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April 7-8, 2017

**Celebration of Nursing Awards Dinner
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and Spirit... Nursing's Journey Towards
Personal and Professional Wellness**

Conference KEYNOTE:

Debbie Hatmaker, PhD, RN, FAAN

Executive Dir., American Nurses Association

Featured Speakers: Carol R. Taylor, PhD, RN; Gino

Chisari, RN, DNP; Jackie Somerville, PhD, RN

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May 3, 2017

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Fall 2017

Health Policy Legislative Forum

Massachusetts State House, Boston, MA

See page 7 for details.

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

ANA President Responds to Department of Veterans Affairs Final Rule on APRNs

SILVER SPRING, MD – On December 13, 2016, the Department of Veterans Affairs (VA) released a final rule granting full practice authority to three of the four established Advanced Practice Registered Nurses (APRNs) roles when they are acting within the scope of their VA employment. Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Certified Nurse-Midwives (CNMs) will now have full practice authority within the VA Health System as a mechanism for extending veterans access to a full range of qualified health professionals. ANA is disappointed that the VA failed to extend full practice authority to Certified Registered Nurse Anesthetists (CRNAs).

The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to the final rule:

"The American Nurses Association is pleased with the VA's final rule allowing APRNs to practice to the full extent of their education and training. This rule puts veterans' health first, and will help improve access to the timely, effective and efficient care they have earned. However, ANA is concerned with the final rule's exclusion of CRNAs, which is solely based on the VA's belief that there is no evidence of a shortage of anesthesiologists impacting access to care. We join with our colleagues in continuing to advocate for CRNAs to have full practice authority within the VA health care system.

"The 6,000 APRNs serving in the VA health care system are dedicated to delivering the best possible care to our heroes and their families. Today's rule is the right policy at the right time, and we applaud the VA for taking this vital step in ensuring access to care and keeping America's veterans healthy."

APRNs are nurses who have met advanced educational and clinical practice requirements, and whose services range from primary and preventive care to mental health, birthing and anesthesia.

The proposed rule generated an unprecedented number of comments from veterans, health care providers and the general public. The final rule amends the VA's medical regulations to permit full practice authority (FPA) for three of the four APRN roles when they are acting within the scope of their VA employment and authorizes the use of APRNs to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision or mandatory collaboration of physicians.

Congratulations to the 2017 Living Legends

Inge Corless, PhD, RN, FAAN

Professor, MGH Institute of Health Professions

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Professor, Boston College,
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Cecilia M. McVey, RN, MHA, CNA

Associate Director for Nursing/
Patient Services, VA Boston
Healthcare System



Congratulations to the 2017 Award Winners

Join us at the ANA Massachusetts Celebration of Nursing Awards Dinner
on April 7, 2017 as We Honor our Nursing Colleagues

Excellence in Nursing Practice: Donna Dellolanoco, NP, PhD, CNL, CLC

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Excellence in Nursing Research: Laurel Radwin, PhD, RN

Loyal Service: Janet Ross, MS, RN, PMHCNS-BC

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PRESIDENT’S MESSAGE

A New Year, A New You!!

Cathleen Colleran, DNP, RN

2017 has been deemed the Year of the Healthy Nurse. The notion behind this campaign is that if every nurse can make a commitment to his or her own health and well-being, then as a profession, we have the ability to influence the health of our patients and the nation.

But how do we define health? Being healthy means something different for each and every one of us. It could be getting into that new dress, losing those few extra pounds, it could be as easy as being able to walk 30 minutes a few days a week. Whatever the goal is, making these small changes will guide our commitment to better ourselves.

The ANA defines a healthy nurse as “one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients” (ANA, 2016).

While this statement may seem lofty and unattainable to some, we truly are role models for our patients and our communities. As the largest (3.6 million) and the most trusted health profession, we have the opportunity to change

the health of a nation while improving our own health.

The ANA’s definition describes a balance; but how do we find that balance? How often do we put the needs of others before our own? Our patients, our colleagues, our families? We forgo lunch breaks to provide care when needed, we nibble on unhealthy snacks because we don’t have time to prepare a healthy meal, and we even sacrifice our well intentioned physical fitness plan because something or someone is more important.

By choosing nutritious foods and an active lifestyle, managing stress, living tobacco-free, getting preventive immunizations and screenings, and choosing protective measures such as wearing sunscreen and bicycle helmets, nurses can set an example on how to BE healthy. We already subscribe to many of these healthful activities because as nurses we understand the research behind these preventative initiatives. Now is the perfect time to make the ongoing commitment to our health in a meaningful and lasting way.

We pride ourselves on advocating for our patients yet we neglect to advocate for our own well-being. Isn’t it time we commit to advocating for our own well being?

Provision 5 of the Code of Ethics for Nurses (American Nurses Association [ANA], 2015) states that “the nurse owes the same duties to self as to others including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (p. 19). This is just one more supportive document to increase our motivation to care for ourselves.

There are many resources available for all nurses through the ANA’s website that will help you along your journey to better health. I encourage you all to visit the website and take advantage of the tools.

What will your commitment to yourself be this year? My commitment will be to enjoy a happy life while caring for myself physically in the form of regular yoga practice, running and walking, being mindful in all situations, slowing down and taking the time to listen and enjoy the simpler things in life such as friends and family, nature and the pure beauty of being alive.

Wishing you all a year filled with positive changes for a healthy and happy future.



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EDITORIAL

Advanced Practice Nurses: When Will They Be Practicing to the Full Extent of Their Education?

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

In December, 2016 the Department of Veterans Affairs (VA) granted full practice authority to three of the four advanced nursing practice roles: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Nurse Midwives (CNMs). Now these VA nurses will be allowed to practice to the full extent of their education. This is what was recommended by the Institute of Medicine (IOM) in 2011, in the landmark publication, *The Future of Nursing: Leading Change, Advancing Health*. Some of the VA Advanced Practice Nurses (APNs) will now practice at the level that is already in place for APNs in the Department of Defense and the Indian Health Service (AACN Policy Brief).

Unfortunately the Certified Registered Nurse Anesthetists (CRNAs) were left out of this historic change in practice. While nurses throughout the VA system and beyond were pleased to see that the NPs, CNSs and CNMs were finally granted practice authority commensurate with their education, singling out the CRNAs was a sad reminder of the slow process of change.

In 2008, three years before the IOM's recommendation to "remove scope of practice barriers" (p. 9), the National Council of State Boards of Nursing published the Consensus Model for APRN Regulation (NCSBN Consensus Model). This was endorsed by 48 organizations, including the ANA. Included in the recommendations for legislative change was "license APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision" (p. 14). When these recommendations were published, it was proposed that the target date for implementation was 2015. This lengthy time frame acknowledged that states would need time to make legislative changes to their practice acts. However, scope of practice regulations still vary by state (AANP State Practice Environments), with most having either restricted or reduced practice.



In Massachusetts, The Advanced Practitioner Independent Practice bill (H1996/S1207) An Act to remove restrictions on the license of NPs and CRNAs as recommended by the Institute of Medicine and the Federal Trade Commission) died in the last legislative session. It will be refiled in the new session. Massachusetts is the only state in New England that still has restricted practice for NPs (AANP State Practice Environments). The rest have approved the independent practice that is recommended by the IOM as well as others.

So, is the VA ruling cause for celebration? Yes, of course. Is there more work to do? Most definitely. Let's hope that we will see the day when the IOM Key Message #1 "Nurses should practice to the full extent of their education and training" is a reality.

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FROM THE MASS ACTION COALITION (MAAC)

Enhancing Quality and Safety in Clinical Teaching:
Orientation and Collaboration Between Academic and Practice Partners

Kimberly Silver-Dunker, DNP, RN
Associate Professor of Nursing at
Worcester State University

Karen Manning, RN, MSN, CRRN, CHPN
Chairperson Division of Nursing at
Labouré College

In response to the nursing faculty shortage in Massachusetts, many teaching positions are being filled by adjunct clinical faculty, who are primarily registered nurses with limited or no classroom teaching experience. To help them be successful educators, these novice faculty members must undergo an orientation process, creating a critical need for competency-based orientations and formal mentorships.

To fill this need, a 4.0 contact hour competency-based clinical faculty orientation was designed and implemented, providing a key resource to support recruitment and onboarding of new additional clinical faculty in the Commonwealth. The Clinical Faculty Orientation utilizes a triad of competencies derived from the National League for Nursing Nurse Educator, the Quality and Safety in Nursing Education (QSEN), and the Nurse of the Future Nursing Core Competencies (NOFNCC).

Orientation Includes Eight Modules

Developed in collaboration with academic and clinical partners, the modules that were designed and created for the orientation program included:

- Part I:
- Reflection of Novice Faculty
 - Clinical Competency & Critical Thinking
 - Clinical Feedback & Evaluation

Medication Safety
Curriculum Design

- Part II (new content added January 2017):
- Cultural Competency
 - Clinical Challenges and Incivility
 - Navigating Resources for Clinical Faculty

Since 2014, the orientation program has been supported by the Massachusetts Action Coalition (MAAC) via the Robert Wood Johnson Foundation's Academic Progression in Nursing (APIN) Grant. Increasing available nursing faculty is one of the three key strategies implemented to advance Massachusetts' goal to increase the number of nurses educated at the BSN degree or higher level from 55% in 2012 to the target of 66% by 2020. The other two strategies implemented during the grant cycle have been accelerated academic progression pathways and integration of core competencies across academic and practice settings.

Three Assessment Phases

To evaluate the effectiveness of the faculty orientation program, full-, part-time, and adjunct faculty were recruited, as well as hospital-based educators. Three phases of assessment were undertaken:

- Phase one, the pilot effort, used a 4.0 contact hour online platform (N=63), using pre- and post-testing (Silver, 2014).
- Phase two offered a 4.0 contact hour live platform in seven nursing programs in Massachusetts (N=120), gathering contact hour evaluations (Silver-Dunker & Manning, 2016).
- Phase three offered a 4.0 contact hour live platform held in five regional locations in the

northeast (N=316). For this phase, a mixed-methods study was conducted recruiting a convenience sample of faculty members from one northeast state. In the third phase, post-test scores were significantly higher than their pre-test scores ($Z=11.10$, $p<0.01$). Interview themes included: communication with other faculty members on clinical teaching, orientation strategies, student evaluation and feedback strategies, and mentorship issues for novice clinical faculty.

Implication for nursing clinical faculty

Evaluation results for the clinical faculty orientation program were positive overall, including the need for more continuing education offerings, mentorship, and teaching strategies. Assessments show that the orientation program is needed and effective, and further dissemination is planned. In response to faculty feedback, new content for the Academic Clinical Faculty Program Part II has been added (as outlined above) beginning in early 2017. Future programs are scheduled August 2017 and January 2018. More information about the program and how to register can be found online at academicclinicalfacultydevelopment.com.

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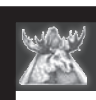


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FROM THE MASS ACTION COALITION (MAAC)

Massachusetts on Track to Reach Key Nurse Education Goal

Based on progress over the past five years, Massachusetts is on a trajectory to meet its goal of 66% of nurses educated to the BSN degree or higher by 2020. This was the finding of the final report from the Massachusetts Action Coalition (MAAC) to the Robert Wood Johnson Foundation at the conclusion of its two-year Academic Progression in Nursing (APIN) grant.

With the support of the APIN grant, the MAAC, a partnership of the Massachusetts Department of Higher Education (DHE) and the Organization of Nurse Leaders - MA, RI, NH, CT, has helped spearhead collaborative efforts statewide to increase the number of nurses educated at the BSN degree or higher level via three key strategies:

- Facilitating and accelerating pathways for nurses to advance their education and to increase the diversity of the nursing workforce;
- Integration of core competencies across academic and practice settings;
- Increasing available nursing faculty through recruitment and retention initiatives

Accelerating Pathways for a More Educated and More Diverse Nursing Workforce

Massachusetts has expanded opportunities for current nurses at all levels to earn their BSN or higher.

The Nursing Education Transfer Policy, designed to provide a seamless and timely pathway from community college ADN programs to BSN programs at public universities, shows early signs of progress in promoting BSN completion to ADN students.

Since the LPN population is nearly twice as diverse as the RN population, the LPN-BSN pathway is particularly promising for the Commonwealth's need for a nursing workforce that more closely represents the state's population. A video highlighting the stories of LPNs and their professional growth was recently completed and is available online. (See below for web address for all materials mentioned.)

To further the goal of increasing diversity in the nursing workforce, a Diversity Inclusion Plan was created and serves as a guide for future work. In addition, a Workforce Diversity Toolkit for employers was created and is being disseminated to nursing employer groups throughout the state.

Integrating Nursing Core Competencies into Education and Practice Settings

A key component of academic progression efforts has been the creation and dissemination of a shared set of core competencies that serve as a framework

for nursing education curriculum and practice across the Commonwealth. The Nurse of the Future Nursing Core Competences® for RNs, published by the Department of Higher Education in 2010, have undergone a thorough review to ensure relevance with current and future practice. The updated RN competencies were released in March 2016.

Recognizing the value of the Licensed Practical Nurse (LPN) as an essential member of the healthcare team, the MAAC developed a similar set of competencies specific to the skills and abilities of the LPN. Released in May 2015, the LPN competencies are undergoing a review to reflect changes to the RN competencies and are expected to be released later this year.

The MAAC and its partners will continue to promote the competencies with targeted outreach – including distribution of the NOFNCC Toolkit – education programs, and technical support with efforts to strengthen inter-professional collaboration across academic and practice settings.

Increasing Faculty Pool Available to Educate Nurses from BSN through Doctorate

Nursing schools nationwide report a shortage of faculty, limiting the number of nurses who can be educated to the BSN and higher. Massachusetts is no exception to these challenges and has undertaken several efforts to better understand and expand faculty capacity through recruitment and retention.

In 2014, the MAAC conducted a survey to better understand the roles, responsibilities, and challenges of nursing faculty across degree programs. The findings and subsequent recommendations were presented in September at the National League for Nursing Education Summit and are available on the DHE's Nursing & Allied Health Initiative website. They also will be published in an upcoming issue of the *Nursing Education Perspectives*.

Because of faculty shortages, many teaching positions are filled by adjunct clinical faculty—often nurses with limited or no classroom teaching experience. To help them be successful educators, a competency-based Clinical Faculty Orientation was designed and implemented, providing a key resource to support recruitment and onboarding of new clinical faculty in the Commonwealth. [see article on page 4]

Recognizing that mentoring is a vital support, particularly for new and diverse faculty, the MAAC has developed a set of Mentoring Program Guidelines to be used as part of the orientation process.

To connect and support nursing programs and faculty candidates, a Centralized Clinical Placement Nursing Faculty Database has been developed. Nursing programs can post open positions and search for candidates through online profiles.

To learn more about APIN, the MAAC, and initiatives to transform healthcare through nursing or to download resources mentioned in the article, visit <http://campaignforaction.org/state/massachusetts/> and <http://www.mass.edu/nursing>.



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AMERICAN INTERNATIONAL COLLEGE

Expert to Novice: Reflections on Becoming a Clinical Instructor

Ann Ell, BSN, RN and Sue DeBerardinis, BSN, CCRN
Clinical Nurses, New England Baptist Hospital

Earlier this year, the opportunity to serve as clinical instructors for a group of nursing students presented itself.

As ICU nurses with over 30 years of clinical experience, this opportunity elicited diverse emotions and required a reflection on our practice. Why had we chosen this profession, and are we still happy with our choice? We worried that we may not be good enough to teach the next generation of nurses. We remembered the impact of our first clinical experience, and believed that we could provide a positive experience to these students. The experience reinvigorated our nursing practice.

Our primary role was to utilize Quality and Safety Education for Nurses (QSEN) principles to guide these students through their first clinical experience. Each student was assigned a patient and was required to perform certain assessments and tasks each week.



Ann Ell



Sue DeBerardinis

Throughout the clinical experience, we focused on helping our students develop fundamental clinical skills, and also on developing comfort in their interactions with patients. The students practiced the skill of reporting off to each other, and became accustomed to this routine. They increased their ability to focus on essential information that must be communicated to safely care for their patients.

It was evident that this course was much less about the fundamentals of nursing, and more about the immeasurable importance of nursing. Clinical instructing is a platform for propelling future generations of nurses beyond their potential. Each clinical day ended with a period of group reflection where students would share stories, triumphs and opportunities for improvement. The evolution of smooth and respectful interactions, both with patients and with one another, was striking to witness.

The change from being a bedside nurse to a clinical instructor was significant. We had freedom to develop a clinical experience for these students not specifically tied to the curriculum, but like a blank canvas to an artist, this was daunting. We quickly learned that teaching students is not about being an expert. Instead, it is about finding a way to disseminate our clinical knowledge and past experiences in a safe environment. The experience was more about sharing the vitality of a rewarding and challenging profession.

Being able to experience bedside nursing with a newly stimulated attitude and approach has been an unexpected outcome of this entire experience. Seeing patients through the eyes of these positive, eager and untainted young student nurses has given each of us the ability to reignite own passion, which may have become somewhat stagnant over the years. We felt fortunate to have learned from these students, whose infectious enthusiasm reinvigorated the same in ourselves.

A New Graduate's Perspective: Part 3

Corey Dean, BS, RN

It's amazing how much can change in such a short period of time, and even more so how fast time flies when you're a new nurse. When I last wrote, I was just starting orientation on my floor and was full of the most nervous excitement I had ever experienced. I was thrilled to be working as a nurse, but the reality of that notion was finally setting in. It's an incredible responsibility to care for people; one that inspires compassion and pushes you to do your best on behalf of your patients. Being a care-giver is also quite a daunting task, especially as a new nurse who, despite all the best intentions and hard work in school, lacks invaluable hands-on experience.



As a new nurse, there's an awkward intersection between wanting to do your best for your patients and realizing just how limited you feel as a novice. An underlying sense of inadequacy and self-doubt followed me like a shadow for the first few weeks. I'd get hung up on mistakes I made, forgetting to acknowledge how much I was actually growing. Ultimately, it was the guidance of my preceptors that helped me navigate that tumultuous period of time effectively. I was fortunate enough to precept with some incredible nurses, and that made all the difference in my development.

I was so nervous to meet my first preceptor because I knew she would set the tone for how my orientation would go. To be greeted by a big smile and warm welcome went a very long way! I definitely still had my walls up, but I was much more at ease knowing I'd be working with someone who wanted to teach me. It's hard to pin down what makes a good preceptor, but the most important attribute is simply the desire to precept. All of my preceptors were genuinely invested in my orientation and could relate to how I felt as I learned from my mistakes. None of them assumed I knew nothing, or everything for that matter. Rather, they let me ask all of the questions I needed to in order to succeed.

As I became more confident, my preceptors loosened the reins and let me be independent while still keeping a watchful eye. I was learning so much so quickly that time really was just a blur. Before I knew it, my orientation was coming to an end and that shadow of inadequacy and self-doubt had returned. I didn't think I was ready to be on my own; the very thought of it gave me chills, in fact. As much as I had learned on orientation, I still felt like a complete novice, and it took me a few weeks off orientation before I was at peace with that.

I am a novice nurse, and that's kind of the point! It takes a great deal of time and experience to become a seasoned nurse. Orientation is meant to give you the tools you need to succeed as a novice nurse, and that's exactly what it gave me. I had time to bond with all of the nurses on my floor, not just my preceptors. I've learned that even though I'm off of orientation, I'm not alone. Everywhere I turn, there is someone there to help me and I love that about nurses. We are such a collaborative bunch and we need to be to succeed! I look forward to continued growth.



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EVENT DETAILS

March 21, 2017

ANA Massachusetts at Boston Bruins
Boston Bruins vs. Ottawa Senators – 7:00 p.m. (game time)
Join us at the pre-game networking event from 5:30 p.m. – 7:00 p.m.
Boston Bruins Tickets: \$95 each | VIP Tickets: \$150 each
VIP TICKET INCLUDES: game ticket, pregame networking, tasty treats and raffle prizes. First come, first served!!

April 7 – April 8, 2017

ANA Massachusetts Celebration of Nursing Awards Dinner and Spring Conference
Westin Waltham Hotel
For Sponsorship Opportunities, and Call for Posters, go to www.anamass.org
Join your nursing colleagues at our 16th Anniversary Spring Convention.
Friday, April 7th we celebrate the best of the best in nursing at the Annual Awards Dinner... the Westin is offering a great overnight rate, so stay for the Saturday conference, breakfast, fabulous lunch and fun afternoon... **don't miss it!**

Living Legends in Nursing Awards Dinner
Friday, April 7, 2017 | Waltham Weston Hotel, Waltham, MA
Celebrate the Past, Present and Future of Nursing in Massachusetts!
Annual Meeting – 4:30 p.m.
Cocktail Reception – 6:00 p.m.
Dinner and Awards Ceremony – 7:00 p.m.
Master of Ceremonies: Gino Chisari

Saturday Conference
Saturday, April 8, 2017 | 7:30 a.m. – 3:30 p.m.
Waltham Weston Hotel, Waltham, MA
The theme of the 2017 Spring Conference will be **“Healthy Nurse, Healthy Nation (Healthy Massachusetts).”**
ANA defines a healthy nurse as one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally, for their families, their communities and work environments, and ultimately for their patients.

Featuring:
KEYNOTE: *Debbie Hatmaker, PhD, RN, FAAN, Executive Director, American Nurses Association*
Featured Speaker: *Carol R. Taylor, PhD, RN, Professor on the Educator Track, Senior Clinical Scholar, Kennedy Institute of Ethics Professor of Medicine and Nursing*

Wednesday, May 3, 2017

Invite your friends, family and colleagues to ANA Massachusetts Night at Fenway Park
Boston Red Sox vs. Baltimore Orioles
Be sure to join us at the pre-game Networking event from 5:00 p.m.- 6:30 p.m. at Fenway Park.
Red-Sox Tickets: \$25 each | VIP Tickets: \$65 each
VIP TICKET INCLUDES: game ticket, pregame networking reception, photo opportunity with World Series Trophies (5:30 p.m.-6:00 p.m.), Fenway tasty treats and Red Sox raffle prizes **First come, first served, so place your ticket order today!!**
Myra Cacace, ANA MA Past President will be singing the National Anthem!

WWW.ANAMASS.ORG

CONTINUING EDUCATION CORNER

Judy L. Sheehan MSN, RN

The ANA Massachusetts Approver Unit recently held a live webinar for approved provider units. The focus of this webinar was structural capacity, specifically the role of the Primary Nurse Planner (PNP) as addressed in Structural Capacity, SC1, SC2 and SC3 of the approver application. In the application to become a provider unit, evidence is requested to demonstrate the PNP is committed to learner needs, accountable for adherence to the ANCC criteria, and provides leadership to the provider unit as a whole. Outlined below are summaries of the Structural Capacity criteria determined by the ANCC.

SC 1 Commitment:
The provider unit’s processes need to be defined, evaluated and revised based on stakeholder feedback. The stakeholder for a provider unit is the customer and includes the planners, the speakers, the participants and the potential participants as well as the organization to which the unit belongs. Thus the stakeholders are considered when planning the program. It is necessary to describe how the stakeholders input is used to assess and adjust the provider unit processes. This includes how the target audience is identified, the gap analysis accomplished and the outcomes evaluated. It goes beyond evaluating the individual programs and takes a wider view. This wider view is the responsibility of the Primary Nurse Planner and is addressed in SC1.

SC2 Accountability
It is the Primary Nurse Planner’s responsibility to be accountable for the performance of nurse planners as it applies to upholding the ANCC criteria. This requires that the PNP have an orientation plan and a mechanism for verifying adherence to the ANCC criteria. The processes used by the PNP for orientation might be as simple as working side by side with the new reviewer, having the reviewers attend meetings, or read the manual. The adherence could be spot checking programs, reviewing planning forms, supervision, etc. and should be described in SC2.

SC3 Leadership
The leader of the unit is the Primary Nurse Planner and he/she acts as a resource to the planning committee as all the components of the program development process are undertaken. It is the leadership of the PNP that guides the planners in gap analysis and program evaluation, as well as answering questions related to the ANCC criteria. It is the way in which the PNP makes herself/himself available, maintains communication, and otherwise guides the provider unit in an ongoing manner. The process and frequency of consultation should be described with examples provided for SC3.

Additional monthly webinars will be held for providers. Suggestions for future topics can be forwarded to jsheehan@anamass.org. For information regarding upcoming webinars please contact infoce@anamass.org.

SILVER SPRING, MD – The American public has again ranked nurses as the **professionals with the highest honesty and ethical standards**, according to a Gallup poll released December 19. The annual poll marks the 15th consecutive year that nurses have been ranked the most trusted out of a wide spectrum of professions, including medical doctors and police officers.

“Every day, millions of nurses are on the front lines in the fight to improve the health of all Americans,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association. “Whether nurses are by the bedside or in the board room, **we continue to be a trusted resource and a vital part of our nation’s health care system**. This poll reflects the trust the public has in us, and we’ll continue to work hard to keep that trust.”
According to the poll, **84 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high.”** The next closest profession, pharmacists, was rated 17 percentage points behind nursing.

“Trust plays an important role in the relationship between nurses and the patients we serve,” said Cipriano. “ANA encourages nurses to draw on that trust to engage with consumers to improve their health and to advocate for patients and for the quality of care in this country. Additionally, I challenge those charged with making health policy at the facility, local, state and national levels, to include the trusted voice of nurses at the decision-making table. Based on this survey, **no other profession is held in as high regard by the public**. And given nursing’s frontline perspective on health care delivery, we offer a point of view that is unmatched.”

In 2017, ANA will continue its longstanding efforts to advocate for health system reform. The association is committed to working with the new administration and Congress to advance policy that aligns with its four principles for health system reform: **access to care, affordable and equitable care, quality of care and workforce.**

NURSES RANK

#1
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TRUSTED
PROFESSION
FOR
15TH
YEAR
IN A ROW

ANA MA Member Selected for Veterans Health Administration Post

Joan Clifford, DNP, RN, FACHE, NEA-BC has been selected for the position of Deputy Assistant Deputy Under Secretary for Access to Care, Veterans Health Administration - Central Office (VHA-CO), Washington, DC. Dr. Clifford has been a registered nurse at the VA Boston Healthcare Systems for over 35 years, most recently as the Deputy Nurse Executive. She is a member of the ANA MA Conference Planning Committee and plans to continue to be involved in ANA MA. Congratulations Joan.



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Winter Conference Focuses on Nurses Duty to Self

In January, more than 50 nurses gathered in Framingham to learn about being a healthy nurse. Keynote Speaker and ANA MA President Cathleen Colleran, DNP, RN started the day with “Healthy Nurse, Healthy Nation (Healthy Massachusetts): Creating a Culture of Health for Nurses.” She addressed the barriers to work-life balance and 12 steps toward a balanced life. Reminding nurses of Provision 5 of the ANA Code of Ethics, “Duty to Self” she shared thoughts of how we have an ethical duty to care for ourselves so we can effectively care for others.

Her presentation was followed by presentations on substance abuse, healthy weight maintenance and other aspects of self care. The attendees enthusiastically embraced the message of Healthy Nurse, leaving the conference with concrete ideas of how to attain that status.



Michelle Marnis



Stephanie Ahmed



Cynthia LaSala



Christopher Shaw and Dawn Williamson



Cathleen Colleran

Past, Present, & Future ANA MA Presidents Meet



Back row: Karen Daley, Barbara Blakeney, Anne Manton, Cathleen Colleran. **Front row:** Diane Hanley, Myra Cacace and Toni Abraham. **Unable to attend:** Susan Krupnick, Judy Sweeney, Tara Tehan and Gino Chisari

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Congratulations

to Judy Beal DNSc, RN, FNAP, FAAN, dean of the School of Nursing and Health Sciences at Simmons College in Boston, on her re-election as American Association of Colleges of Nursing board secretary.



Massachusetts Prescription Monitoring Program (PMP) Attention Prescribers!

Launching the new online PMP: Massachusetts Prescription Awareness Tool (MassPAT)

MassPAT, the new online PMP, will go live Summer 2016!

In preparation, please read the information below about what PRESCRIBERS will need to register with MassPAT.

1. Use your professional email address as your username. The email address you choose for your username will be used by the PMP for communication purposes and to link with delegate(s) account(s).
2. MassPAT will require you to have the following credentials to create your MassPAT account:
 - a. Federal Drug Enforcement Administration (DEA) Number
 - b. Professional License or Board Number
 - c. Massachusetts Controlled Substance Registration (MCSR) Number

Notice to all Prescribers - Effective October 15, 2016, you will be required to check MassPAT each time you prescribe a Schedule II-III opioid and when prescribing a benzodiazepine or DPH designated Schedule IV-VI for the first time.

The PMP team will follow-up with more information as the MassPAT go-live date approaches, including providing your MCSR Number.

More information, please visit the PMP website: www.mass.gov/dph/dcp/pmp

Win a \$25 Voucher for your next ANA MA Program

What ANA MA Past President will sing the national anthem at ANA Massachusetts Night at Fenway Park on Wednesday May 3rd?

Be the **first** person to identify him or her **and** indicate on what page of the *Massachusetts Report on Nursing* you saw this announcement.

Send responses to newsletter@anamass.org (ANA MA Board Members, Committee Chairs and Staff are not eligible.) The winner will be announced in the next issue.

INTERGENERATIONAL LEARNING TOOLKIT

Curry College and Hebrew Senior Life are pleased to announce the publication of an Intergenerational Learning Curriculum Guide. This toolkit for creating dynamic partnerships between senior housing communities and nursing schools, authored by Curry College School of Nursing faculty Barbara Pinchera, Maureen O'Shea, and Meg Sullivan, and Hebrew Senior Life staff Mary McCarthy and Laura Baber, is available for free at: <http://www.hebrewseniorlife.org/nursing-partnership>

SAVE THE DATE

Massachusetts Regional Caring Science Consortium

SAVE THE DATE – The third Massachusetts Regional Caring Science Consortium (MRCSC) half-day conference will be held on **Thursday, April 27, 2017 at University of Massachusetts Worcester, Graduate School of Nursing from 7:30 am to 12 noon.** MRCSC is a forum for nurses to share caring nursing practices. The conference includes keynote speaker (TBA) and panel of Watson Caritas Coaches/Nurses who will discuss caring science projects they have launched at their workplaces. Breakfast and CEs provided. There is no fee to attend, but registration is required. Please contact Lynne Wagner for information and registration at alynnewagner@outlook.com.

APRIL 27, 2017

Regis College Educational Offerings for Spring 2017 Co-Sponsored with Harvard Pilgrim Health Care

March 22, 2017

Title: Improving Health Care Quality Through Innovation and Health Reform

Contact Hours: 2

Location: Regis College, Casey Theatre, Fine Art Center

235 Wellesley Street, Weston, MA. 02493

Time: 6:30-8:30 pm

Fee: none

Registration Information:

Call 781-768-8080

Email:

presidents.lectureseries@regiscollege.edu

Online Registration:

www.regiscollege.edu/reform

Description: Innovations in health care based on analytic platforms and evidence based content will lead to standard effective practices which will lead to health care improvement. Improved patient outcomes and quality of care, lead to decreased health care costs and the patients' quality of life. Come and listen to the experts!

April 26, 2017

Title: The Opioid Addiction Crisis/Treatment

Contact Hours: 2

Location: Regis College, Casey Theatre, Fine Art Center

235 Wellesley Street, Weston, MA. 02493

Time: 6:30-8:30 pm

Fee: None

Registration Information:

Call: 781-768-8080

Email:

presidents.lectureseries@regiscollege.edu

Online Registration:

www.regiscollege.edu/opioid

Description: The opioid crisis is responsible for the loss of too many young lives. Decriminalization and other changed attitudes toward addiction have led to more effective treatment modalities, and openness about this disease. New treatment modalities and placing the patient into treatment early are beginning to change and save lives. Come hear the experts, one of whom is in recovery!

Bulletin Board



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

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ANA Massachusetts Mission

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

Vision

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

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Clio's CORNER



The Great War and Massachusetts Nurses

Mary Ellen Doona

As April 1917 began, President Woodrow Wilson addressed Congress asking it to declare war on Imperial Germany for continuing submarine warfare in spite of its pledge to cease. Armed neutrality was getting less and less promising as a way to isolate the United States from the European upheaval that had been in progress since the summer of 1914. “The world must be made safe for democracy,” Wilson claimed and later concluded, “To such a task we can dedicate our lives and our fortunes.” Four days after Wilson’s address, April 6, 1917, Congress declared war on the German Empire; in effect agreeing with Wilson that America was “privileged to spend her blood and her might.”

The amount of blood spilled was astonishing. Military deaths numbered 9.7 million while the civilian death toll was 10 million. The total casualties of the war are estimated between 38 and 40 million. Mechanized combat, chemical warfare with chlorine and mustard gases, famine, genocide and disease made the Great War, as World War I was then known, one of the deadliest in history. More deadly than the war was the influenza pandemic of 1917-1919 that claimed the lives of between 20 and 40 million people world wide. An estimated 43,000 men mobilized for the war died of the flu and not in combat. Also extinguished as a result of this war were the Hapsburgs, Romanov and Hohenzollern dynasties, respectively, the Austro-Hungarian Empire, the Russian Empire and the German Empire,

American nurses were already in Paris as the war began in 1914. Some were listed on a Nurses Registry that provided nurses for American expatriots and travelers. The 162-bed American Ambulance Hospital (known as the AAN) at Neuilly, just outside of Paris, served these same people. A few months into the war, the mission of the AAN changed from taking care of civilians to caring for the wounded who began appearing in September 1914. University medical schools were selected to staff the AAN on a three month rotating basis. The second of these, the Harvard Unit of surgeons and nurses, arrived in the spring of 1915 with Harvey Cushing M.D., the Peter Bent Brigham Hospital neurosurgeon, at its head. Cushing was unsuccessful in persuading Agatha Hodgins, a 1900 alumnus of the Boston City Hospital (BCH) School of Nursing and a skilled



Schlesinger Library Radcliffe Institute, Harvard University

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Carrie Hall and some of the Peter Bent Brigham Hospital Nurses at Base Hospital No. 5

anesthetist, to continue when her Western Reserve University Unit completed its term.*

BCH’s Marion Gemeth Parsons (1871-1968) of the Class of 1905 served as the head nurse of the Harvard Unit from its arrival until Congress declared war in 1917. Once the BCH Base Hospital No. 7 was activated Parsons left AAN and joined her BCH colleagues in Tours. After the war, King George V decorated her with the Royal Red Cross in a ceremony at Buckingham Palace. She remained in Europe from 1919-1923 to establish the Czechoslovakia State School of Nurses for which a grateful Czech government decorated her with the Order of the White Lion. Then Parsons

returned to BCH where she taught nursing until she retired in 1940. Ironically World War II had just begun in Europe and the Great War was renamed World War I.

In 1917 Helen Dore Boylston accepted her diploma from the Massachusetts General Hospital School of Nursing with one hand and waved good-bye with the other as she left Boston for France two days after graduation. Day by day she recorded her experiences of caring for the sick and wounded men, most of them her contemporaries, in General Hospital No. 22. She absorbed the harsh reality of triage that “men who are going to die don’t matter. It’s only the ones who might

* See Agatha Coburg Hodgins: Pioneering Anesthetist. Clio’s Corner *Massachusetts Report on Nursing* September 2015, 7.

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live [who] count.” As terrorized as she was when Germans planes strafed the hospital area, she also gloried in being at the heart of the action. “Cooties” were still another problem, with Boylston contracting trench fever, also known as typhus, a disease that lice spread among the crowded and unwashed. At the Armistice, Boylston confided to her diary: “The war has done strange things to me. It has given a lot and taken a lot. It has taught me....that things do not matter, except for the minute. And that minute is always now.” That sense of the urgent now, nursing’s time zone, pervades her *Sister: The War Diary of a Nurse* published in 1927.

While these nurses were in the midst of the trauma and tragedy happening in France, their counterparts in Boston were preparing for involvement once the United States entered the war. On February 22, 1916, the army set up Red Cross Base Hospitals (RCBH) in large hospitals in the United States, three of which were in Boston. With the declaration of war, the three RCBHs in Boston became official army units: the Peter Bent Brigham Hospital (PBBH) Base Hospital No. 5; the MGH Base Hospital No. 6, and the BCH Base Hospital No. 7. Rather than the military’s usual hospitals of tents and huts these hospitals would be permanent buildings.

The original plan for each Base Hospital called for 50 nurses and 25 nurses aides. That plan subsequently eliminated the nurses aides and increased the number of nurses to 65 and then to 100. Nurses were required to be between 25-35 years of age. Later when the War Department cried out in posters: NURSES OF AMERICA, YOUR COUNTRY NEEDS YOU, that age requirement changed to between 21-45 years of age. African-American nurses, called Negro nurses at that time, offered their services during the shortage as they had from the start, but their services were declined. The lack of separate quarters for these nurses was the reason given but segregation seems to have been actual military policy. Each Base Hospital was to have 35 doctors with officer status and 200 enlisted men along with the 100 nurses. For the first time in their careers as students and graduates, nurses would be working in an all R.N. nursing staff. It would not happen in civilian hospitals until the 1970s when nursing students no longer staffed nursing departments.

The PBBH Base Hospital No. 5 was commonly referred to as the Harvard Unit by fiat of the Medical School as well as its origins in the AAN at Neuilly. No. 5 was first situated in Camiers, France and then relocated to Boulonge in the northeast section of France. Carrie Hall, a 1904 MGH graduate and founding superintendent of PBBH, enrolled the nurses. Half of the contingent came from Boston and Massachusetts towns while

the other half were from nearby states such as New York, New Jersey and Connecticut as well as from southern states such as Virginia, Maryland, Georgia and Kentucky. Hall was later promoted to Chief Nurse of the American Red Cross and stationed in England.

Base Hospital No. 6 arrived in Talence near Bordeaux July 24, 1917 with Sara Parsons (1864-1949) as its Chief Nurse. She was a graduate (1893) of the MGHSON as were most of the nurses she had enrolled in the unit. Earlier in her career Parsons had served during the Spanish-American War aboard the *S.S. Bay State* transporting the sick and injured men from Cuba back to Massachusetts. Her associates in that effort were Drs. Frederick Washburn and Richard Cabot as they were as she served as MGH nursing superintendent and would be again at the Base Hospital. From 1915-1918, Parsons was President of the Massachusetts State Nurses Association, later known as Massachusetts Nurses Association and now as the ANA Massachusetts. Carrie Hall would serve in that same post from 1921 to 1923.

Dr. John J. Dowling headed the BCH Base Hospital No. 7 located in Tours in the Loire Valley area of France. Until more is uncovered on this history it can only be assumed that BCH nurses made up its nursing staff. Their experience would have been similar to the other Base Hospitals as convoy after convoy arrived with more casualties from the front. In the operating room two and three teams worked on the many wounds of one man and then moved on to the next man and then the next man for hours on end. Trench warfare meant bits of shrapnel drove the filth of the

trenches fertilized for centuries with manure deep into men’s flesh. The wards must have reeked of chlorine given that Dakin’s Solution was the treatment of choice, indeed the only treatment for infections, in that pre-antibiotic era. Men terribly burned and blinded from gas attacks could barely breathe and couldn’t bear being touched because the pain was so intense.

Mobile surgical teams were dispatched temporarily for surgical services closer to the front, while other teams were dispatched also temporarily to provide public health services to the war’s refugees: women, children and old men. And then the influenza pandemic struck uniquely killing young people and not the older population as the flu usually did. As the Armistice was signed, the three Base Hospitals, originally planned for 500 patients, had a census of more than 4000 each. Sara Parsons gave a sense of how war nursing affected nurses when she wrote that they “will need a long time to convalesce....Few are in the mental and physical condition to go home to the same jobs and do them well.” To be continued...

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Sara E. Parsons to Sallie Johnson, December 13, 1918. Massachusetts General Hospital School of Nursing Alumni Association Archives.

Who is the Nurse in the Masthead?

Helen Dore Boylston

(1895-1984)

Helen Dore Boylston (1895-1984) was born in Portsmouth, New Hampshire the only child of Boston natives. She graduated from the Massachusetts General Hospital School of Nursing in 1917 and two days later left for France to care for men wounded during World War I. This experience in General Hospital No. 22 is recounted in her *Sister: The War Diary of a Nurse* published in 1927. Nine years later *Sue Barton: Student Nurse* drawn from her own student experiences at the MGHSON was published with its author saying, “She is the kind of person and the kind of nurse I wished I were.” Six other Sue Barton novels appeared until 1952.



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Boston’s Christmas Tree: A Gift from the People of Halifax

Mary Ellen Doona
With special thanks to Susan Fisher R.N.

(Doona and Fisher are both members of
MGH Nursing History Committee)

The 47-foot white spruce that graced Boston Common this past Christmas arrived in November from Cape Breton Island, Nova Scotia. This tree has a significance that shone more brilliantly than the lights that hung from its branches. For 46 years the people of Nova Scotia have been thanking the people of Boston for their response to a disaster that occurred in 1917. That year Nova Scotia sent the first Christmas tree to Boston, and since 1970 that thank you gift has become an annual event.

On the morning of December 6, 1917 after the anti submarine nets were lifted in the Halifax Harbor, the Norwegian *S.S. Imo* pulled up anchor and headed for New York. At the same time, the *S.S. Mont Blanc*, a French freighter with benzene on its deck and loaded with munitions although not flying any flags indicating its hazardous cargo, was sailing out to join a convoy that would escort it across the submarine infested Atlantic. The two ships collided spewing sparks that ignited the benzene on the *Mont Blanc’s* deck. Knowing the lethality of her cargo the crew abandoned the *Mont Blanc* shouting warnings in French that the English speakers in Halifax did not understand. Firefighters on the pier were already busy attaching hoses to the water supply as the blazing ship drifted towards them. Then all of a sudden at 9:05 a.m. the munitions aboard the *Mont Blanc* exploded in what remains the largest non-nuclear explosion ever recorded.

Everything within more than a mile and a half radius of the pier was completely obliterated. The



Halifax Christmas Tree arriving on Boston Common. Credit: Boston Parks and Recreation

blast even shattered windows of buildings two and three miles inland. What only moments before was a densely populated city now looked like the war zones in Europe. More than 1800 people were killed immediately with the wounded subsequently dying. The number of the injured who survived mounted to 9000. Injuries varied from shards of glass or fragments of metal shot into people’s bodies to major losses of limbs and eyes. Most were homeless after the blast and many children were parentless.

As soon as Boston received the telegraphed news of the disaster, a relief mission was organized. In an eerie forecast of the relief efforts preceding the Coconut Grove fire of 1942 —when medical personnel were preparing for the possibility the U.S. might enter World War II—in 1917, Boston hospitals were geared up for entry into World War I. By 1:30 p.m. 70 nurses joined 30 doctors and aid workers at Charlesgate East, a central meeting place in Boston’s

Back Bay. The relief team left North Station that night around 10:00 p.m. on what was supposed to be a non-stop trip. A blizzard decided otherwise so the Bostonians did not arrive in Halifax until the eighth of December. Even so, they were the first responders outside of the region to arrive. As exhausted as they were, the relief team went immediately to work setting up a hospital in St Mary’s College. Once the floors were cleaned of the snow, mud and shattered glass, the hospital admitted 75 patients that Canadian soldiers carried on stretchers up three flights of stairs. The hospital expanded to 150 beds and added an outpatient department to continue care and teach victims to live with disabilities.



Nurses of MGH Nursing History Committee engrossed in the proceedings planning the Halifax Disaster Centennial that took place at the Paul S. Russell, M.D. Museum of Medicine and Innovation. Credit: MGH



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The train initially provided sleeping quarters for the nurses but within a couple of days more than 60 nurses were housed in the Sacred Heart Convent. The nurses remembered with fondness how kindly the nuns treated them and the tea party they hosted every night at 9:00 p.m. They got used to getting dressed without the help of mirrors and exulted when after two weeks they had hot water for baths - the first the nurses had taken since leaving Boston. Not least of their convent comforts was the camaraderie that blossomed among the Boston and Halifax nurses.

Back in Boston, a Halifax Relief Committee that quickly formed raised \$100,000 in its first hours of operation. Mayor James M. Curley secured a \$30,000 carload of blankets with the help of President Woodrow Wilson. The next week the Boston Symphony sold out a benefit performance. Within a short period of time Governor Samuel W. McCall was able to report that Massachusetts had raised more than \$750,000 for the Halifax victims.

Christmas came with Santa Claus distributing useful gifts to the adults and toys to the children living in shelters the relief team had built. At the center of the festivities was a Christmas tree, a long-held symbol of life and the stamina that is needed to endure winter's darkest days. The magnificent evergreen that graces Boston Common each year symbolizes this, but it is also a continuing thank you to Boston for helping the people of Halifax to endure its darkest day, December 6, 1917.

Plans are already underway to mark the centennial of the Halifax Explosion in December 2017. Prior to this year's tree lighting in Boston, Nova Scotia Premier Stephen McNeil, Halifax Regional Municipality Mayor Mike Savage and Boston Mayor Martin Walsh held a press conference at the Paul S. Russell, MD Museum of Medical History and Innovation at Massachusetts General Hospital to mark the 99th anniversary of the Halifax Explosion and unveil a campaign for the 100th anniversary called "100 years, 100 stories."

"The Halifax Explosion had a profound impact on our capital city of Halifax and our province," said Premier McNeil. "There are hundreds of stories to tell – stories of survival, resilience, courage and friendship. This campaign captures those stories, and the ways Nova Scotians can commemorate this anniversary in the coming year."

The campaign was developed in partnership between the province, the city and a variety of stakeholders, who will be hosting events, displaying artifacts and remembering the stories of the Halifax Explosion. Details can be found on the website, 100years100stories.ca.

"The Halifax Explosion forever changed our people and our city," said Mayor Savage. "Out of tragedy came hundreds of stories of bravery, strength and perseverance. We want to tell those stories so our generation and generations to come understand how this moment in history has helped shape who we are today."

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Boston's Mayor Martin Walsh with dignitaries from Nova Scotia flanked by the Royal Canadian Mounted Police. Credit: MGH



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