

MASSACHUSETTS REPORT ON NURSING



*Do you know this nurse?
See page 9*

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

ANA Massachusetts Member Rewards Program Continues

The Membership Committee is continuing the Member Rewards Program for those who regularly attend ANA Massachusetts educational events. Members who attended the October 2017 Health Policy Conference, and also attend the April 6, 2018 Annual Spring Conference and Awards Dinner afterward (they are on the same day this year) will receive a free VIP ticket to the ANA Massachusetts' Night at Fenway Park in May of 2018 (date to be scheduled). The VIP ticket includes a game ticket, pregame networking reception, Fenway tasty treats and Red Sox raffle prizes.

The Member Rewards Program is our way of appreciating those members who regularly attend all scheduled educational events. These conferences give members access to engaging speakers, timely expert content, and an opportunity to spend quality time with valued colleagues. Now you are also rewarded with a fun, free evening at Fenway Park, an event which has grown in participation every year, and is a relaxing way to welcome the spring and summer sports season! We hope that many members will take this opportunity to fully participate in ANA Massachusetts conferences as well as go to a Red Sox game!

Nominate a Colleague for an ANA MA Award *Don't Delay – The Deadline is Approaching*

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

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

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

Living Legends in Massachusetts Nursing Award

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

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

Nominate a Colleague continued on page 7

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Health Policy Forum - See more on page 3

SAVE THE DATES

Tuesday, March 20, 2018
ANA Massachusetts Lobby Day
State House, Boston, MA

Friday, April 6, 2018
ANA Massachusetts Spring Conference
7:30 a.m. - 4:00 p.m.

*Running a Clinical Marathon; Keeping Up with
the Rapid Changes in Clinical Practice*

Join us as we hear from Nursing experts presenting the latest innovations and evidence-based findings related to the assessment, diagnosis, treatment, and practice implications in Stroke, Diabetes, Heart Failure, Psychiatric Response in the Medically Ill Patient and Oncologic Implications in Acute and Chronic Illness.

Check our website for updated topics and speaker information.

ANA Massachusetts
Annual Business Meeting
(4:30 p.m.)

ANA Massachusetts
Annual Awards Dinner
(cocktail reception begins at 6:00 p.m.)
Dedham Hilton Hotel, Dedham, MA

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

May 4-11, 2018
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Friday, June 1, 2018
ANA Massachusetts Approver Unit
Provider Symposium
Nuances of Evaluation
Milton, MA

Friday, October 19, 2018
ANA Massachusetts Fall Conference
Sturbridge Host Hotel, Sturbridge, MA

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

PRESIDENT'S MESSAGE

Mandated Ratios Headed for the 2018 Ballot

Diane Hanley, MS, RN-BC, EJD

As you may know, our colleagues at the Massachusetts Nurses Association (MNA) are again pursuing a ballot initiative to have the voters decide on nurse staffing levels at all acute care hospitals in Massachusetts. The proposed legislation recently qualified to appear on the statewide ballot and, assuming the MNA obtains the signatures they need and do not have a change of plans, we will see it on our ballots in November 2018.

The legislation filed this time is even more prescriptive than that filed in 2013.ⁱ The proposed legislation sets strict ratios in every department, including those with highly variable and unpredictable volume. For example, emergency departments would have 1-to-1 ratios for critical and intensive care patients, 1 to 2 for urgent, non-stable patients and 1 to 3 for urgent, stable patients. In maternity care, there are different ratios for each type and stage of labor ranging from 1 to 1 in many situations to 1 to 3 for uncomplicated postpartum mother-baby pairs. With no flexibility in any other units in the hospital and insufficient numbers of trained nurses to meet the demand, we are looking at something that would be dizzying to manage and extremely expensive to maintain.

The proposed legislation is available at <http://www.mass.gov/ago/docs/government/2017-petitions/17-07.pdf>

I feel strongly that this is not the best path for Massachusetts, for patients or nurses. The legislation puts a strict nurse-to-patient ratio in every type of unit above every other consideration in a hospital, including the needs of the actual patients on each floor at any given time. The mandates will supersede, not only clinical nurse input and nurse manager's discretion in how to staff their floors, but will supersede all other resource needs. We know that our hospitals cannot afford these staffing ratios and meet other commitments, including those made to us for professional development, research support, inter-professional collaboration, shared governance activities, nurse residency programs and all other funding for nurse time away from the bedside.

This legislation was born out of concern about dangerous and demoralizing practices at a few hospitals, but the overly prescriptive solution will create problems worse and more widespread than those it is trying to solve.

But, this is going to be a tough one to resist. Nurses enjoy strong support in our state (for good reason!), so there is an assumption that anything proposed by nurses must be a good thing. And, of course, people naturally want to support anything described as a patient safety issue.

Whatever side of the issue you may be on, your continued engagement in the conversation is critical and will impact the quality of care delivered and our professional practice. You provide a constructive voice and positive force for improving health care delivery for the citizens of the Commonwealth. Through communication, collaboration and

participation in your professional organizations – your voice will be heard. When nurses speak – people listen.

As I have said before, what we do today will influence how our healthcare system looks in 10 years. The public values and trusts nurses. As the most trusted profession, policy makers are calling on nursing to shape the future of healthcare. If our profession doesn't answer the call, others will. Every nurse, from the bedside to the boardroom, has a role in transforming professional nursing practice. Are you ready to answer the call? The environment is ripe for nurses to get engaged in charting our future.

You have an important role to play in one of the biggest health care debates of our time – in order for you to take a stand you must be informed. Read, learn, and share.

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

ⁱ As a reminder, the question did not go to the voters in 2013, because the MNA agreed to a compromise in the legislature which mandated ratios only in intensive care units, a requirement that has been troublesome to adhere to in the hospitals.



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NURSES IN THE NEWS

Congratulations to the Massachusetts members of the 2017 class of American Academy of Nursing fellows. Fellows are nurse leaders in education, management, practice, policy, and research. Academy fellows include hospital and government administrators, college deans, and renowned scientific researchers.

All of the inductees are members of ANA Massachusetts.

Teri Aronowitz, PhD, APRN, FNP-BC
University of Massachusetts Boston

Marianne Ditomassi, DNP, RN, MBA, NEA-BC
Massachusetts General Hospital

Maureen Fagan, DNP, WHNP-BC, FNP-BC, MHA
Brigham and Women's Hospital

Jane Flanagan, PhD, RN, ANP-BC, AHN-BC, FNI
Boston College

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Northeastern University

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Cecilia McVey, MHA, RN, BSN, CAN
VA Boston Healthcare System

Patricia Noga, PhD, MBA, RN, NEA-BC
Massachusetts Health & Hospital Association

Janice Palaganas, PhD, RN, ANEP, FSSH
Center for Medical Simulation

Inez Tuck, PhD, RN, MBA, MDiv
MGH Institute of Health Professions

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EDITORIAL

Reflections on the Year of the Healthy Nurse

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

This year, 2017, was designated the Year of the Healthy Nurse by the American Nurses Association. The tag line, “Balance Your Life for a Healthier You” was clear and concise. Each month had a particular theme, from January (Worksite Wellness and Worker Well-Being) to December (Healthy Eating/Healthy Holidays). ANA provided resources for each topic and ANA MA promoted health in several programs. For most of us, some topics were more pertinent than others. For me, the topic of work-life balance (September’s focus) is critical as many of the other healthy habits fall into place when work and personal life are balanced. For example, it is easier to exercise when work is not all consuming. We may have a healthier diet when we allow time for proper meals, arriving home in time to eat with the family, rather than grab something on the run.



One of the ANA resources linked to a blog by Lisa Martin <https://lisamartininternational.com/good-busy-vs-bad-busy/> called *Good Busy vs Bad Busy*. She describes good busy as “a lovely state of being.” Although you have worked the same number of hours as bad busy people, you end the day feeling energized.

Work-life balance also means embracing a mind set that working more hours does not mean working better. Developing good organizational skills, setting aside some “me” time and being wholly present rather than always multi-tasking, helps us to enjoy our life. A healthy work-life balance also means that we should work at something we enjoy. Our work is a part of our life, not our whole life. As nurses, we have many opportunities for employment without leaving our profession. While we won’t quit our jobs because of a few bad days, we need to recognize the long term effects of a bad work situation and take steps to correct it.

Sometimes we are seen as selfish when we carve out time for ourselves. Some of our colleagues equate coming in early and staying late with being loyal and dedicated. We must be prepared for this criticism and not let it bother us. We should lead by example, and help others to recognize the benefits of work-life balance and strategies for achieving it.

So, as the year comes to an end, what health habits have you strengthened or begun to develop? As we end the Year of the Healthy Nurse, take some time to reflect on the year that is ending and how you want the new year to look. Rather than abstract resolutions, think more holistically. Think how you can be that healthy nurse.



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Health Policy Forum
Health Care: What Do We Do Now?

Myra Cacace and Christina Saraf, Co-Chairs

October 31, 2017: Over 240 nurses, students, educators, and legislators gathered at the State House to discuss the state of health care and answer the important question: What do we do now?

The event was kick-started by a welcome from Governor Charlie Baker, who voiced support for increased independence in nursing practice: “Nurses can be part of the solution to providing excellent health care in the Commonwealth, and the time to pass effective legislation is now.”

The next in the line of power house speakers was Dr. Don Berwick, who outlined a path to a better future for health care:

1. Change the balance of power and give patients and families a bigger role in self care.
2. Standardize what makes sense.
3. Don’t standardize what does NOT make sense. Customize to the individual.
4. Promote well being.
5. Create joy in work.
6. Make it easy: don’t put artificial obstacles in our way... Break the rules.
7. Move knowledge, not people.
8. Collaborate and cooperate.
9. Assume abundance: We do NOT need more. Return the money to the people!



Governor
Charlie Baker



Dr. Donald
Berwick



Dr. Atul Gawande

Dr. Atul Gawande told us that we must change the way we help patients meet their goals, through greater teamwork within the health care professions. He emphasized that effective change in health care delivery is up to us!

Dr. Roseanna Means followed Dr. Gawande and discussed her model of care: Health Care Without Walls. Her team of nurses and other members of the health care team go to the community and meet people in need where they are, without cumbersome oversight and establish meaningful relationships with people who might never otherwise receive needed health care.



Dr. Roseanna
Means

The day ended with a visit from Representative Denise Garlick, who is also a nurse. She discussed the importance of being a responsible voter, and encouraged everyone to increase their advocacy on behalf of our profession and the patients we serve.



Representative
Denise Garlick, RN

The ANA Massachusetts Health Policy Committee is proud to have brought this high quality program to our nursing public and we invite you to become a member of ANA Massachusetts and to visit our website www.anamass.org to learn about other opportunities available to all nurses in our Commonwealth.



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REFLECTIONS FROM PAST PRESIDENTS

Memories

Toni Abraham, RN, MSN, APRN-BC

It was September, 1964, when my mother drove me into Pittsburgh from our rural home in Western Pennsylvania. I was about to embark on my fifty year career in nursing at Allegheny General Hospital School of Nursing.

The first six months of “training” was termed the probation period. A “probie” student uniform consisted of a blue dress bedecked with a stiff white collar and cuffs, an apron and the ever troublesome black probie bow. I had a knack for making bows out of that terrible material, so my fellow probies would often ask me to help them dress before hitting the wards. Our capping ceremony came midway through the first year. No longer a probie, now a freshman student, I was just turning 18 years of age.

Student nurses were low on the totem of the hospital hierarchy. We were instructed to stand and make our seats available when a doctor entered the nurses’ station. We staffed the wards on all shifts every day of the week. We disinfected and reused glass syringes, metal needles and mercury thermometers.

Fast forward to 1967. US troops in Vietnam approached 500,000 and antiwar protests grew across the nation. My older brother had just returned from the conflict. I was a pen-pal to some of his friends and wore bracelets for the MIA’s. Two of my classmates joined the Navy. Racial riots and anti-war protests were breaking out across the United States and I witnessed troops patrolling the streets of Pittsburgh.



After graduation, I was hired by the hospital and began working in pediatrics. Seven children lost their lives to various cancers that year. I saw the strength of those young people as well as my feelings of inadequacy attempting to deal with the parents’ sadness, anger and loss. Elizabeth Kubler –Ross’s five stages of grief were not known to me at the time, but looking back, I witnessed denial, anger, bargaining and depression in the parents but in the children, the fifth stage of acceptance.

My family moved to Massachusetts in 1981. Lady Diana Spencer married Prince Charles, and scientists had identified the AIDS Virus. I began working at Framingham Union Hospital’s ICU where fear of the unknown led to changes in protocols and standards, particularly for patients diagnosed with HIV/AIDS. By 1995, AIDS was the leading cause of death in young adults, my younger brother being one of many.

As a result of several coincidences, including the AIDS epidemic, in 1994 I embarked on a new journey. I left the confines of critical care to work in the Pine Street Inn Nurse’s Clinic while attending graduate school. The draw my homeless patients had on me was mind boggling. I learned about adaptability, perseverance, strength and survival. Since then, this nurse changed her role again and I have been serving the homeless men and women in Boston while working for Boston Health Care for the Homeless.

Being a practicing nurse for fifty years has left me with so many memories. I’ve witnessed monumental changes in health care but also have grown to appreciate the wonderful profession I chose to follow.

An anonymous poem in Pine Street Inn’s clinic:

Just Give Love

As some of you will evolve
in your lives to be healers,

Let me remind you that there are some souls
that do not wish to be healed.

“You must be healed,”
Is so often the message that is given
with the healing.

No, they must not be healed.
Only if they want to.
And you are not the authority on that.
Do not inflict your will.

Just give love.
The soul will take that love
And put it where it can best be used.

BSN in 10: The New York Experience

Barbara Zittel, RN, Ph.D.

In 2003, at the centennial celebration of the New York State Board for Nursing, the Board unanimously approved a motion recommending that the State Education Department consider support for: **Statutory/regulatory change permitting future registered nurse (RN) applicants who have completed an associate degree or diploma in nursing to continue to receive licensure as an RN but requiring such persons to obtain a baccalaureate degree in nursing within 10 years of initial licensure.**

Based on an opinion from Department Counsel, it was determined that the change would best be effected through the legislative process. The Board for Nursing is precluded from legislative lobbying. However, the proposal was quickly adopted by the New York Organization of Nurse Executives (NYONE), an organization comprising the major employers of nurses throughout the state. NYONE spearheaded the initiative by developing bill language, obtaining sponsors in both the State Assembly and Senate and hiring a lobby firm.

Major provisions of the bills include:

- Grandparenting of all currently licensed RNs to **exempt** them from ever having to meet the requirements of the bill;
- A lead-in time frame from the date of passage of the bill, to permit all students enrolled in associate or diploma programs to complete their studies and be grandparented and thus **exempt** from ever having to meet the bill’s requirements;
- Provisions that would place an RN’s license on “hold” when the baccalaureate degree is not obtained in 10 years. This “hold” is similar to the action taken when a licensee fails to meet continuing education requirements in those professions that mandate continuing education as a criterion for continued registration; and
- The opportunity for an extension beyond 10 years, for extenuating circumstances, as determined by the Department.

On June 19, 2017, after fourteen years of legislative activity, the bill was passed by a significant majority of both the NYS Assembly and Senate. We now await the signature of Governor Andrew Cuomo.

The bill is grounded in the desire of NY’s nurses to assure the highest quality patient care and public protection. Shorter lengths of stays, higher patient acuity, and more sophisticated technologies and procedures are increasing the complexity of patient care—which in turn places greater demands on nursing competencies.

Research studies clearly demonstrate the added value of additional education in relation to patient outcomes. These studies show that increasing the number of baccalaureate nurses in an acute care hospital decreases the number of patient deaths. That effect is linear, such that the more baccalaureate nurses in a particular facility, the lower the number of deaths.

The bill is not a move to eliminate any portion of the existing nursing workforce, nor does it require the closure of a single associate degree or diploma program. The bill is viewed as one that seeks to further expand the strengths of future associate degree and diploma prepared nurses to meet the ever increasingly complex health care needs of New York’s residents in the 21st Century.

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Integrating our Nurse of the Future Competencies: Academic and Practice Partners Working Together in MA

Judith Wendt, MSN, RN
Associate Chief of Nursing Service-Academic Affiliations,
VA Boston Healthcare System
JoAnn Mulready-Shick, EdD, RN, CNE, ANEF
Clinical Professor, Department of Nursing
University of Massachusetts Boston

How do nurses in practice integrate the Nurse of the Future Core Competencies collaboratively with their academic partners? And vice versa – How does academia do so with practice partners? Who is doing this well, and how? These questions address one of the Massachusetts Action Coalition (MAAC) goals – promoting the integration of the Nurse of the Future Core Competencies (NOFCC©) in nursing practice and academia. MAAC, which was established in 2012, then developed a toolkit to provide common language, definitions and structures to bridge this new learning about the 10 competencies in academic settings for continued development in practice settings. The successful integration of the competencies within academic programs also makes important connections between the various levels of education, thus facilitating a smooth transition between LPN, RN, and practice settings. By including reflective discussion questions, assigned readings, and case studies, the toolkit provides both academic institutions and practice settings the necessary tools and numerous examples for competency integration.

What is the History of NERVANA’s “Growing as a Mentor” Educational Series and NOFCC© focus?

NERVANA is an acronym for the Northeast Region VA Nursing Alliance, a nationally recognized Nursing Academic-Practice Partnership between the VA Boston Healthcare System, the Bedford VA, Boston College, Northeastern University, Regis College, Simmons College, UMass Boston and UMass Lowell. One of the goals of NERVANA’s partnership is to offer practicing VA healthcare professionals and academic affiliating faculty and nursing students a biannual educational series, *Growing as a Mentor*, to illustrate and discuss important contemporary topics for today’s nursing professionals. In the spring 2011, Cecilia McVey, Associate Director Nursing and Patient Care Services, VA Boston Healthcare System and Ann Marie Barron, Associate Director of Nursing, Simmons College, introduced the 10 Nurse of the Future Core Competencies. Since the initial introduction, each NOFCC© has been presented in one of the series’ programs, and has included an active engagement learning activity, followed by a program summary.

Who is on the planning committee for the NERVANA Growing as a Mentor Educational Series?

One representative from each of the NERVANA academic practice partners, meets weekly for the three preceding months to create each educational program based on the NOFCC©, with the fall program planning beginning in August and the Spring program planning beginning each January. This planning group would admit to being very committed to each program’s success. This group is ably led by Judith Wendt, MSN, RN, Associate Chief of Nursing Service-Academic Affiliations, VA Boston Healthcare System.

How do we know that the care we provide is Patient-Centered?

The two 2017 programs highlighted the competency of Patient-Centered Care. Nurses in both education and practice settings need a shared understanding of the competency’s definition and associated skills, attitudes, and knowledge statements. Patient-Centered Care (PCC) is defined by the MA Department of Higher Education’s Nursing Initiative as “providing holistic care that recognizes an individual’s preferences, values, and needs and respecting the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care” (2016, p. 10). The ensuing question is, “How do we know that the care we provide is Patient-Centered?” “How do we teach the Practices of Attending, Listening, and Being Present? How can nurses practice Mindfulness to truly be to listen, attend, and respond to patients’ concerns?” These questions were explored by program participants throughout the three-hour educational offerings which have focused on the competency’s key criteria, namely, “respecting and encouraging the patient’s individual expression of preferences, needs, and values and input into decisions.” On October 19, 2017 the program was honored to have Stephanie Ahmed, DNP, APRN, Director, Ambulatory Nursing at the Brigham and Women’s Hospital present her personal stories and expertise about Mindfulness. This was followed by Ann Marie Barron, PhD, APRN, Simmons College leading participants in discussion and experience of “Caring for Ourselves Mindfully and with Compassion.”

The program ended with a few suggestions and posed questions. Dr. JoAnn Mulready-Shick, EdD, RN, CNE, ANEF, encouraged nurses in practice settings to implement suggested practices from the NOFCC© Toolkit, specifically, “Incorporating nurses’ narratives of excellence in patient-centered care as an essential element of a clinical recognition or clinical ladder program and as a part of the annual evaluation” and “Establishing institutionally-based Nursing Grand Rounds that highlight excellence in patient-centered care as an essential element of practice” (NOFCC© Toolkit, p. 5). She asked educators and nurses to think about themselves as role models for teaching students and team members to value and integrate mindfulness into their everyday nursing practices to more fully address the important patient-centered practices of listening, attending, and being present.

Participants left the program with an important assignment. They were challenged to commit to one PCC action to change in one’s own daily practice within one week and one additional action to commit to change or

improve by the end of the month. Can you guess participants’ top responses? Participants’ take away commitments included:

“I will sit down with my patients for 3-5 minutes at the beginning of the shift, asking, “What is most important to you today, and What more can I do for you?” and “I will make ‘sitting down with my patients for uninterrupted time, being fully mindful’ when asking them about their concerns, as important as my other daily activities, such as medication administration and documentation”... Making that caring connection, sitting quietly, listening to each patient, undisturbed, each and every day.

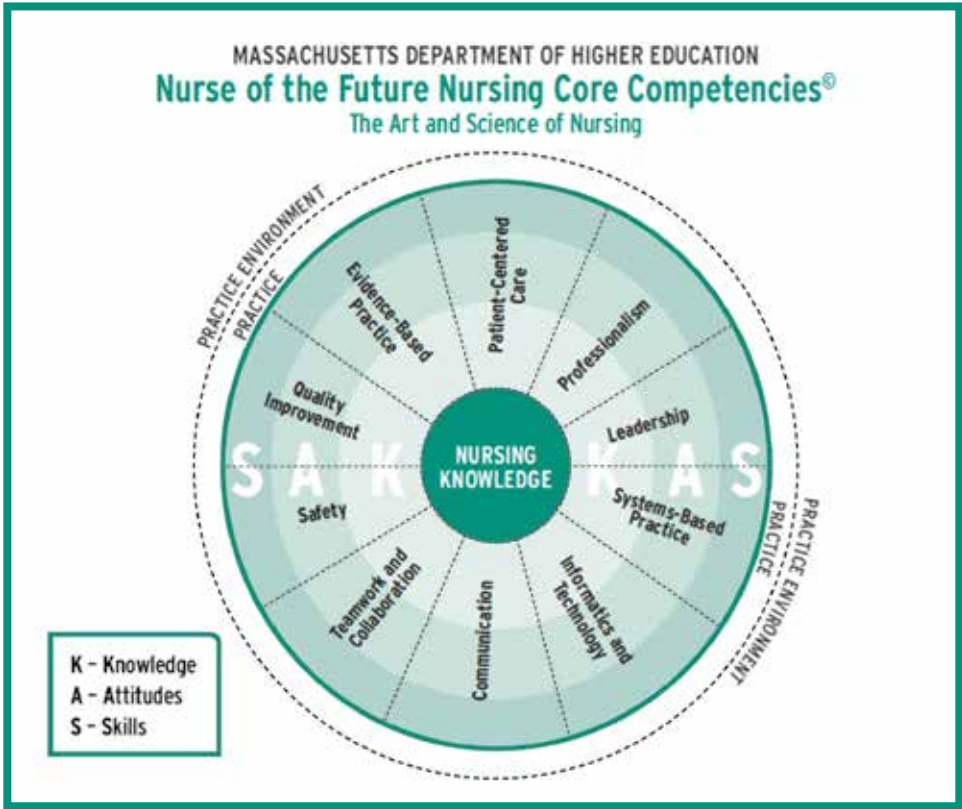
Resources with Best Practices for academic and practice to assist in implementing these competencies include:

- 1. Nursing and Allied Health Initiative’s Nurse Competencies <http://www.mass.edu/nahi/projects/NofCompetencies.asp> which includes:
 - Nurse of the Future Nursing Core Competencies (NOFCC ©) Toolkit <http://www.mass.edu/nahi/documents/NursingCoreCompetenciesToolkit-March2016.pdf>
 - MA Action Coalition NOFNCC webinar <http://www.mass.edu/nahi/documents/WebinarSlides-NOFNCC-April2016.pdf>
- 2. Quality and Safety Education in Nursing <http://qsen.org/faculty-resources/>

References

Massachusetts Department of Higher Education Nursing Initiative. (2016). *Nurse of the future: Nursing core competencies*. Retrieved from http://www.mass.edu/nahi/documents/NOFRNCompetencies_updated_March2016.pdf

Massachusetts Department of Higher Education Nursing Initiative. (2016). *Nursing core competencies (NOFCC ©) Toolkit*. Retrieved from <http://www.mass.edu/nahi/documents/NursingCoreCompetenciesToolkit-March2016.pdf>



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Thoughts of a New Nurse

Kayleigh Coburn, BS, RN
Beverly Hospital, Beverly MA

They don't teach you these things in nursing school. They may have mentioned them, but they certainly didn't prepare you for the hard and scary world you enter as a nurse.

The days are long and tiring. The hours are odd. You work away the weekends. The breaks are few and far between. Full bladders and empty stomachs seem to be part of the routine job descriptions. And leaving your work at the door as you unlace your shoes and beg your sore legs to carry you just a little bit further to your bed is near impossible.

It follows you everywhere. It is who you are. Running through your veins. Blood type: O negative, RN. And that is how it will always be. Years after you have retired. It will follow you to your grave. Loving wife, mother, RN.

They don't prepare you for the first days, weeks and months starting out in the real nursing world. Following your preceptor around like a lost puppy, wondering if nursing school even taught you anything? Questioning how



does she know ALL of this? Will I ever get to be that knowledgeable, that confident? Did the NCLEX make a mistake - am I really fit to be a nurse?

They don't prepare you for the first day on your own. Solely responsible for life and death. Or so you thought. You won't believe them when they tell you that you are not alone. It sure feels that way. But you are not alone. You are never alone. Each and every nurse has been where you are. But no matter how many people tell you that, you will never feel fully prepared. Autonomy is scary. You just have to take the leap.

They don't prepare you for the behind the scenes. The charting. The families. The wishing you had 5 arms, a clone, a bladder that didn't need emptying, and a stomach that didn't need filling. The patient in room 3 who is crying in pain, while the patient in room 15 is vomiting, and a doctor is on the phone for you about a patient in room 20. All at the same time.

They don't prepare you for the first time you have to stand up for yourself, and ultimately your patient, and give a little push back to the doctor who doesn't believe your patient's condition is really deteriorating in front of your eyes. Is she serious? You have facts. Low BP, increasing heart rate, oxygen in the 80s, tachypnic. "But they were fine when I saw them earlier." And then they yell. But, despite your lack of experience, you clear the lump out of your throat and speak up for your non-verbal patient who cannot do so for himself. It is your duty. Advocacy 101. They did teach you that, but they didn't quite let you know just how difficult it would be.

They don't prepare you for your first needle stick. They teach you needle safety. How to prevent it. Making you think that only the careless could ever get stuck with a needle. But then there you are staring at a drop of blood on your finger after a post stroke patient with a neurological tick twitches after you'd just given him a shot. Oh, and they certainly didn't mention that you have to keep your composure as you quickly wrap up the med pass, give report on your patients, and travel down to the Emergency Department. All of the blood to be drawn. The prophylactic drugs you could take. Could take? Should take? The waiting for the results. Negative. Thank God.

They don't prepare you for your first round of CPR. Sure, you've done it on dummies, you've imagined what it would be like and you've seen it plenty of times on Grey's Anatomy, but nothing can prepare you for the real thing. A young guy. In his forties, maybe fifties. The lifelessness that you feel under your fingertips as you are giving everything you have to push the life back into him. Was that a rib that just cracked? I wonder if he has family. Shake the thoughts. Keep going. Nothing can prepare you for the words "We've done all that we can do. Hold compressions. Time of death 0918." Bringing the family in to identify the body of their beloved son and twin brother. On top of all of that you will be sore for the next few days.

And yet we keep coming back. Day after day. Because they also don't prepare you for the reward. Each and every day it is worth it.

The look on the new mom's face when you help to bring her first son into the world after hours of hard labor. The thankful families. The nonverbal patient who grabs your hand and kisses the top of it. The look in your patient's eyes when you finally understand his garbled speech and help him call his wife of 60 years who now has dementia.

The friendships that could only come with fellow nurses who understand exactly what you are going through.

Nursing school doesn't prepare you for just how much love your heart can hold. How each day, no matter how challenging, makes you realize all of the reasons why you became a nurse all over again. Cheers to this roller coaster ride that is nursing. This is the life that I chose and given the chance I would make that choice every single time.

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Surviving the Unthinkable: The Loss of a Child

Reviewed by Barbara Belanger, MSN, RN, CNOR, CSSM

The death of a child causes devastation and an unimaginable grief for the family of a child lost and the community. Janice Bell Meisenhelder, a nurse, understands from personal experience the depth of grief that a mother feels after losing her child. In *Surviving the Unthinkable* (2017), Dr. Meisenhelder provides understanding, guidance and reassurance that healing comes in a journey that is unique for each mother.

Surviving the Unthinkable is a practical, evidence-based guide in two parts. Part 1 is for the mother. An outline describing multiple situations/emotions a mother may face/feel in the shock following a loss with choices of strategies to promote coping is provided. Emotional support from the author is imbedded throughout this guide to encourage a grieving mother on her journey. Part 2 provides advice/suggestions for friends, family members, and others to promote understanding and support for the grieving mother.

Simplicity in the organization of this guide is invaluable in relation to the range of topics that are covered. A mother can easily locate a specific topic such as, *the pain of loss, physical reactions, anger, guilt or triggers*. Cultural and social expectations are

discussed with insight on an individual mother's time-frame for healing. Dr. Meisenhelder discusses a mother's journey from the moment of loss to years following.

Forgiveness of self and/or others, letting go to grow, and listening to oneself are conceptual threads throughout this guide that promote healing of wounds felt, but not seen. Healing *will* take place despite the roller-coaster of emotions. Suggestions for coping, healing, and honoring the life of a child lost are included as options that respect the individuality of every mother's life and belief system.

Dr. Meisenhelder understands the impact on a grieving mother from concerned friends, family, or co-workers. Their influence can be helpful or cause a mother to withdraw from social situations or conversations. Choices for words and actions to comfort with meaning that can be selected by friends, co-workers, family members, and others are outlined in Part 2.

The author's description of topics associated with grief from the traumatic loss of a child and choices to promote healing can be helpful for mothers struggling to rejoin the world after such a loss – within her timeframe of capability. Seeking

"closure," surviving "tsunami" days, and moving through cycles of grief that last for years are topics addressed by the author. Finding healing, peace, and meaning after the loss of a child remain the focus throughout this guide.

This guide is well-written and can be helpful for a mother dealing with the loss of her child. Through her own pain and loss, Dr. Meisenhelder provides insight into the perspective of a grieving mother and strategies that can be taken to cope with such a devastating loss. Including the perspective of family, friends and community surrounding a grieving mother addresses the holistic perspective of coping and healing that is essential for success.

Meisenhelder, J. B. (2017). *Surviving the Unthinkable: The Loss of a Child*. Wellesley, MA. MBM Publishers. Available at Amazon.com.

Dr Meisenhelder is a Professor in the Department of Nursing, Emmanuel College, Boston MA. She is available to speak to the public or health care professionals on supporting people in grief or surviving the loss of a child. She can be reached at meisenhelderj@emmanuel.edu.

Nominate a Colleague continued from page 1

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 12, 2018**
- If you have questions or need help, call ANA MA at 617-990-2856

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 annually to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Excellence in Nursing Education Award

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

Loyal Service Award

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

Community Service Award

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

Friend of Nursing Award

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

Future Nurse Leader Award

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

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

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

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

The nomination process for all awards is easy:

- Access the applications at the ANA MA website: www.anamass.org
- Complete the application and **submit electronically or by mail** by the deadline of **January 12, 2018**
- If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship

This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald, a long time member of ANA MA. The monetary award of up to \$1,000 is given each year to a member of the ANA MA to pursue an area of special interest or a special project that will be beneficial to the member and/or the association. The scholarship can be used to attend an

educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. (ANA MA membership required)

Arthur L. Davis Publishing Agency Scholarship

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

Application Process for Scholarships

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail (**postmarked by January 12, 2018 for Fitzgerald Scholarship; March 15, 2018 for Davis Scholarship**)
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CLIO's CORNER



Over There in France and at Home at Boston City Hospital

Mary Ellen Doona

Emma Marie Nichols (Boston City Hospital, 1901) had been nursing superintendent at the Boston City Hospital (BCH) for 6 years when she attended the convention in New Orleans in the spring of 1916. Along with other attendees, she listened as the American Nurses Association explained that membership would originate in state organizations and no longer in the alumnae associations as it had since 1896. As significant as this restructuring was for the professional organization, the continuous slaughter in Europe since 1914 had a more pressing urgency on the attendees.

Well before the United States declared war on Imperial Germany (April 6, 1917) BCH nurses were already caring for sick and wounded men. In 1915 Mary M. Riddle (BCH, 1889), first president of the Massachusetts State Nurses Association (ANA MA), had organized 55 nurses for the Harvard Unit caring for English soldiers in France. Marion G. Parsons (BCH, 1910), served as its head nurse for which King George V would award her the Royal Red Cross during a ceremony at Buckingham Palace in 1919. In a subsequent letter to the Harvard Unit, the King gratefully acknowledged Riddle's efforts.

Nichols listened as ANA attendees were told BCH was among the first large hospitals to be designated as a base hospital in anticipation that the United States would enter the war. Nichols would have had every right to be pleased about BCH's preeminence at the convention but leadership was not without its pain. The year before, in August, Frances Munro (BCH, 1897), a native of Ontario, joined the Third Canadian Stationary Hospital in Lemnos. The sick and wounded arrived on the 22nd from the ill-fated Gallipoli campaign. Dressing changes provide a dramatic particular of the disastrous conditions at the hospital. Dressings required two nurses: one to do the actual procedure and the other to chase away the flies. Filth, heat, impure water, and poor food were more lethal than the enemy's bullets. On September 5th Munro's status changed from nurse to patient. By the 7th she was dead, becoming the first BCH nurse to die during World War I.

Those conditions at Lemnos were similar to what Anna Maxwell (BCH, 1880) had seen during the Spanish-American War (1898) that prompted her to advise Congress on the usefulness of nurses during war. As the United States prepared to enter

the war, Maxwell and other nurses served on the national Committee on Red Cross Nursing Service. The war would provide a "great opportunity for the [young] nursing profession to prove itself," Riddle declared.¹ Clara Noyes, a Hopkins graduate who had practiced at New England Hospital for Women and Children and at St. Luke's Hospital in New Bedford, urged nurses to protect the word *nurse* and not allow others to devalue them as *the girls* or to consent to untrained women being called nurses.

Thanks to their concerted efforts the plan to use a mixed staff of aides and registered nurses was scrapped in favor of an all registered nurse staff. Thus in February 1916 when BCH's Base Hospital No. 7 was organized, 52 of the 101 nurses were graduates of the BCH Training School for Nurses, half of whom were in their thirties. For the first time registered nurses, not pupil nurses, would provide direct care to patients, under the leadership of Chief Nurse Emma Nichols and Assistant to the Chief Nurse Ellen Christina Daly. The former was from West Roxbury and the latter from South Boston. Both had trained for nursing under Lucy Lincoln Drown (1847-1934) with Nichols (BCH, 1901) succeeding her as nursing superintendent in 1910. Daly (BCH, 1911), the supervisor in BCH's South Department, had the added experience of caring for people with infectious diseases. Her 10-day bout with diphtheria as a pupil nurse added personal experience to her clinical expertise.

On December 6, 1917 only two months before BCH Base Hospital was mobilized the Norwegian S.S. *Imo* and the French freighter S.S. *Mont Blanc* collided in Halifax Harbor. Sparks ignited the benzene on *Mont Blanc's* deck that then ignited its unknown cargo of war munitions resulting in an explosion greater than those then occurring at the war front. Everything within more than a mile and a half radius of the pier was obliterated. Among the nurses across New England racing to the disaster was Grace McIntyre (BCH, 1904) leading 52 nurses. The terrific casualties in Halifax preempted her duties as Chief Nurse of the Naval Base Hospital Unit in Rhode Island.

Still another Chief Nurse, Laura E. Coleman (BCH 1906), headed 99 nurses gathered from the South and West to serve in Base Hospital No. 51. They arrived in Brest on the 4th of September 1918. Their tour of duty there and at Toul was only a few months - the Armistice was declared November 11, 1918 - but during that time they cared for 13,000 men. Many other BCH graduates across the country volunteered their services as is evident in the sheaf of letters from

the Red Cross seeking validation of their training. These are preserved in the BCHSON Collection at the History of Nursing Archives at Boston University.

While Nichols and Daly waited for Base Hospital No. 7 to be mobilized, nurses became more and more stretched at BCH. An outbreak of infantile paralysis severely taxed the already overworked nurses. On one day in October there were 266 sick children being cared for with the disease ultimately claiming the lives of 20% of its victims. On another ward half the patients suffered with scarlet fever and the other half with diphtheria. And children with the usual whooping cough and measles filled still other beds.²

By the 18th of August 1918 BCH registered nurses of Base Hospital No 7 were in Tours, France receiving the first convoy of 600 men in dire need of nursing care. From the third of October through the 20th of November two of the nurses, Harriet Delamere and Jane Kane, served with the surgical operating team just behind the American advance towards victory. The Armistice brought the fighting to an end but the care at Base Hospital No. 7 continued until the



Emma M. Nichols



Ellen C. Daly



Royal (British) Red Cross awarded Marion G. Parsons by George V of England.
Medal awarded Marion G. Parsons by the Republic of Czechoslovakia.
Medal awarded by The Nurses Alumnae Association in memory of four nurses who died in the World-War Service in 1918.

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hospital closed on 17th of January 1919. At that point some nurses continued on with the Red Cross. Marion Parsons, who had resigned from the Harvard Unit to join BCH Base Hospital No. 7, established a training school for nurses in Prague and would be awarded the prestigious Order of the White Lion from a grateful Czechoslovakia. Twenty nurses chose to join the army of occupation as it entered Germany at Coblenz. Sadly two of these nurses died: Jessie Baldwin on the 6th of February from pneumonia and Katherine Golden on the 13th from influenza.

The influenza pandemic was also in its second wave at BCH where there were 2300 cases. Nine nurses were among the 675 patients who died. BCH's Ward X was filled entirely with sick nurses with a reported 80 nurses ill at one time. During this same winter the hospital was also caring for sick and injured soldiers who had returned from Europe.³ Then on the 13th of February as Nichols, and Daly were preparing their nurses to leave Tours after caring for 8000 soldiers, Gertrude O'Connor died of spinal meningitis after being sick only a few hours. On the 14th of March the remaining 36 nurses boarded the *Manchuria* at St. Nazaire for the trip back to the United States. One month later, the nurses of BCH Base Hospital No. 7 were mustered out at Camp Devens in Ayer, Massachusetts.

On her return to BCH, Nichols resigned as nursing superintendent because of ill health. Accepting her resignation the BCH made Nichols Counselor to the BCH Training School. In 1919 when Daly became nursing superintendent she included five nurses she had served with in France in her administrative team. She enrolled the first 13 men as pupil nurses in the Training School marking a significant change at BCH that had once limited the nursing superintendent's jurisdiction to women only. Gold medals honoring the memory of the four BCH Base Hospital No. 7 nurses who had died would grace each graduation. Anticipating the fiftieth anniversary of the Training School, Daly hosted Mary Riddle at BCH while she wrote her *Historical Sketch* of the BCHTSN. Riddle honored the 52 BCH registered nurses of Base Hospital No. 7 who had demonstrated "for all time" that the young nursing profession had proven itself. They were:⁴

Angus, Annie J.	Donovan, Emily G.	Lyons, Elizabeth, A.
Bachelder, Alice L.	Dwyer, Etta M.	Malley, Mary Frances
Baldwin, Jessie F.	Ellis, Evelyn H.	Moses, Addie S.
Beaton, Katherine L.	Fitzgerald, Katherine	Nichols, Emma M.
Brock, Helena S.	Fitzgibbon, Catherine	O'Connor, Gertrude
Burgar, Donna G.	Fitzpatrick, Margaret M.	Parsons, Marion G.
Burton, Pearl E.	Foster, Rose M.	Penard, Emily
Cairns, Margaret	Furbish, Minnie E.	Reger, Elizabeth
Crawford, Maud M.	Gately, Mamie A.	Reynolds, Kathryn M.
Crockstad, Margaret E.	Gertz, Julia E. F.	Rix, Myrtle E.
Cronin, Mary A.	Golden, Katherine V.	Russell, Christine
Cullen, Mary Frances	Grant, Edith M.	Ryan, Anne T.
Cunningham, Emma G.	Green, Elizabeth R.	Scanlon, Belinda
Currier, Della M.	Greene, Elizabeth A.	Sharpe, Annie M.
Daly, Ellen C.	Hodges, Blaanche	Silver, Mary Hannah
Delamere, Harriet	Jomini, Lois V.	Wallace, Euphemia
Devaney, Frances	Kane, Katherine Jane	Willey, Mabel C.
	Kenney, Mary A.	

- 1 Mary M. Riddle, *Boston City Hospital Training School for Nurses: Historical Sketch*. Boston, 1928, 122.
- 2 *Annual Report for the Hospital Department for the Year ending January 31, 1917*. City of Boston Archives.
- 3 *Annual Report for the Hospital Department for the Year ending January 31, 1919*, 8-9. City of Boston Archives.
- 4 Riddle, *Historical Sketch*, 123-124.



Who is the Nurse in the Masthead?

Mary Margaret Riddle (1856-1936)

Mary Margaret Riddle, an 1889 graduate of the Boston City Hospital Training School for Nurses, assistant superintendent at BCH and later superintendent at the Newton Hospital, committed herself to the advancement of professional nursing. As president of the BCHTSN Alumni Association, she attended the mass meeting of nurses at Faneuil Hall on the 26th of February 1903. The Massachusetts State Nurses Association that was created that evening continues 114 years later as the American Nurses Association Massachusetts. As its first president, Riddle pursued legislation that would separate the trained nurse from the fraud. Holding license #1, she served on the Board of Registration of Nursing from 1910-1926. She was president of: the Associated Alumnae, ANA's precursor (1902-1905) and the Superintendents Society, precursor of the National League for Nursing (1910). She was an editor and member of the Board of Directors of the *American Journal of Nursing*. During World War I, Riddle served at Camp Devens in Ayer MA organizing the induction of nurses.



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CONTINUING EDUCATION

Understanding Gap Analysis

Judy L. Sheehan, MSN, RN & Sandra Reissour, MSN, RN

- Q. What is a gap analysis?**
- A. A gap analysis is precisely that: the analysis of a gap between what is and what should be. In the case of continuing nursing education (CNE), a gap is often created by a change in practice, standard of care, newly identified problem or opportunity for improvement. The introduction of new technology or new knowledge of disease treatment may require nurses to “continue their education” specifically around these changes in order to provide the most up to date and evidence based care.
- Q. How can the gap be determined?**
- A. The easiest way to determine the practice gap is to first ask: *What problem needs to be solved?* Then consider what the present state of practice is. What are the nurses doing about this issue at this time? Then ask, *What is the desired state? What is it nurses should be doing?*, followed by considering why the nurses are not doing this. Is it they need to know (knowledge), need to know how (skill), or do they need to do (practice)?
- Q. How does the intended learning outcome reflect the gap?**
- A. The intended learning outcome is the gap resolved. For example: “Participants will acquire updated information regarding XYZ thus being able to provide up to date practice to patients suffering from XYZ”
- Q. How is evaluation related to the gap analysis?**
- A. It is by identifying the gap that you will be able to determine how you will be evaluating your success in the education. Certain “gaps” require different evaluation. For example, increased knowledge can be tested, skill can be observed and practice can be evaluated by outcome measures.
- Q. Why is the identification of a professional practice gap important in CNE?**
- A. Identification of a professional practice gap is important in CNE because it is the first step in the process of planning meaningful continuing education in nursing. By identifying what nurses should know and should be doing, a learner outcome can be articulated, which sets the guidelines for developing the content for learners to achieve the outcome, a meaningful outcome for your target audience.

Reference
2015 ANCC Primary Accreditation Approver Application Manual, p 24, 55

Approved Providers of Continuing Nursing Education

An Approved Provider is an eligible organization approved by an ANCC Accredited Approver after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over a period of time.

Reference:
2015 ANCC Primary Accreditation Approver Application Manual, p 53

American Nurses Association Massachusetts is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Organization	
Berkshire Area Health Education Center (AHEC)	Exeter Health Resources, Inc.
Berkshire Health Systems	Glens Falls Hospital
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Boston Children’s Hospital	Harmony University
Boston College William F. Connell School of Nursing Continuing Education Program	HPHC CNE Provider Unit
Boston Medical Center	Lahey Hospital and Medical Center
Braintree Rehabilitation Hospital	McLean Hospital
Brigham and Women’s Faulkner Hospital	Mercy Medical Center
Cape Cod Healthcare	New England Baptist Hospital
Care Dimensions	Organization of Nurse Leaders, Inc.
Cayuga Medical Center	Southcoast Health
Dana Farber Cancer Institute	Tewksbury Hospital Department of Staff Development
Department of Nursing Practice, Quality and Education, Beverly Hospital, member of Lahey Health	UMASS Memorial Medical Center, Nursing Professional Development Department
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Bulletin Board



Pat Ruggles, ANA MA Team Captain 20/20 by 2020, (standing between Wally the Green Monster and the PawSox Mascot) led a team.

Dare to Dream

When we consider our chosen profession of nursing, we often reflect on the changes that have occurred during our career. Rarely do we dare to dream how we would like to see nursing changed in the future. So, I challenge you to consider your one wish for how the profession of nursing could be better in the future. Send them to me at newsletter@anamass.org. Short succinct statements preferred. We will publish some in future issues of the *Massachusetts Report on Nursing*. Please indicate whether you want your full name used, or just initials.

Susan LaRocco, Editor

Regis College Educational Offerings for Spring 2018

Co-Sponsored with Harvard Pilgrim Health Care

March 21, 2018

Title: The Future of Health Reform: What Happens Next?

Contact Hours: 2

Location: Regis College, Casey Theater, Fine Arts Center

Description: This panel presentation brings together perspectives on the future of the Affordable Care Act, Medicare, and Medicaid. Come hear the experts present on the impact of politics and policies to alter the role of government in reducing the number of uninsured Americans and ensuring access to high quality care.

Online Registration:

www.regiscollege.edu/aca

This activity has been submitted to ANA Massachusetts for nursing contact hours. The American Nurses Association Massachusetts is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

April 18, 2018

Title: Defying the Dementias: Breakthroughs in the Diagnosis and Treatment of Alzheimer's and Other Dementias

Contact Hours: 2

Location: Regis College, Casey Theater, Fine Arts Center

Description: Every 66 seconds, someone in the United States develops Alzheimer's dementia. Alzheimer's kills more than breast and prostate cancer combined and is estimated to cost the country \$259 billion in 2017. On the horizon are exciting breakthroughs in the diagnosis and treatment of Alzheimer's and other dementias, which hold promise for millions. Don't miss this opportunity to learn from the experts.

Online Registration:

www.regiscollege.edu/alzheimers

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

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- ❖ ANA's HealthyNurse™ program

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- ❖ 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.

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