack, MA, RN

by Judy A. Beal, DNSc, RN, FNAP, FAAN

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

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

Since 1993 Sarah has been the President of the Nursing Archives Associates Special Collection at Boston University. In her role as founder and president of the Nursing Archives, she has perpetuated nursing's strong legacy nationally and internationally. She is a tireless advocate of the preservation of our rich history and will one day will be recognized in the Archives as one of our country's living legends. In Massachusetts, Sarah Pasternak is already a living legend!



MARN Annual Business Meeting Notice

Please attend and participate in your association's management

> Friday, April 11, 2014 4:30 pm - 6:00 pm

Dedham Hilton Hotel Dedham, MA Hors d'oeuvres will be served



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MARN/ANA Testify in Support of Massachusetts Advanced **Practice Nurses: Advocating for Improvements in Quality and Cost**

Stephanie Ahmed, DNP, FNP-BC **MCNP President**

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

In addition to verbal testimony presented bv Rep. Kay Khan (D-Newton), the House bill sponsor, many organizations s u b m i t t e d testimony support, including: AARP of Massachusetts, Atrius Health, Organization of Nurse Leaders (ONL) and the Massachusetts Association School-Based Health Care. MCNP and MANA



ANA President Karen Daley joins MCNP President Stephanie Ahmed at the table.

had two panels of presenters who discussed the role of advanced practice nurses, what they do, the rationale for the legislation and why NOW is the time to enact this bill!

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

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

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

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

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

Now is the time for all nurses to contact your representatives to urge them to support S.1079 and H.2009, an Act Improving the Quality of Health Care and Reducing Costs. A list of legislators on the Committee with a link to their contact information can be found at https://malegislature. gov/Committees/Joint/J16.



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Facts About S.1079 / H.2009

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

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

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

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

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

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

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

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

FTC: Consumers and Competition the Winners in **Massachusetts Advanced Practice Nursing Bill**

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

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

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

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

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

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

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

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

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

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

About the Massachusetts Association of Nurse Anesthetists

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

About the Massachusetts Coalition of Nurse **Practitioners**

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

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

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

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INDEPENDENT STUDY

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Men in Nursing Group Plans April Educational Program

Jerry Brown



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

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

The first half of the program will feature John Deckro, MS, RN-BC, ANP-BC, faculty member

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

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

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



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-A National Campaign for Nurses in Need

About Dolphins for Nurses:

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

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

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

About Nurses House:

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

Please visit www.nurseshouse.org to learn more.

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

Stephanie Dague

Director of Development for Nurses House sdague@nurseshouse.org
(518) 456-7858 x27

Editorials = Mail Call



Dear Readers and Fellow Nurses,

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

likely we are to find the common ground.

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

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

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

I feel your pain (and share your experiences) when you say that nurses are being taken further from the true essence of nursing. It is too bad that more Hospital Administrations do not give Acuity Plus a chance...together all nurses can work together to get them to listen to US!!!

Please be sure to continue reading and commenting on this important topic. You can contact me at newsletter@marnonline.org.

Dear Editor,

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

Kathleen Janssen, RN, MS

Dear Editor,

I am a retired nurse, having worked as a staff nurse since 1978. I was appalled to read the articles in the December 2013 MAssachusetts ${\it Report~on~Nursing}$ against the proposed safe staffing legislation and referendum vote and I can now clearly understand why the Massachusetts Nursing Association members voted to withdraw from association with the American Nurses Association.

Although not stated, these two articles were views put forth only by hospital administration to avoid its responsibility to adequately staff hospitals. Because hospitals chronically understaff, the legislation is clearly needed with the addition of riders preventing any nurse from being forced to work overtime to provide adequate staffing.

I feel that, given the increased acuity of patients in hospitals, all floors should be staffed with at least a minimum of one RN for every four patients on all shifts, intensive care units should be staffed with a minimum of one RN for two stable patients and one RN for every critical patient. Shifts should be limited to no more than three twelve-hour shifts per week or five eight-hour shifts per week with no mandatory overtime. If there is not adequate staffing, beds should be immediately closed or temporary staffing agencies should be used to fill the positions. If this is not legislated, it will not be done. Hospital administrators and their agents who clearly consider hospitals not as care-giving institutions but only as businesses and run them accordingly, will continue to short-change the patients and patient care safety and these business administrators will continue to attempt to place their staff responsible for any bad patient outcomes.

Sincerely, James Moore, R. N.

John S. Murray **Joins Newsletter Committee**

The **MA**ssachusetts Report on Nursing editorial team is looking forward to working with Dr. John S. Murray, PhD, RN, CPNP, CS, FAAN who joined us in January 2014. Dr. Murray served in the United States Air Force for 28 years in various clinical leadership positions in pediatrics including critical care, chronic care, primary care and clinical research. He also



John S. Murray

served as the Consultant to the Air Force Surgeon General for Pediatrics and Research. While in the Air Force John was the President of the Federal Nurses Association, a constituent member association of ANA.

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

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Making Connections...Career Connections

Sabianca Delva BSN, RN

One of the perks of being in the nursing profession in an environment of a documented "nursing shortage" is the expectation that there would be job opportunities even in tough economic times.

Right?

No!
Unfortunately newly graduated/licensed nurses are facing challenges finding employment soon after graduation. The term "nursing shortage" is becoming more of a misnomer than a reality. Being a new grad in a healthcare mecca, such as Boston, complicates the process too. Boston hospitals have reached a saturation point due to the high volume of applications and limited number of open positions. Employers are looking for nurses with prior experience, which can be discouraging for new grads at the beginning of their careers. This leads to new grads becoming discouraged, often feeling like they have been dropped into the real world without any guidance. The Massachusetts Association of Registered Nurses (MARN) recognized this need and started the Career

participating in this program.

The MARN Career Connections was designed to connect experienced nurses (Career Guides) with senior nursing students and new graduate

Connections Program. Now in its fourth year,

all of the participants found positions by





nurses during the transition from student/new graduate to the professional nursing role while searching for the first professional nursing position. This program is completely voluntary for the seeker and career guide. Along the way, the program coordinator provides resources and holds networking events for program participants. The Seeker/Guide relationship formally ends when the first professional nursing position begins.

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

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

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



A seeker:

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

Interested in being involved in the Career Connections Program either as Seekers or Guides?

Contact Sabianca Delva at <u>sabianca.delva@gmail.com</u>.







BOSTON UNIVERSITY

Botton University
House's Gettle's Arching
Research Center

Andrea Lopez 18 in the last year of undergraduate nursing program Boston College. She is looking forward to her graduation in May 2014 and is enthusiastic about becoming a professional nurse. She is especially interested in working in the medical/surgical, trauma or ICU settings.

"Growing up I was always into watching discovery health and



Andrea Lopez

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

"I love the fact that I grew up bilingual and that I am able to use both languages in my everyday life. I embrace my culture and see it as an opportunity to share an unknown part of the world with others. Being Latina is part of my identity and I make sure to carry that with me wherever I go."

CECORNER





On January 10, 2014, the Massachusetts Association of Registered Nurses presented Accredited Approver Unit the 2013 ANCC a workshop: Applying Criteria to Nursing Continuing Education One Year Later: Lessons Learned. Nurses from around the Commonwealth gathered at the Wellesley Gateway Building to learn about the impact of the new ANCC rules for providing nursing continuing education. Judy Sheehan, MSN, RN, the MARN Nurse Peer Review Leader, discussed the changing paradigm of nursing CE and the primary accreditation conceptual

The day continued with small group discussions facilitated by MARN CE committee chairs Jeanne Gibbs, MSN, RN and Sandy Reissour, MSN, RN.

Time to Go Back to School?

Massachusetts Action Coalition Works to Improve Academic Progression in Nursing

Ashley Waddell MS, RN

The long-running conversation about academic preparation level of nurses was reinvigorated with the release of the Institute of Medicine (IOM) report, The Future of Nursing; Leading Change, Advancing Health (2010).¹ Right now, approximately 55% of Massachusetts' nursing workforce holds a BS/N degree or higher. "This is a good starting place, but we have a lot of work to do to get to the recommended level of 80%," notes Patricia Crombie, MSN, RN, Project Director of Massachusetts Action Coalition (MAAC).

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

The IOM's recommendations align with a growing body of research that supports the value of baccalaureate nursing education for patients and employers. Two significant contributions to this body of evidence include the work of Linda Aiken, PhD, RN, FAAN, and colleagues, who in 2003 reported a significant decrease in surgical patient mortality in hospitals employing more staff nurses prepared at a baccalaureate level.² In 2013, Aiken and colleagues reported that within a hospital, a ten percent increase in the number of nurses with baccalaureate preparation translated into a reduction of 2.12 deaths per 1000 patients.3 Building on these findings, Blegen et al (2013) reported that hospitals with higher percentages of BSN or higher nurses had a positive impact on nurse-sensitive outcomes other than mortality.4 Consequently, nurse leaders are recognizing the value of having a higher ratio of baccalaureate prepared nurses at the bedside, and incorporating that into their hiring practices and strategic planning. This was validated in Massachusetts through a recent employer survey conducted by MAAC.

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

For more information on the Massachusetts Action Coalition or the work being done to advance the objectives in the Future of Nursing Report, please visit the following sites:

Center to Champion Nursing in America: http://campaignforaction.org

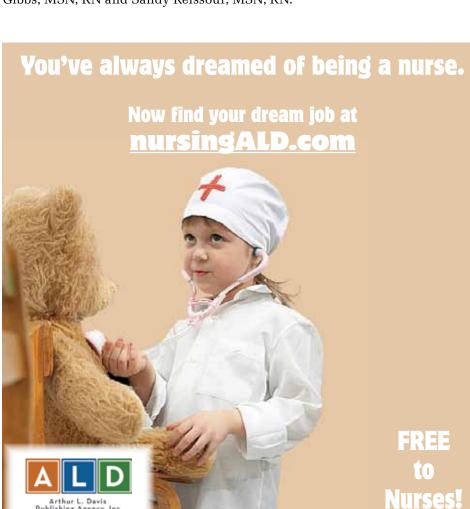
Massachusetts Department of Higher Education: http://www.mass.edu/nursing

Organization of Nurse Leaders Ma/RI at: www. OONL.org

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Ashley Waddell MS, RN is part of the Communication Team of MAAC and works in Staff Development Specialist Boston Children's Hospital.



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Cho's Corner



Seventy-one Years Ago: The Cocoanut Grove Fire

Mary Ellen Doona



Part One

Gracefully-fronded palm trees; cocoanut shells surrounding light bulbs; rattan, bamboo and leather covering concrete walls; and, billowing satin covering a plaster board ceiling created a tropical ambiance to the Cocoanut Grove, a popular restaurant/supper club in war time Boston. The exotic, but artificial, décor belied the building's origins as a garage and warehouse complex, as well as its subsequent incarnation as a speakeasy during Prohibition (1920-1933). By November 28, 1942, the Cocoanut Grove was second in popularity only to the Latin Quarter. Indeed that wintry Saturday night 1000 people crowded into the club far exceeding its capacity: 460.

Among the merry-makers who stepped into the vibrant Cocoanut Grove that night were soldiers and sailors enjoying a liberty week end. Some were stationed in Boston while others were soon to ship out for foreign areas. Already at the club were football fans that had come over from Fenway Park after seeing Holy Cross trounce the undefeated Boston College (8-0 for the season) crushing them 52-12. Along with the military and football fans was the usual Saturday night crowd eager to forget for a while that the United States had been attacked almost a year before at Pearl Harbor (December 7, 1941) and was at war with Japan and Germany.

Fear that Boston might also be attacked was evident in the preventive strategies that Boston



had put in place. Even Christmas lights were forbidden that year fearing that they might attract the enemy's unwanted attention. Air raid drills were common throughout Boston. Only one week before, Boston had staged a mock blitz attack of a Luftwaffe with Boston's hospitals practicing responses to such a disaster. Supplies of bandages, plasma, saline, IV equipment and oxygen tents had been significantly increased, while special wards had been set up to receive war victims. At the same time, nursing departments were starting to feel the pinch as more and more nurses left hospitals for military duty.

The Cocoanut Grove provided a welcomed respite from these wartime changes and the fears they created. Patrons dined in the restaurant, danced in the ballroom or had drinks downstairs in the Melody Lounge. Some were waiting for the 10 pm show that was already late as the pianist pounded out *Bell Bottom Trousers*. Then, about 10:15 pm, fire broke out. The accepted origin of the fire has focused on a Melody Lounge worker who had lit a match so that he could replace the light bulb that a patron had unscrewed to provide more privacy for him and his date. Investigators also considered faulty electrical wiring and refrigeration gases as culprits but concluded that the origin of the fire was unknown.

What is known for sure is that the fabric that created the tropical sky ignited. A hissing ball of flames and fumes raced up the four foot wide, steep stairway that became a chimney sucking the fire up into the foyer, where it then sped into the dining room. Within five minutes the entire complex was ablaze.

The ball of flame and fumes, seeking oxygen and customers seeking escape, competed for the same exits. Within two to five minutes of its first appearance, the fire poured through the most possible exits making them useless. The main exit, a revolving door that opened onto Piedmont Street, was not only engulfed in flames, it was obstructed by the bodies piling up in front of it as the toxic fumes asphyxiated the fleeing people. Other exits opened into the club rather than out to the street with a similar result. Worse, some exits barred to prevent customers from leaving without paying impeded escape.

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

The fire department had been nearby on Stuart Street putting out a car fire and raced to the scene. They and others battled the blaze and by 10:24 pm, "the fifteen minute fire" was extinguished. Rescue became the priority. Soldiers and civilians became stretcher-bearers. One young nurse sped over from the Copley Plaza where she, her brother and friends had been partying since leaving the game at Fenway Park. They joined in transporting the victims to the Boston City Hospital in newspaper trucks, taxis and other vehicles that had been pressed into service.

Several victims presented themselves at the BCH at 10:30 pm to be followed by three hundred arriving by various ambulances. During one seventy-five minute period victims were arriving at the rate of one every eleven seconds. One hundred and eighty had died in transit and ten to fifteen who were still breathing on admission died within a few minutes of arrival. The young nurse remembers the area outside the emergency room as "just bodies" with a doctor and his associate going from corpse to corpse checking for any viability. One hundred and thirty-four victims were admitted into the wards that had been set aside for war casualties.

The BCH was the usual destination for any emergency treatment which explains the numbers of victims that were sent there in comparison to the Massachusetts General Hospital. The Massachusetts General Hospital began receiving victims at 10:30 pm and in two hours had received one hundred and fourteen. Seventy-five of these, many with the cherry-red faces signifying carbon monoxide poisoning, died on arrival. Thirty-nine were admitted.

Immediately on arrival at the hospitals victims received morphine after which their foreheads were marked in lipstick with an M. All, except military personnel who would have already been inoculated, received an anti-tetanus shot. Plasma and blood were started to treat burns as a systemic problem, a lesson that the treatment of burn victims at Pearl Harbor had taught only recently. Victims also received oxygen to treat pulmonary edema. Four days later, December 2, 1942 the antibiotic era began when penicillin, then still in the testing process, was released to treat infections of victims at the MGH. Its governmentfunded burn research was already in progress, whereas the BCH received its grant only days before the fire.

On the morning after the fire, November 29, 1942, the *Globe* headlined: 400 HUNDRED DEAD IN HUB NIGHT CLUB FIRE: HUNDREDS HURT IN PANIC AS THE COCOANUT GROVE BECOMES A WILD INFERNO. The final count of the disaster was 492 dead and 166 injured but that number excluded the injured who did not seek hospital treatment. The psychological trauma is still to be calculated.

In 1952, Dr. Stanley Levenson remembered the treatment at the BCH fifty years before. "What pulled the patients through...was intensive nursing. You simply kept them going, kept them breathing, getting them to cough, urging them on, physically clearing their airways, lending moral support. We had great attending doctors... residents, medical students, and most of all, we had wonderful nurses."

At the seventy-first anniversary of the fire this past November, thanks to the efforts of Mike Hanlon, Ken Marshall and Paul Miller, the Shawmut Ave Ext at Piedmont Street has been renamed Cocoanut Grove Lane. Mayor-elect Martin Walsh united with survivors, relatives of the victims, Bay Village neighbors and historians in their determination that although the Cocoanut Grove no longer exists, the fire and its lessons will not slip into oblivion.

Readers can look forward to Part Two: "Changes in Care and Exit Signs" in the summer edition of the MAssachuestts Report on Nursing.

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The Health Policy Commission: Leading Changes in the Health Care Delivery System and Payment Re-design

Craven & Ober Policy Strategists, LLC

Nurses in Massachusetts know that the health care delivery and payment systems are transforming on a daily basis. In large part, these changes are driven by the passage of several legislative initiatives in Massachusetts (since 2006) aimed at reforming the health care delivery system; changes that created greater transparency, increased insurance coverage, created affordable health plans, and movement away from a fee for service system that rewards volume over value.

These reforms are evident to nurses as they advocate for patients who are struggling to navigate through the cumbersome system in order to get and maintain access to all health care settings. Since the need to contain costs is pivotal to these large system changes Massachusetts legislators created the Health Policy Commission (HPC), a quasi-governmental body that is the leader and the watchdog on these groundbreaking and significant changes.

The HPC was established by Chapter 224 of the Acts of 2012, titled "An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation." The HPC is an independent state agency that monitors the reform of the health care delivery and payment systems in Massachusetts and develops health policy to reduce overall cost growth while improving the quality of patient care. To fulfill the HPC's mission of ensuring lower costs and better, more efficient and innovative care, the commission established four committees made up of five commissioners each. The committees focus on the following areas: cost trends and market performance; quality improvement and patient protection; care delivery and payment system reform; and community health care investment and consumer involvement.1

In their short tenure, this body of eleven seasoned experts representing government, health care, business, consumers and unions has accomplished much. A review of who these Commissioners are can be found on the web site at http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/. This site illustrates the breadth of the collective work of the Commission. In addition to the four working committees, the HPC also benefits from a large and well represented

Advisory Committee (including representation from nursing).

In addition to the volunteer members of the HPC, there is an incredibly talented and dedicated staff. Mr. David Seltz serves as the Executive Director. He is most knowledgeable as he was the former Director of Health Policy for Senate President Therese Murray and helped negotiate the language in Chapter 224. Additional staff include legal experts in health care law, economists, data experts and a nurse whose expertise is quality assurance. Over the HPC's short tenure, below is a brief list of their accomplishments on behalf of patients and the Commonwealth.

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

In the near future, the HPC will design draft regulations to certify Patient Centered Medical Homes and Accountable Care Organizations. Since both have a reliance on care coordination and care management, nursing will be impacted. The HPC is unique. It's likely that their effectiveness at analyzing cost trends, prohibiting monopolies, driving the system towards containing costs to an affordable level and influencing the health care workforce and innovative health care delivery models will be emulated by other states.

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

Sources

 http://www.mass.gov/anf/budget-taxes-andprocurement/oversight-agencies/health-policycommission

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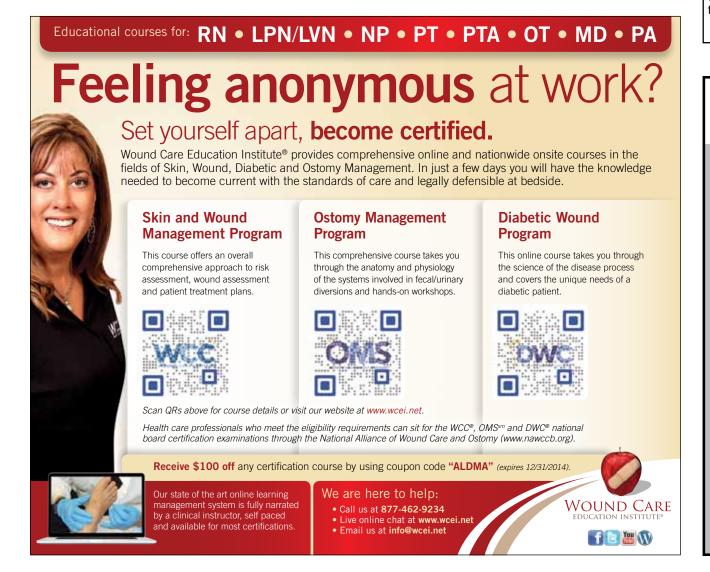
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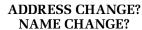


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Please join MARN today and help to promote the Nursing profession.

Go to: <u>www.MARNonline.org</u> or see page 14 to complete the application.

Join MARN today!



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

The MARN Approver Unit

The only Professional Nursing Organization ANCC Approver Unit in the Commonwealth

Fully Accredited Through 2015!

Program reviewers: available to review your nursing education programs any time.

For up to date information about how to become an approved provider (for a single activity or as an organization) please visit the MARN Website

www.MARNonline.org



Safe Patient Handling and Mobility: Interprofessional National Standards

These Standards are designed to infuse a stronger culture of safety in health care work environments and provide a universal foundation for policies, practices, regulations and legislation to protect health care workers and health care recipients from injury.

For more information on the Standards, visit: www.NursingWorld.org/SPHM-Standards.



MARN Mission Statement

Massachusetts Association of Registered Nurses (MARN) is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.



MARN News is an up-to-date information service about a variety of issues important to nurses in Massachusetts. You must be a MARN member to be included, so join today!

MARN member: Have you gotten your MARN News message? If not, then we don't have your correct email address. If you want to begin receiving this important information, just send an email to: info@MARNonline.org with "AD" and your name on the subject line.

We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at myra@net1plus.com.



MARN Annual Meeting & Living Legends in Nursing and Annual Awards Banquet Friday, April 11, 2014

Annual Spring Convention Saturday, April 12, 2014



Notification of ANA Dues Increase - effective January 1, 2014

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

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

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





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

Join us at www.MARNonline.org

Contact us at: 617-990-2856 or info@MARNonline.org

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

Go to <u>www.marnonline.org</u> for more information

Massachusetts.

Bulletin Board



MARN Vision Statement

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



0

MEMBER BENEFITS





Visit Your MARN Career Center: A Valuable Member Benefit

The MARN Career Center works with members, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts.

Gain access to tools that allow you to:

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

Visit the Career Center at <u>www.marnonline.org/jobs</u> and register today!



Your guide to the benefits of ANA/MARN membership... It pays for itself



- Dell Computers MARN and ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133 or Visit Dell's Web site at www.Dell.com.
- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- <u>Professional Liability Insurance</u> a must have for every nurse, offered at a special member price.
- Nurses Banking Center free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule, at an affordable price - Liability/ Malpractice, Health Insurance, Dental and Vision.
- <u>CBCA Life and Health Insurance Plans</u> Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000; Call Budget 1-800-527-0700 and give ID# X359100
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- Online discounts on all your floral needs through KaBloom.

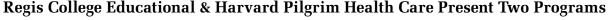
Promote yourself: professional development tools and opportunities

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

Stay informed: publications that keep you current

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





Update on Massachusetts Health Care Reform/Implementation March 26, 2014

Politically and economically the implementation of the ACA is a hot button issue. This lecture will focus in the facts regarding Insurance Exchanges, economic cost, patient safety and quality of care will be discussed. Come hear the experts.

Regis College, Alumnae Hall, Upper Student Union Lounge 235 Wellesley Street, Weston, MA. 02493 6:30-8:30 pm Fee: None

Registration Information: call 781 768 7120 Email: <u>presidents.lectureseries@regiscollege.edu</u> Online Registration: www.registowertalk.net/MHCR14 Diabetes/Complications/Infections/Treatments April 23, 2014 6:30-8:30pm

Learn about prevention, types, complications and control of Diabetes.

Regis College, Alumnae Hall, Upper Student Union Lounge 235 Wellesley Street, Weston MA. 02493 Fee: None

Registration Information: call 781-768-7120 Email: presidents.lectureseries@regiscollege.edu Online Registration: <u>www.registowertalk.net/diacomplications</u>

Massachusetts Association of Registered Nurses

Accredited Approver Unit Presents

Applying the 2013 ANCC Criteria to Nursing Continuing Education

One Year Later: Lessons Learned

Wednesday, April 30, 2014 9:00 am - 12:00 pm

Wellesley Gateway Building 93 Worcester Street

Wellesley, MA 02481-9181 Symposium Flyer and Registration at: www.MARNonline.org





STATE NURSES ASSOCIATION MEMBERSHIP APPLICATION

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| Date | t:/ Date of Birth:/ | | | | | |
|-------|---|--|--|--|--|--|
| 7000 | | Mailing Address | E-mail | | | |
| First | Name/MI/Last Name | Mailing Address | Employment Status; (ie. full-time nurse) | | | |
| Crec | dentials | | | | | |
| | | City/ST/Zip | Position Title; (ie. staff nurse) Type of Work Setting; (ie. hospital) | | | |
| Ноп | e Phone Number Work Phone Number | County | | | | |
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| Emp | loyer | RN License # ST | Practice Area: (ie. pediatrics) | | | |
| Pref | erred Contact: HOME/WORK • Gender: M/F | Union Member: YES/NO • UAN Member: YES/NO | | | | |
| | | MEMBERSHIP DUES VARY BY STATE | | | | |
| | | tate) Nurses Association for rates, or call 1-800-923-7709 fro | | | | |
| Me | mbership Category (check one) | Full Annual Payment Membership Investment | O Payroll Deduction | | | |
| M | Full Membership Dues O Employed - Full Time | ANA-PAC (Optional — \$20 suggested) Total Dues and Contributions | This payment plan is available only where there is a agreement between your employer and the association make such deduction. | | | |
| | O Employed - Part Time | Online: www.NursingWorld.org (Credit Card Only) | | | | |
| R | Reduced Membership Dues | Check (payable to ANA) VISA MautarCard | Signature for Payroll Deduction | | | |
| | O Not Employed | | Please mail your completed application with payment | | | |
| | O Full Time Student | CREDIT CARD INFORMATION | AMERICAN NURSES ASSOCIATION or to: AMERICAN NURSES ASSOCIATION Customer and Member Billing | | | |
| | New graduate from basic nursing education program, within six months after graduation (first membership year only) | Credit Card Number | | | | |
| | O 62 years of age or over and not earning more than Social Security allows | Expiration: month/year | P.O. Box 504345 St. Louis, MO 63150-4345 | | | |
| S | Special Membership Dues O 62 years of age or over and not employed | Security Code (cvv/cvc) | *NOTE By signing the Monthly Electronic Deduction Authorization, of the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Abovesigne may cancel this authorization upon receipt by ANA of writte notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless the notification is received, ANA will charge a \$5 fee for any returner. | | | |
| | O Totally Disabled | Authorization Signature | | | | |
| Ch | pice of Payment (please check) | Authorization orginature | | | | |
| 0 | E-Pay (Monthly Electronic Payment) This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association | Printed Name Amount: \$ | | | | |
| | (CMA)/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account. | Class state of the termination against a succession | drafts or chargebacks. | | | |
| | Checking: Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month. | Automated Annual Credit Card Payment This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on | Murae Today: Various amounts are for subscriptions to CMA/DA newsletters. Check with your CMA office for exact amount. | | | |
| | Ocredit Card: Please complete the credit card informa- tion below and this credit card will be debited on or after the 1st day of each month. | the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due. | | | | |
| Mo | nthly Electronic Deduction Authorization Signature | Annual Credit Card Payment Authorization Signature | lobbying by the CMA is not deductible as a business expense Please check with your CMA for the correct amount. | | | |
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The Heart of **Healing**

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

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

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

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

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

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













BOSTON RED SOX



Celebrate National Nurses Day at Fenway Park with the Massachusetts Association of Registered Nurses!

Tuesday, May 6th, 2014 - 7:00 p.m.



Invite your friends, family and colleagues for MARN Night at Fenway Park

Deadline to order *tickets: March 6th 2014

Based on availability

First come, first served, so place your ticket order today!!

Be sure to join us at the pre-game Networking event at 5:30 p.m. at the Cask & Flagon

\$20, MARN member rate, \$35 non-member rate, \$10 student rate for Networking event. Student scholarships are available. Inquire at: info@marnonline.org

Red-Sox Tickets: \$20 additional.

Register on-line Today at: www.marnonline.org

| Tuesday, May 6, 2014 | | | Red Sox vs. Cincinnati Reds | | *SOX TICKETS: # of tickets @\$20 *Bleacher seats NETWORKING EVENT: # Attending @ Rate: | | TOTAL AMOUNT:\$ | | | | |
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| | All orders are subject to availability and are non-refundable. Mail to: P.O. Box 285, Milton, MA 02186 | | | | | | | | | | |
| Method of P | ayment: □Cash | n □Check (paya | ble to MARN) | | | | | | | | |
| ☐ Please cha | arge: 🗖 Visa | ☐ MasterCard | ☐ Discover | ☐ AMEX | | | | | | | |
| CC# | | | | EXP. Date | | | Name on C | Card | | | |
| Name | | | | | Phone | () | | | | | |
| Address | | | | | City | | | | | | |
| State | Zip | E-m | ail | | | | | | | | |
| Please detach order form and send to: P.O. Box 285, Milton, MA 02186 Or register on-line today!! www.marnonline.org | | | | | | | | | | | |



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AFTER A BUSY DAY, A FATAL ERROR OCCURRED.



We all make mistakes. But as a nurse, one mistake

After receiving treatment in an emergency department (ED), a 36-year-old woman died of undiagnosed sepsis. The physician and nurse who treated her were sued by the family.

worked a busy, 14-hour shift in the ED — failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs \$1.2 million. The nurse was responsible for 40% of that award: \$480,000.

It's because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need — without paying more than you need. To take advantage of special rates for ANA members, visit proliability.com for an instant quote and to fill out an application.

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MERCER

Source: Clinical Advisor, November 1, 2013 Please contact the program administrator for more information or visit proliability.com

Health & Benefits Administration LLC

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