Commonwealth Conversations with Marylou Sudders, MSW, ACSW
Secretary, Health and Human Services

Marylou Sudders, MSW, ACSW
Photo source: mass.gov

ANAMASS President Julie Cronin, and members Laura Duff, Regina Mood and Eilse Pierre-Louis interviewed Mary Lou Sudders, Secretary for Health and Human Services on January 11, 2021 via Zoom.

During introductions, Secretary Sudders referred to her clinical background in social work as the fundamental basis for managing twelve state agencies that touch one quarter of Commonwealth residents. Sudders noted that social work, as is true for nursing, recognizes that behind every number is a person, family, or community with their own hopes and dreams. Now six years into her appointment by Governor Charlie Baker, the pandemic has become one long day since last March. Sudders expressed gratitude for nurses and feels fortunate to work with public servants who excel in their fields and connect with residents.

President Cronin expressed ANAMASS’ appreciation for the Secretary’s support of full scope of practice for RNs in Massachusetts, an issue the Secretary has long recognized as keeping the state sadly behind the rest of the nation. ANAMASS also welcomes the measure to include a registered nurse on the MA Health Policy Council.

Eilse Pierre-Louis, ANAMASS Board of Directors’ member, focused on how systemic racism affects health care, equity, and preservation of life. HHS worked with unions, respected religious leaders, and other community members to include people of color in the MA Vaccine Advisory Group. The Secretary referenced the Massachusetts Dashboard which is updated regularly.

Regina Mood inquired about access to midwifery and psychiatric services. Secretary Sudders described incentives for expediting psychiatric bed expansion. The Secretary remarked on the need to ensure access for midwifery services and will review current issues.

Laura Duff raised the issue of the horrific effects of Covid-19 among the elderly, specifically those in long term care, and inquired about supporting nurses and nursing assistants while protecting patients. Secretary Sudders reported that there are efforts to improve connections between people and resources. Additional reforms concern rates for per patient care hours aimed at caregiver retention.

Secretary Sudders expressed a great deal of support for elevating registered nurses as key providers in improving health equity across the lifespan and across health issues including mental health and maternal child services. “You can’t run healthcare without nurses.”

In retrospect, the interview panel were pleased with Secretary Sudders’ responses.

President Julie Cronin commented: “Secretary Sudders takes her role seriously and knows the impact of the departments she supervises have on citizens’ health and wellbeing. This recognition is something she brings with her each day and it is an honor for her to serve in this work.”

Laura Duff wrote: “Secretary Sudders is impressive! She was reassuring and gave me confidence that the Massachusetts government is working hard to support constituents through the pandemic and with other healthcare and public health needs.”

Regina Mood added: “I enjoyed listening to Secretary Sudder’s initiatives. For example, the state has an initiative to add 250 psychiatric beds from now until July. There is a great need for psychiatric beds right now and I am happy to hear there is hope on the horizon. I am inspired by her leadership and grateful for the opportunity to meet her.”

Respectfully submitted by Eleanor Vanetzian, PhD, MSN, BS, RN in collaboration with Gail Gall, PhD, MS, RN

Please visit these websites for more information:
• www.anamass.org to listen to the original interview.
• https://www.youtube.com/watch?v=efpuAH1QwL4 to watch the interview.
• https://www.mass.gov/info-details/covid-19-response-reporting
The Foundation for Nursing Advancement in Massachusetts

Julie Cronin, DNP, RN, OCN, NE-C

Since I joined ANA Massachusetts many years ago, I can recall discussions about creating a charitable foundation and what that would mean for our organization and for the nursing profession. ANAMASS is the voice of nurses in the Commonwealth and we were predicated on the commitment to advancing the profession of nursing and quality patient care. Our vision has always been to advocate, educate and lead. However, creating a Foundation would mean a commitment to nursing in a different way. By offering financial contributions to education, research, and scholarship we could promote, develop, and influence nursing and healthcare on an entirely different level.

It is with extreme honor that I can formally announce the Foundation for Nursing Advancement in Massachusetts (FNAMA, Inc.). FNAMA is a 501(c)3 charitable foundation that was launched in 2020 with the incredible support of founding board members and Past Presidents including Barbara Blakeney, Gino Chisari, Tara Tehan and Donna Glynn, as well as ANAMASS Executive Director Cammie Townsend, Lisa Presutti, and me. Even in the middle of a global pandemic this group persevered with a driving commitment to nursing to bring this longstanding goal to fruition. I can think of no better way to honor TGN’s nursing vision than to support nursing through scholarship, research, and innovation.

The mission of the Foundation is “A healthier Commonwealth through the power of nursing” and we will support nursing through scholarship, research, education, and innovation.

Opportunities to make a positive impact are endless, and contributions to the Foundation will ensure nurses are empowered to be change agents, innovators, and paradigm shifters. Investing in nursing means investing in the future of healthcare.

In the immediate future, FNAMA plans to award grants to address issues such as health care disparities and equity in nursing; develop new scholarships to ensure ongoing workforce demands can be met; and pursue innovation grants to encourage nurses to create improvement in health care delivery.

We are asking each ANAMASS member to help realize these goals by making a contribution at FNAMA.org. This gift can be a one-time donation or a recurring investment, all of which are tax deductible. We would also love to hear from you, our members, on how we can honor and invest in nursing through the foundation. Please reach out anytime and share your ideas. From the bottom of our hearts, Thank You, for all you have done during this pandemic, and for all you do every day. This Foundation honors nurses by providing another avenue to advance nursing in a different way.

On a personal note, it is with extreme gratitude and a full heart that I submit this final message as the President of ANA Massachusetts. The past two years as President have been filled with so many incredible experiences and opportunities. I have been so humbled to witness the heroic acts of nurses throughout a global pandemic, and so honored to be part of a nursing community and organization that always comes together in times of hardship and times of celebration. ANAMASS’s commitment to “getting it right” is truly awe inspiring. The thoroughness and attention to detail that is behind everything ANAMASS does is proof that the commitment to doing what is best for our profession is always at the forefront of decisions and actions. From creating a charitable foundation, to speaking with Governor Baker and Secretary Sudders, to seeing ANAMASS’s first recommendations pass to increasing membership and engagement; and advocating on behalf of nurses during a pandemic; and tackling the difficult topic of racism in the nursing profession – these are just a few focal points of the past two years. ANAMASS is the heart and soul of the nursing profession in Massachusetts. It has been a great honor to have served you as President. Thank you to my closest confidants for their support and guidance along the way (you know who you are!) and hope I can pay it forward in the months and years to come.

Invitation to publish in the MA Report on Nursing

Want to share your talents at writing prose, poetry, memoir, opinions, photography, or other art forms?

Your contributions are welcome!

• We especially appreciate offerings from nurses in clinical practice, research, leadership, and education (both students and teachers).

• We strive to represent diversity in perspectives and demographics among authors.

• As our newsletter team has gotten our feet wet, we’ve developed a pathway for submitting articles and agreements regarding publication for contributors.

• These are available at newsletter@anamass.org. Please review guidelines and complete the contributor’s agreement when sending in your offerings.

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February 2021

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Who, What, Where, When and Why ...? How nurses rise to the times.

Gail B. Gall, PhD, RN

I write on the day that celebrates Rev. Martin Luther King’s birthday, still rattled by the Capitol invasion and anxiously anticipating an orderly inauguration. Meanwhile infection rates continue to rise and people of color and elders living in assisted care and nursing homes are among the most vulnerable. People are exhausted from home schooling, confinement, loss of income, and figuring out the simple chores like grocery shopping. What will the numbers of the infected and the deceased be by the time we publish? Nursing practice has influenced outcomes from the public health arena to long term and acute care, home care, and self-care. This issue of the Newsletter focuses on the activities of nurses who have had an impact, despite and in response to the COVID-19 pandemic. Julie Cronin writes her last column as President with great news about our Foundation to support nursing in the Commonwealth. We welcome President-elect Lynne Hancock and look forward to her contributions. Executive Director Carmela Townsend continues to focus our attention on ANA’s commitment to diversity. And a synopsis of Commonwealth Conversations with Secretary Marylou Sudders is available for you and not to be missed. Thank you to Eleanor Venetian for collaborating on the interview synopsis. And there is more.

We are blessed with members who are great nursing historians. Mary Ellen Doona describes how nursing education moved from a hospital-based setting to institutions of higher education, fostering professional growth and independence from our medical colleagues. Doona also delves into ANAMASS history and selects the mysterious photos of the “Masthead Nurse.” Barbara Polemba reports that a State House plaque now honors the Cadet Nurse Corps of WWII. Vivian Pike takes us from the past to the present as she brings to light the history of Philippine nurses and their frontline experiences with COVID-19.

Eileen Stuart Shor describes how her team reinvented their PACU into a COVID ICU. Cherelyn Johnson describes how community health center nurses integrated contact protocols to keep in touch with vulnerable patients. School nurse Julie Ferrara misses her “frequent flyers,” a column originally published in the Boston Globe, reminding us how we long for “normal” aspects of care, while encouraging nurses to pick up their pens! Joelle Chateauaut recruited a team to develop Sharon Public Schools’ plans for pandemic management. Mental health specialist Mechelle Plasse shares valuable tactics on self-care.

How do we look at ourselves and our colleagues? Julika Wocial describes her new grad experiences in acute care—mastering basic to complex tasks before being able to attend to each patient’s humanity. Alex Butler’s poem brings us to the bedside to feel that nurse-patient connection. Solange Rosa shares the moral injuries of discrimination and how bravely speaking can bring about change. These pieces lead readers to Judith Vessey and her team’s research supporting the expansion of nurses’ participation on Massachusetts hospital boards.

When this edition reaches you, we will be approaching the spring equinox. Dawn will come earlier, and twilight will linger while Earth, encapsulated by pandemic fever, continues another circle around the Sun. And the nurses will carry on.

The newsletter is brought to you by a team. The editors and I are grateful to those who submit their original work, committee reports, research results, poetry, and other writings and to our readers. Lisa Presutti is a vital team member—her guidance is invaluable.

Register for the FREE Nurses Month Webinar

The American Nurses Association proud to release the Fourth Edition of the Nursing: Scope and Standards of Practice in Spring 2021. Discover how this updated version guides you and all other Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN). You will learn about the most significant changes to this foundational document from the Co-Chairs of the 2019-2020 Nursing Scope and Standards Revision Workgroup.

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Nurses on Boards – Free Webinar Series

The American Nurses Foundation presents the Nurses on Boards webinar series. This free webinar series focuses on skills and tools to support nurses pursuing service on boards of directors, funded in part by the generosity of the Rita and Alex Hillman Foundation.

Key Topics Include:
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https://www.nursingworld.org/continuing-education/nurses-on-boards–webinar-bundle/

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Overview
Nurses face dynamic challenges every day. The design thinking model can provide new mindsets, skills, and behaviors that create champion problem solvers. This course covers the five spaces of design thinking and provides an easy storytelling model to share your design thinking experience.

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Our life’s work is supporting your life’s work

Carmela Townsend, DNP, MSN, MBA, RN
Executive Director,

When I meet someone new, and they learn that I am a nurse, the first question they ask is “Where do you work?” I am proud to say that I am the Executive Director of the American Nurses Association Massachusetts. For the non-nurse, however, that can cause some confusion. For example, my mom stopped sending me Happy Nurses Day Cards because “you’re not really nurses right now.” But the work that I do at ANAMASS is, to me, the best job in the world, because every day I am doing something to make a nurse’s practice better, to improve patient care, and advance the profession. I no longer specialize in kidney/pancreas/liver transplant nursing; instead, I can address issues related to staffing in long-term care facilities; maternity care deserts being created in the South Shore and Cape; concerns about COVID-19 PTSD for all RN’s; and obtaining sufficient PPE for RN’s across all care settings, including congregate care, home care, and private practices. Working with the Board of Directors, committee, and volunteers of ANAMASS is satisfying and rewarding; we don’t always see eye to eye on every issue, but respectful dialogue and consensus process has resulted in tremendous achievements for nursing and legislative session and positioned ANAMASS to continue to be a strong voice for nursing over the next year.

One of the initiatives that I am personally most proud of is our commitment to diversity and ending racism in the nursing profession. ANA has convened a National Campaign to Address Racism in Nursing, and I am humbled to have been appointed a Commissioner. I will endeavor to ensure transparency, open communication, and reach out to nurses across the Commonwealth to ensure that ANA’s work is making a difference.

You will see a letter from Solange Rosa, RN. She sent this email to her colleagues after a dialogue in the nurse’s station a little more sensitive to what is being said and the choice of words being used when discussing the uprisings and the killing of George Floyd.

I have had to walk away from problematic conversations in the department because in my mind it feels like, “they will never understand.” It’s not a good feeling. So, as we all sit and discuss racism in 2020, we have to realize and acknowledge the fact that it’s been present. Just because you haven’t seen it, doesn’t mean it’s not there. When I hear protesters blantly being called “animals” by my coworkers, it’s hurtful. Do you know how Black people have been dehumanized in America from the start? Instead of thinking about riots as destruction, think about the destruction, violence, and brutality of slavery, of Jim Crow, of lynching, of redlining, of economic disparity, of healthcare inequities, of environmental injustice, of systemic racism, of the police brutality that set off these uprisings.

I have heard conversations that also mention a scary “Big, Black Man.” We have “Big, Caucasian Men,” too. But they never get labeled as scary. Don’t be scared of me because of my skin color. Be scared of me because of my intelligence, be scared that I will defend all my points with valid information and ideas. And I don’t mean literally be frightened of me. I’m one person just trying to make a difference for my nieces, nephew, family, and my friends. As I sit and hear these conversations I ask myself, “I wonder do you see me? Seeing color means you recognize my ancestors’ struggle and even though you can’t relate, you can empathize. Why do you want to see my color and acknowledge where I come from and my background and history so that when events like now transpire, you see humanity, you see the disparity, and you see humans not animals (as we were previously described during protests).

We might not feel that we are equal, but have you ever thought of a blood transfusion? When it’s medically necessary does anyone ever say, “Is it from a Caucasian or an African American person?” No. They never do because at that point it doesn’t matter to anyone because blood is blood. As we move forward into the next few weeks and months don’t be upset at me for being angry. As a nurse, I have been verbally abused in my 15 years of nursing because of what I look like but not my impeccable nursing skills. You can talk about me based on your biased standards, but you will never be able to explain to me that “all lives matter.” Because this country continuously shows us that isn’t the case.

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Judith A. Vessey, PhD, MBA, FAAN, Anna Chen, and Minji Kim, BS, RN

In the US where nurses are continuously named the most trusted profession, the pandemic heightened the public’s respect for nurses and other frontline workers. Despite personal risk, nurses provide scientifically based compassionate care to those infected with the coronavirus and survived and to those who succumbed. But in early summer as the number of COVID-19 cases fell in Massachusetts, nurses and other clinical staff were learning of furloughs, reduced or frozen pay, and reductions in benefit packages. A mere four months later, as COVID-19 cases once again began to spike, the Commonwealth and local governments are pleading for registered nurses to return to the workforce. But what will happen this coming summer when most of our population is (hopefully) immunized, the virus wanes, and there is less pressing demand for nursing services?

Are We Heard in the Board Room?

Hospitals and medical centers are overseen by a Board of Directors or a Board of Trustees, whose core responsibilities include formulating and instituting the organizational mission and strategic initiatives, ensuring financial viability, monitoring the performance of high-level hospital executives, ensuring high quality care is delivered, and addressing the needs of the community it serves. Board member composition is heavily represented from the financial, legal, biomedical, and business communities; today most include physician expertise as well. Historically boards were primarily charged with maintaining a hospital’s fiscal solvency. But as insurers shift to value-based reimbursement, board members’ understanding of quality metrics from a lens of health equity becomes increasingly important. Many Board members, however, have little experience with the direct delivery of quality health care or experience in interpreting complex data on the quality and safety of care. Nurses’ expertise on the ‘sharp end of patient care’ helps fill this gap.

When nurses have a voice at the table, their unique perspectives of how to strengthen an organization’s commitment to outstanding patient care and maintain a highly skilled and committed patient care workforce, are conveyed to healthcare leadership groups. Recognizing this challenge, the Nurses on Boards Coalition (NOBC) was launched in 2014 with funding from the Robert Wood Johnson Foundation and support from over two dozen healthcare-related groups. Committed to improving the nation’s health, the NOBC is championing nursing representation on corporate and community boards. Active engagement on hospital boards is an ideal platform for nurses to exert their expertise in addressing healthcare’s mandate in providing equitable care.

To investigate nursing’s voice, the authors examined the status of nursing representation in the board rooms of Massachusetts hospitals. The Massachusetts Health and Hospital Association’s Hospital Directory was consulted to create a list of acute care non-profit (501c3), non-governmental hospitals. Eligibility to be included in this project was determined by reviewing publicly

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**A Seat at the Table: Nursing Presence on Hospital Boards**

Judith A. Vessey, PhD, MBA, FAAN

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Spotlight on Nursing Continuing Professional Development

Judith L. Sheehan, MSN, RN-BC, Nurse Peer Review Leader

Frequently asked questions

What is the ANA Accredited Approver Unit? ANANASS is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center (ANCC) Commission on Accreditation through November of 2023. It is the only accredited approver unit in Massachusetts. Last year the ANMANASS approved 33 provider units and over 64 activities. Over 46,961 continuing nursing professional development certificates have been awarded by the ANMANASS name and approval statement.

Register for the FREE Nurses Month Webinar: https://anayearsforthenurse.org/nurses-month-webinar/

2021 and Beyond – Maintaining Nurses Voices in Advocacy

As we move into a new year and a new Administration – we would like to take the opportunity to thank our nurse advocates for an amazing year of advocacy. We hit all-time records in messages to the Hill, brought nurse leaders to the political table in Congress, regulatory agencies, and the White House. We achieved victories – both legislative and regulatory – but we could not do it without your help. We urge our nurses and nurse advocates to continue these ground-breaking achievements in amplifying nurses’ voices in advocacy. ANA stands today ready to work with President Joe Biden’s Administration, our friends on Capitol Hill as well as career agency staff who ANA has worked alongside over the past and continues to ensure our nation’s 4.2 million RNs are fully represented.

As the 117th Congress begins its work and the Biden Administration begins its term, ANA has already been actively working to ensure that the progress we made last year continues in 2021. ANA’s advocacy team has already heightened its focus on key Centers for Disease Control and Prevention, and Congress to share our concerns with vaccine deployment and to share our COVID-19 advocacy priorities – paid time off, hazard pay, increased funding for public health infrastructure, and continuous focus on safe and effective personal protective equipment (PPE). The Administration has listened as many of our priorities are now priorities of President Biden’s agenda.

If you are part of our RNAaction family – be on the lookout soon for a new action to welcome the new Congress and share ANA’s federal priorities. If you are not currently an advocate – we encourage all nurses to join this influential and powerful grassroots movement.

History of the Philippine Nurses Association of America

Victoria Adina-Pike MS/MSN, RN-BC, CPHQ
Eastern Region Vice President 2020-2022, Past President, New England 2018-2020

The Philippine Nurses Association of America (PNAAA) was started on April 21, 1979 and was originally named the Philippine Nurses Association of America, or PNANA. The PNANA was founded by a group of trailblazers who set the goals for the future of the Filipino nurses in the United States. Under the leadership of Dr. Elvira M. Miralcorez, the first PNAA President, the organization was established with the aim of assisting and representing Filipino nurses in the United States and globally as it produces highly qualified outstanding contributor to the healthcare quality in the Philippines.

Today, PNAA has grown from five Chapters to 55 Chapters with 5,000 plus members nationally. It is an outstanding contributor to the healthcare quality in the United States and globally as it produces highly qualified nurses with an entry level starting at the Bachelor’s level. It is a constituent of the American Nurses Association and an active member of the National Coalition of Ethnic Minority Nurses (NCEMNA). As a professional organization, it provides its members professional and personal development opportunities, such as research and fellowship programs that assists Philippine/ American nurses in their educational pursuits. It has its own publication, "Philippine Nurses: The Journal of the Philippine Nurses Association of America in 1987."

Philippine nurses have been the hardest hit and ravaged by the devastating effects of COVID-19. Approximately 68 nurses succumbed to the Covid-19 pandemic. PNAAA has launched its "Heal the Nurse" campaign to provide masks and PPEs to nurses and the community, organized community programs on self-care, healing and resiliency, offered emotional and psychological educational programs, prayer, offered Masses, healing and spiritual services and continues to bring our stories to the forefront as heroes and frontliners. Unplanned and uninvited to us, 2020, dubbed as the Year of the Nurse and Midwife by the World Health Organization, is proverbial in highlighting nurses' stories. We bring this year's mantra of President Mary Joy Garcia-Dia which is SPARK (Stories of People, Achievements, Resilience and Kindness) forward with the goal of rebuilding hope and resilience in our nurses.

Our frontline nurses are still working hard to combat COVID-19 and must have continued access to PPE and policies to support their mental health and well-being. Our work is not done, and we look forward to our continued advocacy in bringing nurses voices to the table in 2021.

2020 - A year in review

Nurses took a stand! The pandemic quickly disrupted every aspect of daily life across the country moving nurses into the national spotlight as they struggled to treat COVID patients without PPE and information about the disease. ANA heard the call of our nurses to act – and the Policy and Government Affairs department quickly pivoted its work with Congress, federal agencies, and the White House to share the stories from frontline nurses and demand immediate action on PPE and other nursing priorities. Nurses shared their voices and as a result:

• Over 46,000 letters to Congress; this is unprecedented in grassroots advocacy;
• Nurses responded to public comments;
• Survey results were shared with Capitol Hill, regulatory agencies and the White House.

Caretaker role increased dramatically! Our role as nurse advocates to continue these ground-breaking achievements in amplifying nurses’ voices in advocacy. As we move into a new year and a new Administration – we encourage all nurses to join this influential and powerful grassroots movement.

The Philippine Nurses Association of America (PNAAA) was started on April 21, 1979 and was originally named the Philippine Nurses Association of America, or PNANA. The PNANA was founded by a group of trailblazers who set the goals for the future of the Filipino nurses in the United States. Under the leadership of Dr. Elvira M. Miralcorez, the first PNAA President, the organization was established with the aim of assisting and representing Filipino nurses in the United States and globally as it produces highly qualified outstanding contributor to the healthcare quality in the Philippines.

Today, PNAA has grown from five Chapters to 55 Chapters with 5,000 plus members nationally. It is an outstanding contributor to the healthcare quality in the United States and globally as it produces highly qualified nurses with an entry level starting at the Bachelor’s level. It is a constituent of the American Nurses Association and an active member of the National Coalition of Ethnic Minority Nurses (NCEMNA). As a professional organization, it provides its members professional and personal development opportunities, such as research and fellowship programs that assists Philippine/ American nurses in their educational pursuits. It has its own publication, "Philippine Nurses: The Journal of the Philippine Nurses Association of America in 1987."

Philippine nurses have been the hardest hit and ravaged by the devastating effects of COVID-19. Approximately 68 nurses succumbed to the Covid-19 pandemic. PNAAA has launched its "Heal the Nurse" campaign to provide masks and PPEs to nurses and the community, organized community programs on self-care, healing and resiliency, offered emotional and psychological educational programs, prayer, offered Masses, healing and spiritual services and continues to bring our stories to the forefront as heroes and frontliners. Unplanned and uninvited to us, 2020, dubbed as the Year of the Nurse and Midwife by the World Health Organization, is proverbial in highlighting nurses' stories. We bring this year's mantra of President Mary Joy Garcia-Dia which is SPARK (Stories of People, Achievements, Resilience and Kindness) forward with the goal of rebuilding hope and resilience in our nurses.

School Nurse Misses Frequent Fliers

Safety precautions mean she doesn’t get to see the students who for one reason or another like to visit the health office . . . a lot.


Jane Reilly Ferrara, MA, BSN, RN

There is a funny meme that periodically surfaces among members of my profession: a little boy sits at his desk, hand under his chin as he ponders, I wonder if the school nurse is missing me today. I haven’t seen her yet and it’s already 12:30. For as long as I have been a school nurse, I’ve found my work fulfilling and joyful. Feelings of accomplishment are tied to working beside my nursing colleagues, consulting with teachers, and partnering with parents. Mostly, though, the elementary school students I care for are at the heart of what matters most. So often administrators have reminded school personnel that “the 2020-2021 school year is like no other.” It’s the default meeting opener. Sadly, it’s true — COVID-19 has changed the way we do everything. In addition to my health office, we now have a medical waiting room and a triage area. The medical waiting room is a place where students with symptoms of suspected COVID-19 can be isolated. I have configured a triage area outside of my office for assessing students’ symptoms and then determining whether they can enter my office — only one student at a time, of course. Masks, distancing, and hand sanitizer are de rigueur.

In September, as I prepared for my students to return to school safely in a hybrid model, I realized with unexpected sadness that I wouldn’t be spending time with my friendly “Frequent Fliers,” a term of affection among school nurses. Frequent Fliers are a small but tenacious contingent of students who for one reason or another like to visit the health office . . . a lot. Their headaches, stomachaches, dizziness, or tears might be due to stress, fatigue, hunger, work avoidance (usually a hectic morning getting to school). They know these symptoms will get them a golden ticket to a rest on the health office cot. Inevitably, boredom sets in and conversation begins — sports, lunch, recession, the time on the clock, why the (stuffed toy) Grinch is in my office and do I think he is funny or scary. (For the record, scary, but he can be a springboard for heart-to-heart talks.) This is the start of kinship and understanding, it’s all part of the nursing assessment that ends with, “I think you are good to go back to class now. If you need a break, just tell me. You don’t have to say you are sick if you are not.” The next time my Frequent Flier appears at my door, we agree on a five-minute break. The health office and school nurse offer a safe place and refuge for students experiencing apprehension. Reducing worries and fears can improve academic achievement. This crazy pandemic has surprised me in many ways. My biggest astonishment on the job has been how much I miss those Frequent Fliers and how just their appearance at my door can make me grin. I miss telling them that it just wouldn’t be a good day without seeing them. I miss reminding them that they have five minutes and then it’s back to class. These students add something important to my labors. The regular contact is an opportunity to get to know students and to foster trust. They may not realize it, but it also gives me a chance to identify underlying physical and emotional concerns so I can help facilitate change and improvement.

Some school nurses don’t like the term Frequent Fliers and prefer to call these students “Frequent Visitors.” But for me, Frequent Flier implies a kindness and ongoing helpfulness — and a mutual benefit. “Visitors” come and go like drop-ins whose stop is brief and offhand. I have always been grateful for work that I love and thrive on. Yet I never thought of it as a luxury. This school year, however, is like no other. COVID-19 has made me profoundly aware that my work is one of life’s blessings. So, to all my Frequent Fliers: it’s 12:30 and I am missing you. See you soon.

Jane Reilly Ferrara is a school nurse in Wilmington.

Omnibus Health Care Bill Strengthens Nursing in Massachusetts

Carmela Townsend, DNP, MSN, MBA, RN
Executive Director
ANAMASS

The omnibus healthcare bill signed by Governor Baker on January 1st contains historic provisions that strengthen the practice of nursing and advances patient care in Massachusetts. Among those provisions is the establishment of a designated seat for a registered nurse on the Health Policy Commission, an independent state agency that develops policy to reduce health care cost growth and improve the quality of patient care. This provision is the first piece of legislation filed by ANAMASS that has been signed into legislation.

“Having a registered nurse on the Health Policy Commission will assure that the voice of the nursing profession is heard when making important decisions about the delivery of health care in the Commonwealth,” said Julie Cronin, DNP, RN, DCN, NE-BC, President, American Nurses Association Massachusetts (ANAMASS). “Nursing practice is data-driven and evidence based. Individual-level patient care decisions, as well as community-health level decisions are tempered by our professional judgment. Nurses are prepared to engage in policy leadership and program development, consistent with the HPC’s mission to advance a more transparent, accountable, and innovative health care system,” said Cronin.

Massachusetts has long been a leader in ensuring health care quality and access and with this new law, Massachusetts has long been a leader in ensuring health care quality and access and with this new law, we are making further progress in building a strong, accessible and affordable health care system, a goal that is more important now than ever,” said Governor Charlie Baker. “I am proud to sign this legislation…”

The historic bill removes barriers to practice for advanced practice registered nurses, psychiatric clinical nurse specialists, and certified registered nurse anesthetists, allowing them to practice independently, removing antiquated physician oversight requirements. These health care professionals can now practice to the full scope of their education and training, including issuing written prescription and medication orders and the ordering of tests and therapeutics, after two years of supervision. The bill also makes permanent parity for telehealth, behavioral health services, and an additional two years for primary care and chronic disease management. The bill includes a study of telehealth coverage and payment to inform future policy decisions.

Lt. Governor Karyn Polito said: “We were pleased that many of the shared priorities that we introduced in our health care legislation were enacted as part of the final legislation and look forward to this law strengthening the Commonwealth’s health care system for years to come.”

Randolph Resident Lynne Hancock MSN, RN, NE-BC
President-Elect of ANAMASS

Hancock has been a pediatric nurse for over 25 years, having resided and practiced in seven different states, as well as Washington DC. Currently, she is the Magnet Program and Project Director for Nursing Patient Care Operations at Boston Children’s Hospital. Previously she worked 12 years in acute care pediatrics at UCLA Medical Center, Mattel Children’s Hospital. Additionally, Lynne is a clinical faculty for the University of Massachusetts, Amherst, and has contributed to several national presentations and published articles. A 1988 BSN graduate of Boston College, Hancock also has a 2006 MS in Master of Science: Nursing Administration (2006) from the University of California, Los Angeles, and is currently enrolled in the Doctor of Nursing Practice Program at Simmons University.

Hancock has been on the ANA Massachusetts Board of Directors since 2016 and is a member of the New England Magnet Networking Group, Organization of Nurse Leaders in MA, RI, NH, CT, VT, and Sigma Theta Tau. Hancock has received many grants and awards, including, recipient of the American Association of Critical-Care Nurses (AACN) (2006) Evidence-based Clinical Practice Grant (2006), recipient of Association of California Nurse Leaders Grant (2006), and Recipient of Alpha Tau Delta Gamma Pi Chapter: Viola Vestal Coulter Grant (2006).
II nursing reorganization MSNA became Massachusetts Nurses Association (MNA). In 2001 many labor oriented MNA members disaffiliated from ANA leaving a saving remnant committed to ANA affiliation as the Massachusetts Association of Registered Nurses (MARN). Whether by accident or design, the stress on registered nurses in MARN was evocative of 1903 origins. That historic moment is present every time nurses sign R.N. after their name. As the organization began, so it has continued and since 2014 has declared itself American Nurses Association Massachusetts focused on nurses and the people they serve.

There have been many moments throughout ANAMASS’ century-long history. None is more significant than 23 March 2001 when member nurses remained united with nurses in other state associations and continued speaking in one voice. More than 300 nurses met at Faneuil Hall that day representing colleagues across the state with representatives from other state nurses associations to support MARN officers as they signed the Articles of Organization under the watchful eye of Secretary of the Commonwealth William Francis Galvin.

Officers President Karen Daley, Vice-president Barbara Blakeney, Treasurer Margaret Barry (MNA President 1993-1997), and Secretary Cynthia A. LaSala were joined by Directors, Peggy Griffin Bretz, Maura K. Fitzgerald, Jackie Hayes, David M. Keepnews, Mary J. McKenzie, and Eleanor Vanetzian. Others Articles of Organization signers were: Patricia M. Brigham, Donna May Donahue, Claudia Ellis, Elizabeth Grady, Mary Anne Mackusick, Judith Mealy, Sherry Merrow, Linda Moniz, and Carmela Townsend.

Looking back twenty years later, President Daley said recently “To have our needs fully served, our nurse members in Massachusetts needed to remain part of our multipurpose national association. ANA offered a critical voice that helped advance and unify our profession. To split apart from ANA weakened that voice and our ability to advocate effectively.” Barbara Blakeney, MNA past president (1979-1981) and MARN’s then Vice-president spoke in 2020 of her 2001 goal that Massachusetts nurses would continue to be affiliated with ANA: “The commitment to the larger community of nurses and nursing felt as though it was a sacred trust to me[]. I felt nursing in Massachusetts without a national affiliation to our larger community left us adrift and isolated.”

At MARN’s tenth anniversary in 2011 Blakeney remembered “We wasted no time...to build a new, vibrant organization.” Indeed, that is what the progression from MSNA, MNA, and MARN to ANAMASS became. Names changed but not the MOTIVE: Unity of purpose and concerted action.
**Submission Guidelines and Deadlines**

_The Massachusetts Report on Nursing_

The Official Publication of the America Nurses Association Massachusetts

Publisher: Arthur L. Davis Publishing Agency, Inc.

_The Massachusetts Report on Nursing_ Quarterly Publication is distributed to all registered nurses in the Commonwealth.

2021 Submissions Deadlines: Manuscripts are due on the first Monday of January, April, July, and October for consideration for publication in the following issue. Dates for 2021 are: January 4, April 5, July 5 and October 4

Submission process: Email a word processing document to newsletter@anamass.org file extensions should be *.doc, *.txt, or *.rtf.

• Include: Suggested title, authors, author affiliation, ANA membership status, and appropriate references pertaining to the content of the article.
• “Running Headers” are not required.
• Sub-headings are expected where indicated and tables/illustrations are encouraged to summarize key points as appropriate.
• Photographs should be of clear quality and in a digital format with an appropriate resolution for printing. Original source must be cited.
• Black & white photographs are preferred but not required.
• Document the correct name(s), place/event, date, and descriptions.
• There is no guarantee that images will be run.
• Acknowledge source and photographer.

Space limits: Due to space limitations, the following lengths are strongly recommended. While ANAMASS will make every effort to publish articles in their entirety, ANAMASS reserves all editing rights prior to publication.

• Feature articles: 500 to 750 words preferred, exceptions may be granted to 1,000-word max.
• Research articles: 1,000 to 1,500 words; exceptions may be granted to 2,000-word max.
• Regular Reports: 500 words (Chief Executive Officer, President, and others).
• All other submissions: 250 to 500 words, content dependent, please include a clarifying statement if you are submitting an article exceeding these guidelines.

ANAMASS thanks you in advance for your contributions to our official quarterly publication. As per our agreement with Arthur L Davis Publishing Agency, Inc. ANAMASS retains the copyright to original articles and images. If you have any questions, please respond via email: newsletter@anamass.org

Manuscript Submission Guidelines:

• The manuscript must be an original, scholarly work addressing topics of interest to readers of MA Report on Nursing. Examples of topics include:
  o Feature articles about topics solicited by ANA Massachusetts.
  o Articles that review established clinical techniques or outline new techniques and new technologies in every specialty of nursing.
  o Articles about new and innovative approaches to clinical care.

• Manuscripts must conform to APA 7th edition guidelines.

• To be considered, manuscripts must be received in an email as an attached word processing file by first Monday of January, April, July, and October 2021.

• Cover Sheet: A cover sheet listing author(s) name, credentials, membership status, address, telephone numbers and email address must be included in the cover sheet and in the text of the email. The author(s) name must not appear anywhere else on the submission.

• The topic must be relevant to nurses/nursing in Massachusetts and provide new insights and/or a contrarian view to promote debate and discussion.

• Ideas must be supported with sound rationale and adequate documentation.

• If the manuscript describes a research project, quality initiative, or organizational change process, methods must be appropriate and participant confidentiality protected (as indicated).

• The manuscript must be grammatically correct, organized, and submitted according to guidelines to be considered.

• Articles related to legislation and regulations, nurse management, disease management and its complementary therapies, outreach nursing programs, health care delivery systems and professional development.

• Articles specific to any nursing specialty area, such as critical care, geriatrics, case management, med/surg, pediatrics, advanced practice nursing, rehabilitation, etc.

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Running towards the fire: recognizing and managing traumatic distress among acute care health providers amid a pandemic

Mechelle J. Plasse, PhD, PMHN-P-BC

Fear is greatest early in a pandemic when contagion information is at its scarcest. Despite risks, providers respond to disaster calls as if all first responders do — by running towards the fire. Experiencing the trauma of responding to the suffering of fellow human beings, increasing vulnerability to a state known as secondary trauma.

Amid a pandemic the provider is also similarly vulnerable, but the secondary trauma concept does not fully capture the experience. As the hospital becomes a de facto disaster site, providers are subjected to more trauma similar to disaster survivors themselves. Secondary trauma is bearing witness to the fallout of another’s disaster experience whereas the disaster survivors’ trauma is borne from their own disaster where typically there is fear for one’s life or the lives of loved ones.

Biological contagions present a dialectic, creating an environment where humanity is both fearful of being close to others yet in need of that closeness at the same time.

Infection units for the infected are designed to protect those outside from those inside, leaving the provider to straddle both worlds. While inside the provider seeks to save their patient and protect themselves, while outside they seek to protect their families from themselves — often through self-quarantine. Pandemics are complex and differ from traditional disasters that are sudden in onset and short in duration, culminating in a single high-intensity event. Pandemics are a sustained event without a defined timeframe or predictable endpoint and culminate in several high-intensity mini-disaster moments within the larger disaster context.

Chronic exposure to high-intensity event. Pandemics are a sustained event they seek to protect their families from themselves – save their patient and protect themselves, while outside close to others yet in need of that closeness at the same time.

The COVID-19 pandemic is certainly unprecedented, but not unexpected. The threat of emerging viruses with limited human immunity has been predicted for decades. As a result, pandemic preparedness, including psychological disaster-readiness, has been inadequately addressed in the US, the consequence of which may become evident in the aftermath of the current pandemic. Though most individuals fully recover from the traumatic distress of traditional disasters without intervention, pandemics are different. Following the SARS and Ebola epidemics, a COVID-19 positive environment.

Make a Difference - Nursing Facilities Need Your Help Now

Do you or someone you know want to make a difference? Are you looking for flexible hours or trying to start a new career in the health care industry? If so, there are opportunities available for you to be a hero by providing much-needed comfort for older adults living in a COVID-19 safe environment.

Nursing homes throughout Massachusetts are looking for people like you to care for older adults in medical and non-medical positions. If you have caregiving experience, are a nurse, certified nursing assistant, nursing or medical student- or want to start on a new career in healthcare- your help is needed now.

Some of the most in-demand positions are registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs). If you have experience in any of these roles, there are thousands of open positions available with flexible schedules available.

Make a Difference - Nursing Facilities Need Your Help Now

TABLE 1  Facility-based strategies for providing Psychological First Aid (PFA) for health care providers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
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<tbody>
<tr>
<td>Rest Areas</td>
<td>Provide a designated space, near the unit, to step away, regroup, sleep, or other self-care needs. Ensure PFA-trained team availability there to provide for assignment to rest area to where distress mitigation strategies and resilience-building.</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>Assigned PFA-trained team can provide incidental teaching in rest areas and direct providers to certain online modules addressing self-care and steps to enhance emotional wellbeing.</td>
</tr>
</tbody>
</table>

Buddy System

Develop an agreement with a frequent colleague(s) who will commit to approach you when you are in a state that which requires taking a break. Share warning signs which indicate feeling overwhelmed or distressed. Identify best approaches in that state. Agree to follow colleague’s suggestions.

Self-care List

Develop this list and keep it readily available because when we are in distress, we are unable to think clearly and will not recall even the simplest of comfort measures. Buddy can ask you for your list to help during extreme distress.

Staying Connected

Stay connected with loved ones through every means possible: calls, text, face time if in-person time together is unsafe.

PFA for providers

Training providers in PFA in small groups or incidental teaching in rest areas and direct providers to certain online modules addressing self-care and steps to enhance emotional wellbeing.

Mechelle J. Plasse, PhD, PMHN-P-BC, RN is an assistant professor and program coordinator for the psychiatric nurse practitioner track at UMass Worcester Graduate School of Nursing. Her research interests include interprofessional teamwork and the role of resilience and metacognition in psychological disaster readiness.

Please contact Dr. Plasse for a complete reference list at this address: Mechelle.plasse@umassmed.edu

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Make a Difference - Nursing Facilities Need Your Help Now

- Paid training for RCA roles
- Personal Protective Equipment and training on how to use it
- COVID Vaccine

Find out more and apply now by visiting www.Mass.gov/JoinCOVID1Team

Note: If you are receiving unemployment benefits, you can temporarily work part-time hours for a long-term care facility without losing your eligibility. However, wages earned from temporary work in a long-term care facility may reduce your unemployment benefits if they exceed 1/3 of your weekly benefit payment. For more information, please visit the Department of Unemployment Assistance website.
A New Grad: Stages and Changes for a New Nurse

Julika Wocial, RN, MS, BSN

As a student in an accelerated baccalaureate nursing program, I was one of the most inquisitive. I always told myself, if I were studying to be a nurse, not a physician, did not limit expanding my knowledge. I knew the kind of nurse I wanted to be—a smart, assertive, knowledgeable, and compassionate who practiced patient and family centered care.

I clearly remember my very first day as a nurse in a cardiac ICU six months after I found myself equivalent to being thrown into an exotic foreign market without knowing the culture or language. I understood nothing from the shift change report, after which my preceptor and I started our day by doing “SWAN numbers” on our patient. My preceptor did her best to explain the procedure, but the only thing I grasped was that the SWAN was a catheter, not a bird. I became even more overwhelmed and wondered if maybe nursing wasn’t for me after all.

When we rounded on our patient for the first—and only—time that day, I felt like nobody was speaking my language. I was able to follow the discussion on my patient’s treatment and the differential diagnoses. I finally understood something when she started ticking off things I knew. I have to thank my pathophysiology professor for that.

The next few weeks were intense, and I experienced a steep learning curve. COVID hit full force and my preceptors and I were inundated with the sickest of the sickest in Boston. It was quite overwhelming, however it taught me multitasking, planning, and clustering care. I was getting better in figuring out A-lines, SWANs, titrating drips, anticipating changes in vital signs, and staying on top of labs. What was still very intimidating to me was the ventilator.

About three months into my orientation, I started learning how to manage two patients. Administering medications, rounds, serial labs, hourly vital signs, drip titrations, and SWAN numbers were all doubled. I realized that my idea of the patient centered, caring, and empathetic nurse was unrealistic at this stage of my career. I saw nearly every one of my patients as a pile of tasks, not as a person. I did not have the time to feel compassion towards them, think about how scared they were, how much their life changed, how anxious their families must have felt. All I was thinking about was, how was I supposed to be in two places at once, and how could I structure my day so that I could take lunch? I almost preferred to have an intubated patient because I quickly realized that a tasking nurse was who I was at that time of my life. I felt like I was drowning on many, even though I knew I had many people I could turn to for help.

I was not until after the orientation when a patient elicited some type of feelings in me. The hospital lifted the “no visitors” restrictions and I was able to interact with her daughter. For the first time I started seeing my patient as a person—a somebody’s Mom and sister. I knew I had many people I could turn to for help. The patient was “busy”—intubated, on pressors, sedatives, pain meds, anticoagulants, and insulin stabilizer—I found the time to “see” her, talk to her, update her daughter, and be excited for her when her condition was improving, and disappointed when she took a step back. Completing orientation is scary and exciting at the same time. You are never truly on your own. I value this aspect of culture on my unit and I have only come to fully understand it as a new nurse.

Innovating in a Sea of Uncertainty

Eileen Stuart-Shor, PhD, ANP-BC, FAAN

Last spring as the hospital and the world began planning for how to deal with COVID-19 it quickly became clear that this was going to be a challenge unlike any we have faced before. We have trained for everything—potential mass casualties, SARS, Ebola—but this time was different. We have trained for everything; potential mass casualties, SARS, Ebola, mass casualties, SARS, Ebola, SARS, Ebola, SARS, Ebola... but this time was different. We have trained for everything; potential mass casualties, SARS, Ebola, SARS, Ebola, SARS, Ebola... but this time was different.

The only certainty on a given day was that there was no certainty; survival depended on the ability to expect the unexpected and adapt to it on the fly. One of the first steps required was the idea of the PACU which necessitated innovation. The open floor design of the PACU which necessitated the need for the clinicians to remain in full PPE for the entire duration of their 12-hour shift proved daunting. But perhaps the most challenging stress was dealing with the intensity of death and dying without the usual support of family and of the PACU setting which typically does not care for patients during the end-of-life. Despite these challenges and the complexity of hospital organizations, within days the PACU transitioned to a COVID ICU and successfully functioned that way for almost three months.

Innovation continued every single day and at all levels of the organization as staff worked to adapt to the ever-changing demands of COVID. How did that happen? When asked how they could adapt and innovate under these challenging conditions staff reported the individual satisfaction they derived from “stepping up” to the challenge, reconnecting with the meaning and purpose of why they went into nursing, dedicating themselves to their relationships with patients, and focusing on respect for what each could contribute, being open to change, appreciating clear communication and support from the organization, supporting one another and taking care of themselves. But, as with all innovation, success rested on the individuals driving innovation who were not afraid to think outside of the box and move beyond one's comfort zone.
Advocating for COVID-19 Testing in the Sharon Public School System: A Place for Nursing at the Table

Joelle Chateauneuf, RN, FNP-BC, DNPc

As a parent and nurse practitioner, I saw firsthand the need to get children back in the classroom. Stakeholders on every level of community and government understand that school is critical for children’s health and developmental well-being. While we wait for vaccines to be disseminated, surveillance testing may be used as a tool, along with safe practices such as distancing, mask wearing, and hygiene, to get children to safely study in school.

What follows is a description of how another parent (a pediatrician) and I leveraged our clinical expertise to successfully form a grassroots coalition to implement surveillance testing for our town’s schools to monitor for outbreaks and facilitate a safer environment for our children and staff at school.

Developing an idea

We networked with parents from other towns to learn about testing options, costs, and the barriers and successes to implementing surveillance in their school districts. Among the few schools in Massachusetts (MA) who had started testing, most positive cases were in adults which reassured parents, staff, and teachers. We also drew on the success of the widespread college testing that had been done in MA. We were intrigued to discover that when college students knew they would be tested on a weekly basis, they modified their behaviors to avoid quarantining. This may have been a factor in the low MA college positivity rate, which never exceeded 0.37%, whereas, at the time, the statewide positivity rate was close to 6%. This indicated that surveillance testing for our town’s schools to monitor for outbreaks and facilitate a safer environment for our children and staff at school.

Creating an Aim

The aim was to develop a surveillance testing program for SPS. Our research revealed that we could not use BinaxNOW tests for surveillance as we had hoped, since the “off-label” use in asymptomatic people was not authorized by the DOE and PHD. We then explored avenues that would allow us to conduct broad-scale asymptomatic testing and discovered the utility and cost-effectiveness of pooled testing. Combining samples from groups of people and conducting one test on the combined pool would facilitate collecting and analyzing the large numbers of tests that a surveillance program requires. It would reduce costs and allow us to identify clusters or outbreaks before they propagate.

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It takes a team

In late October, we learned about the MA Departments of Education (DOE) and Public Health (PHD) initiative to deliver two million Abbott BinaxNOW rapid antigen tests to schools. We discovered that the Sharon Public Schools (SPS) applied to join this initiative. We identified a key team stakeholders involved in formulating how best to use these tests. While the BinaxNOW tests were originally intended for use in people with symptoms of COVID-19, we considered the possibility of using them “off-label” in asymptomatic people for surveillance purposes. We assembled a team consisting of the Acting Superintendent of SPS, the Sharon Public Health (SPH) Nurse Administrator, and a Sharon School Committee (SSC) member.

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Regis College Co-sponsored by Harvard Pilgrim Health Care
March 10, 2021: Universal Health Care: Policy and Politics
With the enactment of the Affordable Care Act (ACA) the number of uninsured Americans dropped to an historic low in 2016. Since then, the uninsured rate has increased every year. How will Congress and the new administration respond to the challenge of expanding access to care? Will the US Supreme Court repeal the entire ACA? Is a Public Option for Medicare for All even politically possible? Can improvements in cost, quality, and access be made if Congress remains polarized? Don’t miss this opportunity to hear experts discuss the policy and politics of universal health care in 2021 and beyond!

Contact hours: 2
Virtual Webinar via Zoom
Time: 6:15-8:30 PM
Fee: none
Registration information: You MUST preregister by April 6, 2021 via this link: https://www.regiscollege.edu/upcoming-events/universal-health-care-policy-and-politics

April 7, 2021: COVID-19: Causes for Change and Optimism
In one way or another we have all been impacted by COVID-19 – some more than others. The negative effects transcend every aspect of our daily lives as we continue to grapple with an evolving virus and the consequences of misinformation, inadequate resources, injustices, ethical choices, and the loss of life. It is to these grave consequences that the ordinary responded and widespread innovation took hold. Come and learn more.

Contact hours: 2
Virtual Webinar via Zoom
Time: 6:15-8:30 PM
Fee: none
Registration information: You MUST preregister by April 6, 2021 via this link: https://www.regiscollege.edu/upcoming-events/covid-19-causes-change-and-optimism

Program planning is in progress.
Contact hours and time to be determined.
Fee: none
Registration information: Visit www.mrcsc.org for details regarding date, time, and registration process.

Open the windows early Sunday morning
A sestina by Alex Butler, BSN, RN

The walk to the hospital is brisk, the lobby always open with all forms of life: the guarded, the wounded, the healers and the healing. In the mornings, the windows are clear and crisp, reflecting the early sunshine on the huddles of students and those gathered on Sunday, our own patchwork congregation. Mornings are like a fresh start, a chance to begin again. Like morning, some sights and sounds are timed and clocked. Pens click open and the ink spills onto the paper; shift change report on Sunday has begun. The vitals are read and repeated, the labs and tests all checked and rechecked. The early sips of coffee help our eyes open like the lobby windows.

Our hand-offs themselves are windows to our patients’ status. ‘Any trouble over night? Any early-morning fight?’ Open the doors, open the curtains, the early shift has started. Let’s check your pupil diameter when you open your eyes and check the BP; the lows and highs. The vitals are the blueprints, but they are only a guide. Sunday clinical is a lesson at the bedside. However, my Sundays stretch far beyond that. The bed, the sink, the window, the floor all fall away when I meet her eyes. I see the mother and grandmother and sister and daughter this morning, her soulful eyes follow my every move. An early intermittent checks bring me to return throughout the morning, her soulful eyes follow my every move. An early meal brought in remains untouched, the morning coffee and again, her eyes begin to water. The great windows are clear and crisp, reflecting the early morning, her soulful eyes follow my every move.

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Editor’s note: Alex Butler is an AORN certified nurse and member of the Surgery, Trauma, and Oncology team at MGH. Operating Room Registered Nurse, MGH.

Photo Courtesy of author

Webinar Series Registration
https://www.anamass.org/events/register.aspx?id=1477331

Massachusetts Regional Caring Science Consortium (MRSC) Virtual Program
Spring, 2021: Flourishing in the Wake of Covid
This program will feature practices of reflection, mindfulness, and personal alignment, based on the success of the November 2020 program and requests for more information and practices of mindfulness healing.
Program planning is in progress.
Contact hours and time to be determined.
Fee: none
Registration information: Visit www.mrsc.org for details regarding date, time, and registration process.

Key to success for Nurse Planners participating in this program is learner engagement with Nurse Peer Review Leader Judy Sheehan, members of the ANAMASS Approver Unit, and each other! Participants should ensure they have a suitable environment and access to a device that has camera, microphone, and screen capabilities commensurate with viewing slides and multiple participants. We will be using the Zoom meeting platform https://zoom.us/

What others are saying...
"Great program, very knowledgeable speaker to provide into in clear manner"
"The collaboration is very helpful. I always bring back new information"
"Enjoyed the table integration. Looking forward to next year"
"Nice to hear from different nurse planners around the state"
"Great conference. Learned a great deal"
"This is always a great refresh"
ANAMASS Legislative Accomplishments

Carmela Townsend, DNP, MSN, MBA, RN, Executive Director

In these extraordinary times, the American Nurses Association Massachusetts is here for all nurses of the Commonwealth, because our life’s work is supporting your life’s work.

Enacted into Law

An Act Modernizing Tobacco Control
191st Session, Acts of 2019, Chapter 133
Includes prohibitions on the sale and distribution of flavored tobacco products or flavor enhancers to any consumer, except in a smoking bar. The bill also addresses nicotine delivery systems, including a 75% excise tax on nicotine vaping products. ANAMASS Position: ANAMASS supports legislation which prevents the use, sale, or provision of tobacco products (including smokeless tobacco and-vaping products).禁令于21年2月1日生效。

An Act to Provide Liability Protection for Health Care Workers and Facilities during the COVID-19 Pandemic.
191st Session, Acts of 2020, Chapter 64
ANAMASS Position: ANAMASS supported and provided testimony.
This legislation provides immunity for health care professionals (including RN’s) and facilities for any damages alleged to have been sustained from an act or omission constituting gross negligence, recklessness, or conduct with an intent to harm by a health care facility or professional providing health care services.

An Act to provide a resilient health care system that puts patients first.
191st Session, Acts of 2020, Chapter 260
ANAMASS Position: ANAMASS actively lobbied and provided testimony for this act incorporated into this omnibus legislation: H1867/S1330 (SAVE Act) and H2664/S701. A special thank you to Representative Kay Khan and Senator Jason Lewis for sponsoring the ANAMASS legislation and Auditor Suzanne Bump for her support. The tireless work of the ANAMASS Health Policy Committee, leadership, and lobbyists Patricia Lynch and Ben Fierro culminated just days before Christmas 2020 when the House and Senate collaborated to create a comprehensive healthcare bill that moved practice restrictions for APRN’s, prevented surprise medical billing, made telehealth services permanently available, and ensures that a registered nurse has a permanent seat on the Health Policy Commission. Governor Charlie Baker signed this bill into law on January 1st, 2021. See separate article on Omnibus Health Care Bill (page 7)

Nurse Licensure Compact

ANAMASS Position: ANAMASS actively lobbied and provided testimony in support of S. 103, an Act relative to the Nurse Licensure Compact (NLC), to allow registered nurses (RN’s) to hold a single multi-state license to practice in their home state and other NLC states – 34 states have joined the NLC to date. The final FY 2021 state budget includes a mandate for the Health Policy Commission, in consultation with the Board of Registration in Nursing (BORN), to conduct an analysis and issue a report evaluating the Commonwealth’s entry into the NLC. Additional requirements for the study (to be completed no later than June 15, 2021) include:
- An analysis of whether entry into the NLC would improve the Commonwealth’s emergency and pandemic preparedness
- An analysis of other states’ entry into the NLC and any impact on quality of care resulting from entry
- An analysis of the ability of RNs in the Commonwealth to provide follow-up care across state lines, including via telehealth
- Recommendations regarding the Commonwealth’s entry into the NLC

Proposed Changes to Long Term Care Regulations re: Staffing and Rooms

In November 2020, the Department of Public Health (DPH) released proposed amendments to CMR 150.000: Standards for Long-term Care Facilities. The ANAMASS Health Policy Committee, in particular co-chair Christine Schrauf, researched current data on patient outcomes relative to caregiver staffing in Long Term Care and reviewed federal and state legislation and regulations relative to participation in Medicare and Medicaid. COVID-19, while devastating, has provided clear evidence that the application of the ANA principles of nurse staffing and well-developed staffing guidelines, result in better outcomes. ANAMASS Position: Supports Proposed amendments, including decreasing number of patients per nurse and increasing space between beds. Further, ANAMASS proposed a higher level of staffing than DPH, recommending a minimum of 3.5 nursing hours per patient day and 0.5 registered nurse hours in long-term care staffing, especially for higher levels of care.

Greater Lowell Technical High School
Tyngsboro, MA

With governor’s signed bill, Massachusetts General Hospital
Department of Emergency Medicine
2021 ACLS CLASSES DATES AND TIMES

February 22 8a-3p
March 19 8a-3p
March 22 8a-3p
April 14 4p-9p
April 28 8a-3p
May 12 4p-9p
May 24 8a-3p
July 14 4p-9p
July 28 8a-3p
August 11 4p-9p
September 8 4p-9p
September 20 8a-3p
October 13 4p-9p
October 29 8a-3p
November 10 4p-9p

Due to COVID, always check the website for extra dates or date changes.

Keep in mind registration times will be staggered due to COVID restrictions. If you wish to certify in BLS as well as it is an additional $100 just indicate it on your ACLS registration form.

Fill out the registration form return via email, fax or mail:
Email: ACLS@partners.org
Mail: ACLS ML, 55 Fruit Street
mail zone 80, Boston, MA 02114 Fax: 617-643-8915

To register for a class go to:
https://www.massgeneral.org/emergency-medicine/education-and-training/advanced-cardiac-life-support

Phone 617-726-3905 or Email aclsm@partners.org

Greater Lowell Technical High School
Tyngsboro, MA

2021-2022 School Year Anticipated Vacancies

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EOE/NO4 Employer

www.dphlift.org

Photo credit Alberto Barbarisi

Photo by Georg Arthur Pflueger

Mary Ellen Doona, RN, EdD

Part I of this article concluded with the 1923 Rockefeller Foundation funding of Yale School of Nursing and the 1934 prophecy by Dean Annie Goodrich, that in a decade every school of nursing should be associated with a college or university or be discontinued. 1

Goodrich was an optimist. Not much changed regarding nursing education during the twenty-five years between the 1923 Goldmark Report and the next prominent study, Nursing for the Future of 1948 stated “[By] no stretch of the imagination can the education provided in the vast majority of some 1250 schools be conceived of as professional education.” 2 Nurses were caught between authoritarian structures of hospital and medical administrations. Their training schools taught that loyalty to the doctor was an ethical matter. Nurses accepted medical interventions that doctors passed down which diverted them from their own patient care responsibilities. Nurses complained that “We don’t nurse patients any more. We have time only to follow doctors’ orders.” 3 Nurses were further diverted from patients by their availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they accumulated non-nursing tasks that had nothing to do with nursing care. Even positive factors such as doctor’s lectures had a downside once nurses realized that nursing with nursing care. Even positive factors such as doctor’s presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. Accordingly, they availability as the only ones who had a consistent 24-hour presence on the hospital ward. 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Bravely Respond to the Pandemic

Cheralyn Johnson, FNP-BC, IA, MSN, RN, BSN

Community Health Centers in Massachusetts have served a major role in responding to the pandemic. Respecting and caring for people from every background, providing holistic preventative care, and addressing socioeconomic disparity through quality healthcare and community resources have been our specialty for decades. We build trust and long-term caring relationships with our patients through their highs and lows. When COVID-19 came along, we rallied together to adopt new public health guidelines, launch telemedicine, and offer COVID-19 services to meet our patients’ needs. We have worked closely with local boards of health and the Department of Public Health to assist with contact tracing through long-standing caring relationships. We have played a critical role in helping people with COVID-19 recover safely outside the hospital whenever possible and referring patients who need inpatient care in time for good prognoses. Community health centers have also been a major source of COVID-19 testing. Along with colleagues across healthcare, we are the lucky ones to be among the first receiving the COVID-19 vaccine.

In a most unexpectedly brilliant and devastating way, this has truly been the Year of the Nurse. “Our ability to be daring leaders will never be greater than our capacity for vulnerability” (Brown, 2018)[1]. 2020 was a year marked by unprecedented global grief, uncertainty, anxiety, and vulnerability. 2020 was also a year marked by exceptional acts of courage, patience, and empathy – many of which were led by nurses. The nurses at South Boston Community Health Center have been the formidable, resilient, compassionate backbone of our COVID-19 Response. Our nurse leaders include Andrea Smith, RN, SCPHN, MSPH, Director of Nursing, and Elizabeth Martins, RN, Assistant Director of Nursing. Together with our whole leadership team, we have pioneered new workflows under pandemic pressure to keep staff and patients safe while maintaining access to essential health services. We have rapidly scaled up COVID testing and contact tracing. We continue to iterate and improve our processes while adjusting to the ever-changing COVID-19 guidelines as new evidence becomes available. Somehow, despite all of this, our pediatric vaccination rate in 2020 is better than it was in 2019!

South Boston Community Health Center’s COVID-19 Flowsheet and Follow Up

Responding to the initial uncertainty and safety concerns about COVID-19, our nurses stepped up to the plate and began calling patients with COVID-19 symptoms or known exposures every couple of days, with frequency depending on risk factors. When the number of patients they were keeping track of exceeded 100, nurses expressed their rising concerns for the sickest patients falling through the cracks. A single list was no longer a sustainable way to prioritize outreach efforts. With input from clinical leaders and especially nurses, we built a COVID-19 Symptom Tracker Flowsheet in our electronic health record (EHR), and on April 13, 2020, nurses began using it to document symptoms at every follow-up call for patients with confirmed or suspected COVID-19. You can learn more about South Boston Community Health Center’s COVID-19 Flowsheet and Follow Up system in NACHC’s Promising Health Center Practices During COVID-19.

Because there is such wide variation in how COVID-19 affects individuals, the easy visibility of a unique person’s symptom progression day-to-day in the flowsheet helps nurses and providers, and transparently sharing evidence-based information about COVID-19 and the pandemic-ending vaccines.

Nursing practice and the trusted voice

Quality has long been central to nursing because at the heart of quality is love. Nursing practice is grounded in love for humanity, expressed through care, empathy, and compassion to alleviate suffering. Compassion means “to suffer with.” We are quite literally suffering with our communities. When asked what she is most proud of about our nurses, Andrea Smith said, “The department dealt with massive changes in that routine COVID-19 follow up call consistently resulted in hospital admissions. One of those patients was found to have a tanking O2 saturation of 80% upon arrival and was immediately given supplemental oxygen and admitted.

Don’t give up!

This disease remains murky and difficult to predict. What a relief it is to have a vaccine. As I write this, I am smiling with gratitude for the little bit of soreness in my left deltoid, whether a vaccinated person can or cannot still spread COVID-19 to an unvaccinated person, which means we must both model and help others mentally prepare for several more months of finding the silver lining in a wearing-masks reality. We are ready at South Boston Community Health Center for this pandemic to be over. I know you are too, but don’t give up. And as you continue to answer the call of duty with compassion, join me in celebrating each other and being kind to yourself.

The Plaque is on the Wall in Nurses’ Hall

Despite the Pandemic, this Veterans Day was especially meaningful to a few remaining nonagenarians when a permanent plaque was hung in Nurses Hall to commemorate the service of the U.S Cadet Nurse Corps. The plaque was a bequest to the permanent art collection of the Massachusetts State Houses by Barbara Poremba and Leland Hussey of Friends of Cadet Nurses.

On November 9, a crew from Hussey Contracting permanently affixed the 32” by 32” bronze plaque to the marble wall of Nurses Hall. Barbara Poremba, Director of the Friends of Cadet Nurses was present to photograph the historic event. Because the Massachusetts State House is closed, no one else could be present for the installation.

Cadet Nurses Betty Damon Beecher of Weymouth and Mary Schofield Maione of Hamilton had hoped to be able to see it for themselves. Both had testified along with Poremba and Hussey for the legislation necessary for the permanent installation and to designate each July 1st as Cadet Nurse Day.

In lieu, Poremba and Hussey drove to them, presented flower bouquets, and a reproduction of the plaque. After reading it aloud, CN Beecher remarked, “That is beautiful and it sounds very familiar.” Poremba agreed saying, “It is all your words Betty. It is everything you and every Cadet Nurse has repeated. It is the story of the Cadet Nurses.”

CN Beecher was delighted. “The first time I glanced at it, I was overwhelmed. I’m beyond excited. It’s just taken my breath away, which isn’t a good thing for me!” she chuckled. “Most importantly, this plaque means that the legacy of the Cadet Nurse Corps is going to be preserved, forever and ever. Years from now, young people can say, ‘they did it, we can too’.”

CN Maione was excited. “That’s just beautiful, it’s wonderful and it’s on the wall in Nurses Hall that we picked. What a marvelous thing that we have gotten this recognition in the State House of Massachusetts. I’m thrilled... and still hope that we will get recognized as WWII veterans.”

Massachusetts is the first and only state to acknowledge the patriotic service of the 124,000 teenage and young women who served their country in WWII as Cadet Nurses.

The plaque memorializes May 13, 1944 when 900 Cadet Nurses marched in military and nursing uniforms from the State House to the Parkman Bandstand of the Boston Common. There they were administered the oath of induction into the U.S. Cadet Nurse Corps concluding with, “to my country my service in essential nursing for the duration of the war,” not knowing when the war would end.

The Friends of the Cadet Nurses look forward to the State House reopening when all can enjoy the new addition to Nurses Hall.

HR2056/S997 The U.S. Cadet Nurse Service Recognition Act 2019-2020

After 25 years of failed legislation and with 2020 being the Year of the Nurse in so many ways, our federal bill for Honorary Recognition of WWII Cadet Nurses did not pass in the NDAA, the Omnibus “Christmas” Package or as a stand-alone bill.

The problem was in the U.S. Senate Veterans Affairs Committee. Although we had two-thirds of the members as Co-sponsors, there were not enough from the majority party. The bill never got on an agenda.

In the 117th Congress, the Democrats are the majority and we have nearly all as Cosponsors on the committee! Senator Warren will reintroduce the bill for us. We will get this done in 2021! Stay tuned for updates at https://www.nursingandpublichealth.org/cadet-nurses.html

Dr. Barbara Poremba is Founder and Director of Friends of the U.S. Cadet Nurse Corps WWII. She can be reached at friendsofuscnc@gmail.com.

For more background see the September 2020 issue of the MA Report on Nursing: https://www.nursingald.com/publications/2113.

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- Standardized Patient Centered Medication Review (SPECTORx) in Home Hospice
- STD Update for Clinicians
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- Exclusive Savings On Certification Through the American Nurses Credentialing Center

ANAMASS/ANA Membership Activation Form

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<th>Membership Level</th>
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<td>Joint Membership</td>
<td>$15</td>
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Further YOUR Career

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For more information and to register: www.bc.edu/ce-online

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- Cancer and Immunotherapy
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- STD Update for Clinicians
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Asynchronous online courses:
Nurses need to protect themselves and their career by maintaining Professional Liability Insurance, a.k.a. Medical Malpractice. Do not assume your employer’s liability insurance will cover you when a lawsuit or complaint is filed. Nurses Service Organization (NSO) has a 41-year history of defending nursing professionals from allegations of medical malpractice and licensing complaints. With over 500,000 registered professional nurses in the U.S., NSO’s membership is diverse, including professional nurses from every specialty. For those interested in exploring NSO’s website, receive a quick rate quote, and browse the case studies and articles in NSO’s Learning Center. In the Learning Center, you’ll find NSO’s 41st Nurses Claim Report. It provides statistical data and an analysis of malpractice and licensing claims, as well as recommendations on how you can avoid a lawsuit and protect your practice. Learn more about NSO Professional Liability Insurance for ANA Members at http://www.nso.com/anameds

Updated information on membership benefits is available at: https://www.nursingworld.org/membership/member-benefits/personal-benefits/

References


1 The terms “directors” and “trustees” are often used interchangeably to describe the individuals serving on a nonprofit board, but there are technical differences regarding scope and responsibilities. Because of the information used for this report lacked sufficient granularity, results from all boards were compiled and analyzed together.

February 2021
Massachusetts Report on Nursing ● 19

Massachusetts

As a nurse and joint ANA and ANAMASS member, you are committed to providing superior care to your patients. It is your priority to invest all of your energy in your work. But who is taking care of you when you take care of others? Through ANA and ANAMASS Personal Benefits, we are here to help with the key to maximizing your benefits program 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.

Travel discounts are the #1 requested benefit program from ANAMASS members. ANA has partnered with BookingCommunity to offer members hotel room rates that are discounted up to 70% — lower rates than you will find at any online travel or hotel website. ANA and ANAMASS members get access to additional deals that are not available to the public, at over 80,000 participating Hotels and Resorts Worldwide. Plan a trip and watch the savings grow — it pays to be an ANAMASS member!

To access these great, member-exclusive rates and book travel today – https://www.nursingworld.org/membership/member-benefits/personal-benefits/laurelroad

Laurel Road specializes in helping nurses, with special interest rates available to nurses that allow them to save thousands of dollars.1 Refinancing might help you consolidate your loans into one, manageable amount with one, potentially lower interest rate. ANA members also receive a special 0.25% rate discount or $300 cash bonus when using the link below. Laurel Road’s quick and easy online application allows you to get preliminary rates in minutes – without impacting your credit and with no obligation to accept.2 Laurel Road has no fees to apply. You’ll also have the option to set up automatic payments to receive an additional 0.25% rate discount.

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A Seat at the Table: Nursing—continued from page 5

available information on the facility website. Seventy-four hospitals met these criteria. Across the Commonwealth, 15 healthcare networks were governed by a single Board; the number of separate hospitals within these networks ranged from two to 12. Depending on these network’s corporate structures, some websites reported a single Board governing multiple facilities; other hospitals listed their own Boards. The network and individual hospital websites were then reviewed for specific information related to nursing’s presence as part of the hospital’s Board composition as well as those holding executive suite positions. For 19 facilities, no information specific to Board composition could be ascertained from their websites or, if available, links to their annual reports. For websites where a Board member’s or hospital administrator’s expertise was not explicitly described, clarification of that individual’s professional background was necessary. For websites where a Board member’s or hospital administrator’s expertise was not explicitly described, clarification of that individual’s professional background was necessary. Because of the interchangeability to describe the individuals serving on a nonprofit board, but there are technical differences regarding scope and responsibilities. Because of the information used for this report lacked sufficient granularity, results from all boards were compiled and analyzed together.

Benefits of a Nursing Voice and a Call to Action

These results are not surprising but unfortunately underscore nursing’s limited voice in hospital governance and in defining and advancing its mission and values. Having a nursing voice assists in strengthening a Board’s literacy specific to quality indicators regarding person-centered care, health equity, and maintaining a high-quality nursing workforce. In the immediate post-COVID 19 era hospital leadership will seek to ‘right size’ their workforce as part of restoring financial equilibrium. As the predominant work group and largest portion of an institution’s personnel costs, nursing positions being vacated by experienced nurses are vulnerable to being expedited. The loss of an experienced nursing workforce, however, will harm patient outcomes. Hospital Boards that include nursing’s voice are better positioned to understand clinical and staffing issues involved in delivering efficacious, cost-effective care as they seek to balance competing fiscal, quality, and social demands. Not only will patients benefit, but so will other colleagues and an endangered workforce who, otherwise, won’t be available when the next pandemic emerges.

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