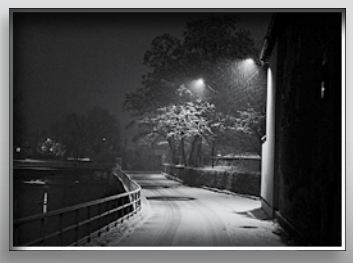
Vol. 12 No. 4 December 2014

Happy Holidays!

Massachusetts Report on Nursing



ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

The Official Publication of ANA Massachusetts
PO Box 285 • Milton, MA 02186 • 617-990-2856
mcacace8@gmail.com
Quarterly Circulation 122,000

SCHOLARSHIP AVAILABLE

American Nurses Association Massachusetts Scholarship is Available to All Nurses

You work with or know nurse colleagues who are working toward an advanced degree or in the pursuit of advanced knowledge. Here is an opportunity to help them achieve their dreams. Nominating a nurse colleague for a scholarship provides you the opportunity to honor their aspirations for more learning.

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

Application Process

- ☐ Access the application for this scholarship at the www.anamass.org
- ☐ Complete the application and submit electronically or by mail by March 15, 2015
- ☐ If you have any questions or need help call ANA MA at 617-990-2856

The selected recipients will be notified by March 25, 2015.

We hope you enjoy this complimentary newsletter, sent to all registered nurses in the Commonwealth. Please consider joining ANA Massachusetts today and advance excellence in nursing and patient care.

Go to www.ANAMass.org to complete the membership application!

Gearing Up For Ebola

On October 23, 2014, President Tara Tehan addressed Chairman Keenan, Chairman Sanchez and members of the Public Health Committee about nursing capability to care for patients with Ebola in Massachusetts. Here are some of the highlights of her address:

Nurses have the training and expertise to take accurate patient health history, and conduct triage and risk assessment, and are called upon to do exactly that. In many facilities, it is the Registered Nurse who performs the initial screening and assessment of patients. And as the largest profession, it is registered nurses who provide the majority of the direct care to hospitalized patients. These past weeks have been a stark reminder of how, in the role of direct caregiver, nurses at times make personal sacrifices for the care and comfort of our patients.

Nurses are leading the way to help hospitals, clinics, and other health care agencies across the state to prepare for Ebola through the development of protocols, the acquisition of resources, and the education of staff.

Nurses are often the first line and best defense in protecting patients and their own colleagues from patients infected with Ebola, but need three distinct resources to do their work, including:

Information & Training: Nurses have the education and training to initially screen patients for Ebola, but they require reliable, easily accessible and straightforward information on risk factors, symptoms, treatment and disease specific infection control practices. While nurses have a professional responsibility to acquire this information, institutions are in a unique position to provide the most current information in a consistent manner to their workforce. We urge healthcare facilities to ensure they are doing so.

Training on appropriate personal protection equipment, and how to don and doff, is essential in prevention of the transmission of this disease. Nurses, and all front-line healthcare workers, need specialized training on PPE to ensure competence in using this equipment.

Ebola continued on page 9

Regulating Patient Intensity of Needs

On October 29. 2014 President Tara Tehan provided testimony to the Public Health Commission who is charged with promulgating the regulations for the development of an acuity tool for the right nurse to patient assignment in Massachusetts hospital intensive care units. Here are the highlights of her remarks:

ANA Massachusetts represents nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles.

Registered nurse staffing is a complex process that requires the consideration of many factors. Appropriate nurse staffing is a match of registered nurse experience with the needs of the recipient of nursing care services in the context of the practice setting and situation.[2] Given this, any staffing plan must to be a fluid and dynamic approach given the minute to minute changes that can occur in the healthcare setting. The American Nurses Association has developed Principles for Nurse Staffing, in which the many considerations that must be factored into the development of an optimal staffing plan are outlined.

These include:

- The characteristics and needs of the patient and family.
- The characteristics and expertise of the Registered Nurse.
- Availability and expertise of the interdisciplinary team.
- Principles related to the organization and workplace culture.
- The overall practice environment.
- The evaluation of a staffing plan.

Determination of Patient Acuity

The characteristics and considerations of the patient are the primary factors that must be used when determining the right nurse to patient assignment. However patient acuity is just one component of intensity of patient needs. Any reliable patient classification system that determines the hours of nursing care a patient requires during a twenty-four hour period must include an objective assessment of the needs of the patient done by the nurse at the bedside for all admissions, discharges, transfers and changes in the condition of patient. A

Regulating Needs continued on page 9

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Welcome New Grad Members of the Massachusetts Board of Directors

Kim Pomerleau

Kim Pomerleau, RN, BSN

Kim graduated from Boston College in 2011 and has been working in the Massachusetts General Hospital (MGH) transplant unit since graduation. She recently started working towards her nurse practitioner certification in Woman's Health at BC. When not working as a nurse Kim is part of the singing group, Voices of Hope that sings to raise money for cancer research at MGH.

"I have a Rhodesian Ridgeback puppy who runs me ragged and I am getting married to my high-school sweetheart in January 2016!

Don Macharia

Don Macharia, RN, BSN

Don graduated from Salem State University in 2013 and started his career at Lifecare of Acton in June 2013. He also does per-diem work for Avenue Homecare a few weekends a month. He is married with 2 children and is especially interested in current affairs.

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

EDITORIAL

We Are Responsible

Myra F. Cacace, GNP-BC

I made my television debut on the morning news (Wednesday, October 15th). I was invited to represent nurses to respond to the unfortunate circumstance of nurses becoming infected with the Ebola virus. Surprisingly there was actually someone who regularly watches the news at 7:15am because I met her in the grocery store the following Saturday morning. She wanted to thank me for reassuring her that there are nurses in Massachusetts who are not afraid to do their jobs. She was becoming worried about all the angry rhetoric and confusing messages she was getting about nurses feeling unequipped and unprepared.

I assured her that nurses are trained professionals who are called to take care of people who are sick and dying every day. I told her that we work hard to practice and perfect our skills … that we have the science and information available to help us to make informed decisions. Was I lying to her? Am I lying to myself?

Today we are dealing with Ebola … yesterday it was HIV, West Nile virus, bird flu, swine flu… There is always a certain degree of uncertainty that nurses must face and we must be sure to understand where our responsibility lies in regard to how we can successfully navigate through this and other challenges we face every day. If we don't have timely accurate information we are obliged to find it! If we don't have the necessary equipment we have to request it! We must constantly practice procedures so that we minimize mistakes! And most importantly we must support each other and share our knowledge and expertise. Nurses who opt not to be on the front line must not be harshly judged. They can provide other vital support services in support of patient care.

We must also clearly understand that now, more than ever, we have an obligation for personal responsibility … to be a voice of confidence and reason … to keep a level head. We also must be accountable to the public and recognize when we might be putting ourselves, our families and others at risk.

Nurses have the training and expertise to give care and comfort to people who come to us with various ailments and expect us to know what we are doing. We make a promise to our patients every time we form the nurse-patient relationship. We must keep our promises in order to continue to be the most trusted profession in America.

We can and must successfully walk this road together.

Lynch & Fierro Represent ANA Mass Nurses on Beacon Hill

The ANA Massachusetts Health Policy Committee and Board of Directors is proud to announce that Lynch and Fierro LLP has been representing the ANA Massachusetts since September 2014.

LYNCH & FIERRO LLP is a law firm concentrating on legislative and regulatory lobbying in Massachusetts, legislative drafting, strategic and political counsel, state budget advocacy, legal advice on all matters relative to trade and professional associations, legal advice on the Massachusetts lobbying law, and amicus brief writing on issues of public policy. The firm's principals each have more than thirty years' experience representing clients before the Massachusetts Legislature and Executive Departments.

Patricia Lynch and Ben Fierro formed LYNCH & FIERRO LLP in 1997. They have developed a strong reputation on Beacon Hill for their knowledgeable and practical approach to influencing legislative and regulatory processes, and for their ethical behavior. Their relationships with legislators, legislative staff, regulators, administrators and others in state government have been built upon years of professional dealings and mutual respect.

Patricia A. Lynch

Patricia A. Lynch's career in government, law and policy-making spans more than 30 years. Her extensive network of contacts and working relationships extend to all levels of state government, the business community, trade associations, advocacy organizations, professional societies, and public and governmental affairs professionals.

Ms. Lynch is the former general counsel to the Massachusetts Secretary of Consumer Affairs and Business Regulation, which oversaw the policy development and daily administration of the Division of Banks, Division of Insurance, Division of Professional Licensure and the Division of Standards.

Ms. Lynch began her career as a legislative aide to then State Senator and later Congressman John Olver, and also served as a health policy advisor to former Governor Dukakis where she coordinated administration priorities in such areas as health care, human services and elder affairs.

A graduate of the University of Massachusetts, Amherst, and Northeastern University Law School, Patricia Lynch has been a member of the Massachusetts bar since 1982.

Benjamin Fierro III

Benjamin Fierro III has more than 30 years of experience in the field of legislative, regulatory and public policy law. In 1997 he was named one of the "25 Most Influential Lawyers of the Past 25 Years" by *Massachusetts Lawyers Weekly* newspaper with the accolade "... [he] has quietly exerted more leverage on legislation than perhaps any lawyer in the commonwealth."

Mr. Fierro is the former general counsel of the Massachusetts Bar Association where he served as its chief legal advisor and legislative liaison. Mr. Fierro also supervised the activities of both the Committee on Professional Ethics and Legal Fee Arbitration Board. He was the secretary to the Joint Bar Committee on Judicial Appointments and editor-in-chief of *Lawyers Journal*. He is also a founder of the Massachusetts Association of Professional Lobbyists and Citizens For Public Policy Advocacy.

Mr. Fierro began his career as associate counsel for the Home Builders Association of Massachusetts, where his duties included providing legal advice, lobbying and regulatory advocacy.

A graduate of Lafayette College and Suffolk University Law School, Ben Fierro has been a member of the Massachusetts bar since 1979.

It has been an exciting and extremely busy time for nurses! LYNCH & FIERRO has been working hard on our behalf. We look forward to a great relationship as we advance the agenda for all nurses and the patients we serve.

ANA Mass Nurses Meet Wally the Green Monster

at the 7th Annual Boston Vision Walk

We raised over $500 for the Foundation to Fight Blindness!

Student Connection

On September 23, 2014, Myra Cacace visited the Student Nurses Association meeting at Massachusetts College of Pharmacy and Health Professions. This was their first meeting of the school year and was very well attended. The officers and board of director members outlined plans for the year including service projects to be done in and around the greater Boston area.

MCPHP 2014-15 Board of Directors: Brandan C., Emma T., Kaitlyn L., Xandria P., Hannah B., Julia C., Grace D., Abbie M., Kenneth L., Holly R.

Thank You, Career Connections

Cindy Cao, RN

I met Sabianca Delva at a panel presentation in my Transition to Professional Nursing Class at Boston College. I was in my last year of nursing school, anxiously awaiting graduation, passing the NCLEX, and finding my very first position as a registered nurse (hopefully I'd pass). I knew Sabianca from my Hausman Fellowship (Summer 2013) on Phillips House 22 at Massachusetts General Hospital. Because of that connection I introduced myself after class.

Sabianca is the chair of the ANA Massachusetts Career Connections Program that connects senior nursing students and new graduates in nursing (Seekers), seeking career guidance with experienced registered nurses (Career Guides). The guide helps the seeker by providing information about opportunities including job openings and networking events, providing feedback on resumes and cover letters, giving advice regarding interviewing skills, and answering any questions that the seeker has.

Sabianca did all that, and more. As Sabianca's seeker, I was able to connect with healthcare professionals from multiple hospitals in the Longwood Medical Area. Not only do these individuals help to build my network, but they also serve as wonderful sources of information and advice. When I have questions about events or open positions, I am able to connect with these individuals who always find time to respond to me.

The help I received to develop my resume gave me a great understanding about what was important in my career thus far as a newly licensed nurse. It is usually difficult to keep a resume so short, especially when clinical experiences already take up more than half the page! I also learned valuable interview techniques: what questions to ask, how to dress, and how early I should arrive to name a few pointers. I am happy to say that Sabianca's advice and encouragement worked – after months of checking in with me and pushing me to keep applying to hospitals in the Boston area no matter how hard the job market looked, I got my first offer!

I am now a new nurse on Tower 14AB at Brigham and Women's Hospital. 14AB is an intermediate general medicine unit. When I met with the nurse manager, Patricia Brita Rossi, I immediately fell in love with nursing all over again (the first time was in my Introduction to Professional Nursing class at Boston College). Ms. Rossi told me that she did not merely hire nurses who were "nice" or knew the science. We discussed ideas about what it meant to be a nurse, why I chose nursing, and what made the profession what it was and I was prepared for this because of my practice with Sabianca! The Career Connections Program gave me the skills and confidence I needed to present myself as a professional. But what it gave me most, at a time when the job market looked discouraging, was encouragement to be persistent. Because of Sabianca's guidance I was inspired to keep going and to be tenacious in my transition from new graduate to new nurse.

Leadership in Advocacy

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

I was excited to be among nursing colleagues from several states across the country for the 6th annual American Nurses Advocacy Institute (ANAI) from October 5-7, 2014. The event was facilitated by Janet Haebler, MSN, RN, Associate Director, State Government Affairs at the American Nurses Association (ANA). Twenty-three nurses from eighteen states, interested in honing their political leadership skills, traveled to Washington, D.C. for sessions aimed at improving participant communication skills and increasing understanding of critical issues facing nurses. The ANAI meeting was the first in a year-long mentored program that will include 6 additional phone conferences and individualized access to experts at the ANA.

ANAI sessions included sustaining policy change delivered by Minnesota House Majority Leader and Registered Nurse, Erin Murphy. Participants also learned the complexities of navigating the legislative process and importance of conducting a political environmental scan to determine the viability of advancing legislation. A particularly helpful and engaging session was on messaging. Following a presentation by Communication and Public Relation Specialist, Lori Russo and Peter Stanton, CEO and President of Stanton Communications, attendees divided into small groups to prepare talking points based on assigned topic and audience. Topics included safe staffing, removing regulatory barriers for Advanced Practice Registered Nurses, and the newest evolving issue regarding the Community Paramedic. Designated audiences included media, legislators and nurse colleagues.

Additionally, participants climbed Capitol Hill for visits to address two of ANA's legislative priorities: Safe Staffing and Durable Medical Equipment. Although members of Congress were on recess, I was able to have an in depth substantive meeting with key staffer Sara Outterson, Legislative Counsel and Advisor on Health, Education, Labor, Immigration and Women's issues to Representative Niki Tsongas, Representative from Massachusetts's 3rd District. Ms. Outterson promised to bring my comments regarding the importance of amending the law that requires physician oversight of prescribing durable medical equipment to Congresswoman Tsongas. I was immensely gratified to hear that she remembered me from my earlier visit in June 2014 during ANA Lobby Day. In fact, Ms. Outterson told me that because of that visit, she was able to brief Representative Tsongas about the ANA Massachusetts position when the Massachusetts ICU staffing bill was signed into law in June. I left that meeting feeling that my one small voice was heard and respected!

I personally thank the members of the ANA Massachusetts Health Policy Committee, especially Barbara Giles, RN, BSN who has agreed to mentor me during the coming year, for giving me this opportunity to be more effective in serving nurses and our patients in Massachusetts in the political arena.

CE Corner

Answers to Frequently Asked Questions

What is an Enduring Material/Activity?

There are two categories of educational activities submitted for review by the ANA Mass Accredited Approver Unit – the "Live" activity and the "Enduring material / activity". The Live activity is a leader directed activity and occurs at a given time, with a beginning and end. It may be delivered in person or online (such as a webinar) and often allows for participants to interact and ask questions of the presenter. The enduring activity on the other hand is learner directed and takes place at the learner's convenience. As an independent study, an enduring activity may take the form of an online computer based learning module, an article with post-test follow up, a recording of a live presentation etc. Enduring materials must have an expiration date.

How do you calculate contact hours for an enduring material / activity?

The usual manner for determining contact hours for an enduring activity is to develop a pilot testing process. Identify five or so individuals representative of the target population, the participants engage in the learning activity and the time spent by all the participants is averaged. The average time it takes to complete the activity becomes the requested number of contact hours. Pilot testers can obtain contact hours for having completed the activity if approval is granted by the accredited approver unit.

If a "live activity" is recorded can contact hours be awarded for the activity as an "enduring activity"?

In order to use a recorded live activity as an enduring activity the planning committee develops a program using the recording as one of the teaching strategies. It will be necessary to decide how participants will receive feedback, what will constitute successful completion and how will the program be evaluated. A new application will need to be submitted to the ANA Mass – Accredited Approver Unit and an expiration date needs to be identified.

October 17, 2014 Fall Clinical Conference Program Highlights: Keeping Patients and Nursing Staff Safe: Challenges and Possibilities

The day began with a great discussion with Janet Haebler, MSN, RN from the American Nurses Association who gave the national perspective on staffing trends across the country.

Margie Sipe, DNP, RN, NEA-BC talked about leadership, partnerships and technology to create a culture of safety and gave several examples of innovative practices by other hospitals throughout the country.

A panel discussion from nurses practicing in hospital, and public health settings was the highlight of the afternoon. Joan Clifford, MSM, RN, FACHE, NEA-BC, Patricia H. Folcarelli, RN, PhD, Alice McConville, BSN, RN, Ashley Smith, RN, BSN and Diane M. Wolsieffer, MS, RN, FPMHNP-BC told their stories about how they create a safe practice environment.

Congratulations to Cynthia Lasala and the ANA Massachusetts Conference Planning Committee for another successful conference!

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Poster Presentation
Catheter Associated Urinary Tract Infections (CAUTI) Prevention
By
Joan Clifford, MSM, RN, FACHE, NEA-BC, Grace Connell, RN, Ashley Smith BSN, RN of the Boston Healthcare System, West Roxbury, MA

Clio's Corner

Cocoanut Grove Fire: Nursing Care

Mary Ellen Doona

The one year anniversary of Japan's bombing of Pearl Harbor – Sunday December 7, 1941 – the "Date that would live in infamy" according to President Franklin D. Roosevelt, was only two weeks away as Boston staged a mock assault by German Luftwaffe. On that crisp fall day, November 22, 1942, fire trucks raced to the scene of the "disaster;" first aid was given to those who had fallen; laundry trucks were pressed into service as ambulances; and the "injured" were rushed to Boston's hospitals where nurses and doctors were at the ready to care for them.

Although not needed by the mock victims with burn injuries, the emergency services at the Boston City Hospital (BCH) and the Massachusetts General Hospital (MGH) were prepared. MGH had already received its funding to study burns from the United States Office of Scientific and Research Development. BCH got its funding November 18, 1942, only four days before the mock attack. The grants aimed at extending the insights gained from caring for the causalities at Pearl Harbor. Burns, it was found, were more than a surface trauma. Rather, burns set off a physiological response that affected the entire body. Accordingly, both hospitals were ready with saline, plasma, IV units as well as boric acid ointment, bandages, oxygen tents and sulfonamides.

War-time jitters and even paranoia about the possibility of sabotage were constant worries as people and hospitals alike remained catastrophe minded. And then, only six days after the mock attack, November 28, 1942, disaster struck. Boston's popular Cocoanut Grove dinner club went up in flames. In spite of the drill of the mock attack, emergency vehicles automatically headed to BCH as was customary for Saturday night accidents. As a result BCH was inundated with victims with MGH receiving far fewer. At both sites the immediate task was separating the living from the dead. Corpses, many with cherry red faces from carbon monoxide poisoning, and others who were deeply cyanotic from anoxia, were lined up in makeshift morgues.

BCH set up its burn unit on wards G and H, while MGH did the same on the sixth floor of the White Building where at both sites prevention of infection became paramount. Persons with burn injuries were draped with sterile towels upon entry to the hospital and would be covered with boric acid ointment or Vaseline and then wrapped. Almost simultaneously, casualties received morphine that an M written in lipstick on their foreheads recorded. Anti-tetanus followed except for military men who would have already been inoculated. Fluids were started aimed at preventing physiological shock. Air-ways that had been damaged from flames, fumes and hot air were cleared. Within the first twenty-four hours of treatment, BCH had performed thirty-eight tracheotomies.

Care was definitely "low tech" in 1942; medicine's scientific revolution and its resulting technology were post war phenomena. There were no intensive care units, monitors, blood gases, chemistries or equipment to extend eyes, ears and hands that are so commonplace seventy years later. When Dr. Stanley Levenson remembered the catastrophe, he said what pulled patients through was "intensive nursing care." Everyone focused on keeping patients breathing, getting them to cough, clearing their airways, lending moral support and urging them on. The attending doctors were great, continued Levenson, as were the medical students and the residents, "and most of all, we had wonderful nurses."[1]

Among them was Margaret Bushe, RN, the Director of Nursing at BCH. That night when she looked into the admitting room, she said to herself, "This is it! It was the kind of catastrophe, if of a different order, we had been preparing all these months to meet."[2] Busche rounded up nursing students finding them at a dance in the nurses home. The young women shed their party clothes, donned their uniforms and were with patients in a flash. Hours later reflecting on how she performed in the emergency, one student said, "We had no time to get jittery. But when we got to our rooms, we began to think about what we had been through." Unable to tamp down their heightened thoughts and feelings to get some rest, they could not sleep. Their counterparts at the MGH had a similar reaction. As much as they wanted to rest, they could not stop talking about their unprecedented experience.[3]

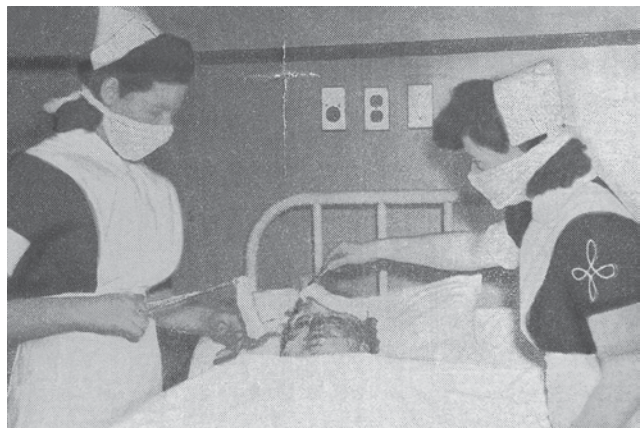
Nursing students were essentially a hospital's nursing service in 1942. They cared for patients under the supervision of graduate nurses in administrative positions. By the night of the fire, there were even fewer graduate nurses. RNs had enlisted and gone off to war zones creating a serious nursing shortage. Then a war like condition came to the graduates who had remained. Like them Busche sprung into non-stop action around 10:30 pm when the first casualties arrived. Three and a half hours later at 2:00 a.m., she looked down at her hands and found them covered with blood. "Not for two days could I cleanse my hands of the smell of burnt flesh. I hope I never have to look on anything like Saturday night again as long as I live."[4]

The number of victims was fewer at the MGH but the horror was no less. Nurses coming off duty from the evening shift and nurses coming on duty for the night shift "swarmed down to the emergency ward," wrote Oliver Cope MD who led burn care at MGH.[5] Private duty nurses from the Baker Memorial and the Phillips House joined nurses on the sixth floor of the White Building. Among them was Grace Follett, a nursing instructor, who had never before seen such trauma. Few had. Etched forever in her memory was the experience of caring for fifteen patients three of whom no longer had faces.[6]

Nurses, students and graduates alike, kept their focus on keeping people alive calling up strengths they never knew they possessed to care for the casualties. Focused on their patients, these nurses were spared the gruesome scenes of death just beyond. Marion Bates, the night supervisor at the MGH, shared her memories of that night with Mary Larkin of MGHSN Alumnae Association's Oral History Project. As she came on duty that night Bates saw the bodies of those who had died on arrival lined up in the brick hall that had been set up as a temporary morgue. The nonagenarian told Larkin it was a sight [she] would never forget. Indeed she took the seventy-year-long memory with her to her grave only recently. Nor did Mary Creagh, a BCH graduate of the 1930s, ever fully recover from the trauma of that night. Her son, Kenneth Marshall M.D., remembered her screaming herself awake as she "saw," once again, the bodies of people still in their evening clothes lined up as corpses in BCH's parking lot.[7]

Nursing students and nurses rushed to the BCGH and MGH that night. In subsequent days nurses came from public health services, others from school nursing and still others from the Central Directory for Nurses. Many more came from hospitals among which were: the Massachusetts Memorial Hospital, Corey Hill Hospital, the Women's Free Hospital for Women, the Beth Israel Hospital, New England Deaconess Hospital, the New England Baptist Hospital, the New England Hospital for Women and Children, the Adams Nervine Hospital in Jamaica Plain, St Elizabeth's Hospital in Brighton, the Newton Hospital, and from hospitals as far away as Quincy, Haverhill, Medfield, Northampton and Winthrop.

Overseeing these volunteers was the nursing consultant, Gertrude Landmesser, who was stationed at the Hotel Statler until April 1943. Operating in a similar fashion with 300 Red Cross nurses aides was Eleanor Wallace Allen, the wife of Frank Allen, the former governor of Massachusetts (1929-1931). They mopped floors, changed sheets, sterilized equipment, ran errands, stayed with patients, and gruesomely, searched corpses for identification. Mrs. Allen herself swept up litter getting down on her hands and knees to brush the cinders, pieces of flesh, glass and grit into the dustpan so she would not raise any dust.



Nursing students at Boston City Hospital

Boston City Hospital

By June 26, 1943 there were twenty-three of the one hundred and seventy-three (139 at BCH and 39 at MGH) admitted that November night still needing intensive nursing care. Eventually these, too, went home. Survivors they were, but each carried within him the terror of his narrow escape from an inferno. To this day, the full extent of that trauma has surpassed any attempt to measure it or forget it. Daily reminders of the tragedy are EXIT signs over doors in public places.

1. Stanley Levenson, "Recalling Cocoanut Grove," *The Boston Globe*, May 5, 1991, 34.
2. Margaret Bushe, "Hospital nurses toiled night and day caring for Boston fire victims," *New York Herald Tribune* December 6, 1942, 3.
3. Ibid. col. 1, 3.
4. Ibid.
5. Oliver Cope, "Care of victims of the Cocoanut Grove Fire at the Massachusetts General Hospital," *New England Journal of Medicine* 1943: 229: 138-147.
6. "Caring for Boston Fire Victims," ibid.
7. Personal communication with: Mary Larkin September 26, 2014; Barbara Herlihy-Chevalier October 6, 2014; and, Kenneth Marshall M.D January 7, 1914.

President's Message

Tara Tehan

Tara Tehan, MSN, MBA, RN, NE-BC

This summer I spent a lot of time in the hospital … not as a nurse but as a patient. In August, my husband and I welcomed our first child into the world. Our son's birth was preceded by three weeks of hospitalization for me and followed by seven weeks of hospitalization for him. It seemed to me that my hopes and dreams for the future not only rested on divine intervention, but on the skill, talent, and decision-making of the team now caring for me and my family. Throughout our collective ten weeks as patients, I met dozens of nurses and other healthcare team members.

I was not prepared for the patient role. I became a nurse to care for others … to develop and execute the care plan. Then I became a mother! I quickly learned (even before he was born), that I was no longer in charge ... I learned that plans were only made to be changed. Yet, this experience was profoundly life changing both personally and professionally. I became a nurse later in life, but witnessed the power of nursing during my work as a nursing assistant for many years. But my experience this summer showed me the other side: I was the vulnerable patient, facing the unknown and the recipient of nursing care. Through this experience I became acutely aware of the most important tenets of our profession.

Relationships are the foundation of our practice: Nurses spend more time with patients than any other member of the health care team. Assessment, medication administration, treatments, and documentation, while important, are really only the entrée into the transformational work we do. It is the way we build trust and how we use our skills to care for and support our patients during their journey through the complicated health care system.

I could tell Christine was an experienced antepartum nurse from our first encounter. She was attentive and eager to teach me about her area of expertise. Our relationship grew because as she cared for me, she shared not only her nursing expertise but also her own experiences as a mother. I could let down my guard and rely on her as a source of support throughout the weeks. And after my son was born, Deb (who cared for our family in the NICU and even visited us after we were in another unit) showed us that nurse caring goes beyond unit walls.

We care for people at their most vulnerable: I now have first-hand knowledge of this and understand why nurses are the most trusted profession. We care for people who are often in crisis and because they trust us, confide in us, and tell us important things that they might not tell other members of the health care team. We must not let them down.

I want to think I "kept it together" throughout those ten weeks. As a nurse I (theoretically) understood the hospital experience. I tried to keep my eye on the prize … taking my son home. But the day I met Jean, I was feeling uncertain and vulnerable. It was more than a month into our hospitalization. My reserves were draining, and when an unexpected change in plans occurred, I could not hide my emotions. I'm sure I wasn't the easiest mother at this point, but I didn't sense judgment from Jean and when emotions flowed out later that night; I experienced a sense of concern from Mary and Brenda, not distance that certainly my emotions could have bought me.

This above all else reminded me that even when dealing with the most challenging patients and families, I must suspend judgment.

Nursing is the protection, promotion, and optimization of health and abilities[1] We do this by treating the human response to health and illness. Through teaching, advocacy, and care we give patients the tools to cope with illness and allow them to maximize their potential at any given state. These are NURSING skills and there are many who believe that what we do can be done by other less educated, less expensive caregivers. But nurses know that it is not about the tasks we do, but our ability to help them optimize health that makes nursing important.

Vicki reminded me of this. I delivered my son before I could go to the natural childbirth, breastfeeding, or infant basics class. Upon realizing this Vicki gave my husband and me the abbreviated version of childbirth class, and by doing so, alleviated our anxiety, gave us the tools we needed, and empowered us to maximize my potential in an unforeseen state.

Patient and Family Centered Care is an Oxymoron: There is no care for the patient without care for the family. Nurses know the importance of holistic care. How can we truly know the patient if we do not take time to know the patient's family (however they may define family)? We can be proud that nurses have led the way, from the beginning, in truly making the patient and family a partner in care.

While my experience occurred at one hospital, I know I could walk into any hospital from Pittsfield to Boston and see these same critical elements ... because this is what nurses do! We care through building relationships and by teaching, advocacy, and support. We help patients and families cope and respond to changing states of health and wellness. I would like to express my appreciation to all the nurses who cared for me and my family, and to nurses everywhere who care for their patients every day.

1. What is Nursing, (2014, November 18). Retrieved from http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing.

Thank you!

My family gives our heartfelt thanks to all the staff of Ellison 13, Ellison 14, Blake 10, and Phillips 21 at the Massachusetts General Hospital for the exceptional care we received and to our special nurses:
Patty, Victoria, Christine, Mimi, Michelle, Mary, Melissa, Debra, Dottie, Cindy, Suja, Sue x 3, Noreen, Alexa, Margie, Ann and Bailey

Ebola continued from page 1

Finally, the best defense is offense. While Ebola is the current infectious disease threat, we know that this is not the last pathogen to threaten the health of our nation. We urge organizations to proactively implement training drills to allow healthcare workers the opportunity to practice the skills required to manage a potential exposure to Ebola and to ensure regular drills to continue to ensure readiness.

Resources: Despite training and education, nurses cannot safely care for patients without the adequate resources including:

- Staffing: Hospitals should evaluate their staffing plans should they be faced with caring for an Ebola patient. This evaluation should include identification of a specific, well-trained staff and unit that would care for the patient and ensure adequate staff if an exposure occurred and ensure a trained observer is available for proper adherence to PPE.
- Appropriate Personal Protective Equipment to meet the recently issued Center for Disease Control Guidelines. While the CDC has stated these guidelines are voluntary, we urge our legislators to require hospitals to adhere to these guidelines.

Leadership: Leadership is required both internally in our hospitals and healthcare organizations and externally through our local and national government. We commend the CDC for plans to deploy teams to affected hospitals and we now ask that our Department of Public Health respond with statewide plans to manage the care of a potential Ebola patient.

ANA Mass President Tara Tehan with President-elect Myra Cacace and ANA Staff Nurse Director, Gayle Peterson testify before the HPC.

Internally, hospitals should insure that information and resources are readily available. Not every facility is going to be, nor should it be, equipped to care for an Ebola patient, but every facility should know how to quickly recognize and isolate a patient with Ebola symptoms until additional resources arrive.

Externally, we look to our legislators and the Mass. DPH to require hospitals to ensure the resources and policies are in place. Every healthcare organization must be ready to thoroughly screen patients and ensure the safe transfer of an identified patient to a hospital equipped to care for Ebola patient. We look to you to identify which hospital (s) should be the state designated facilities to care for Ebola patients. We know this is not the last time we face this risk. Funding is needed on an on-going basis to ensure the constant readiness of our healthcare providers and facilities.

Finally, demand transparency. We know from the experience of Texas Presbyterian hospital that this is a challenging disease that requires constant diligence. The healthcare community, and the general public, must have the ability to learn from others through transparent and timely disclosure of lessons learned from critical incident reviews.

As the professional organization representing nurses across the country, the American Nurses Association has been instrumental in ensuring timely and accurate information is available for the nursing community. As the state constituent, ANA-MA has been providing this information to Massachusetts Nurses. Our ANA-MA website has been a repository for the most up to date information.

As the most trusted profession, we are also keenly aware of the role we play in educating and assuring the public. As a nursing community we are committed to educating the public with facts that minimize alarm.

Regulating Needs continued from page 1

patient acuity tool must consider the following:

- Age and functional ability
- Communication skills
- Cultural and linguistic diversities
- Existence and severity of multi-morbid conditions
- Scheduled procedure(s)
- The need to communicate and collaborate with the patient, the patient family, and the interdisciplinary team (for example family meetings to discuss prognosis and goals of care)
- Ability to meet heath care management needs of the patient
- Safety needs of the patient
- Availability of social supports
- Transitional care, within or beyond the healthcare setting
- Continuity of care
- Complexity of care needs
- Environmental turbulence (i.e., rapid admissions, turnovers, and/or discharges)
- Other specific needs identified by the healthcare consumer, the family and the registered nurse

Given the diversity of intensive care units across the state, ANA-MA recommends that regulations developed by the Health Policy Council must require all hospitals to develop Staffing Committees to select or develop an appropriate acuity system to be used in the hospital's intensive care units. These staffing committees should be comprised of at least 55% of direct care Registered Nurses and should be the decision-making body for the selection of an acuity system. Acuity Systems should meet the following specifications

- Be based on an assessment by a registered nurse directly caring for the patient.
- Consider patients status and special needs, severity of the condition, degree of stability, complexity of needs, and intensity of required nursing care.
- Available to be used at the time of patient admission, transfers, discharges, during any change in patient condition, and daily.
- Be simple and easy to use.

The patient's identified acuity, as determined by the chosen acuity system should be the basis for determining the patient assignment. The nurse manager or his/her designee should base shift assignments on the patient's acuity and use the indicated acuity to determine 1:1 or 1:2 patient assignments.

Quality Measures

An effective evaluation of staffing plans requires the consideration of both patient and staff measures including:

- Patient Outcomes
- Time needed for direct and indirect patient care
- Work related staff illness and injury rates
- Turnover/Vacancy rates
- Overtime rates
- Rate of use of supplemental staffing
- Compliance with regulation
- Patient and Nurse Satisfaction

HB 4228 requires the identification, and reporting, of 3-5 related patient safety quality indicators. The quality indicators should be patient outcomes that are determined to be nursing sensitive and improve if there is a greater quantity or quality of nursing care[3]. ANA-MA recommends the following patient safety, quality indicators for use in intensive care units:

- Registered Nurses Hours per Patient Day (Recommended definition is the percentage of registered nursing care hours as a total of all nursing care hours)
- Hospital Acquired Infections
- Patient Falls (with and without injury)
- Pressure Ulcer Rate, Hospital Acquired
- Restraint Use

The identification and development of Nursing Sensitive Indicators, and appropriate quality measures in general, is evolving. We recommend that the Department of Public Health recognize this and be open to additional quality measures in the future.

Public Reporting on Staffing Compliance

ANA-MA supports the public reporting on both registered nurse staffing compliance and quality indicators through existing methods of public reporting. Currently *PatientCareLink*, a collaborative between the Massachusetts Hospital Association, Organization of Nurse Leaders of MA and RI, and the Home Care Alliance provides a mechanism of voluntary reporting on staffing plans, actual staffing through reporting of actual worked hours per patient day, and quality measures. ANA-MA recommends requiring hospitals to report, on a quarterly basis, Registered Nurse Hours per Patient Day as well as the chosen Nursing Sensitive Indicators, using the current *PatientCareLink*. Oversight of hospital compliance will be provided by the Department of Public Health.

An evaluation of the staffing plan is essential to ensuring optimal staffing. ANA-MA supports collaboration between staff nurses and nursing leadership in developing and evaluating a staffing plan. In addition to public reporting, ANA-MA recommends the use of unit-based staffing committees to review patient acuity data, actual staffing, and patient safety quality outcome data. This unit-based, peer reviewed committee will provide a venue for staff nurses to bring staffing concerns forward to.

We appreciate the opportunity to provide testimony before this Committee and to express our support for an approach that protects consumers while ensuring decision making regarding nurse staffing remains with the Registered Nurse. We are committed to working with policy-makers and providers to support and advance meaningful reform to safeguard the health care needs of all the citizens of the Commonwealth.

1. American Nurses Association. September 2013. Safe Staffing Literature Review. Retrieved March 20, 2014 from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NurseStaffing/Key-Findings-from-Research-Studies-on-Safe-RN-Staffing.pdf.aspx
2. American Nurses Association. (2012). ANA's Principles for Nurse Staffing. 2nd Edition. Silver Spring: Nursesbooks.org
3. American Nurses Association. October 2014 Nursing – Sensitive Indicators. Retrieved October 9, 2014 from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database/Nursing-Sensitive-Indicators_1

Bulletin Board

ANA Massachusetts Mission Statement

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.

ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

Like us on Face Book -

http://www.facebook.com/pages/ANA Massachusetts/260729070617301

Massachusetts Board of Registration in Nursing News

Revised Ruling 9324:

Accepting, Verifying, Transcribing and Implementing Prescriber Orders

This advisory ruling provides guidance to the practice of Registered Nurses and Licensed Practical Nurses when accepting, verifying, transcribing, and implementing patient care orders from a duly authorized prescriber (i.e., Advanced Practice Registered Nurses with prescriptive authority, Physician Assistants, and Physicians).

To review the ruling go to:
http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/verification-of-orders.html

Regulation Changes Affect APRNs

At a previous meeting the Board of Registration Nursing (BORN) drafted regulations for Massachusetts advanced practice nurses to move our Commonwealth into alignment with the National Council of State Boards of Nursing (NCSBN) Consensus Model. Changes in the regulations that affect nurse practitioners include changes in title and signature authority. There are also some changes related to the clinical nurse specialist role. To access these regulations go to www.mass.gov/eohhs/docs/dph/regs/244cmr004.pdf.

The Massachusetts Coalition of Nurse Practitioners (MCNP) is continuing work towards adoption of the full consensus model via legislation in next year's legislative session.in pursuit of Full Practice Authority. Get involved by contacting your elected officials regarding the importance of allowing patients full and direct access to NP care.

SAVE THE DATE

Health Policy Legislative Forum
Tuesday, March 24, 2015
Massachusetts State House

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Spring Conference
Living Legends in Nursing and Annual Awards Banquet
Friday, April 10, 2015
Annual Spring Conference
Saturday, April 11, 2015
Dedham Hilton Hotel • Dedham, MA

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Two Programs for All Nurses Offered by Regis College, Woburn, Massachusetts

Update on National Health Care Reform/ Acute/Home/Long Term Care
March 25, 2015
6:30-8:30pm
Fee: None

National Health Care Reform continues to be challenged by political groups who oppose this legislation. Also, the effects of the implementation of the ACA on clients, caregivers and providers in acute, home and long term care settings will be presented. Come hear the experts!

Title: Rehabilitation/Traumatic Brain and Spinal Cord Injuries/Amputations
April 22, 2015
6:30-8:30 pm
Fee: none

"Adjustment to loss of a limb takes patience and resolve from patients and their loved ones. This is a team effort including the patient's strength to live life to the fullest again," according to the Spaulding Rehabilitation Amputee Program. Traumatic brain and spinal cord injuries related to returning war veterans will also be presented by our expert panelists.

Registration Information:
call 781-768-8080
Email:
president.lectureseries@regiscollege.edu
Online Registration:
www.registowertalk.net/rehab

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!

Members of the ANA Massachusetts Board of Directors attended the Massachusetts Health Council Gala on October 21, 2014

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.

Founding Member Honored

Congratulations to ANA Massachusetts/ MARN Founding Member and Living Legend in Massachusetts Nursing Ann Hargreaves from Dedham, Massachusetts who was honored by the Boston City Hospital Nurses Alumnae Association at their 150th anniversary deliberation for her lifelong contributions to the nursing Profession.

To learn more about Mrs. Hargraeves who go to ANAMass.org and click on Living Legends

Celebrate National Nurses Day with ANA Massachusetts at Fenway Park!

Wednesday May 6, 2015. Details available soon at www.ANAMass.org

Bulletin Board

Members Only

Visit Your ANA Massachusetts Career Center: A Valuable Member Benefit

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

Gain access to tools that allow you to:

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

Visit the Career Center at www.ANAMass.org/jobs and register today!

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

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

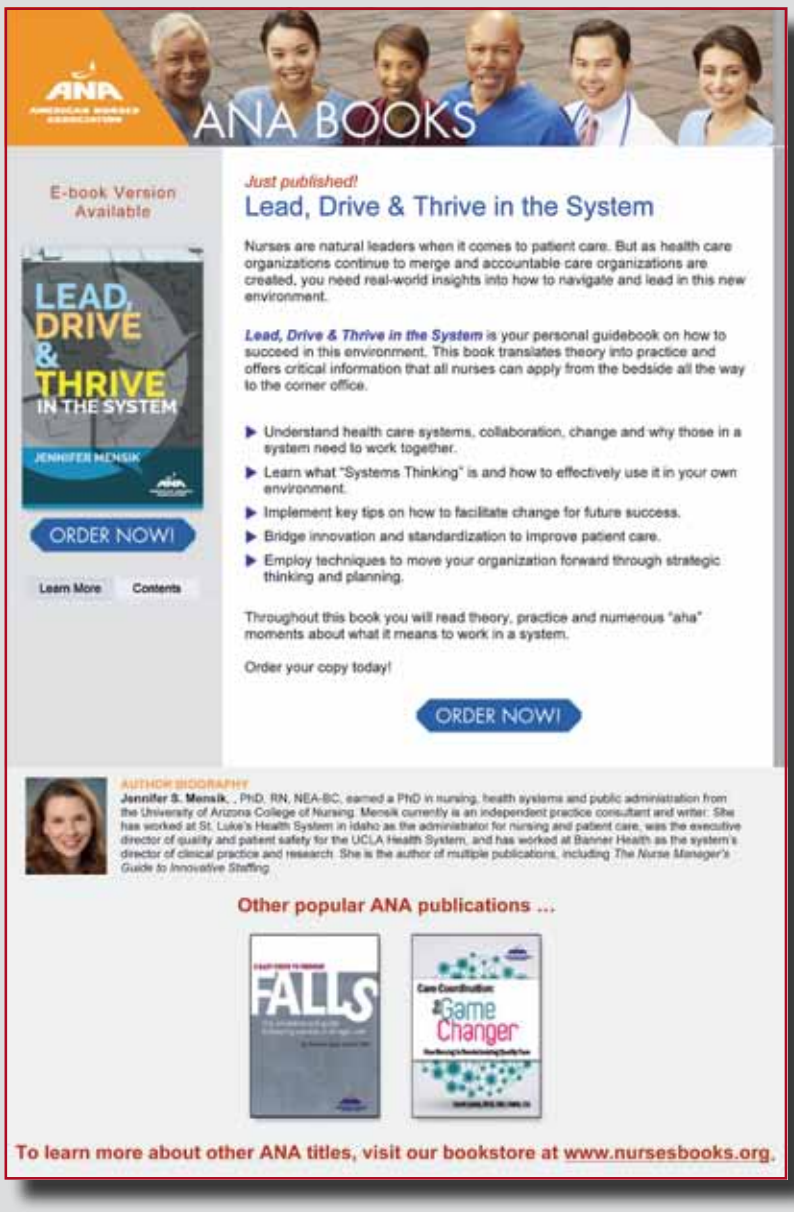
- Members save up to $140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org – ANA's publications arm.
- Up 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.
- Free online access to OJIN – the Online Journal of Issues in Nursing.
- Free subscription to the MAssachusetts Report on Nursing – a $20 value
- Free access to ANA's Informative listserves including – Capitol Update and Members Insider.
- Access to the new Members Only web site of NursingWorld.org.
- Free access to ANA Massachusetts's Member-Only Listserve

We also welcome any pictures that show ANA Massachusetts members in action... at work or at play. Interested persons, please contact Myra Cacace at myracacace@charter.net.

ANA Massachusetts is the Massachusetts affiliate of the American Nurses Association, the longest serving and largest nurses association in the country.
Join us at www.ANAMass.org
Contact us at: 617-990-2856 or info@ANAMass.org



The ANA Massachusetts 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 ANA Massachusetts Website
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 new and 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

ARE YOU IN?
ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION
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"Just Remember: You're the Daughter, I'm the Nurse!"

G.P. Ameia Yen-Patton, PhD, RN, GNP-BC

"Just remember: you're the daughter, I'm the nurse!" As an experienced GNP, clinician, teacher, and researcher I found myself in a position to use my professional and personal knowledge and skills to provide quality of life, complex-comprehensive end stage congestive heart failure palliative and hospice care to my 97 year old mom in our home. My mother and I lived within the existential family life continuum of reciprocal ethical caring (REC) (Carruth, 1996; Yen-Patton, 2013). This philosophy of living, enabled us to co-create, to suffer, to grow, learn, endure, contribute, care for, care about, love each other and live together as a family.

This nurse-family caregiver life phenomenon has been described as nurse-caregiver double duty caregiving when nurses are also caring for a relative in the home and where there is a blurring of professional (formal) and personal (informal) boundaries (Ward-Griffin, 2008; Ward-Griffin, Brown, Vandervoort, McNair & Dashnnay, 2005; Ward-Griffin, Keefe, Martin-Matthews, Kerr, Brown & Oudshoorn, 2009; Ward-Griffin, St-Amant & Brown, 2011). The phenomena becomes even more complex when the combining of formal and informal caregiving roles also include caring for a child or doing triple-duty care (Depasquale, Davis, Zarit, Moen, Hammer & Almeida, 2014).

Double duty caregivers (DDC) are described as: "making it work, working to manage, and living on the edge," (Ward-Griffin, 2009). This pretty much describes the continuum of my personal and professional life. All three stages became interwoven into an incredible fabric of living, being present, engaged, caring, being loved, giving love and living the experiential reciprocal ethical caring journey of being a professional and personal caregiver.

As the days and nights blended into each other, our palliative/hospice nurse left our cozy home to go into the cold and snow saying, "Just remember, you're the daughter, I'm the nurse! A nurse said that to me when I was caring for my mom." Somehow, this was not a comforting statement to me…I never stopped being a nurse or a daughter. I wondered if this palliative/hospice nurse felt as shocked and hurt in hearing those words said to her as I felt when she said them to me.

The next day the wound care nurse came in and as she was finishing up her assessment, she remarked "I've heard of you, you're the one with the PhD. So what good is it to you now? Look at you; you're not even able to use it. You're not out there working using your PhD." I thought to myself, she was so wrong. What did she know about my life and the 30 plus years of working, studying, doing research, consulting and teaching that gave me the experience and tools to care for my patients, my colleagues, my family and now for my mom at home?

I believe in the saying: "charity begins at home". Aging nurses providing nursing care at work may also be providing nursing care to their own parents, other aging relatives including an aging spouse and children living at home (DePasquale, Davis, Zarit, Moen, Hammer & Almeida, 2014; Martin-Matthews and Phillips, 2008). Do we only give good care to our patients? Don't we use our knowledge and experience to help my own family? As we age, all healthcare professionals must reexamine our personal and professional roles, responsibilities, attitudes, behaviors, identities and abilities in caring for our aging family members. We must understand what it means to be loving, reciprocal ethical caring human beings. Double and triple duty caregiving involves making complex psychosocial, spiritual, medical/nursing and financial decisions professionally and personally, the degree and level of which depends upon the caregiver and care receiver reciprocal ethical caring relationship (Caron and Bowers, 2003; Martin-Mathews and Phillips, 2008).

I hope that my story will help other nurses who find themselves in similar situations because sooner or later we will all find ourselves in the role of care receivers as well as caregivers.

I leave you with these healing words of Dr. Jean Watson: "By being sensitive to our own presence and Caritas Consciousness, not only are we able to offer and enable another to access his or her own belief system of faith-hope for the person's healing, but we may be the one who makes the difference between hope and despair in a given moment (Watson, 2008, p.62).

References available upon request by emailing yenpatton@gmail.com