

MASSACHUSETTS REPORT ON NURSING

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RNs in Massachusetts



Who is this
nurse?
See page 9

Vol. 13 No. 3



September 2015

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Please join ANA Massachusetts today and help to promote the Nursing profession.
Go to: www.ANAMass.org or see page 15 to complete the application.
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Save the Date

ANA Massachusetts
Spring Convention
Living Legends in Nursing and
Annual Awards Banquet
Annual Spring Conference
April 8 - April 9, 2016
Dedham Hilton Hotel, Dedham, MA

REMEMBERING THERESA A KELLEY-SPINELLI



On May 6, 2015 Massachusetts lost one of our hero nurses. Theresa was a charter member of the Massachusetts Association of Registered Nurses (MARN, now ANA Massachusetts), a past member of the MARN Board of Directors and the first Nominating Committee Chairperson. Her commitment to nursing, MARN and ANA Massachusetts ensured that our association would be a strong, vital force in shaping the future of the nursing profession not only locally but nationally. Her vision and leadership helped to make this dream a reality.

As a mother of 5 children, Theresa graduated from the Whidden Hospital School of Nursing and had a wonderful career as the Nurse Practitioner of the Chelsea Soldiers Home for over 30 years.

Many ANA Massachusetts members remember the support and guidance they received from Theresa. She will be missed by her patients, her friends and family, and her colleagues at ANA MA.

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Celebrating the Outcome: Accreditation with Distinction

by Sandra Reissour, MSN, RN

Preparing for re-application as an ANCC Accredited Approver was a group effort over several months. The process began with submission of Intent to Apply followed by a lengthy self-study. The self-study proved both challenging and energizing as the team wrote the narratives and identified examples corresponding to each of the required criteria. As the term implies, a self-study is a time of introspection and self-examination, an opportunity to look at past experiences, current processes and, best of all, identify growth and achievements.

After a thorough review of the self-study and a single request for additional information, the two assigned ANCC Appraisers scheduled a Virtual Visit. The purpose of a Virtual Visit is to amplify, clarify and verify information in the self-study document. Under the leadership of the Nurse Peer Review Leader, Judy Sheehan, the team participated in the conference call answering questions, clarifying processes and adding to the details in the written self-study to the satisfaction of the appraisers. Then, came the wait. What would be the outcome of the re-application as an Accredited Approver?

At a recent meeting, the leadership team celebrated the outcome.....full **accreditation with distinction!**



L to R: Judy Sheehan, Nurse Peer Review Leader; Cammie Townsend, Staff Support; Sandra Reissour and Jeanne Gibbs, Nurse Peer Reviewers. Absent from photo: Lisa Presutti, Staff Support

ANA Massachusetts President is Busy at the State House

Myra Cacace provided testimony on July 14, 2015 to the **Joint Committee on Public Health regarding House Bill 2083, An Act to Limit Access to Opiates**

On behalf of the members of the American Nurses Association Massachusetts, I am pleased to convey to you and your committee our support for passage of House Bill 2083.

As a Nurse Practitioner in a busy internal medicine practice in Southbridge, Massachusetts, I have witnessed first-hand the overuse of opiate medication. I interact with patients every day who have been using these powerful pain killers for several years, often seeking care from multiple health care providers in order to receive them.

Because of my experiences and those of other ANA Massachusetts members,

we believe that this legislation should be strengthened to include the following:

- A mandate that a patient requiring opiate pain medication must also be referred to the appropriate health care professional including a pain specialist, an oncologist, an orthopedist, physical therapy or the pertinent specialist for follow up care in order to treat the underlying cause of the pain.
- Any patient who visits the Emergency Department seeking treatment with opiate pain medication must be provided with educational brochures outlining instructions for use and a stated expectation that the treatment with a powerful opiate is meant for severe pain and that the opiate medication is not meant to be used for more than 72 hours.

Busy at the State House continued on page 6

PRESIDENT'S MESSAGE

Intensive CaRiNg

Myra F. Cacace, GNP/ADM-BC

Massachusetts nurses made history again on June 10th with the passage of the final regulations to designate a pattern of staffing that allows nurses to decide how many patients they can safely care for in an intensive care unit. Now the real work begins as we try to find or develop an acuity tool that can help classify the kind of nursing care patients need, based on a variety of factors that impact that care. NOW is the time for nurses to intensively care about stepping up to be a part of the committees in their hospitals

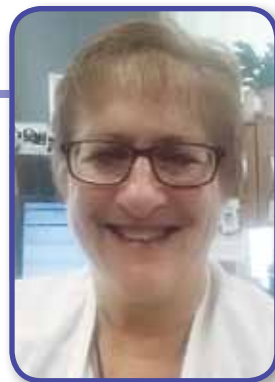
that will make these important decisions. We fought for this, and whether or not you like the outcome after an intensive year of hearings and meetings, this is the regulation and NOW is the time!

On June 3rd ANA Massachusetts testified on behalf of our filed legislation SB572/H2771 to have a nurse appointed to the Health Policy Commission. Special thanks to Kathy Donaher-Keough from the Organization of Nurse Leaders (ONL) and a member of the ANA Massachusetts Health Policy Committee, Leah McKinnon Howe from Massachusetts Coalition of Nurse Practitioners (MCNP) and Mary Grant, former legislator and member of the ANA Massachusetts Health Policy Committee who provided favorable testimony on behalf of the Bill. Our presentation was comprehensive and coordinated and illustrated that members of the nursing community CAN come together to speak in ONE VOICE.

What do you care about? For me, my role as President has given me the opportunity to meet with nurses from around the Commonwealth and this is what I hear: "I want to feel good about what I did with my patients today...I want to be able to give the kind of care that I was allowed to give when I was a student (when I didn't have to care for more patients than I can handle)...I want to have a say in how I practice nursing..."

We all want to provide the intensive caring that called us to be nurses! So again I will ask each nurse reading this to answer this simple question: **aRe you iN??** Do you belong to ANA Massachusetts? Do you **caRe** enough to be **iN** an organization that advocates on behalf of all nurses in the Commonwealth?

When I was first starting my nursing career, I didn't fully understand the importance of being part of a professional organization, despite the best efforts of my nursing professors. In fact it was not until I became a nurse practitioner that I was fortunate enough to hear a keynote speech by then ANA President, Beverly Malone which compelled me to join ANA. Now I truly get it! We cannot practice in a silo...we need to know that there are other smart and committed people who will advocate on our behalf to ensure that we can practice the kind of nursing that we were called to do. We need to receive and provide the intensive caring to and from like-minded nurses who will nurture us as we support and nurture our patients.



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EDITORIAL

Embracing Evidenced Based Practice

Susan LaRocco, PhD, RN, MBA

Just over a year ago the Council of National State Boards of Nursing released the results of a multi-site, longitudinal study on simulation as a substitute for clinical hours ([https://www.ncsbn.org/JNR Simulation Supplement.pdf](https://www.ncsbn.org/JNR%20Simulation%20Supplement.pdf)). As a longtime educator who has spent many wonderful hours in clinical settings with students, the results surprised me. The researchers reported that up to 50% of the traditional clinical hours of a pre-licensure nursing program can be replaced by simulation with no significant difference in a variety of outcome measures. These outcomes included clinical competency as rated by instructors and preceptors, NCLEX pass rates, and 6 week, 3 month and 6 month overall clinical competency and readiness to practice evaluations by employers.

Although simulation has been an important component of training in many fields, like many others, I had stubbornly maintained that simulation was nothing like the real world setting with all the variables that occur in the hospital. Just as one cannot train to do a long distance bike ride by only using a stationary bicycle in the gym, I believed that a nursing student could not be prepared for the complexity of patient care by working in the simulation lab. I was wrong.

But simulation is much more than purchasing a few high fidelity manikins. The authors of the study stress that to obtain similar results, the simulation must be done under comparable conditions. Necessary resources include: faculty formally trained in simulation pedagogy, adequate faculty staffing, theory based debriefing, and equipment and supplies that create a realistic environment.

In 2013 the International Nursing Association for Clinical Simulation and Learning published

Standards and Best Practices: Simulation, a total of seven standards covering: terminology; professional integrity of participants; participant objectives; facilitation; facilitator; debriefing process; and participant assessment and evaluation. ([http://www.nursingsimulation.org/issue/S1876-1399\(13\)X0013-1](http://www.nursingsimulation.org/issue/S1876-1399(13)X0013-1)). These should be used to guide our simulation programs.

Recently the National League for Nursing published *A Vision for Teaching with Simulation* ([http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2)). This document contains a number of recommendations, including that academic practice partnerships be established to share simulation resources and that adequate funding be provided to maintain simulation facilities and support necessary faculty development. No one says that simulation will reduce the cost of education or entirely eliminate clinical practice, but the evidence is there: it can be used to effectively prepare students for practice in the complex world of healthcare.

But the real question is this: As educators are we prepared to use this evidence to change our practice or will we continue to practice in the same old way? Will we rearrange our curricula to incorporate the findings, or will we continue to complain that there are not enough good clinical sites, especially in areas that have a high saturation of nursing programs. Will we share the results of the study with our practice colleagues and form partnerships to enhance the learning of students and practicing nurses? It is time to use this recent evidence to improve our educational offerings, just as we expect those in practice to use evidence to enhance patient care.

OPPORTUNITY TO HONOR YOUR COLLEAGUES

American Nurses Association Massachusetts Awards Open to All Nurses

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

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

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

- Mary A. Manning Nurse Mentoring Award**
This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of \$500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (ANA MA membership not required)
- Excellence in Nursing Practice Award**
The ANA MA *Excellence in Nursing Practice* is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Opportunity to Honor continued on page 4



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Opportunity to Honor continued from page 3

Excellence in Nursing Education Award

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

Excellence in Nursing Research Award

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

Loyal Service Award

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

Community Service Award

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

Friend of Nursing Award (our newest award!)

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

The nomination process is easy:

- Access the applications at the ANA MA website: www.anamass.org
- Complete the application and **submit electronically** or **by mail** by the deadline of **January 5, 2016**
- If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship

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

Arthur L. Davis Publishing Agency Scholarship

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

Application Process for Scholarships

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail (postmarked by **January 5, 2016** for Fitzgerald Scholarship; **March 15, 2016** for Davis Scholarship)
- If you have any questions or need help, call ANA MA at (617) 990-2856.
- The selected recipients will be notified by January 14, 2016 for Fitzgerald Scholarship and by April 1, 2016 for Davis Scholarship.

Living Legends in Massachusetts Nursing Award Nominations Sought

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

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

Nomination Process

- Access the application at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the **deadline of January 5, 2016**
- If you have questions, need help? Call ANA MA at 617-990-2856

ANA MASSACHUSETTS WELCOMES THREE NEW BOARD MEMBERS

Donna M. Glynn, PhD, RN, ANP-BC



Having been a nurse for over 35 years, it is with great pride that I am serving on the Board of Directors for the ANA MA. My journey through my professional career has led me down many paths that I never would have predicted. Starting as a staff nurse at the bedside strengthened my passion and commitment to our professional practice. I returned to school to obtain my MSN and began practicing as an Adult Nurse Practitioner in the mid-1990s. I have witnessed great growth in the role of NPs over the years and am very proud of the public acceptance of the high quality care we provide to our patients. Having obtained my MSN at Simmons College, I was excited to begin educating the next generation of nurses at Simmons. I began teaching at the clinical sites and am now an Assistant Professor in the School of Nursing and Health Sciences. In addition, I am a Nurse Scientist at the VA Boston Healthcare System with a research focus on nursing education (Dedicated Nursing Educational Units and Nurse Residency Programs).

I am currently the President of Theta-at-Large (Chapter 007 of Sigma Theta Tau International). My goal with Theta-at-Large and the ANA MA is to excite the "Nurse of the Future" to become involved in the work which our professional organizations do to promote Nursing.

My proudest accomplishment is my family. I have been married for 31 years to Patrick and we have 2 adult children, Meghan and Michael.

Jim Kernan RN, MPIA



I am pleased to join the Board of Directors for ANA Massachusetts. I bring over 15 years of experience in international development and management consulting to help the board meet its objectives. I have worked for five different health care organizations and have conducted training on pensions, insurance, and health care financing in Europe.

Currently I work as an RN at the Essex County Correctional Facility. My primary interest is mental health nursing, in part driven by my experience in working in numerous other cultures.

I hold an Associates Degree in Nursing, a Bachelors Degree in International Affairs, and Master Degree in Public and International Affairs (MPIA). In the near future I am looking forward to entering a Nurse Practitioner program.

Andrea Falciano BS, RN New Graduate Representative



Prior to returning to school for my nursing degree, I had attended Bryant College and worked as a business/finance manager for 7 plus years. After taking time off to have my second child and not wanting to return to the world of business management, my husband encouraged me to go back to school to pursue a nursing degree. This required me to take classes at Bristol Community College (BCC) to complete all the prerequisites for nursing school. I was able to earn an AS Health Sciences from BCC before being accepted to the nursing program at Curry College where I graduated with a BS in Nursing in 2014. After graduating I worked as a School Nurse and Charge Nurse for a nursing/rehab facility before earning a Certificate in Perioperative Nursing from Regis College. I worked hard and focused much of my studies on the nursing care for military and veteran populations due to my strong family ties to the military. I was fortunate enough to be offered a position at the Boston VA as an operating room nurse a few weeks after completing the perioperative program. I have now been employed at the Boston VA for a little over 6 months, working with a patient population about which I am passionate.

I am currently working on obtaining a Master of Science as a Clinical Nurse Leader at UMass Amherst, with the intent to work towards an Acute Care NP/DNP and hope to continue to work within the VA hospitals. In addition to being a member of ANA I am also a member of the Association of Perioperative Nurses (AORN). I am extremely passionate about nursing, and am honored and excited to have been selected as the New Graduate Representative. I look forward to actively participating as an ANA Massachusetts Board Member.

AWARDS

Excellence in Nursing Practice: Michael Dolan

Nominated by Phyllis Moore



Excellence in Nursing Practice represents a wide scope of professional achievement and characteristics, including, but not limited to, advocating for patients, serving as a role model and leading nurses, nursing staff and others in providing quality care to patients in need of mental health services. Michael

Dolan, RN, AD, BA has demonstrated excellence in both nursing practice and leadership as the Head Nurse on the In-patient Unit at McLean Southeast. Mike, who received his Associate Degree in Nursing from Bristol Community College in 1975 and Baccalaureate Degree from Stonehill College, had been in a position of leadership since 2003. Prior to assuming the role of Head Nurse, he held leadership roles at Caritas Norwood Hospital and other settings.

The position at McLean Southeast in which he serves presently, is one that requires excellence in practice and leadership. He demonstrates excellence in practice which requires him to lead by example. In the many years that I have observed his practice, he has set high standards for many professional staff, including nurses, mental health workers, case managers and physicians.

As an acute care unit where the length of stay is an average of five to seven days, leading by example is important. Helping staff to ensure safety, empathy, education and professional nursing care is essential. He effectively conveys a role model for what it means to care for a person in need of mental health services and addresses the needs of the patient and his/her family. Mike has helped many staff through educational programs that address quality care, including group programs, staff development and individual staff support, when needed.

This past year McLean Southeast moved from the grounds of the Brockton Veteran's Hospital to Middleboro. The move involved an increase in census from 25 to 30, the addition of a fourth treatment team, increase and change in staff which required increased staff development, a change in medical staff which required acknowledging selected changes in the philosophy of care. His leadership and excellent practice made this change more effective for all involved. Mike is a very important and positive presence on the unit. His leadership style and role in patient care serve as a role model for providing "Hands-on Caring Services to the Patient and their Families". Qualities as a caring leader are essential to the care patients receive.

There is no question that Mike meets all the qualifications for the Excellence in Nursing Practice Award.

Arthur L. Davis Publishing Agency Scholarship: Beth Kinsella

Nominated by Christina Buettner RN, BSN, CCRN

Beth Kinsella, RN, BSN, BS has been awarded the Arthur L. Davis Publishing Agency Scholarship for 2015. I have known Beth for approximately five years. We were both elected to the board of directors of the Massachusetts Students Nurses' Association (MaSNA) as undergraduate nursing students. There, I was able to get my first glimpse at Beth's extraordinary commitment to our great profession of nursing. Her passion, creativity and excitement were contagious and continue to be so to this day!

As a professional nurse, Beth has already made huge contributions to our community as well as our profession. She currently is a Clinical Nurse III at Beth Israel Deaconess Medical Center in Boston. She gives selflessly to all that she does. She also has dedicated herself to the Family Nurse Practitioner MSN program at the University of Massachusetts Boston.

Beth has stayed active in leadership positions within ANA Massachusetts. She has served in many roles, including member of the Nominating Committee, Board Director, Mentor, and Coordinator of the Career Connections program. Most recently, she was also featured in a video on the organization produced by ANA Massachusetts and a video on ANA Safe Staffing. As a former director who worked in collaboration with Beth, I have continued to witness her exceptional contributions and commitment to the organization.

Beth also selflessly helped support a nursing project in Kenya in 2014 to improve cardiovascular health outcomes for those without typical access to care. With this work, she helped empower Kenyan nursing students and nurses to strengthen their nursing infrastructure and capacity to provide quality cardiovascular health.

As a soon-to-be family nurse practitioner, Beth will undoubtedly provide compassionate, exceptional, patient and family centered care for the underserved of our community and will continue to work in nursing leadership positions to help further the profession of nursing in the Commonwealth. This scholarship provides valuable financial support to Beth to continue her education at UMass Boston to become a Family Nurse Practitioner and I am thankful to ANA MA for supporting her.

Loyal Service Award: Susan L. Conrad, PhD, RN, CNE

by Myra F. Cacace, GNP/ADM-BC



Susan Conrad with Myra Cacace

Dr. Susan Conrad received the 2015 Loyal Service Award on April 10, 2015. She is a founding member of MARN/ANA Massachusetts and was the last Vice President of MARN, serving under Gino Chisari (2011-2012). Now she is the chair of the ANA Massachusetts Technology Committee.

When I had the idea to form the Career Connections program, Susan helped me to frame and organize the program to connect novice nurses with nursing professionals. The program has been and continues to be a great success due to the solid framework she helped to develop.

It is for these and many other contributions to ANA Massachusetts that Susan Conrad is honored with the Loyal Service Award.

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Busy at the State House continued from page 1

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- Before receiving a prescription for an opiate medication:
 - Each patient should also be screened to ensure that they are not using other controlled substances or street drugs.
 - ♦ A urine drug test using a gas chromatography mass spectrometer can detect even small amounts of opiates and other drugs that were used within a 2 week time period.
 - ♦ Prior to receiving an opiate medication, an Opiate Risk Assessment tool (a sample was provided to the legislators) should be employed for any patient requesting these medications.
 - The provider in the emergency department should know if the patient is in an alcohol or substance abuse treatment program.
 - The provider in the emergency department must utilize the Prescription Monitoring Program to ensure that the patient has not visited other emergency departments or health care professionals within the previous 30 days of previous treatment with controlled substances.

Patients identified with an increased risk of opiate abuse must be referred to drug treatment programs. However, this is an area of deep concern. More drug treatment programs are needed! It can take several weeks to find treatment programs for my patients when they state their readiness to enter treatment only to find that they are discharged after only 1 week and back on the streets using opiate medications or worse.

We respectfully ask you to consider adding these recommendations to HB 2083. I am happy to share the Pain Medication Usage contract and the opiate abuse screening tool that I use in my practice.

Myra Cacace provided testimony on July 16, 2015 to the **Managed Care Organization Working Group** regarding Managed Care

Thank you for the invitation to provide testimony on behalf of the American Nurses Association Massachusetts about the experience of nurses who work in managed care organizations. As you know, ANA Mass is the constituent organization of the American Nurses Association (since 1908). We are the largest organization representing professional nurses from the bedside to the board room.

I am a nurse practitioner working in a busy internal medicine practice in Southbridge, Massachusetts. The majority of my patients

participate in Mass Health and its managed programs, including BMC Health Net, Fallon and Neighborhood Health. Our patients appreciate having reliable health insurance options that give them the opportunity to take better care of themselves as many have gone without routine medical care for several years. Programs like Fallon Total Care provides coordination of care to help patients schedule and keep appointments and provide supports at home to ensure that patients are taking their medications as prescribed. In our area, due to a quick influx of patients enrolling in the program, there have been a few hiccups in the provision of care leaving some patients stranded without promised transportation, but these glitches are being worked out.

My Office Manager, Maryann Mathieu is happy to work with the personnel at the Managed Care Organizations (MCOs) because they provide more personalized customer service to help us provide the needed patient services, more timely payments for our care and an easier referral process (when required).

Nurse Practitioners as Primary Care Providers

As a Nurse Practitioner since 1994 and a MassHealth Primary Care Provider since 1998, my schedule is structured so that I am in the position to increase access to high quality, cost effective patient care. Unfortunately, when my patients opt to take advantage of a Managed Care Organization, I cannot continue to be their primary care provider, because the MCO plans do not designate me as a primary care giver (PCP). This practice is in direct violation of non-discrimination requirements in §1201 of the Patient Protection and Affordable Care Act.

Non-Discrimination in Health Care: Providers [codified in §2706(a) of the U.S. Public Health Service Act]. Section 2706(a) states that a “group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable state law. This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.”

In light of years of documentation of high quality services and high patient satisfaction with APRNs, we urge you to require that private health insurers take significant steps to include Nurse Practitioners in private health insurance networks.

Communication Issues

Patients frequently are not aware that their MassHealth Plan was converted to an MCO. Often, they do not even realize that they are randomly assigned to another primary care provider (PCP),



Diane Jeffery, Lt. Governor Karyn Polito and Myra Cacace

until they come for an appointment and are either turned away or have to spend time on the phone to designate our practice as their PCP.

The Prior Authorization Process & Inconsistent Formularies: Cumbersome, Wasteful and Inefficient

Every Jan 1st there is a flurry of activity around seemingly random changes in drug formularies, requiring time away from patient care in order to spend hours on hold waiting for pharmacists to approve a medication that a patient has been taking for years. Medications that were on last year’s formularies mysteriously fall off, so I change a patient’s medication one year to be consistent with the formulary requirements, only to have to change the medication back to the original in a subsequent year, when the formulary changes again.

Insurance companies employ pharmacists, physicians and nurses to “oversee” my prescriptive practices (each of them earning a respectable salary). I already use a prescription program in my electronic medical record to help me prescribe the most cost effective medications. In my 21+ years as a NP I have had 1 rejection, which was later overturned on appeal (again with a significant amount of my time spent on the telephone - away from patient care). Is there a way to develop a system that identifies providers who consistently provide the most cost effective medications in order to eliminate their participation in this cumbersome prior authorization process? I am asking that this committee find a way to increase efficiency in order to allow me to have the time to take care of more patients.

Costs and Control

While Managed Care Organizations generally function well for managing health care, they have not always been shown to reduce health care costs. Increased oversight by the Commonwealth must continue in order to assure that patients receive appropriate evidenced based treatment, but that can also lead to adding an extra layer of bureaucracy and increased costs. Without appropriate oversight, the Commonwealth loses the ability to negotiate lower fees for services.

An all MCO system means that Massachusetts must contract with several entities for administration of health insurance coverage, which leaves the Commonwealth less able to control its own costs in health care. I urge this committee to look at the payment structure and determine whether or not it truly serves the patients in the Commonwealth.

Many of our members believe that a single payer system can help us to contain costs...but a free market system encourages competition and encourages consumer choice. We must ensure that full contracting to MCOs does not impede the Commonwealth’s ability to control the product.

Insurance companies have a mission to make money, while the public sector has a responsibility to protect the public. I know that there are no easy answers, but ANA Massachusetts nurses are ready to assist in determining best practices when called upon to do so.

Again, thank you for the opportunity to provide testimony and I look forward to continued cooperation on future issues affecting nursing practice.

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CLIO'S CORNER



Agatha Cobourg Hodgins: Pioneering Anesthetist

Mary Ellen Doona

On May 7, 1915 the luxurious *Lusitania* was nearing the end of its voyage from New York to Liverpool, when the torpedo from a German U-boat exploded into her hull. In eighteen minutes the magnificent ocean liner was at the bottom of the sea, twelve miles off the coast of Ireland's Head of Kinsale. Struggling for their lives in the 55 degree debris strewn waters were men, women, children and babies. Of the 1959 passengers and crew aboard, only 767 survived. As horrendous as Germany's deliberate attack on civilians was, not to be ignored was that Britain failed to provide a protective convoy for her luxury liner, in spite of intelligence that German submarines were active in the ship's path.

One hundred and twenty eight Americans were among the dead but even that loss of life did not lessen the United State's commitment to remaining neutral in Europe's war. A year before, June 28, 1914, the assassination of the heir to the Austrian Hungarian Empire sparked the war that a year later was spreading throughout Europe. By the time it ended, November 11, 1918, the Great War had claimed thirty-seven million men as casualties: seventeen million were dead and twenty million were wounded. Empires – the Ottoman, Austrian-Hungarian, Russian and German - had vanished.

On April 6, 1917 President Woodrow Wilson declared the United States must keep the world "Safe for Democracy" and persuaded Congress to declare war on Germany. Long before that day Massachusetts' nurses were already caring for the sick and wounded at the Western front. Among them was Agatha Cobourg Hodgins (1877-1945), a 1900 graduate of the Boston City Hospital Training School for Nurses (BCHTSN), then under the leadership of Lucy Lincoln Drown and her assistant Mary Riddle. After graduation, Hodgins specialized in anesthesiology training under Dr. George W. Crile at the Lakeside Hospital of Western Reserve University in Cleveland, Ohio.

She and Crile served during the first three months of the American Ambulance Hospital (AAH) in Neuilly just outside of Paris. Dr. Harvey Cushing, who would become a renowned neurosurgeon at the Peter Bent Brigham Hospital, headed the Harvard unit staffing the AAH for its next three months. Try as he might to persuade Hodgins to remain, Cushing was unsuccessful. When her tour of duty was completed in the early months of 1916, Hodgins returned to Cleveland to train registered nurses, doctors and dentists at the School of Anesthesiology she and Crile headed at Lakeside Hospital.



Her decision to train others rather than continue in Europe proved to be one that benefitted traumatized soldiers. The nitrous oxide with oxygen technique that she and Crile had perfected was a success in anesthetizing these men and preventing operative shock. It proved successful as well with men who had been compromised by the grey-green clouds of chlorine gas that the enemy wafted over the trenches. With their eyes, noses, throats, and lungs damaged by that "horrible weapon", nitrous oxide and oxygen was superior to chloroform and ether that were then in use. The first graduates of Hodgins' program in 1916 numbered eleven nurses, six doctors and two dentists. Many of the anesthetists, who served during World War I, especially once the United States joined the effort, could count Hodgins as their teacher.

In June of 1931, Hodgins organized the alumnae of her program into the National Association of Nurse Anesthetists (the precursor of the American Association of Nurse Anesthetists). Perhaps as she did so, Hodgins recalled her student days at the BCHTSN when Riddle and Drown were organizing graduate nurses. Their efforts culminated in 1903 in the establishment of the Massachusetts State Nurses Association, the precursor of the American Nurses Association Massachusetts. Riddle was its first president and Drown its first historian. More certain evidence of Hodgins' continuing ties to Massachusetts was her Chatham home that she bought in 1919 several years after the Great War was over. She retired there in 1934, and when her life was over, March 24, 1945, the pioneering anesthetist was laid to rest in Chatham's Union Cemetery.¹ The United States was again at war, and the Great War had been retitled World War I.

(Endnotes)

¹ Virginia Gaffney. Agatha Cobourg Hodgins: "She only counted shining hours," *AANA Journal* April 2007 97-100.

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Focus on School Nursing continued from page 8

- saved (although they do not always receive media attention).
- **Public health emergency response:** The school nurses, as public health nurses, are one of the largest public health workforces in the Commonwealth. They and the municipal public health nurses were the first to mobilize in the H1N1 event. School nurses in Massachusetts participated in immunization clinics in 348 of the Commonwealth's 351 communities. Compared to other states, there were few school closures in Massachusetts.
 - **Public health initiatives:** School nurses have access to large numbers of students and can easily mobilize when asked to address public health initiatives. Examples have been (a) implementing Narcan training for drug overdoses, (b) identifying students at risk for sex trafficking (Goldblatt Grace, 2012), (c) identifying military children and sharing resources with the families, (d) addressing the obesity epidemic, (e) implementing the concussion regulations, (f) organizing onsite oral health services, and (g) with the University of Massachusetts Medical School, providing interventions to help students stop smoking (Pbert, 2006).
 - **Parent satisfaction:** During five years of surveying parents of the Essential School Health Service Programs, all satisfaction indicators were above 90%. Of particular note was the frequency in which parents of children with such illnesses as diabetes and asthma reported that their child could not have attended school without the school nurse (Read, 2009)

Barriers to School Nurse Funding: School nurses practice in an educational environment where the main focus is academics. Often there is little understanding of the impact of health on achievement. Furthermore, they exist in the no-man's land of serving three large systems (health

Who is the Nurse in the Masthead?

Mary E. P. Davis

Nurses who were gathered at Faneuil Hall on February 26, 1903 clamored from the floor that Mary E. P. Davis (1840-1924) should be the first President of the Massachusetts State Nurses Association founded that day. Davis demurred, stating that she would serve on the Legislative Committee to get a bill passed to regulate the practice of nursing. The Registered Nurse title became a reality in 1910. The next year the 1879 graduate of the Boston Training School (MGHSON), co-founder in 1893 of what would become the National League for Nursing, and the business manager of the *American Journal of Nursing* became the second president of the Massachusetts State Nurses Association.



care delivery, public health and education), each placing expectations but not assuming responsibilities for funding. Other barriers include: (a) previous experience of decision-makers who attended school prior to the vast expansion of the school nursing role, (b) confusion between school nursing (a population-based service available to all students) and school based health centers (primary care clinics restricted to clinic-enrolled students, and which can also bill third parties), and (c) M.G.L. c.71 s.53 which requires all districts to employ school nurses but does not designate the numbers.

The specialty of school nursing practice has changed dramatically over the past several decades while the public perception has often not kept pace with its growth. The time has come to *recognize, support, collaborate with and fund* professional school nurses whose daily care of the Commonwealth's 1.2 million students presents enormous opportunities to impact their education, health and mental health.

- 1 The Essential School Health Service Programs (ESHS) originated in 1993 and, as competitive grants, are designed to establish best practices in school nursing infrastructure, policies, linkages with providers and data systems. There are approximately 72 ESHS districts, covering more than half the student population with total grant funding of \$7.5 million annually.
- 2 In the 1998 Report to the Legislature, *Options for Developing School Health Services in Massachusetts*, the Massachusetts Department of Public Health recommended the following ratios: (a) for buildings with 250-500 students, 1 fulltime equivalent (FTE) BSN or MSN prepared school nurse, (b) 0.1 FTE additional school nurse for each 50 students above 500, (c) 0.1 FTE for each 25 students in buildings with fewer than 250 students.
- 3 Data on epinephrine administrations for FY11-14 is available from the MDPH.

References available from the author. For more information, please contact Anne H. Sheetz at annesheetz@comcast.net.



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Rula Harb Retires

Executive Director of the Massachusetts Board of Registration in Nursing for Ten Years

by Susan A. LaRocco, PhD, RN, MBA



Rula Harb

As the Executive Director of the Mass BORN for the last ten years, Rula Harb oversaw all of the activities of the BORN, including promulgating and enforcing regulations and developing health policies to advance regulatory excellence and implement quality initiatives. Prior to serving as Executive Director, Rula was the Associate Executive Director and before that the Nursing Education Coordinator of the BORN.

While most of the nurses in the Commonwealth have never met Rula, she has influenced our practice as nurses.

Rula graciously allowed me to interview her as she left her position on the BORN. While space does not permit me to share all of her comments, I would like

to share some of our discussion. She says that it is important that nurses take the lead in advocating for these legal changes.

In particular I was interested in the changes that she oversaw during her tenure in this position. One of the major changes that she noted was the use of technology to make the action of the Board more transparent and more able to collect work force data. As she noted, data drives policy, and without real time data it is difficult to have good workforce planning. In addition, the BORN began to provide on-line license renewal and the availability of license verification on line (<https://checklicense.hhs.state.ma.us/MyLicenseVerification/>). This is a very real service to nurses and to those who hire them.

One of the major activities of the BORN is to investigate and evaluate complaints against nurses. While the Board is responsible to protect the public, there is recognition that systems factors need to be balanced with individual factors. Remediation rather than discipline is the major focus. When these complaints relate to substance abuse, the trend is to focus on rehabilitation and a non-disciplinary approach.

Rula sees the need for more nursing leaders with a multidimensional perspective. Nursing practice had become more global, with an increase in collaborative work and more tele-nursing which crosses states lines and potentially national borders as well. Another major issue for the future is license portability. When asked specifically about the Nurse Licensure Compact (see <https://www.ncsbn.org/nurse-licensure-compact.htm>), Rula reminded me that the executive branch implements law that are made by the legislative branch. She noted that nurses need to become more engaged in shaping the future of nursing practice through legislation and that it is important that nurses become empowered in the policy arena. [As an aside, ANA MA had become very politically active; see ANA President Provides Testimony and the Report of the Health Policy Committee in this issue.]

On a personal note, Rula received her initial nursing education at the esteemed American University of Beirut, in Lebanon. After working in Beirut as a staff nurse and a nursing instructor, Rula came to Boston to attend Boston University where she received a Masters in Nursing Administration. From 1987 to 1997 she was employed at Brockton Hospital, rising to the Director position for her last four years there.

In recognition of her sustained and significant contributions through the highest commitment and dedication to the mission and vision of National Council of State Boards of Nursing (NCSBN), Rula was presented with the prestigious R. Louise McManus Award last month. Nurses in Massachusetts have been honored to have this dedicated nurse leader as the Executive Director of the BORN. We wish her well in her retirement from public service, and in her future endeavors. Of course we expect her to remain active in nursing affairs in Massachusetts.

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Massachusetts Regional Caring Science Consortium Plans a New Structure

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

A. Lynne Wagner, EdD, MSN, RN, FACCE
Nurse Consultant of Caring Practice and Mentoring Programs
Faculty Associate, Watson Caring Science Institute
Adjunct Faculty, University of Colorado, Watson Caring Science Center,
Caritas Coach Program
Lynnewagner@comcast.net

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

The **Massachusetts Regional Caring Science Consortium (MRCSC)**, a grass-root forum for exploring the philosophy, ethic, and practices of Caring Science and caring practice models, was initiated by nurses Dr. Lynne Wagner and Dr. Mary Mullany in 2013. A call for nurses to explore Watson's Caring Science and other caring models of practice went out in the March 2013 edition of the *Massachusetts Report on Nursing*, inviting nurses to share their wisdom and experiences around caring practices, to reconnect with their core value of nursing, and to transform nursing science, evidence-based practice, and health care systems with a caring foundation. Many responded. The MRCSC, one of several consortiums across the country, has brought nurses from diverse clinical and leadership backgrounds and other health care professionals together for meaningful heart-centered sharing of caring practices and healing approaches that create caring relationships, environments and work cultures.

The Consortium has met for two years, using a model of 2-hour evening meetings with a presentation and time to share. The 2014-2015 gatherings offered five small face to face meetings and one conference call meeting mid-winter with always rich sharing and presentations by members that included topics such as Creating Caritas Cultures and Systems, Holistic Nursing and its Relationship with Caring Science, Watson's Identified Four Tasks of Human Healing, Sustaining the Heart of Nursing through Resiliency in Nursing Practice, and Caring for Self as Practitioner.

Re-visioning the intent of the Consortium for not only individuals to share, but also systems, the structure of MRCSC will be changing this Fall 2015 from bimonthly meetings to two ½-day gatherings (one in Fall and Spring) that will be held at hospitals which have graciously offered to host. With this new format, **the next two Consortium gatherings will be on Nov. 12, 2015 from 8:30 am to**

12 noon at Brigham and Women's Hospital in Boston and in May 2016 at St. Vincent's Hospital in Worcester (date and time TBA). Each gathering will offer a keynote speaker and a format for sharing ideas and experiences that promotes caring practice. Registration is required for each event. Seating may be limited.

On Nov. 12, 2015, the morning will offer continental breakfast, parking, and CNEs. The guest speaker will be Susan M. Lee, PhD, RN, CNP, Senior Nurse Scientist in the Center for Nursing Excellence at Brigham and Women's Hospital and previously a Nurse Scientist in the Munn Center for Nursing Research at MGH. An author, researcher, and grant recipient in the emerging specialty of geropalliative care, an approach to the care of frail, older adults, Dr Lee was instrumental in developing the 13-site funded project called AgeWISE, which trained nurses across the nation in caring for acutely ill older adults in the last years of life. As a Hartford Change Agent, under current funding from the Gerontological Society of America, she is bringing evidence-based care to the bedside to prevent cognitive and functional decline among hospitalized older adults so that they can return home, avoiding unplanned nursing home admissions. In July 2015, Dr. Lee completed a post-doctoral fellowship with Dr. Jean Watson, Watson Caring Science Institute, during which time she advanced Caring Science, a compass for moral action, as the foundation for palliative care nursing. As an NP, she has an inpatient palliative care practice at South Shore Hospital. Her presentation at the Consortium gathering on Nov. 12, 2015 will address the topic of "Caring Science: A Guide to Care Among Frail Elders," exploring how to humanize care as nurses use self to create the transpersonal field of healing and bring caring values to interdisciplinary care teams.

The Nov. 12 morning will also offer an interactive panel of four Massachusetts Caritas Coaches, graduates of the Watson Caring Science Institute's 6-month Caritas Coach Education Program, which prepares nurses and other health care providers to coach, teach and implement caring-healing philosophy and practices, changing culture and environments within their institutions. The Coaches will share their meaningful projects they have implemented. There will be time for questions and answers and participant sharing.

The Nov. 12 gathering has no fee, but registration is required. Registration information will be sent to all on the Consortium email list. If not already on the email list or your email has changed and you are interested in more information about the upcoming events and registration form, please contact Lynne Wagner at Lynnewagner@comcast.net. New participants are welcomed. We are committed to helping the Consortium grow in ways that promote a shared wisdom to restore the ethic of caring in health care systems.



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- The patient was definitively diagnosed with Neisseria meningitis, Group B, the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic where she worked, the physician working at the clinic, the ER physician and the hospital, in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse would have triaged the patient and the physician would have seen him, they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

Despite this, her defense costs topped \$125,000.

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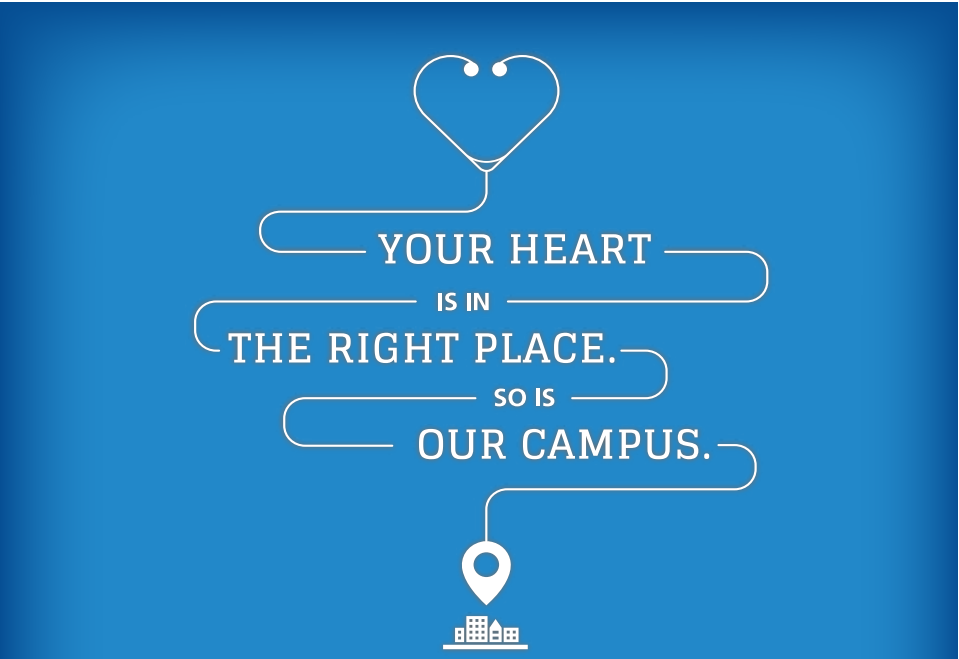


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ANA Massachusetts Mission

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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July 31, 2015

Patricia Ann Reid Ponte, RN, NEA-BC, FAAN

Dear Dr. Reid Ponte,

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to serve as President of the American Nurses Credentialing Center (ANCC) Board of Directors. Your term commences January 1, 2016 and ends December 31, 2017.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve is a testament to your commitment to ANA and the nursing profession. Staff support for the ANCC Board of Directors will contact you with additional information.

Congratulations on your appointment!

Sincerely,

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President

cc: Myra Cacace, MS, GNP/ADM-BC, President, ANA Massachusetts
Diane Rollins Jeffery, MPA, Executive Director, ANA Massachusetts
Marla J. Weston, PhD, RN, FAAN, ANA Chief Executive Officer
Linda C. Lewis, MSA, RN, NEA-BC, FACHE, Chief ANCC Officer
Ellen R. Lahman, MS, RN, NEA-BC, Manager, Governance and Nursing Operations, ANCC

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October 28, 2015

Title: Auto Immune Disease and Look Alikes/Lupus/Fibromyalgia/Rheumatoid Arthritis/ Multiple Sclerosis

Contact Hours: 2

Location: Regis College, Casey Theatre, Fine Art Center
235 Wellesley St., Weston, MA. 02493

Time: 6:30-8:30pm

Fee: none

Registration Information call 781 768 8080

Email: presidents.lectureseries@regiscollege.edu

Description: Auto Immune Disease and those conditions that mimic these diseases will be discussed. Patients with these conditions have presented with symptoms that have been difficult to diagnose in the early stages. The latest research findings will be presented.

November 18, 2015

Title: Living with Chronic Pain/Back/Palliative Care

Contact Hours: 2

Location: Regis College, Alumnae Hall, Upper Student Union Lounge
235 Wellesley St., Weston, MA. 02493

Time: 6:30- 8:30 pm

Fee: None

Registration Information call: 781 768 8080

Email: presidents.lectureseries@regiscollege.edu

Description: According to an MGH article dated 11/19/2013, "Chronic Pain has been said to be the most costly health care problem in the US. Increased medical expenses, lost income, lost productivity, compensation payments, and legal charges are some of the negative consequences of chronic pain." Come hear the experts discuss the medical and the alternative medicine methods of treating chronic pain.



ANA MA delegation visits Senator Elizabeth Warren

ANA MA President Myra F. Cacace, accompanied by elected delegate and member of the Health Policy Committee, Maura Flynn, President-elect Cathleen Collier Santos and Executive Director Diane Jeffery attended the ANA Membership Assembly in Washington, DC. There they voted on Nursing's Agenda for 2015-16. They met new ANA MA members, Marie Reilly and Victor Anouge, and were joined by ANA MA member and Staff Nurse Representative on the ANA Board of Directors, Gayle Peterson at Lobby Day (July 21, 2015) where they visited Senators Elizabeth Warren and Edward Markey. They also visited Representatives Niki Tsongas, Katherine Clark, Joe Kennedy, and Stephen Lynch.

They advocated on YOUR behalf for funding for nurse education, signing home care orders for nurse practitioners, safe patient handling and staffing and better health care for Vets.

Bulletin Board

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- GlobalFit Fitness Centers – Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
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Call Budget – 1-800-527-0700 and give ID# X359100
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- 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.
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- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org – ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center – developed in cooperation with Monster.com.

Stay informed: publications that keep you current

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

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

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

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Contact us at: 617-990-2856 or info@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 or see page 15 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

Congratulations to Lowell General Hospital on Being Re-Designated as a Magnet Hospital

LGH first received Magnet status in 2010. It is one of only nine hospitals in Massachusetts that have Magnet designation. For more information on the American Nurses Credentialing Center (ANCC) Magnet program go to <http://nursecredentialing.org/Magnet/ProgramOverview>

SAVE THE DATE

Team ANA Massachusetts will once again participate in the Vision Walk to raise funds for the Foundation to Fight Blindness
Sunday October 24, 2015
Go to ANA.Mass.org for more details

Thinking About Doctoral Education? A Look at the Options

by Coleen E. Toronto, MSN, RN, CNE

In 2010, the Institute of Medicine (IOM) released a report, *Future of Nursing: Leading Change, Advancing Health*, which called for doubling the number of nurses with doctoral degrees by 2020. The call is in response to the need for more nurses to serve as faculty, advanced practice nurses, researchers and leaders to meet the complex health needs of patients and populations. The current healthcare environment demands more highly educated nurses who possess the highest level of scientific knowledge and practice expertise to assure quality patient outcomes.

Currently, two major nursing degrees are awarded at the doctoral level—the Doctor of Philosophy in nursing (PhD) and the Doctor of Nursing Practice (DNP). Before considering specific doctoral programs, prospective nursing students should decide which route is right for them. This is because the two degrees are significantly different. The PhD is a research-

oriented degree. The DNP is a practice degree similar to practice degrees obtained by physicians (MD), dentists (DDS), pharmacists (PharmD), physical therapists (DPT) and audiologists (AudD). The PhD prepared nurse will be expected to produce new knowledge and the DNP prepared nurse will be expected to take knowledge available to the nursing profession and transfer it to clinical application. It is important to understand that neither degree is better than the other, but instead they complement each other.

Today's prospective nurses have more choices in doctoral programs focused on either research or practice. Compared to other states, Massachusetts is fortunate to have numerous doctoral nursing programs. According to the American Association of College in Nursing (AACN), in 2014, there were twelve academic institutions in Massachusetts that offered PhD/DNP degrees in nursing. The AACN has a list of all doctoral programs by state, which can be accessed at <http://www.aacn.nche.edu/research-data/DOC.pdf>. The majority of DNP/PhD programs are offered for nurses with master's degrees, but there has been an increase in program offerings starting at the post-baccalaureate degree level. One educational pathway that is bringing younger faculty and scientists into nursing is the Baccalaureate to Doctoral program. AACN's latest survey shows that 79 research-focused Baccalaureate to Doctoral programs are now available with an additional 9 programs under development. Many established doctoral programs in Massachusetts offer RN-DNP and BS-PhD options. Both the PhD and DNP programs have accelerated options and can be completed between 3 to 5 years in tightly sequenced curricula.

The PhD and DNP vary in terms of credit hours, length, and delivery method (in-class, online, or blended). The PhD curricular elements include, philosophy of science, theory, ethics, scientific methods, and advanced research design and statistics. Students learn how to prepare grants and manuscripts and have mentored research

experiences. The DNP curricular components include enhanced preparation in evaluating evidence-based research, applying research in decision-making, quality improvement, systems leadership, and policy. Emphasis is placed on a population perspective, how to assess data on populations, and how to use population data to make program decisions and program evaluations. Obtaining a DNP generally requires some practice hours to prove a student's competence in his or her specialty area.

In many cases PhD graduates accept academic or government positions where research is a major expectation. DNP graduates typically seek practice leadership roles in a variety of settings - management of quality initiatives, executives in healthcare organizations, and faculty positions responsible for clinical program delivery and clinical teaching.

According to recent data released by the AACN, enrollment in doctoral nursing programs increased last year as more nurses answered the call to achieve higher levels of education. The greatest gains have been in the practice-focused doctorate (DNP) programs. According to AACN, in 2014 enrollment in PhD programs increased by 3.2% and by 26.2% in DNP programs. Men comprised 9.6% of students in PhD programs and 11.7% of students in DNP programs.

The nursing view is unique. A nurse holding a doctorate degree can help elevate the nursing profession's perspective. The healthcare field needs nurses to participate in minor and major decisions in the care of patients/populations and the management of health care systems as a whole. The profession's response to the IOM's mandate to increase the level of education of our nursing leaders will improve the credibility and competence of nurses in every practice setting.

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Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington DC: National Academies Press.



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News from Health Policy Committee

by Cathleen Colleran-Santos, DNP, RN
Co-Chair Health Policy Committee
President-Elect

The ANA Massachusetts Health Policy Committee is comprised of members who have experience with and/or interest in health care policy. The Committee monitors regulations and public policy activities within Massachusetts. The Committee also makes recommendations for statewide and national legislative and regulatory priorities for the Association and its membership.

The ANA MA Health Policy Committee has been extremely busy over the last year providing testimony and serving as an expert consultant to the Health Policy Commission on the newly promulgated ICU staffing law. Past President Tara Tehan provided testimony for the Influenza and Ebola issues. This year's new legislative session has the HP Committee excited and energized for new possibilities as well. With the development of a new lobbyist relationship with Lynch & Fierro LLP, we are now able to better understand the issues facing the nursing profession in a timely manner. The Committee has made great strides in developing relationships with key legislative members on issues affecting the profession of nursing.

President Myra Cacace has had the opportunity to provide testimony to the Joint Committee on Health Care Financing on **Bill H. 2771/S. 572** - An Act relative to the governance of the Health Policy Commission. This is the first ANA MA bill, co-sponsored by Rep. Kay Khan and Sen. Eileen Donoghue.

This bill would add a seat to the Health Policy Commission specifically for a Registered Nurse, to be appointed by the Governor.

In addition to this historic legislation, below are some additional bills we are closely following:

Bill S.1124 An Act relative to safe patient handling in certain health facilities. Senator Harriette L. Chandler

Bill H.1996 An Act to remove the restrictions on the licenses of NPs and CRNAs as recommended by the Institute of Medicine and the Federal Trade Commission

In other news, the HP Committee has appointed a member, Mary Grant, to the Mental Health Coalition to provide insight and support on Mental Health issues in the Commonwealth.

The Health Policy Committee welcomes new members and encourages all members to be active in legislative advocacy at a state and national level.

Participation on the Committee, which meets on a monthly basis via conference call or in person, offers nurses the opportunity to become actively engaged in the political process.

The HP Committee's Mass. Action Team will be hosting regional sessions across the Commonwealth starting in the fall to share information on key legislative issues that are important to nurses.

Go to ANAmass.org and watch your email blasts for more information about these gatherings.



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First Name/MI/Last Name

Credentials

Home Phone Number Work Phone Number

Employer

Preferred Contact: HOME/WORK • Gender: M/F

Mailing Address

Mailing Address

City/ST/Zip

County

RN License # _____ ST _____

Union Member: YES/NO • UAN Member: YES/NO

E-mail

Employment Status: (ie. full-time nurse)

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Type of Work Setting: (ie. hospital)

Practice Area: (ie. pediatrics)

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