Governor’s declaration and responses from nurse practitioners

Governor Charles D. Baker declared a State of Emergency on March 10, 2020 in response to the spread of COVID-19. On March 26, 2020, Monica Bhatrel, MD, MPH, Commissioner of the Massachusetts Department of Public Health issued an order allowing registered nurses with authorization from the Board of Registration in Nursing (BORN) to engage in the advanced practice of nursing and whose registration and authorization is in good standing may engage in prescriptive practice.

Under this order, certified nurse midwives may continue to engage in prescriptive practice as previously authorized. The order exempts “APRNs with more than two years of supervised practice experience, or its equivalent as specified in the BORN guidance issued pursuant to this order, from requirements of physician supervision and written guidelines for prescriptive practice.” APRNs with less experience will continue to have physician supervision.

More details about this policy are available at: https://www.mass.gov/doc/aprn-prescribing-order/download.

Advance Practice Nurses Respond to Governor Charlie Baker’s Executive Order on prescriptive practice

Stephanie Ahmed, DNP, NP-BC, State Policy Director and Past President for MCNP:

Recognizing the important role that nurse practitioners can play in stemming the impact of Covid-19 in the Commonwealth, the Massachusetts Coalition for Nurse Practitioners, together with our lobbyists (O’Neill and Associates and Finneran Global), were pleased to have the opportunity to partner with Governor Baker and his team to advance an executive order that provides independent practice for Massachusetts Nurse Practitioners.

This order will provide enhanced flexibility to leverage the skills and abilities of NPs with greater than two years of practice experience and is written with a sunset clause that will reverse at some point after resolution of the current crisis. This advancement in practice is an important opportunity to demonstrate the value of NP contributions and MCNP is seeking to capture relevant practice exemplars and stories.

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

I am gratified to know that Governor Baker truly understands the value of nurse practitioners as an integral part of the health care team. Over the last 60+ years, NPs have been providing high quality care to all segments of the population and have already been doing our part to help our patients during this crisis.

I implore our legislators and physician colleagues to see the wisdom of allowing NPs to continue to have this kind of practice authority after this crisis has passed. Whether we are dealing with Covid 19, or a shortage of primary care doctors, or the lack of healthcare services available to large segments of our most vulnerable populations, Nurse Practitioners must be allowed to continue independent practice authority. We need to pass the SAVE act now!!

Mary Lou Sudders, MSW, ACSW
Secretary, Health and Human Services

Governor Charlie Baker and Secretary of Health and Human Services Mary Lou Sudders

Pandemic perspectives

Gail B. Gail, PhD, RN

As of early April 13, the WHO COVID-19 Situation Report revealed over 1.75 million cases and over 110,000 deaths worldwide! There is no telling how we will interpret this data by the time this article reaches our readership. MA is currently under strict quarantine and mandated masks when outside. Concerns about hospital capacities, supplies and utilization of PPE in health care settings, and transfers of nursing home residence to accommodate recovering viral cases head the news.

In the spring of 2003, I was living in Hong Kong while my husband worked on an environmental engineering project. As an expat, and the first time unemployed in nursing in many years, I enjoyed exploring the vibrant city by bus, subway, and ferry, studied Chinese History at City University, joined a Dragonboat team, and cheered during the annual Rugby Sevens tournament. SARS arrived via a lone index case, a visiting physician from mainland China, who had recently cared for patients there with severe respiratory infections. Contagion rapidly spread in the hotel and the emergency room where he eventually sought treatment. From March to June 2003, 1750 SARS cases were identified and 286 deaths reported. The city responded quickly. A 2003 Pandemic Perspectives continued on page 2
Lessons from abroad:

When thinking about what I would write for this edition of the Massachusetts Report on Nursing, the obvious topic was the COVID-19 pandemic. A few months ago, no one could have predicted a global pandemic would sweep the world, bringing our healthcare system to its knees. Yet, it did, and has been in the forefront of our lives, everywhere, seemingly every minute of every day. We have all run the gamut of emotions, since a pandemic has affected our lives, jobs, families and futures. As I reflect, I also think about the range of emotions that accompany these thoughts: hope, anxiety, sadness, pride, worry, gratitude. Emotions are high and they run the gamut. Among all of these emotions, the one I personally feel the strongest and would like to highlight is pride.

Nurses who have worked in the COVID-19 pandemic, I have witnessed firsthand the power and strength of nurses, and how we are the true backbone of the healthcare system. Nurses have transformed care delivery, taken on new roles and responsibilities, and assumed deployment assignments to fill in wherever care was needed most. We have become ICU nurses almost overnight, flipped out of bed, and were on the frontlines of Covid-19 and created new pathways and testing sites across the city, state, and country. We have learned how to operate ventilators and impeccably don and doff respirators and PPE. We have comforted dying patients whose families members could not visit them in the hospital at the end of their lives. Nurses are beacons of hope and comfort, even in the worst of times. The strength, resiliency and adaptability of nurses is what keeps our healthcare system moving forward.

Nurses are on the front lines, fearlessly delivering care every day. We are volunteering to step in and offer help wherever and whenever needed. We leave loved ones and children at home, often placing our own self-care at a significant distance behind patients, family, work, finances, and other parts of our lives that require our care and attention. Despite these challenges, nurses are steadfast and persevere. Awareness has heightened, and the recognition of what nurses do every day is magnified for the world to see. It is nothing short of miraculous. A famous quote from FDR reads, "Courage is not the absence of fear, but rather the assessment that something else is more important than fear." The nurses and healthcare workers that I spoke with up each day ready and willing to take exquisite care of patients may be worried, anxious, tired and conflicted. The “something else” that is more important than fear, are the patients that need our care. It has been a difficult time, and yet despite the challenges, nurses continue to rise to the occasion and raise the bar on healthcare. I know how hard the past few months have been for all of you, as they have been for me. I also know I have never been prouder to be a nurse. I am beyond grateful that this profession chose me, and I hope every nurse can be assured and proud that they are making a difference in this world every day.

To all nurses: you have my unflagging, deepest, and sincerest gratitude. The world has watched you and will never forget all you have done and will continue to do.

Recognizing the value of highly organized planning, training, and implementation procedures for sponsoring agencies.

Protecting nurses is essential for protecting patients.

Applying lessons during COVID-19

Several of the nurses who’ve worked abroad shared their current experiences during the early scramble to contain the COVID-19 virus through training staff, providing direct care, and adjusting to “the new normal.” Their experiences differed. A nurse practitioner transitioned from routine health center visits to respiratory and surgery clinics within a short time. This meant adjusting to full PPE gear, being on top of clinical skills in recognizing the levels of care presenting patients needed and coping with riding mass transit to and from work. Having a strong and trusted nurse leader has been reassuring. In a different setting, an experienced nurse reported concern about quality of training and equipment available for staff. A home caregiver nurse reported patients’ anxieties about allowing them in and their own family’s anxieties about what they’d bring home. In a family where both mother and dad are frontline workers, both are scared. The nurse director of a home care leadership, training, and protecting nurses are valued.

Lessons from the home front:

Nurses know their jobs

Leadership, training, and protecting nurses are valued. Fear is very close to the surface.

These stories barely reveal what nurses are now experiencing around the world. Shortages in proper PPE make headlines. Nurses are fired for taking stands about protection. Nurses are becoming ill and dying. Faculty are experiencing around the world. Shortages in proper PPE and adequate nutrition were predisposing factors. Residues of colonialism, war, and political jockeying manipulated access to resources and care. Lessons from abroad:

• Experiences of delivering health care overseas are shared.

• Practicing humility and collaborative practice with local nurses and medical staff.

• Leadership, training, and protecting nurses are valued.

• Recognizing the value of highly organized planning, training, and implementation procedures for sponsoring agencies.

• Protecting nurses is essential for protecting patients.

Executive Director’s Message:

Carmela Townsend, DNP, MSN, MBA

“Do to what nobody else will do, a way that nobody else can do, in spite of all we go through, that is to be a nurse.” — Rawsi Williams, RN, attorney

When I was asked by our new co-editors to write my “first” column as Executive Director of the American Nurses Association Massachusetts, I never imagined that we would be in the middle of the largest pandemic of the 21st century.

In every generation, there are watershed moments. Pearl Harbor. The Day JFK was shot. For many of my generation, that moment was 9/11. Here in Boston, the Marathon Bombing defined not just the city but the entire state as Boston Strong. These moments – moments in time – were just that – single events, moments that could be captured on film and video, analyzed, and dissected. An enemy identified and pursued. Action taken, and the nation resolute, unified, strong.

I knew how strong ANAMASS members were, both individually and as a collective. Still, it is with awe that I see ANAMASS members and my fellow nurses daily on the front lines, caring for patients, scared for yourselves and your families, lacking or reusing PPE. With awe that I hear and see our collective voices at the highest levels in our nation, watching as nurses demand and obtain PPE from the national stockpile, demand and obtain funding to make ventilators and other medical equipment to care for patients.

Nurses on the frontlines have demanded answers from the CDC, PPE from the President, given advice to the public, and ensured that we are all using ethical considerations as part of crisis standards of care. On behalf of our members and all nurses across the Commonwealth, ANAMASS has reached out to the MA legislature and Governor Baker, advocating for PPE for nurses, given advice to the public, and ensured that we are all using ethical considerations as part of crisis standards of care. On behalf of our members and all nurses across the Commonwealth, ANAMASS has reached out to the MA legislature and Governor Baker, advocating for PPE for all Massachusetts nurses, emergency hazard pay for nurses, expansion of scope of practice for nurse practitioners, immediate passage of H1944/S103, the Enhanced Nurse Licensure Compact (eNLC), to immediately permit qualified nurses to care for patients, and passed liability protections for nurses.

COVID-19 has redefined our generation, and our children’s generation. It hasn’t been a moment – it’s been a month. The effects on our profession, both on our frontline caregivers and those who cannot be on the frontlines, will be felt for years to come. The trauma of watching patients die from this terrible virus, alone; caring for patients without appropriate PPE placing ourselves at risk; the burden of allocating scarce resources; for some the guilt of not being able to be at the bedside – these will all weigh heavily on our minds.

Thank you to the many ANAMASS members who have been working hard on the frontlines and are still finding time to participate in the many ANAMASS committees and ongoing work of the Association. “Nursing is great for so many reasons, but there is one reason that means more than any poll results, amount of money, or job security: Nurses make a difference.” — Brittney Wilson, RN, BSN @ thenerdynurse.com

Come One, Come All

Musings on the art of nursing....

We are creating a place for readers to share their perceptions of nursing via the humanities.

Accepting brief essays (350 words or less), poems, book reviews, and sketches for the September edition. Please submit your contribution to newsletter@anamass.org by June 30, 2020.

Invitation from the Editors

The Massachusetts Report on Nursing is a quarterly newsletter with a focus on nursing in the Commonwealth. The newsletter is delivered electronically, as well as being available on the ANA MA website.

The Newsletter committee hopes to describe and promote dialogue about the challenges confronting nurses in practice, education, administration, and research. This is a crucial time for contributing information about the state of nursing in the Commonwealth and developing content worthy of sharing with colleagues.

Interested in telling your story, reflecting on a meaningful experience, identifying a need, developing novel approaches, or reviewing a book? Submissions are welcome and will receive editorial review.

Please send your suggestions, reflections, ideas for articles, and submissions to the Newsletter Committee at newsletter@anamass.org. Articles are to be equal to or less than 750 words. Articles for the September 2020 edition must be submitted by June 30, 2020.

Massachusetts Report on Nursing Newsletter Committee members:
Barbara Belanger, MSN, RN, CNOR
Inge B. Corless, PhD, RN, FNAP, FAAN
Gail B. Gall, PhD, RN, APN-BC (retired)
You belong to a variety of professional and civic organizations such as Friends of a Local Park, a Sigma chapter, a local affiliate of a national organization or your alumni association. And you have been asked to be the editor of the organization’s newsletter. Maybe you have already said yes, and now wonder what you were thinking. One of the most important points to remember is that the purpose of the newsletter is to be the voice of the organization. It should inform members and other readers of events and activities of the organization and its members as well as provide a forum for members to share ideas, and be an archival record of the organization.

Some questions to ask before becoming an editor:
- Will you be working with a team or will you be solely responsible for the content?
- Will you be expected to write all the content (okay for a small infrequent newsletter) or to solicit writers?
- Will you be responsible for the layout and design or is there a publisher who will do that?
- Will you have a team to help with editing if you are soliciting articles from others?
- How often will the newsletter be published?
- Is it a print or electronic newsletter, or both?
- Who provides oversight to your work – an executive director or a board of directors?
- How much time will you need to devote to the newsletter?
- Will you be expected to write an editorial for each issue?
- Is there any back-up if you are unable to do an issue?

If you will be serving as a co-editor, it is important to determine each person’s role. Will you alternate being the leader for each issue, or will each have set tasks for every issue?

While you may not be doing all the writing, you will need to have excellent writing skills. If you are compiling articles written by others, you will be responsible for editing them. While many members have interesting stories to tell, not everyone will have the time or energy to devote to those stories.

Now here is the quiz:
Being an editor of an organization’s newsletter is: a) fun; b) time-consuming; c) interesting; d) all of the above.

As the past editor of the organization, I can attest to the answer being d.

So, you want to be an editor?

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

Straining for clarity and consciousness

This article is published with permission from the MGH Institute of Health Professions.

Sarah Rossmaslleur, DNP, AGPCNP, ANP-BC, ACHPN

My son’s seventh-grade school principal sent a YouTube video this morning to everyone in the school. In it, he wanders around the schoolyard at 8:15 a.m. He calls to the students, the children including my son—to come in from the yard because it is time for school to start. Craning his neck, looking for the students, he walks to the front door, keys clinging on his belt loop. His head moves from side to side, searching for where the students are, his voice questioning the emptiness. The camera follows him and sweeps by the empty parking lot, the still-barren trees and grey sky. He opens the front door, where he usually stands greeting the throngs of children, the tumbling kindergarteners under the weight of their backpacks, and the teenagers with their greasy, shaggy hair and their dodged-on sneakers. He looks around again, feigning confusion, calling for his students. Finally, looking straight into the camera, he smiles broadly: “Oh! There you are!” The video ends. Like Mr. Rogers who could connect to a single child, this devoted educator did the same for my son. It made me cry instantly. This man wishes to reach my son, my woeful, unscheduled son, and will look for him until he can find him on the other side of the internet connection.

I see my own nursing students on Zoom, 21 of them, almost graduates of a very demanding nurse practitioner program at the MGH Institute, and I want to send that same signal to them. They are worried for a multitude of reasons, and their worries are legitimate. Most are working as newly-minted registered nurses in Boston hospitals that are bracing for the surge of COVID-19 patients that are promised to come. They have no seniority, less than a year’s experience as RNs, and tuition bills. Their supervisors pressure them into taking extra shifts, and they acquiesce because they are passionate and hungry for experience and paychecks. They worry about falling sick, infecting their own small kids or babies at home, and whether they will be able to protect their own families. They are taking refuge in the fact that they do not have the luxury to take a break and think about the virus invading their families. They do that same for my son, my only child, and will look for him until he can find him on the other side of the internet connection.

I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse. I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse. I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse. I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse. I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse. I am swept up by the vortex of need. After my shift, I willstrip at the back door, take a shower, and be aware of every time I cough near my own kids and spouse.

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2020 Health Policy Lobby Day

Patricia Ruggles, RN, BSc, CRNO, Health Policy Committee

The Health Policy Committee of ANA Massachusetts invited nurses and nursing students to a Lobby Day, also known as Advocacy Day, on March 2, 2020 at the Massachusetts State House to honor The Year of the Nurse.

Julie Cronin, RN, DNP, OCN, President, ANA Massachusetts welcomed participants to share breakfast in Nurses Hall/Grand staircase at the State House. Nurses were from a variety of clinical settings, and schools of nursing across Massachusetts representing legislative districts from Cape Cod and Stoughton, to Smethwick and South Hadley, Beverly and Lowell to Boston suburbs, Milton, and Newton.

After a brief introduction, Cronin described bills for which members would lobby legislators.

HB26664/SB701 - An Act relative to the governance of the Health Policy Commission
Sponsors: Representative Kay Khan (D) and Senator Jason Lewis (D).

The Health Policy Commission is an independent agency that develops policy to reduce health care cost growth and improve the quality of patient care. A key responsibility of the Health Policy Commission is to create standards of care delivery systems to meet patients’ medical, behavioral, and social needs. ANA MASS members lobbied to include a registered nurse on the Health Policy Commission.

HB1867/SB701 - An Act to support access, value, and equity in health care (SAVE Act). Sponsors Representative Paul Donato (D) and Representative Kay Khan (D).

(There is similar language in this bill as in Governor Baker’s bill H.4234 An Act to improve health care by investing in VALUE.)

HB1941/SB1345 - An Act establishing a commission on quality outcomes and professional nursing practice
Sponsors Representative Kay Khan (D) and Senator Bruce Tarr (R).

This bill adds a new section 219 to GL 6 establishing a 17-member commission on nurse staffing in hospitals. The proposed legislation would review and make recommendations regarding best nurse staffing practices to improve the patient care environment. Without question, all nurses want to provide high quality care to patients, the challenge lies in the best way to do so. Cost effectiveness is an important consideration in delivery of safe, quality of care.

In preparation for Lobby Day participants were asked to preregister, and to engage in online advocacy training in preparation for the visit. This also enabled attendees to be matched with the appropriate legislator for their home district. As a result, they were provided the names of specific legislators, with appointments made in advance with each office. Participants had a chance to review each bill’s history, to verify if the legislators they were meeting with had signed on or given support to any ANA Mass specific bills.

Each legislator had been sent via email, a complete copy of the 2019-2021 ANAMASS legislative agenda. Health Policy committee Co-Chairs, Arlene Swan Mahony and Christina Saraf, and Executive Director Cammie Townsend were joined by Committee members Laura Duff, Regina Mood, Christine Schrauf and Pat Ruggles to facilitate appointments with legislators and mentor groups during visits.

Each participant was provided a packet, similar to those prepared for legislators that included all three bills being promoted and a summary of the content of the bill prepared by Health Policy committee. Having bill summaries allowed for an easy conversation starter in each office, and each legislator had a staff member anticipating the visit and prepared to spend time with the visitors.

Bill summaries were well received, staff was receptive, and discussion of the three bills being lobbied supported, particularly the SAVE Act, and the scope of practice. In discussing special commission HB1941/SB1345 many questions arose about who will determine appointment to the commission, and what specific expertise will be considered.

Everyone was happy to have photographs taken with the group.

All participants enjoyed Advocacy Day and agreed it was a very positive experience.
Sustainability in Unstable Times
Barbara Belanger, MSN, RN, CNOR

A novel virus has created fear in response to a highly contagious infection that has resulted in massive casualties in the U.S. and worldwide. It is understandable that prioritization has shifted to planning/implementation of strategies focused on caring in a dynamic, uncertain health care environment. The Covid-19 pandemic has pushed many nurse-led performance improvement initiatives to the background. Initiatives to promote sustainability in the workplace have taken on new meaning during the COVID-19 pandemic.

An innovative strategy to reprocess limited resources of N95 masks for multiple usage has been implemented in practice. This strategy requires a standard of 100% compliance in disposal of masks for effectiveness in reprocessing. Meeting this standard in a complex work environment was a barrier that was recognized immediately. A similar barrier was noted in the recycling programs for medical plastic waste.

Recycling medical plastic waste programs were supported by environmentally conscious healthcare workers. The 2017 China National Sword Initiative which banned the importation of certain types of solid waste led to changes that disrupted global recycling processes. Prior to 2017, an overload of garbage was mixed in the plastic waste China accepted from developed countries. An overwhelming amount of garbage filtered from plastic waste was incinerated or buried in landfill areas in China (Humes, 2019; Spross, 2019).

Awareness that the recycling industry had been a sham in that plastics had been mixed with garbage and sent to China shocked a complacent world. Bales of medical plastic waste, no longer accepted by China, accumulated in parking lots. The eventual transport of waste to incinerator/landfill facilities was inevitable. Options were limited. Demands for control of climate were unleashed to an unprepared world.

Interdisciplinary leadership teams were assembled to evaluate best practices with transparency to promote sustainability efforts for environmental health. Grassroots efforts and start-up industries focused on the developing of improved infrastructure for recycling. Understandably, currently, these efforts are on the back burner.

Suspended in animation, waiting... these initiatives will be in place when the time is right. Currently, all waste is directed towards incineration for public safety. COVID-19 has shown the tragic and frightening side of a virulent virus sweeping the globe. As we emerge from this tragedy, it will be important to focus on efforts to prevent other disasters that also affect our world. One such effort is sustainability which is promoted not only for environmental health with recycling, but for conservation of resources with reprocessing. Nurses are as essential for sustainability as they are for caring for those infected/affected by COVID-19.


Second Annual Massachusetts Nursing Summit Emphasizes the Power of Stories
Lyne Hancock, MSN, RN, NE-BC.

I found the Nursing Summit a powerful reminder of the importance of reflective practice and storytelling. Storytelling has the ability to create trust, build relationships, and to influence decisions. As nurses, regardless of one’s role, storytelling provides not only a glimpse of reality of what happens in nursing practice, but also how nurses influence and impact the lives of patients, their families, and the community in moments when others are not watching.

On January 28, 2020, ANAMASS co-sponsored the Second Annual Massachusetts Nursing Summit in Worcester MA with the Organization of Nurse Leaders. The power of nurses sharing their stories was made apparent as nurses shared their stories from the podium throughout the day.

About 300 direct care nurses from across the Commonwealth attended. Barbara Blakeney, MS, RN, FNP, Massachusetts Health Policy commissioner and former president of the American Nurses Association shared her breadth of knowledge and healthcare experience as an educator and public health nurse. Blakeney conveyed the importance of finding mentors to help direct and shape one’s nursing career. Debra Gerardi JD, RN, served as the summit’s facilitator. Gerardi guided nurse attendees through several structured and creative table-top activities to illustrate the significance of telling and listening to stories.

Storytelling is a powerful tool that allows nurses to connect and influence others. Storytelling is integral to nursing practice and brings the art of nursing to life. Exemplars represent the moments in the nurse’s career that profoundly impacted and shaped their nursing practice, the ones nurses will never forget.

ANAMASS was delighted to co-sponsor this event and is looking forward to the 3rd Annual Summit in 2021.
Congratulations to the ANA Massachusetts 2020 award recipients

Living Legends in Massachusetts Nursing
Sheila Davis, DNP, ANP-BC, FAAN
Karen Devereaux Melillo PhD, A-GNP-C, FAANP, FGSA

Friend of Nursing Award
Governor Charlie Baker

Excellence in Nursing Education
Michelle A. Beauchesne, DNSc, RN, CPNP, FAAN, FNAP, FAANP

Excellence in Nursing Research
Kim Francis, Ph.D., RN, PHCNS-BC
Lisa Heelan-Fancher, PhD, FNP-BC, CNE

Excellence in Nursing Practice
Catherine Mullen, RN, MSN, AOCNS

Mary A. Manning Nurse Mentoring Award
Dr. Sherley Belizaire

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Thursday evening, October 1, 2020
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2019 Living Legends: Anne-Marie Barron, Antoinette M. Hays, Jean E. Steel

Attending the 2019 Awards Gala: State Auditor Suzanne Bump, Herminia Shermont, Mazen El Ghaziri, Andrea Bertheaud, Rebecca McCann, Br. Michael Duffy, Jane M. Flanagan

SOLOMONT SCHOOL OF NURSING
Zuckerberg College of Health Sciences
The paramedics performed CPR on him in his driveway, where he had dropped dead in front of his children, suffering a massive cardiac arrest likely caused by his "mild" COVID-19 infection.

They got his heart restarted and ran him in, but shortly after arriving in the resus bay his heart stopped again and the ED team ran three rounds of ACLS on him before getting him back a second time.

By the time the night shift crew and I arrived to take report, he was maxed out on three pressors and was receiving a second round of TPA, a Hail Mary pass to try to ameliorate the coagulopathies that were certainly killing him.

We were busy reorganizing his lines to make space for a bicarb drip, and troubleshooting the persistently low PIP on his vent, when the resident walked back in and handed me a small photograph.

Our patient, sitting at a restaurant with his family, everyone laughing at the camera.

"His family brought it in. He keeps it in his wallet, never takes it out."

I wrapped it in a small, clear biohazard bag, sealed the bag closed, and taped it to his gown, right in the center of his chest.

He managed to hang on for another two hours, and then his MAP plummeted into subterranean territory and his heart stopped, and we coted him again. Then he managed only 30 minutes before coding again, and then only 15.

When I did compressions on the third round of CPR, I realized that all of us had our hands interlocked on top of the photograph, pushing it down into his sternum, pressing the weight of it against his heart.

In an act of extraordinary humanity, the resident called his family. "You need to come now. You need to come say good-bye. Make sure everyone has a mask on."

She hung up the phone and looked at me. "Can we keep him alive until they get here?"

I looked up at the monitor, at the readings off his art line, and said, "How far away are they?"

"10 minutes."

And I met her eyes and shook my head. "He's about to code. Again. Now."

And he did.

There is a formless, wordless, soul-wrenching power intrinsic to the beating heart. If we can see our loved ones while their hearts are beating, they are alive, they are with us, they are not yet lost to the void. If the heart is beating, they might be able to hear us, to carry our final benedictions and render unto us a silent, broken forgiveness.

We wanted them to have the chance to see him while his heart was still beating.

Our final round of CPR did nothing, and we stopped compressions. I moved the photograph for a moment while the resident placed the ultrasound on the left side of his chest, and we watched the walls of his heart convulse, just once, and then rest, still and quiet.

My teammate and I shut off the monitor, shut off the drips, disconnected the wires, disconnected all the tubes, cleaned his face, covered him to the waist with a clean sheet, and re-taped the photograph in its little bag to his chest.

And then we brought his family to his bedside, and gave them over to their grief.

We couldn't give them the opportunity to see him alive. But at least we gave them the chance to see him one last time.

There are tens of thousands of families around the world who never had that chance.

Four of our patients died last night.

One man’s final words were, "My god, it hurts," and then he was gone.

As we signed out to day shift, we pointed to a pile of plastic bags in a corner.

Patient belongings bags, all knotted closed, all labelled.

None of which belonged to any body.

At least, not anymore.

Source: Retrieved from https://acanticleforlazarus.com/2020/04/24/the-photograph/

Lithograph: Section of "The plague in Winterthur in 1328." Lithograph by A. Corrodi, 1860.
Caring for patients with infectious diseases

Mary Ellen Doona

When the probationer returned to the nurses’ residence at Children’s Hospital after her first day of science classes at Simmons College, she was sick. Her temperature was 104°, due it was quickly determined, to typhoid fever. Its origin was traced back to a few weeks before. While on duty, the probationer was sent to an emergency that was happening on a ward half of which was devoted to children with typhoid fever. She was not sent there first because of her nursing ability or background but because she had begun her nursing program that February day in 1916. A lecture on fever nursing was still ahead in her curriculum as were the practical lessons in caring for patients with infectious diseases.

The student head nurse in charge of the ward directed the probationer to clean up a mess caused when a senior nursing student had left the water running in the typhoid hopper. The typhoid stools remained in the hopper unsterilized by steam as was usual. The hopper spile was estimated that men with infection in the beyond. More than likely such a task was never a part of the probationer’s plan. She wanted to become a nurse to be near to care for soldiers if the United States entered the war in Europe. Instead she was severely ill with an infection that one hundred years later would have been quickly dispatched with a medication such as chloramphenicol.

Then as now skilled nursing care was essential in caring for patients with typhoid fever. To reduce her high fever nurses at Peter Bent Brigham Hospital placed the sick probationer in a trough made of rubber sheets and then poured ice water over her. Fifty years later she remembered these slush baths as “harsh treatment.” Nurses coaxed her to eat and before she was even able to do that, they dripped milk into her mouth using a medicine dropper. Gradually they advanced her to spoon feeding. Through the lengthy illness, the probationer had VIP status with nurses caring for one of their own. Carrie Mary Hall, the superintendent of nursing at the Brigham visited, and when the probationer entered the less acute phase did jigsaw puzzles with her. After a long convalescence the probationer returned to her nursing program at Children’s Hospital where all nursing students now received typhoid vaccination.

Infectious diseases were then the leading cause of death as they had been during the Civil War (1861-1865) when Louisa May Alcott briefly cared for soldiers. In Hospital Sketches she describes her first patients—“pneumonia on one side, diphtheria on the other, five typhoids on the opposite, and a dozen dilapidated patriots, hopping, lying, and lounging about.” Not many days followed this first encounter with the sick and wounded before Alcott became a patient herself. She was on bed rest for five and a half months. She explained, “Penicillin was not yet being used.” She recovered fully and after making up a year completed her program. Her fellow alumna Caroline Ober Kotkov in the Class of 1941 witnessed the beginning of change. “I was a student when the early antibiotics were introduced,” she remembered, “Sulfonamides and ...several other sulfa derivatives. Now we had ammunition to combat numerous vicious infections. The doctors were excited and enthusiastic, and we picked up their elation.”

These nurses left their mark on the profession especially the probationer at Children’s Hospital. Stella Goostrey, RN returned to Children’s Hospital as Director of Nursing After a few years gaining more experience and credentials beyond her RN Stella Goostrey returned to Children’s Hospital as Director of Nursing. A bout of typhoid fever had wrecked her goal of caring for soldiers during WW I, but WWII provided another opportunity. Goostrey headed the National Nursing Council for War Services overseeing almost 50 committees dealing with nursing and the national defense. Antibiotics changed nursing practice while the Council’s national presence changed nursing’s status. Both were pivotal events that expanded nursing’s autonomy as a profession.

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4. Mary Ellen Doona. The Emergence of St Elizabeth School of Nursing part one, Clio’s Corner: Massachusetts Report on Nursing. September 2007, 22.
These past few months have been difficult ones for nursing students across the state, with clinical experiences canceled due to the COVID-19 outbreak and colleges closing their doors. As a result, many of our members are back in their home states or staying with local friends. Our plans to attend the annual National Student Nurses’ Association convention were cancelled when the outbreak began, and like so many organizations we have been meeting virtually. The world has changed drastically in just a few short weeks, and it seems that it may never be the same again.

For many on our board of directors, this pandemic has been a call to action as we graduate and prepare to take our NCLEX exams. Nursing students, especially those in their final semester, have the skills that are so desperately needed right now to relieve some of the burden on the nurses at the epicenter of this pandemic. Many nursing students are on the front lines of the outbreak, working as CNAs on hospital floors with COVID-19 patients or volunteering their services in the community. Others have signed up to work in the rapidly created field hospitals in Boston or organized drives to get PPE to healthcare providers who need it.

In this time of upheaval and change in the nursing community and in the world at large, we have never been prouder to join this profession. Watching nurses perform heroic interventions in the hospital and in the community while advocating for their needs is nothing short of inspiring. This is a moment in medical history that is unprecedented, and we want to contribute all we can. MaSNA salutes the nurses who are courageously caring for their patients in this unprecedented outbreak, and we hope to join their ranks soon.

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Moral Distress in Nursing during COVID-19
Perspective on nursing from Rabbi Terry Bard, DD

The COVID-19 pandemic heightens the reality of uncertainty. It raises existential questions. Most nurses endure the many expectations and demands placed on them because, deep down, they have chosen their profession as an expression of fundamental values, desires to help others, their desires to make a difference. Being a nurse validates their core identity. This identity emerges from a set of values that define who they are. As such, caring for others is the natural extension who they are. When barriers challenge nurses or they are unable to provide the manner of care that they value, they may find themselves feeling badly, angry, invalidated. When demands such as those inherent with this pandemic arise, they touch something deeper, the core of their identity. Reactions can often be more intense because the stakes are so high; they can lead to moral distress that may linger for some time. Unlike distress when things simply don’t go right, moral distress emerges when one’s sense of self feels in jeopardy. One’s soul feels annihilated.

Do these sentiments resonate with you – do they speak to you? Please share your thoughts with us at: newsletter@anamass.org

Terry R. Bard, D.D. is a teacher, clinical psychologist, ethicist, researcher, and rabbi. Dr. Bard has been a member of Harvard Medical School Department of Psychiatry Medical since 1976. Rabbi Bard has worked with nurses at Beth Israel Hospital in Brookline and has collaborated with nursing colleagues throughout his career. For more information about Dr. Bard’s work: https://projects.iq.harvard.edu/rshm/people/terry-r-bard-dd

Carrie Mary Hall

Carrie Mary Hall (1873-1963) was a 1904 graduate of the Massachusetts General Hospital School of Nursing. She became the founding Superintendent of Nursing at the Peter Bent Brigham Hospital as it opened in 1912, a position she held until 1937. She headed the Brigham’s Base Hospital No. 5 and the American Red Cross in England during World War I. She received the Red Cross’s Florence Nightingale Medal. From 1921-1925 she was President of: the Massachusetts Nurses Association (the current ANA MA), in 1926 the National League for Nursing Education and in 1915 and 1925 her Alumnae Association. The Carrie Hall Nurses Association (the current ANA MA), in 1998.
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**CRISIS STANDARD OF CARE COVID-19 Pandemic**

In a pandemic, nurses can find themselves operating in environments demanding a balance between time-limited crisis standards of care and longstanding professional standards of care. This guidance applies to decisions about care made during extreme circumstances such as those resulting from emergencies, disasters or pandemics like COVID-19. Changes in the standard of care can be required in situations where available resources are limited or when a crisis is persisting in an unusual setting or with unusual patient care needs. In a pandemic, nurses can find themselves operating in crisis standards of care environments. In such situations, a crisis standard of care describes practice decisions and actions with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources (Guidelines for crisis for nurses with Interpretable Statements).

There is a tension between the patient-centered approach to providing the maximum individual good for each patient and the public-focused approach to fair resource allocation during crisis conditions. A public health approach to ethics can provide guidance in balancing the tension between the needs of the individual and those of the group. "Public health emergencies require clinicians to change their practice, including in some situations, acting to promote the community above the individual in fair allocation scarce resources." (Berkling et al., 2020)

This guidance offers answers to frequent challenges nurses and their colleagues address during crisis situations.

**GUIDELINES TO REGISTERED NURSES:**

- Professional nurses have a duty to care during crises like pandemics. Their employers and supervisors have a corresponding duty to reduce risks to nurses' safety, plan for competing priorities like telehealth, and address moral distress and other injuries to personal and professional integrity such crises events can cause.
- No crisis changes the professional standards of practice. Code of Ethics, accountability for clinical competence or values of the registered nurse; however, the specific balance of professional standards and crisis standards of care will be based on the reality of the situation, such as the presence or absence of necessary equipment, medications or colleagues.
- Decision-making during extreme conditions should shift ethical standards to a utilitarian framework in which the clinical goal is the greatest good for the greatest number of individuals, but that shift must not deprofessionalize nurses who already suffer healthcare disparities and social injustices. Sacrifices in desired care must be fairly shared. This means that care decisions are not about "the best that can be done" under normal conditions. They are necessarily constrained by the specific conditions during the crisis.
- Any move to crisis standards of care MUST be done within the institution's response structure and ideally in collaboration with other healthcare professionals, policy makers and the community.
- Registered nurses may be asked to delegate care to others, such as students, staff displaced from another institution, or volunteers. This will require a rapid assessment of the skills of the others available to assist in patient care. Nurses must continue to ensure patient safety and appropriate delegation.
- An increased reliance on a nurse's own or the collective accumulated competence may be needed, as the usual range of colleagues, experts or services may not be available.

**GUIDELINES TO INSTITUTIONS:**

- Institutions and healthcare systems, have a duty to safeguard employees with policies and practices that are evidence-based, transparently designed and have clear accountabilities.
- In a healthcare system characterized by structural racism, income inequality and healthcare disparities, a "first come first served" approach may compound existing injustices. Healthcare systems must calibrate these impacts with efforts to protect at-risk populations.
- A range of contingencies must be planned for by accountable decision makers as demand for care increases and resources, such as staff and materials, become scarce.
- Essential decisions about allocation of resources must be made at systems and community levels. The individual registered nurse should remain focused on patients and is responsible for guiding the best possible care with available resources.
- Decisions at the level-in-unit must be:
  - Fair - Decision-making standards should be recognized as fair by all those affected by them.
  - Transparent - The process used to make decisions about scarce resources must be transparent, consistent, proportionate to the degree of scarcity, and accountable for appropriate protections and the just allocation of available resources.

**CONCLUSION**

The response of the entire health workforce will make the difference in morbidity and mortality, the degree of suffering, and the rate at which recovery occurs in the community. Being ready to adapt and provide essential care under crisis conditions is a professional responsibility.

**DEFINITION**

Crisis Standard of Care – a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pandemic (e.g. pandemic influenza) or catastrophic (e.g. hurricane, tsunami) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in effect enables specific legal/regulatory powers and protections for healthcare providers in the necessary risks of planning and using scarce medical resources, and implementing alternate care facility operations. (ICD Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations, 2012)

**REFERENCES**


Nursing Leadership in Public Office

Barbara Belanger, RN, MSN, CNOR,

An interview with Mary Grant MS, RN, former state representative for the Essex 6th district, Massachusetts.

Can you describe your nursing practice before becoming involved in state politics?
I graduated with a BSN and MS in Community Health Nursing from Boston College, and throughout my career, I worked with many different professionals and community members. After graduation, I spent almost 30 years in community mental health, both in community mental health centers in Boston and Gloucester MA, and then in private practice. My areas of expertise as a clinical nurse specialist in mental health were children, adolescents and, over time, abuse, particularly sexual abuse, and trauma in children and adults. PTSD and dissociative disorders were a large portion of my caseload. For one period, I served as the Co-director of a Sexual Abuse Treatment Program in Essex County under a criminal justice grant which I wrote with a colleague. In the community, my work was always hand in hand with police, teachers, child protective agencies, the courts, district attorneys as well as clinicians in different professions.

What inspired you to become involved at the political level as a nurse? How many years did you practice in this role?
Since adolescence, I have always participated in leadership experiences, student governance, and political/public policy activity. Generally, I have been civicly active. I am what many refer to as “a believer” in democracy. I respect the history of our country and the experiment of governing ourselves. I am not for “lazy” citizenship, and it has always intrigued me to help get something done. The particular issue that pushed me to be a MA state rep was a frustration with what insurance benefits did and, more importantly, did not cover for my patients, AND an open seat. I had done my own billing for my first five years in private practice. I had a front row seat to what was happening with premiums, with benefits, and the barriers for people of all ages to access the care they needed. The benefits packages did not fit what patients needed to stay out of crises and there were continual conflicts with insurance companies to pay the bills for delivered services. Medical bills were the number one cause of personal bankruptcy at the time and premiums were rising by double-digit percentages annually. I ran on the issue of health care before we were writing our health care bill in MA. The discussion was not yet in the public domain, but everyone behind the doors I knocked on knew just what the issue was.

My first bid for an elected office was a race among five males and me. It was an intense campaign, an enormous learning curve but one of the best experiences of my life. I had the opportunity to knock on every door, introduce myself to all groups of people in my city and was privy to a wonderful view of what was important to the 40,000 people I would represent. My first campaign was successful, and I ran for three more terms. I was successfully elected each time.

Describe your contributions as state representative.
As mentioned, health care was a focal issue of my campaign for the 6th Essex district, representing the city of Beverly. During my time in office, the Legislature passed the Accountable Care Act. The work that went into this landmark bill took place over several years, with discussion on every aspect of our health care system. Having clinical knowledge and having done my own billing I brought to the discussion some first-hand information of how our system was working and not working for people every day. Coverage and cost containment were the goals of the bill, with three main areas affecting costs - prevention, chronic disease management, and end-of-life care. Before leaving office, I set up a Prevention Caucus in the Legislature in order to have a platform within which legislators could learn about how prevention improves the quality of life and contains cost.

In addition to serving when this landmark legislation was written and passed, I also had the opportunity to serve on the House Ways and Means Committee for four years. This experience gave me a very good understanding of our state budget, both revenue and spending. I also spent terms on the Public Health Committee, Housing Committee and several other committees. With over 50% of our budget going towards health care spending, my professional knowledge of health care was helpful in raising matters of concern or suggesting areas to cover each year. In my last term, I served as Vice-Chair of the Health Care Financing Committee. My background was put to good use. In public office it is paramount to be a good steward of our resources and tax dollars. I took that responsibility seriously. Examples of other bills on which I worked were an environmental bill to prevent contamination from coal ash; a comprehensive health education bill, and many transportation issues as I had a harbor, an airport, rail and highways in my district. I carried the bill for the North-South Rail Link, which to this day I believe should happen, as it removes traffic from the Route 128/Interstate 95 highway from the North Shore to Metro West, and expands the capacity of our entire system more than only expanding South Station. This job is a window on the world. I was intrigued by every corner.
What was involved in advocating health care reform as a state representative?

Increasing awareness and engaging stakeholders in health care policy change was necessary to create broad support for such a comprehensive bill. The individual mandate was the biggest challenge for the public in this bill, and it took some selling to the community. Following the money was probably the most important aspect of having impact when advocating for passage. I might have known what was clinically best but being effective meant I needed to know what was important to the other stakeholders, including the public. Studying all areas of our health care system allowed me to thoughtfully present how one provision balanced another and allowed me to field my constituents’ questions effectively. While campaigning, I listened to what was happening to people financially with their health care bills. I was in the healthcare field and could help them troubleshoot. When the big issues came, I had gained their trust so we could have meaningful community discussions about the proposals.

The better one understands how money flows, the easier it is to strategize. The more you listen to those you represent, the easier it is to work through public change. It is about having respect for your role and it requires a deep respect for people. I believe people do not want to have to buy health care services, they would rather just be healthy. When they need to purchase health care, their goal is to get to their optimal functioning so that they can happily live their lives and work.

Prior to the implementation of our first major health care bill in 2006, the number one cause of bankruptcy in the Commonwealth was medical bills. After the health care bill was implemented, mortgages became the number one cause. Constituents also recognize the expertise of their officials and if you are straight with them, they trust you…

Communication is paramount when advocating. How has your career changed since leaving your role as a state representative in 2011?

When I left the Legislature, I had the opportunity to work in the two other areas of cost containment on which our health care bills focused, chronic disease management and end-of-life care. I chose to use my legislative knowledge and my 30 years of clinical experience to help implement the health care bill.

First, I was a clinical and administrative director in Mass Health in the Office of Long-Term Services and Supports. I loved the opportunity to be part of the Division managing the programs helping people who had chronic conditions. It involved auditing, writing regulations, overseeing teams of people who know their work and their areas of expertise. I worked in a large hospice program, and successfully applied for one of the new healthcare workforce transformation grants to improve technology and create a nurse residency program. This assisted in decreasing the expensive and high rate of turnover. Several years later, the turnover rate had dropped by twelve percent. The health care legislation illustrated the positive impact of good public policy on people’s lives. The reverse is also true: poor policy has negative effects.

Currently, I teach a health policy class to graduate students, most of whom are nurses. I feel grateful to have the opportunity to share what I have learned. I also spend time, listening to what was happening to people financially with their health care bills. I was in the healthcare field and could help them troubleshoot. When the big issues came, I had gained their trust so we could have meaningful community discussions about the proposals. A couple of examples were op-ed articles on gay marriage and casino gambling. Communication is paramount when advocating.

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What is your message to nurses considering entering the legislative field?

Public service is a leadership position to improve the quality of life or solve problems for a large population with diverse needs. The experts are your constituents, they let you know what they need. To be a good representative, you must listen well in order to hear correctly and use your knowledge base as it relates.

Our tax dollars are heavily spent on health care; understanding the complexities of financing in our system made me more effective when advocating for bills or provisions of a bill. Nursing is a strong background to have when you perceive government to have a significant role in caring for people who live in your district, state or country.

This view has never been more evident than it is today as we walk through this pandemic with each other.
Inviting nurses to save the date to attend the 8th Massachusetts Regional Caring Science Consortium (MRCSC) half-day conference with a focus on Celebrating the Year of the Nurse and Midwife, which has become even more profoundly important in the midst of the pandemic. The conference theme is The Power of Nurse Caring and Community in Turbulent Times: Cultivating Resiliency with Mindfulness and Storytelling on Tuesday, September 29, 2020 at Endicott College, Beverly, MA from 7:00 am to 12:30 pm. The MRCSC is a forum for nurses in all roles and nursing students to reclaim the heart of nursing by sharing and exploring caring practices and stories together that foster and cultivate personal and professional well-being and growth, transpersonal relationships and connectedness with colleagues and patients, healthy work environments, and best outcomes in patient care. We have so much to learn from each other. Caring Science gives us a framework to help nurses name and give meaning to our heart-filled practice experiences and create supportive communities.

The conference keynote speaker is Christine McNulty Buckley, DNP, MBA, RN, CPHQ, NEA BC, Caritas Coach®, Assistant Dean and Associate Professor, School of Nursing, Massachusetts College of Pharmacy and Health Sciences University. Dr. McNulty Buckley is a Caring Science scholar with expertise in Mindfulness practice and supporting clinical teams. She will address the relationship of mindfulness and nurse resiliency. The conference will also focus on storytelling as a tool to cultivate personal and community resilience and connectedness, featuring a storytelling panel of local nurses, sharing caring moment stories of patient and community care during pandemic challenges. In addition, Caritas Coach projects from the Watson Caritas Coach Education Program® will offer practical examples of how to use storytelling as a healing modality in health care systems. This conference will have opportunities for experiential small group participation and discussion to explore the conference themes and implementation in practice. Take-home handouts will be provided.

Please register on the MRCSC website (mrcsc.org) as they are finalized. There is no fee for the conference, but registration is required by September 22, 2020. You can register on the MRCSC website at mrcsc.org or by contacting Lynne Wagner directly for information and registration at alynnewagner@outlook.com.
As a nurse and joint ANA and ANAMASS member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? Through ANA and ANAMASS Personal Benefits, we are here to help with seven important programs that every nurse must consider. We carefully screened partners committed to providing ANAMASS member nurses with great value, and we make it easy to cover yourself in these critical areas.

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