ANA Massachusetts Makes History in 2015
Tara Tehan, MSN, MBA, RN, NE-BC
President

Since our founding (as MARN, the Massachusetts Association of Registered Nurses) over 12 years ago, our organization has supported various pieces of state legislation that are consistent with our core mission. Our hardworking Health Policy Committee closely monitors public policy activities, makes recommendations on our statewide legislative priorities, presents testimony, participates in coalitions, and meets with legislators. Yet, as an organization, we have never filed a bill of our own.

Until now...

Makes History continued on page 3

Health Policy Commission Approves Draft Nurse Staffing Regulation: Ready for the Next Steps
Tara Tehan, MSN, MBA, RN, NE-BC
President

On Tuesday January 20, 2015 The Health Policy Commission voted to approve the recommendations of their Quality Improvement and Patient Protection Committee for optimal ICU nurse staffing. As you know, ANA Massachusetts has been actively involved in the regulatory process as a key stakeholder organization, with our leadership participating in meetings with HPC staff and contributing testimony in public hearings.

Health Policy Commission continued on page 4

Massachusetts Report on Nursing
Vol. 13  No. 1  March 2015

Who is this nurse? See page 14

2015 Spring Conference
The Courage to Care in the Face of Infectious Disease
Saturday, April 11, 2015
8:30 am - 3:30 pm
Dedham Hilton Hotel, Dedham, MA

Featuring Pam Cipriano, ANA President and Cheryl Bartlett, Executive Director of the Cape Cod Regional Substance Abuse Prevention Initiative and Public Health, Cape Cod Health Care, Former MA Public Health Commissioner

2015 Spring Conference continued on page 13

Receiving this newsletter does not mean that you are an ANA Massachusetts member. Please join ANA Massachusetts today and help to promote the Nursing profession.
Go to: www.ANAMass.org or see page 15 to complete the application.
Join ANA Massachusetts today!

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Current resident or
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2015 Health Policy Committee Legislative Forum

When: Tuesday, March 24, 2015
Where: Great Hall - Massachusetts State House
Time: 8:45 AM - 1:00 PM

Advocacy Beyond the Bedside...
Mental Health and Substance Use Disorders Policy

The goal of this forum is to discuss the impact of legislation on mental health and substance misuse care in Massachusetts and to highlight the impact of Nursing Advocacy.

Program Schedule
8:45 a.m. Registration and Continental Breakfast
Join us for a continental breakfast with Massachusetts’ legislators

9:15 a.m. Welcome Remarks – Tara Tehan, President, ANA Massachusetts

9:30 a.m. David Seltz, Executive Director
Health Policy Commission

10:00 a.m. Representative Kay Khan, RN, MS
Senator Eileen Donoghue

10:30 a.m. Break

10:45 a.m. Panel Discussion
Donna White, RN, PhD, CNS, CADAC – Addictions
Adam Brubaker, M.Ed., BSN, CARN – SARP Program
Pooja Bhatta, MSN, RN – Boston Healthcare for Homeless
Mary Grant, RN, MS – Mental Health

11:45 a.m. Break

12:00 p.m. ANA MAT/MAC & Legislation we are supporting/sponsoring
Myra F. Cacace, GPNP/ADM-BC

12:15 p.m. Table discussions

1:00 p.m. Wrap-Up/evaluations

Registration Form on page 3

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by Representative Liz Malia, 11th Suffolk District

In the past legislative session there was a significant focus on reversing the opioid epidemic that Massachusetts is currently facing. Medical professionals are on the front lines of this issue and last session I was approached by many nurses, physicians and pharmacists who asked what steps the state is taking. Over the past six years we have put in place a number of reforms and funding priorities to prevent and stop substance abuse. One of the most significant achievements in this fight is the Prescription Monitoring Program (PMP). The PMP was originally created in 1992 and has been a focus for funding and improvements during every legislative session since then. The goal of the PMP is to make a patient’s Schedule II-V prescription history easily available to a prescriber, in an effort to cut down on “doctor shopping,” “pill mills,” and duplicative overprescribing of potentially addictive substances.

The Prescription Monitoring Program is a secure database run by Massachusetts’ Executive Office of Health and Human Services (EOHHS) that records patient’s prescription history for all Schedule II-V prescriptions. Physicians, dentists, and podiatrists are all now automatically enrolled in the PMP when they renew their Massachusetts Controlled Substance Registration (MCSR). Starting in 2015 all nurse practitioners, nurse anesthetists, registered nurses authorized by the board of registration in nursing to practice in advance practice nursing and physicians assistants will also be automatically enrolled. Each “primary account holder” is also allowed to have a delegate, often a nurse, who is able to check and use the PMP account on behalf of the participant. All practitioners and/or their assigned delegate are required by law to check the PMP prior to prescribing any schedule II or III narcotics when first prescribing to a patient.

We need health care professionals to be our most vigilant allies as we continue to fight prescription drug abuse. The Legislature is providing critical tools and funding, and the PMP is one of our most important. At a time when drug overdose is taking more lives than car accidents, gun violence, or any other form of injury or accident in the Commonwealth, understanding a patient’s prescription history and risks for substance abuse before prescribing an opiate should be as routine as checking vital signs before a medical checkup. The PMP makes this information accessible, and we will continue to improve its capabilities and user experience.

As the law will continually change, it is important that all health care providers stay informed. The EOHHS website has information about the PMP and updates information routinely as statute changes. You can check out their website at the following link http://www.mass.gov/ehhs/go/departments/dph/programs/hcq/drug-control/prescriptions-monitoring-program/

Another way to stay updated on the new laws and regulations is to follow the current legislation in Massachusetts. Visit https://malegislature.gov/ to find what legislation has been filed related to the PMP and to find out who your elected officials are so you can get involved in the legislative process. We welcome the testimony and expertise of health care professionals as we continue our efforts against prescription drug abuse.

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I’m proud to let you know that ANA Massachusetts has filed legislation – sponsored by Rep. Kay Khan (D-Newton) and Sen. Eileen Donoghue (D-Lowell) – that will give our profession a voice on the Health Policy Commission, the independent state agency that shapes policy and tracks cost-control efforts. We are seeking to expand the current 11-member HPC board with an additional gubernatorial appointee who, as our bill states, “shall be a registered nurse licensed to practice in Massachusetts…”

Our goal to add an RN to this state commission fits right in with the Nurses on Boards Coalition (go to Nursingworld.org for more information) a nationwide effort to get nurses onto health care decision-making boards by 2020. Our parent organization, the 10,000 Nurses American Nurses Association, is a founding member of this coalition, which stems from a recommendation in “The Future of Nursing” report by the Institute of Medicine. Please join us in our advocacy for this important legislation. Together we are embarking on a new chapter in ANA Massachusetts history!

An act relative to the governance of the Health Policy Commission

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 1. Section 2(b) of chapter 63 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended by striking out in line 11, the number “3” and inserting in place thereof the number “4” and by inserting after the sentence in lines 31 and 32 the following new sentence:- “The fourth person appointed by the governor shall be a registered nurse licensed to practice in Massachusetts who practices in a patient care setting and shall be initially appointed for a term of 5 years.”

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ANA Massachusetts
President Tara M. Tehan
Responds to Draft Nurse Staffing Regulations

BOSTON (January 6, 2015) – ANA Massachusetts applauds the Health Policy Commission’s Quality Improvement and Patient Protection Committee for its thorough research in the development of nurse staffing recommendations, for recognizing the diversity of hospitals across the Commonwealth, and for valuing a process that brings forward the voice of the staff nurse. ANA Massachusetts believes that the hospital-specific acuity tool contained in the Commission’s draft regulations is an effective approach to ensuring the right level of staff to meet the needs of the particular patients in the intensive care unit at any one time. We look forward to continuing to offer our input and technical assistance as the regulations move from draft to final status.

About ANA Massachusetts
ANA Massachusetts is committed to the advancement of the nursing profession and quality patient care across the Commonwealth. As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nurses in Massachusetts through advocacy, education, leadership, and practice.

Mary Ellen Doona
Representing the membership of American Nurses Association Massachusetts, Executive Director, Diane Jehle, credentialed with college degrees to enlarge the vision of the Association. If her twelve years at the Massachusetts Nurses Association where she paved the way for young nurses newly credentialed with college degrees to enlarge the vision of the Association. If her twelve years at MNA shaped nursing’s present, her next five years will continue that advocacy for our nurses while also valuing a process that brings forward the voice of the staff nurse while recognizing the diversity of hospitals across the Commonwealth. As your professional association, we will continue advocating on your behalf as the work on this very important issue of optimal staffing continues. The HPC board is scheduled to provide many opportunities to voice your opinions during a public comment period. Visit www.ANAMass.org for up to date information about this and other issues important to nurses.

To find out more about the Health Policy Commission, visit http://www.mass.gov/anf/docs/hpc/quipp/20150106-quipp-january-6-presentation-vfinal.pdf

To read the panel’s presentation go to http://www.mass.gov/anf/docs/hpc/regs-and-notices/20150106-proposed-nurse-staffing-regulation-approved-by-quipp.pdf to read the draft regulation itself.

Best wishes in the year ahead. We hope that one of your resolutions is to actively involved in ANA Massachusetts in 2015.
disgruntled family member. The dramatic events aggression, whether from a confused patients or a nurses are often the targets for verbal or physical and healthcare settings. As frontline caregivers, exhibited by the increase in violence in hospitals for healthcare providers that once existed...as hierarchy has broken down, so has the respect entire healthcare team. But as this traditional physician is the sole decision-maker towards a we have moved away from a model in which the decisions are made in healthcare. Thankfully, our profession.

we are being true to ourselves, our patients and and in fact may have work to do in order to ensure that maybe we haven't found the right balance…

Recent observations have prompted me to think at odds within our personal and professional lives. us that our ethical responsibilities often place us to force feed detainees at Guatanamo Bay, reminds searching. The Navy Medical Officer who refused a certain degree of personal and professional soul responsibility of my role as a nurse. But to advocate on behalf of my patients as the most responsibility to my patients. I consider my efforts promote health and safety.

Ethics which guides our practice, and outlines the rights and the rights of the patient and the rights of the individual nurse when Kaci Hickox returned to the United States after caring for patients with Ebola. Were Kaci’s hard work and rights honored when she was told she had to spend 21 days in a tent in New Jersey? or when she was asked to self-quarantine? Nurses know our duty to protect the community...but how do we balance our individual needs and our professional duties?

Recently, I have thought about this issue regarding human immunodeficiency virus (HIV) testing when there is an occupational exposure. The Massachusetts General Laws Chapter 111 Section 70F requires written informed consent to disclose the results of HIV testing to any person other than the subject of the test. Clearly, as nurses we support informed consent and the protection of health information. But what if the person is unable, either due to mental or physical incapacity, to provide written consent to disclose the results of HIV testing? What are the ethical responsibilities to both the patient and the clinician? We have a responsibility to protect the health and safety of our patients and to prevent stigma and discrimination that can occur with HIV. But don’t we also have a responsibility to ensure that nurses who are faced with the decision to start post-exposure prophylaxis and to prevent stigma and discrimination that can occur with HIV. But don’t we also have a responsibility to minimize the suffering and discomfort of the patient exposed to a serious virus? Don’t we have a responsibility to care for those that risk personal health and safety on a daily basis for other patients?

I know I am posing more questions than answers. How do we find the appropriate balance between the rights of the patient and the rights of the caregiver? Not an easy question...but I believe the time has come to explore the answer. We need to raise this issue not only within our nursing community….but how do we balance our responsibilities towards patients clearly states, “The Nurse practices with compassion and respect for the inherent dignity with and unique attributes of every person.” This code also explicitly states our role in advocacy, “The Nurse promotes and advocate for and protects the rights, health and safety of patients.” Finally, the code is explicit about our responsibility towards ourselves... “The Nurse owes the same duties to self as others including the responsibility to promote health and safety.”

Health consumerism has challenged the way decisions are made in healthcare. Thankfully, we have moved away from a model in which the physician is the sole decision-maker towards a model in which the patient is a partner with the entire healthcare team. But as this traditional hierarchy has broken down, so has the respect for healthcare providers that once existed...as exhibited by the increase in violence in hospitals and healthcare settings. As frontline caregivers, nurses are often the targets for verbal or physical aggression, whether from a confused patient or a disgruntled family member. The dramatic events at Brigham and Women’s Hospital in January bring this to the forefront of our consciousness. We must continue to work towards an environment that is open and welcoming but ensures the safety of our staff.

The rights of the nurse and the rights of the community were in conflict with the rights of the individual nurse when Kaci Hickox returned to the United States after caring for patients with Ebola. Were Kaci’s hard work and rights honored when she was told she had to spend 21 days in a tent in New Jersey? or when she was asked to self-quarantine? Nurses know our duty to protect the community...but how do we balance our individual needs and our professional duties?

Dear Colleagues,

I have had the privilege of serving you as the American Nurses Association Massachusetts, publicly declaring our organizational affiliation with the American Nurses Association. We are using our resources to increase our legislative influence with our successful partnerships with our lobbyists, Lynch and Fierro LLP ensuring that our voices are heard on the hill. As the nursing organization who advocates for nurses in all settings our voice has been heard in several public dialogues including Ebola preparation and the development of the intensive care unit nurses staffing regulations. Finally we have filled our first piece of legislation – An Act Relative to the Health Policy Commission. This work could not have been accomplished without your active involvement. I feel more privileged than ever to be part of our profession. I hope we have witnessed the power of nursing during the last year and know we make a difference every day.

I would be remiss if I didn’t extend my gratitude to all individuals whose support allowed me to serve you over this past year. Thank you to my staff in the Neuroscience Intensive Care Unit at the Massachusetts General Hospital...your commitment to our patients renew my professional commitment each and every day and to my Associate Chief Nurse Kevin Whitney and Chief Nurse Dr. Jennifer Ives Erickson. Thank you to our President Elect Myra Cacace and Executive Director Diane Jeffrey – ANA-MA is in good hands. Finally to my husband Tao who willingly stepped up on baby duty. It has been an honor and privilege to serve you.
Anne Manton, PhD, APRN, PMHNP-BC, FAEN, FAAN

Anne Manton is a living legend in Massachusetts. Her contributions began decades ago and have spread nationwide. In 1998, while serving as national president of the Emergency Nurses Association (ENA), she was elected to be co-chair of the Nursing Organizations Liaison Forum (NOLF). At that time, NOLF was a part of American Nurses Association (ANA) and the other co-chair at the bylaws was the ANA President. NOLF brought all nursing organizations together once a year and at the ANA Delegate Assembly. As the NOLF Chair, Anne represented the member nursing organizations at every ANA Board of Directors meeting. In this capacity she also served on a number of ANA national committees.

At the same time there was an independent nursing organization known as the National Federation of Specialty Nursing Organizations (NFSON). The members of both NOLF and NFSON were mostly the same so they requested the leaders of both organizations to merge. Anne spent many months planning and ultimately the new merged organization was born. Anne was the co-founder of the Nursing Organizations Alliance. The organization (NOA) still exists and provides the Nurse in Washington Internship (NIW) and leadership education for nursing organizational leaders. It provides the opportunity for nursing organizations to come together on a regular basis to discuss issues of importance to nursing.

Anne spent four years as the ANA liaison to the National Student Nurses Association (NSNA). In that role, Anne mentored nursing’s future leaders. Many of these students went on to sit on national committees or state boards. As the ANA-BOD staff nurse representative, I have had the opportunity to hear first hand of Anne’s work. Anne’s constant encouragement and support helped them to strive to let their new graduate voice be heard. When Anne’s terms ended the organization voted to award her the NSNA Lifetime Honorary Membership in both clinical and educational settings. She has served in upper level administrative and educational positions as ANA President for Nursing, and Director and Chairperson for nursing education graduate programs in Massachusetts, Kentucky and Georgia. Her clinical background is in the area of community health, parents, child nursing and geriatrics. Dr. Lowenstein has a long history of academic excellence. She came to Simmons College following a “failed retirement” from MGH Institute of Health Professions where she served as the Director of Graduate Studies. At Simmons College, Arlene serves as Professor and Director of the Health Professions Education Doctoral Program. She is an expert scholar and researcher. Arlene guides doctoral candidates through the challenging program with support and encouragement.

Dr. Lowenstein has exhibited creativity and innovation in nursing education and blazed trails for other nurses. Her research interests include racial and class conflict in the health care workplace, women with HIV/AIDS and health care disparities in education, and the importance of education in nursing administration and racial segregation in nursing education, and research to evaluate how health professionals are taught to teach patients effectively. Dr. Lowenstein has published extensively, over 50 articles and book chapters, presented her research nationally and internationally. Her books have been syndicated in nursing, and are now written for all health professionals. Her latest book, Teaching Strategies for Health Education and Health Promotion: Working with Patients, Families and Communities, received the Book of the Year Award from the American Journal of Nursing in 2003.

Arlene is a visionary in nursing educations and exhibits a passion for online teaching and learning. She demonstrates a commitment to teaching health educators about the impact of technology in education. Her excitement and encouragement related to mentoring and incorporating technology into health care education is contagious with her blogs, wikis, and emerging technologies. Arlene has impacted nursing and nursing education in the past, present, and will for decades to come.

Arlene J. Lowenstein, PhD, RN

Arlene J. Lowenstein, PhD, RN, is the recipient of the MA ANA Living Legend Award. This award recognizes a nurse who has made significant lifetime contributions to the profession of nursing on a state, national and international level. Dr. Lowenstein recognizes all the nurses, exceptional nurses who serve as an inspiration and mentor to others in the profession. Dr. Lowenstein has spent her nursing career within both clinical and educational settings. She has served in upper level administrative and educational positions as ANA President for Nursing, and Director and Chairperson for nursing education graduate programs in Massachusetts, Kentucky and Georgia. Her clinical background is in the area of community health, parents, child nursing and geriatrics. Dr. Lowenstein has a long history of academic excellence. She came to Simmons College following a “failed retirement” from MGH Institute of Health Professions where she served as the Director of Graduate Studies. At Simmons College, Arlene serves as Professor and Director of the Health Professions Education Doctoral Program. She is an expert scholar and researcher. Arlene guides doctoral candidates through the challenging program with support and encouragement.

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MCNP and MANA Refile Legislation to Modernize MA APN Statutes

On January 16, 2015 the Massachusetts Coalition of Nurse Practitioners along with the Massachusetts Association of Nurse Anesthetists filed HD 2782/SD 311, An Act to Remove the Restrictions on the Licenses of NPs and CRNAs as Recommended by the Institute of Medicine and the Federal Trade Commission.

This is their second filing of legislation to modernize the statutes for Massachusetts advanced practice nurses and would allow NPs and CRNAs to practice to the full extent of their education and training. These changes are consistent with the recommendations cited in the Institute of Medicine’s Future of Nursing Report and supported by the National Council of State Boards of Nursing, the Federal Trade Commission, ANA Massachusetts, as well as numerous other specialty organizations and businesses.

If passed as written, the bill would:
1. Remove the requirement for physician oversight of NP/CRNA prescriptive practice
2. Remove the requirement for a physician to sign a written document identifying what NPs and CRNAs “may do” as licensed professionals rather than what their credentials certify they “can do” by virtue of their education
3. Remove the Mass Board of Registration in Medicine’s authority over the Mass Board of Registration in Nursing’s adoption of regulations
4. Remove the restrictive time limitations on issuing prescriptions by the CRNA
5. Update the Nurse Practice Act to reflect that NPs and CRNAs not only order tests and therapeutics, but also interpret them in order to best treat the patient.

The legislation has the support of Representative Kay Khan, Representative Paul Donato and Senator Marc Pacheco, who served as the bill sponsors in the House and Senate respectively, with multiple other legislators signed on as co-sponsors. Please visit the MCNP website at www.mcnpweb.org to learn more details about the bill and please respond to action alert emails to support this important legislation through the process.

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Untangling the Web: Differentiating Commercial Support, Sponsorship, and Vendors

by Sandra Reissour, MSN, RN

Co-chair ANA Mass ANCC Accredited Approver Unit

The American Nurses Association (ANA) Massachusetts American Nurses Credentialing Center (ANCC) Accredited Approver Unit has observed that many applicants seeking approval of continuing nursing education (CNE) activities have difficulty differentiating between commercial support, sponsorship, and vendors. While all three are a source of financial revenue, or in-kind support, the similarity ends there. The purpose of this article is to clarify these terms to improve understanding.

Commercial support is defined as financial or in-kind contributions given by a commercial interest that are used for all or part of the costs of a CNE activity. Commercial supporters may not be providers or joint providers (formerly called co-providers) of an educational activity (ANCC, 2013; 2014). A commercial interest is any entity either producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients or an entity that is owned and controlled by an entity that produces, markets, resells or distributes healthcare goods or services consumed by or used on patients. Exceptions are made for nonprofit or government organizations and non-healthcare related companies (ANCC, 2013; 2014). Clinical providers of services are not commercial supporters. Examples of commercial interests are pharmaceutical companies and medical equipment manufacturers and sellers. (Questions regarding specific designation can be directed to Nurse Peer Review Leader, Judy L. Sheehan, MSN, RN at jsheehan@anamass.org)

A sponsor, on the other hand, is an organization providing financial or in-kind support that does not meet the definition of a commercial interest. Examples of sponsors include foundations and companies that produce or sell non-healthcare products. Sponsors may not be providers or joint providers of an educational activity (ANCC, 2013; 2014). Whenever commercial support or sponsorship is received by a provider of CNE, a written agreement must be created that specifies the amount of funding or description and estimated value of the in-kind support (ANCC, 2013; 2014).

Vendor support is different from commercial support and sponsorship. A vendor is an individual or company who pays a fee for a table/space to display their product or service. This business transaction between the vendor and the provider of continuing education is a private matter (ANCC, 2013; 2014). Current ANCC/ANA MA criteria require commercial support and/or sponsorship to be disclosed to attendees prior to the start of a CNE activity. Business transactions with vendors do not fall into the category of required disclosures (ANCC, 2013; 2014).

<table>
<thead>
<tr>
<th>Source of financial or in-kind support?</th>
<th>Requires a written agreement outlining the details?</th>
<th>Must be disclosed to audience prior to the start of the educational activity?</th>
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<tr>
<td>Commercial Support</td>
<td>Yes</td>
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<td>Sponsorship</td>
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<tr>
<td>Vendor</td>
<td>Yes</td>
<td>No</td>
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</table>

References
American Nurses Credentialing Center. (2014). Content integrity standards for industry support in continuing nursing educational activities. Retrieved from http://www.nursecredentialing.org/Accreditation/Resources/Services/Accreditation-CEContentIntegrity
American Nurses Credentialing Center. (2013). 2013 ANCC Primary accreditation application manual for providers and approvers. Silver Spring, MD: American Nurses Credentialing Center

Another Successful Provider Forum!

by Sandra Reissour, MSN, RN

ANA Massachusetts (formerly MARN) has a long history of offering biannual presentations to providers (and potential providers) of continuing nursing education. In keeping with that pattern, the Continuing Education Committee/Approved Approver Unit held a Provider Forum on November 7, 2014 in the western part of the state entitled Boot Camp.

One of the ways to insure a successful program is to build the content around the gap of the target audience. Gaps are typically identified in one or more of the following areas: knowledge, skills or practice. Boot Camp was designed for nurse planners who are new to the planning role or who wish to expand their knowledge of the planning process. Therefore, the program addressed a gap in knowledge.

Myra Casace, ANA Massachusetts President-elect and editor of the Massachusetts Report on Nursing was introduced to the audience. The audience was not merely local. Attendees who represented CE providers (or potential CE providers) from three states: Massachusetts, New York and Rhode Island.

The main presenter was Judy Sheehan, Nurse Peer Review Leader of the Accredited Approver Unit who conducted a needs assessment prior to the start of the event and made minor changes to her presentation accordingly. In addition to the didactic session, attendees could rotate among four tables where facilitators led an interactive discussion addressing one of four popular issues.

If the success of an educational event can be measured in learner satisfaction, Boot Camp was a highly successful educational activity. Learner satisfaction is evidenced in the following responses to the question Will this activity influence your practice?

• Absolutely, As a Lead Nurse Planner, this information is exceptionally helpful. ANCC in PLAIN SPEAK!!!! Thank you!!!
• Yes, a greater understanding of the integrity of the process and the value of ANCC approval. Ideas for expanding CNE possibilities.
• As a new RN planner for a Provider organization, this was an outstanding orientation.
• Clearer understanding of process for CNE programs
• Good networking regarding educational design, evaluation, etc.
• Yes, clarified procedures R/T live versus enduring and recurring programs
• All my questions were answered - thank you!

This activity will be presented in the eastern part of the state in the spring.

SAVE THE DATE: May 1, 2015
The Massachusetts Coalition of Nurse Practitioners (MCNP) is continuing work towards adoption of the full consensus model via legislation in next year’s legislative session. In pursuit of Full Practice Authority, get involved by contacting your elected officials regarding the importance of allowing patients full and direct access to NP care.

To review the ruling go to: http://www.mass.gov/eshhs/departments/dhp/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/verification-of-orders.html

Regulation Changes Affect APRNs

At a previous meeting the Board of Registration Nursing (BORN) drafted regulations for Massachusetts advanced practice nurses to move our Commonwealth into alignment with the National Council of State Boards of Nursing (NCSBN) Consensus Model. Changes in the regulations that affect nurse practitioners include changes in title and signature authority. There are also some changes related to the clinical nurse specialist role. To access these regulations go to www.mass.gov/eshhs/docs/dhp/regs/244cmr004.pdf.

The Massachusetts Coalition of Nurse Practitioners (MCNP) is continuing work towards adoption of the full consensus model via legislation in next year’s legislative session.

The ANA Massachusetts Action Team - MAT cordially invites you to join this new and exciting team, when you join you will be sending your voice to those matters affecting all nurses in Massachusetts.

Go to www.ANAMass.org for more information.

Massachusetts Board of Registration in Nursing News

Revised Ruling 9324: Accepting, Verifying, Transcribing and Implementing Prescriber Orders

This advisory ruling provides guidance to the practice of Registered Nurses and Licensed Practical Nurses when accepting, verifying, transcribing, and implementing patient care orders from a duly authorized prescriber (i.e., Advanced Practice Registered Nurses with prescriptive authority, Physician Assistants, and Physicians).

To review the ruling go to: http://www.mass.gov/eshhs/departments/dhp/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/verification-of-orders.html

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Go to www.ANAMass.org for more information.

Address Change? Name Change?

ANA Massachusetts gets mailing labels from the Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing!

The ANA Massachusetts Approver Unit

The only Professional Nursing Organization ANCC Approver Unit in the Commonwealth Fully Accredited Through 2015!

Program reviewers: available to review your nursing education programs any time.

For up to date information about how to become an approved provider (for a single activity or as an organization) please visit the ANA Massachusetts Website www.ANAMass.org

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Save the Date

2015 Annual Spring Symposium - Continuing Nursing Education: Boot Camp

Friday, May 1, 2015
8:30 am-3:30 pm

Symposium Flyer and Registration, http://www.ANAMass.org

Wellesley Gateway Building, Wellesley, MA
$199 includes lunch

Early Bird Registration Fee of $179 before March 15th.

Two Programs for All Nurses Offered by Regis College, Weston, Massachusetts

Update on National Health Care Reform/ Acute/Home/Long Term Care

March 25, 2015
6:30-8:30 pm

Fee: None

National Health Care Reform continues to be challenged by political groups who oppose this legislation. Also, the effects of the implementation of the ACA on clients, caregivers and providers in acute, home and long-term care settings will be presented. Come hear the experts!

Title: Rehabilitation/Traumatic Brain and Spinal Cord Injuries/Amputations

April 22, 2015
6:30-8:30 pm

Fee: None

“Adjustment to loss of a limb takes patience and resolve from patients and their loved ones. This is a team effort including the patient’s strength to live life to the fullest again,” according to the Spaulding Rehabilitation Amputee Program. Traumatic brain and spinal cord injuries related to returning war veterans will also be presented by our expert panelists.

Registration Information:

Call 781-768-8080

Email: president.lectureseries@regiscollege.edu

Online Registration:

www.registowertalk.net/rehab

Celebrate National Nurses Day with ANA Massachusetts at Fenway Park!

Wednesday May 6, 2015. Details available soon at www.ANAMass.org
March 2015 Massachusetts Report on Nursing • Page 11

Bulleted Board

Members Only

Visit Your ANA Massachusetts Career Center: A Valuable Member Benefit

The ANA Massachusetts Career Center works with members, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts.

Gain access to tools that allow you to:
- Quickly find the most relevant nursing jobs from top employers
- Receive automated notifications through customized job alerts keeping you up-to-date on the latest opportunities
- Create an anonymous profile and resume to quickly apply for jobs and have employers come to you
- Receive job flash emails twice a month
- Network more effectively and become a valuable resource to your peers
- Post your own open positions

Visit the Career Center at www.ANAMass.org/jobs and register today!

Your Guide to the Benefits of ANA Massachusetts Membership... It Pays for Itself

- Dell Computers – ANA Massachusetts/ANA are pleased to announce a new member benefit. ANA Massachusetts and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-495-8133.
- Walt Disney World Swan and Dolphin Hotel – GlobalFit Fitness Centers – Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- Professional Liability Insurance – a must have for every nurse, offered at a special member price.
- Nurses Banking Center – free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule, at an affordable price – Liability/Malpractice, Health Insurance, Dental and Vision.
- CBCA Life and Health Insurance Plans – Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000 Call Budget – 1-800-527-0700 and give ID# X359100
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- Online discounts on all your floral needs through KaBloom.

Promote yourself: professional development tools and opportunities

- Members save up to $140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org – ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center – developed in cooperation with Monster.com.

Stay informed: publications that keep you current

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

We also welcome any pictures that show ANA Massachusetts members in action... at work or at play. Interested persons, please contact Myra Cacace at myracacace@charter.net.

ANA Massachusetts is the Massachusetts affiliate of the American Nurses Association, the longest serving and largest nurses association in the country. Join us at www.ANAMass.org

Contact us at: 617-990-2536 or info@ANAMass.org

Dear Ms. LaSala,

As I reflect on the accomplishments of 2014, I want to acknowledge your work in support of the American Nurses Association (ANA).

On behalf of the ANA Board of Directors, please accept my sincere thanks and appreciation for the valuable contributions you made during your service as a member of the ANA Center for Ethics & Human Rights Advisory Board.

Your commitment to serving ANA and its members in this very important role is laudable. I am fully aware of the time and effort involved in serving the association as you have, and I know how many demands have been made on you. I hope your service has been as gratifying to you personally as it has been beneficial to ANA.

Thank you again for volunteering your time and talent in service to ANA.

Sincerely,

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

January 26, 2015

Cynthia LaSala, MS, RN

Dear Ms. LaSala,

Ruth Ludwig, PhD, RN-BC, CNS, is director of nursing research, Robinson Memorial Hospital, Ravenna, Ohio; professor emerita, Kent State University, College of Nursing; and an independent consultant. Her advocacy efforts have been instrumental in shaping dialogue and policies about nursing issues globally.

We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

Please join ANA Massachusetts today and become an active member of the world renowned and most respected professional nursing organization. Go to: www.ANAMass.org or see page 15 to complete the application.

We also welcome any pictures that show ANA Massachusetts members in action... at work or at play. Interested persons, please contact Myra Cacace at myracacace@charter.net.

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

Janurary 26, 2015
Protect Yourself!

Nurses understand that the flu affects thousands of people (tracked annually by the CDC) across the U.S. every year. ANA Massachusetts members support efforts by the DPH to control and limit the spread of this illness by increasing the vaccination rates among our work force. We recognize that increased vaccination rates will benefit patients and local communities by limiting the spread of illness, but we do have some concerns because no studies have definitively shown that mask use by either infectious patients or health-care personnel prevents influenza transmission. (See full report at www.ana.org/flu/professionals/infectioncontrol/maskguidance.htm)

However there are other studies that provide data showing that wearing masks, frequent excellent hand washing and the following of universal precautions DOES prevent transmission of influenza as well as any other communicable diseases.

We urge members of the DPH to appreciate the complicated nature of requiring all nurses to participate in mandatory vaccinations:

- Many nurses are not able to have a flu shot for either medical or religious reasons
- Many health care institutions require nurses who do not get the flu vaccine to wear masks while working within 3 feet of patients/families we serve despite the fact that:
  - Some nurses are developing rashes in the mask area and cannot tolerate wearing the masks for long periods of time.
  - Some nurses are concerned that compelling them to wear masks on their unit sets them apart from their coworkers and inadvertently labels them as non-compliant.
- Health care workers, especially nurses, frequently feel compelled to come to work when they themselves have flu symptoms, which puts their colleagues and patients at risk. We urge the DPH to consider a recommendation that hospital personnel policies support encouraging all employees to stay home when they are sick and support a staffing plan that accommodates times when nurses are unable to work their assigned shift without implications that they are abandoning their workplace.
- We encourage all health care institutions to be sure there is an adequate supply of anti-viral medications to be available to any health care worker without waiting for confirmatory results, if they develop symptoms.

AMA Massachusetts can support the policy recommended by the DPH as long as nurses have the choice to decline the vaccination if indicated by their own health and well-being. Nurses are educated in the way in which the virus is transmitted through droplet nuclei. Therefore, we support all measures that prevent its transmission. We support nurses’ choice and expect that all nurses will act responsibly when they must choose whether to vaccinate to protect themselves, other health care workers, and the patients we serve.

For more information about other references about the use of universal precautions to prevent influenza transmission, please contact info@anamass.org.

Promoting RN Health, Safety, and Wellness

Are you a healthy nurse and a role model for wellness? Too often, RNs neglect their own care and health, forgetting to take the advice they give their patients. Stress, fatigue, poor diet, lack of exercise and time, as well as occupational health risks, threaten nurses’ health on a daily basis. RNs need to practice self-care to ensure they maintain a healthy health capacity, across the wellness/illness continuum, as they become stronger role models, advocates, educators, personally, for their families, their communities and work environments, and ultimately for their patients.” Furthermore, ANA has developed the following HealthyNurse constructs:

Calling to Care
- Caring is the interpersonal, compassionate offering of self: a relationship with their patients and their families, while helping them meet their physical, emotional, and spiritual needs. A healthy nurse maintains a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, educators, personally, for their families, their communities and work environments, and ultimately for their patients.”

Priority to Self-Care
- Self-care and supportive environments enable the nurse to increase the ability to effectively manage the physical and emotional stressors of the work and home environments.

Opportunity to Role Model
- The healthy nurse confidently recognizes and identifies personal health challenges in themselves and their patients: enabling them and their patients to overcome the challenge in a collaborative, non-accusatory manner.

Responsibility to Educate
- Using non-judgmental approaches, considering adult learning patterns and readiness to change, nurses must empower others by sharing health and safety knowledge, skills, resources, and attitudes.

Authority to Advocate
- Nurses are empowered to advocate on numerous levels, including personally, interpersonally, within the work environment and the community, and at the local, state, and national levels in policy development and advocacy.

To assist RNs on their wellness journeys, ANA, in collaboration with Pfizer Inc., created a health risk appraisal (HRA). This HRA assists participants in identifying their health, safety, and wellness risks personally and professionally. The HRA is divided into three general categories: demographics, occupational health, and health/safety/wellness. Participants can compare their personal results against ideal standards and national averages. Participants can also access an interactive web wellness portal for further resources. A heat graph allows participants to easily evaluate their results: red denotes high risk, yellow medium risk, and green low to no risk. It takes approximately twenty minutes to complete the HRA. Participation in the HRA will help to build a unique nurse-specific personal and occupational health-related aggregated data base. Secure and HIPAA-compliant, the HRA is free and available to all RNs and nursing students. Take the HRA today at www.anahra.org!
In this era of emerging and re-emerging infectious diseases, it is critically important for nurses in all areas of the profession to have relevant, up-to-date information related to important practice implications. The purpose of this program is to provide nurse attendees with current knowledge related to the assessment and management of patients with infectious diseases and ethical implications for patients, the inter-professional healthcare team, and communities at the local, national, and global levels.

Morning Keynote:
Pamela Cipriano, PhD, RN, NEA-BC, FAAN
President, American Nurses Association
• How nurses and healthcare need to be prepared and implications for practice
• Future challenges to nursing, the inter-professional healthcare team, public/global health
• ANA programs/activities related to current and future infectious disease challenges

Featured Speaker:
Cheryl Bartlett, RN
Executive Director of the Cape Cod Regional Substance Abuse Prevention Initiative and Public Health, Cape Cod Health Care, Former MA Public Health Commissioner
• Content update on emerging and burgeoning infectious disease
• Incorporate research findings-aspects that touch on global health-historical content in managing infectious diseases
• Implications for healthcare providers and the general public

Conference Faculty:
Dr. Alexandra F. Gist
Critical Care Medicine, Massachusetts General Hospital
• Looking at ethical issues related to disaster preparedness and emergency management
• Ethical implications for health care providers and patient safety

Sue C. Elkind, MS, RN
Executive Director, Stop TB USA, Former Director, Division of Tuberculosis Prevention and Control, Massachusetts Department of Public Health
Grace M. Deveney, RN, BSN, MPH
Central Resource Team
• TB and immunization update
• Actual or potential public health threat from individuals who are not appropriately immunized.

Sarah Pasternack, MA, RN
• Historical perspective on nursing's role in communicable and infectious disease
• Experiences of those nurses who were pioneers in caring for patients with infectious disease and their influence on public and global health

Student Scholarships:
Those interested are asked to contact info@anamass.org with scholarship request.

Conference and Awards Dinner
Registration
Please include check or money order made out to ANA Massachusetts, PO Box 285, Milton, MA 02186 or you may choose to register and pay by credit card online at www.ANAMass.org.

Registrations MUST BE postmarked no later than April 3, 2015.

ANA Massachusetts Members
☐ $ 100 Awards Dinner 4/10/2015 ☐ $ 220 Awards Dinner and Conference
☐ $ 120 Conference 4/11/2015
Non-Members
☐ $ 125 Awards Dinner 4/10/2015 ☐ $ 275 Awards Dinner and Conference
☐ $ 150 Conference 4/11/2015

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☐ $99.00 Conference Only 4/11/2015

MaSNA/Full Time Students
There are a limited number of student scholarships available on a first come-first serve basis. Those interested are asked to contact info@anamass.org with scholarship request.

Sponsor a Student Member
☐ $55 Student Sponsorship Conference 4/11/2014

CALL FOR POSTERS:
All convention participants are welcome to contribute posters. Posters will be displayed near the exhibitors so that all who attend will have an opportunity to see them. Go to www.ANAMass.org and fill out the poster submission form by March 20, 2015. Guidelines for poster submission are also available online.

We are offering a $20.00 discount off of the conference registration fee for those who will have a poster presentation at the conference.

Sponsorship/Exhibitor Opportunities at www.ANAMass.org

Join us for a Networking/Cocktail Reception Saturday, April 11th after the conference, from 3:30-5:30 pm.

This activity will be submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association (OBN-001-91) is an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

*100% attendance and Program Evaluation required

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Information Session Tuesday, April 14, 5:00 p.m.
Can’t attend? Contact us for an individual appointment.

CURRY COLLEGE
3973 BLUE HILL AVE • MILTON
Massachusetts 02186

617-333-2243
www.curry.edu/nursing
msn@curry.edu
The Army Nurses Memorial

Mary Ellen Doona

Bela Lyon Pratt (1867-1917) was a well-established figure in the American art world. His education at Yale and study with masters in Paris and the United States had long ago polished his talents. He was shaping the next generation of artists as head of the Sculpture Department at the School of the Museum of Fine Arts. At the same time he was completing new commissions that joined works that had flowed from his studio, such as busts of Boston's notables; the personification of the Genius of Navigation for the World's Fair in Chicago; and, the Seasons for the Library of Congress to mention only a few of his 180 creations.

Pratt's Spring exhibit in 1911 had special significance for the press for it had been following the brouhaha that the Municipal Arts Commission had raised when the trustees of the Boston Public Library commissioned Pratt to succeed the late Augustus Saint Gaudens to create sculptures for its new building on Dartmouth Street. By April, compromise had calmed injured sensibilities and Pratt was able to create his own designs as the trustees had wanted. His success was on display in two monumental female figures, one designating Science and the other Art. By June of the next year the monumental sculptures had been cast in bronze and placed on either side of the grand entrance to the Boston Public Library, the “palace for the people”. For one hundred years they have graced the façade of the building and busy Copley Square.

Another sculpture in the exhibit that spring has none of the controversy that had surrounded the Art and Science, and although it also featured a female, she was less monumental at only eight feet in height. Daughters of veterans of the Civil War (1861-1865) had commissioned Pratt to create this sculpture as a memorial to the nurses who had cared for sick and wounded soldiers. These veterans' daughters were probably part of the Grand Army of the Republic (GAR), a fraternal organization of veterans that had been founded a year after the War had ended to provide for its orphans and widows, as well as be of assistance to disabled veterans. Not least of the GAR’s mission was that of ensuring that Americans would remember the services of the soldiers, especially those who had died.

Pratt chose the Pietà as his inspiration for the Army Nurses Memorial. The sculpture is pyramidal in shape with the soldier stretched out on the ground still holding his rifle forming its base. The nurse has raised the man's upper body from the ground and has braced it against her knee while she cradles his head in her left arm in preparation to offering him a drink from the cup she holds in her right hand. If the nurse and soldier have become one in this nurse-patient relationship, the nurse remains the dominant figure in the sculpture befitting the nature of her ministrations and the soldier’s need of her care.

In that moment the nurse is entirely focused on the soldier and ready to be inspired as his needs. In that moment the nurse remains the dominant figure in the relationship. The weight of the sculpture is at its base. The nurse is greater in volume and weight than the soldier further conveying her physical and moral strength on which the soldier depends. As the pyramid of nurse and soldier converges up to that single point, it is the nurse's head that is at the top, again focusing on her as the active agent in the relationship.

This goes beyond an ironic reversal of the usual male/strength-female/weakness dichotomies. Rather the focus on the nurse’s head suggests the care originates in the nurse's mind. Like Science, she is absorbed in her contemplation of the soldier. The sculpture captures the moment before the soldier revives enough to present his needs. In that moment the nurse is entirely focused on the soldier and ready to be inspired as Art is, to create care specific to his need. All the while like the Pietà, she embraces his head. The quiet composure suggests her competence as well as her confidence.

Thank you... to our dedicated nurses for the extraordinary compassion and care they offer to our patients, families and one another.

Endnotes

Who is the Nurse in the Masthead?

Linda Richards (1841-1930) received nursing’s first diploma in 1873 from the New England Hospital for Women and Children. (Richard’s diploma is in the Smithsonian Institution in Washington, D.C.) In 1874 Richards returned to Boston from a year as night supervisor at the Bellevue Hospital in New York City to assume the leadership of the Boston Training School (precursor to the MGH School of Nursing) that opened in November of the year before. She not only raised the profile of the failing School but in doing so she demonstrated the superiority of the trained nurse’s care. Richards recounts her long career in nursing education in the United States and Japan in: Linda Richards: America’s First Trained Nurse.
The American Nurses Association (ANA) declares 2015 as the Year of Ethics to recognize ethics as an essential component of everyday nursing practice across the continuum of nursing services. The Year of Ethics theme acknowledges the critical responsibility all nurses have to uphold the highest level of quality and ethical standards in their practice to ensure the delivery of superior health care to patients and society.

The announcement follows the release of Gallup’s 2014 Honesty and Ethics survey, which found nursing to be the most ethical profession for the 13th year in a row, with 80 percent of Americans polled asserting that nurses have “very high” or “high” honesty and ethical standards.

ANA is committed to spotlighting ethics throughout 2015 with a series of educational opportunities and publications. On January 1, ANA will release the newly revised Code of Ethics for Nurses with Interpretive Statements followed by a live webinar on January 21. To complement the January publication and launch of the 2015 theme, ANA will bring together experts from across the health care spectrum for a symposium on June 4-5 in Baltimore, MD. Additional resources and events are planned, including the publication of the Guide to the Code of Ethics for Nurses in July and a website devoted to the topic and other resources for nurses.

Year of Ethics has also been selected as the theme for this year’s National Nurses Week, beginning May 6. More information, resources, and a toolkit for celebrating National Nurses Week will be available on the National Nurses Week website at the end of December.

Ethical decision-making remains at the forefront of nursing practice, and ANA looks forward to working with the nursing community throughout 2015 to bring the Year of Ethics to life.
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COULD YOU MAKE THIS MISTAKE—AND BE SUED?

We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

When a 46-year-old woman with sleep apnea had surgery, if a nurse for the designated relief. The surgery went well, and the patient was discharged overnight. The nurse notified the patient family that the patient was ready to go home. When the patient went home directly, the nurses assigned the medication had been inspired and gave the patient another dose. This was the patient's first dose of the medication. The nurse avoided the physician, who ordered another pain medication. By 1:15 p.m., the patient started to have convulsions. The nurses could not reach the physician.

The patient's daughter filed a lawsuit. She was settled for more than $1 million, with money among the two physicians.

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

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