Save the Date

Saturday, January 23, 2016
Winter Program • The Opioid Crisis: The Massachusetts Response for Prevention, Intervention, Treatment and Recovery

Tuesday, February 23, 2016
ANA Massachusetts • 2016 Health Policy Legislative Forum • The Cost of Health Care: What it means to you and your practice.

April 8-9, 2016
ANA Massachusetts Spring Convention Living Legends in Nursing and Annual Awards Banquet • Annual Spring Conference

May 12, 2016
Celebrate Nurses Day at Fenway Park

Details on page 15

Testimony to the Joint Committee on Public Health

October 16, 2015

My name is Cathleen Colleran-Santos and I am President-Elect of the American Nurses Association Massachusetts. As the state constituent member of the American Nurses Association, the oldest professional nursing organization in the United States, the American Nurses Association Massachusetts (ANA MA), represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles. As the President-Elect, I am here today to provide testimony on behalf of ANA MA on the current resident or current non-resident of Massachusetts.

Testimony continued on page 4

Anne Manton Recognized by University of Rhode Island

Former ANA Massachusetts President Receives Award

Susan LaRocco, PhD, RN, MBA

Anne Manton says that you should do what makes your heart smile. Since her graduation from Mass General more than 50 years ago, she has been the nurse that made many other hearts smile. She has worked as a staff nurse in a variety of settings, as a mental health nurse practitioner and as an educator. She has been recognized as a Living Legend by ANA Massachusetts and is an honorary lifetime member of the National Student Nurses Association. Anne is a Fellow in the American Academy of Nursing and in the Academy of Emergency Nursing. She is also in the Emergency Nurses Association Hall of Fame. And this is just a sample of her many awards and honors. Oh, and did I mention that she is the Editor in Chief of the Journal of Emergency Nursing and still works part time as a psychiatric nurse practitioner at Cape Cod Hospital. And now she is being recognized by the University of Rhode Island with their Distinguished Achievement Award. This is the university where she received her PhD. Anne, you are an inspiration to all of us!

Opportunity to Honor Your Colleagues

American Nurses Association Massachusetts Awards Open to All Nurses

Maura Fitzgerald, RNC, MS
Chair of the Awards Committee

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

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

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

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

Excellence in Nursing Practice Award
The ANA MA Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

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

Excellence in Nursing Research Award
The ANA MA Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that...
providing testimony and participating in the ANA Massachusetts leadership team have been to keep us warm this winter. Members of the and spending are the hot topics that promise nurse staffing and healthcare quality improvement the Commonwealth. Independent practice for plunging temperatures, things will be heating solstice and will endure increasing darkness and organization dedicated to increasing nursing is the end of the beginning with a commitment to nurses in Massachusetts have always been an integral part of the formation and leadership of ANA. So with this in mind, I officially declare 2016 is the end of the beginning with a commitment to the continuation of YOUR professional nursing organization dedicated to increasing nursing leadership, education, advocacy and practice! Although we are approaching the winter solstice and will endure increasing darkness and plunging temperatures, things will be heating up for nurses and health care professionals in the Commonwealth. Independent practice for advanced practice nurses, safe patient handling, nurse staffing and healthcare quality improvement and spending are the hot topics that promise to keep us warm this winter. Members of the ANA Massachusetts leadership team have been providing testimony and participating in the Massachusetts Action Coalition (MAAC), the Massachusetts Health Council, the Mental Health Coalition, and as an invited member of Speaker Robert DeLeo’s Managed Care Task Force Quality Improvement work group, a group charged with developing ways to improve health care delivery in a smart, efficient and cost effective manner. Please visit our website, www.anamass.org for information about the hearings and other important events for the coming year.

Speaking of new beginnings, we welcomed our new twin granddaughters into our family on September 18th and once again I found myself in the role of being the recipient of nursing care. I want to take this opportunity to thank the nurses in the NICU at Newton Wellesley Hospital, who treated our whole family with loving care, good humor and the utmost in professionalism during Eleanor and Audrey’s 2 week stay. I was able to witness firsthand how excellent nursing care leads to positive outcomes.

So as 2015 comes to an end, I look forward to beginning a new year as your president and wish you all a happy holiday season and a wonderful new year!
What Can You Buy for 72 Cents a Day?

Susan LaRocco, PhD, RN, MBA

For 72 cents, you can buy about one-third of a medium cup of Dunkin’ coffee; or about one-third of a gallon of gas, or one-half of the daily Boston Globe; or you can buy membership in the American Nurses Association and the only professional nursing organization in Massachusetts that advocates for all nurses at the state and national level.

You may be thinking “Why would I join ANA MA when I already belong to other nursing organizations?” While other nursing organizations provide a variety of services for their members, ANA MA is the largest professional nursing organization, looking out for the interests of nurses in all specialties and roles, wherever we practice. I myself belong to other nursing organizations as well as the American Association of University Professors, which is a union representing my interests as an educator. I have served on the Executive Committee and the Nominating Committee of the Carriage College AAUP, but I understand that this is not my PROFESSIONAL organization, even if it is comprised of other professionals.

Our professional organization, ANA MA, is active in health policy, with initiatives such as supporting legislation for safe patient handling to prevent injuries to nurses, advocating for legislation that would allow non-anesthetists and nurse anesthetists to practice to the full scope of their education and promoting legislation to have a nurse on the Health Policy Commission. ANA MA offers networking opportunities and helps to keep all nurses in the Commonwealth aware of trends in nursing by sending this newsletter to all RNs in the Commonwealth, not just to members. Providing mentoring opportunities for new nurses and maintaining the accredited approver unit for continuing education activities are just two of the many activities in which ANA MA engages that benefit nurses in Massachusetts. Educational conferences and an active awards program that recognizes excellence in clinical practice, education, mentoring and research are some of the additional activities of our professional organization.

And as a member of ANA MA you are also a member of the American Nurses Association and that includes a subscription to American Nurse Today, and many personal benefits including discounted member prices on books and conferences.

So what will you do with 72 cents a day? I hope you will join ANA MA. We need to add your voice to those of the hundreds of other nurses in Massachusetts who believe that belonging to a professional organization is important. With a strong professional organization, we will be able to advocate for issues of importance to you and our other members. And retirees, you can belong for only 18 cents a day. We need your knowledge and wisdom as we go forward. To join go to: http://www.nursingworld.org/joinana.aspx

ANA Urges Nurses to Protect the Public’s Health

Did You Get Your Flu Shot?

Barbara Belanger RN, MSN, CNOR
Beth Israel Deaconess Medical Center

In response to evidence presented by the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), the American Nurses Association (ANA) has revised its position on immunization. ANA supports public health through immunization of all individuals based on CDC guidelines for vaccine-preventable diseases that include measles, mumps, rubella, pertussis, and influenza. ACIP recommends immunizations for all individuals 6 months and older. ANA’s position to support mandatory immunization of all health care workers (HCW) including registered nurses (RNs) is based on recommendations from the CDC and the Association for Professionals in Infection Control and Epidemiology (APIC) http://nursingworld.org/DocumentVault/Position-Statements/Practice/Immunizations.pdf.

Preventing cross contamination of infectious diseases from HCW to vulnerable patient populations and colleagues has been the rationale behind CDC immunization guidelines since 1981. Evidence demonstrating lack of compliance by HCW with voluntary immunization and serious patient morbidity and mortality from vaccine-preventable diseases has led to the support for mandatory immunization of all HCW. Tracking compliance with mandatory immunization is accomplished through immunization of all HCW. Tracking compliance with mandatory immunization is accomplished with healthcare organizational support. http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Articles-Previous-Topic/Mandatory-Influenza-Vaccination-in-Healthcare-Workers.html

The increase of measles is one health issue at the core of discussions to promote mandatory immunization. CDC declared mandatory in 2001 measles outbreaks were first documented in communities with unvaccinated people, the number of measles outbreaks has risen. Out of 188 people from Washington DC and 24 states reporting measles cases in 2015, 117 were related to an outbreak in California. The measles virus type in California was identical to a measles virus type identified in the Philippines http://www.cdc.gov/measles/cases-outbreaks.html. 

Balancing the rights of individuals and promoting public health has been a challenge in achieving compliance with immunization. Exemptions are in place for individuals with medical contradictions and religious beliefs. To obtain an exemption for immunizations, documentation must be provided from a healthcare provider or registered nurse http://nursingworld.org/DocumentVault/Position-Statements/Practice/Immunizations.pdf.

The Code of Ethics for Nurses guides nursing practice and decision-making to promote patient health and safety from an ethical perspective that resonates in every interaction between nurses and patients. The foundational ethical paradigm of nursing has not changed despite the dynamic nature and complexity of health care today. This paradigm guides nurses to model health promotion measures that includes immunization for vaccine-prevention diseases for their own well-being, individuals in their care, and members of their interdisciplinary team. http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Articles-Previous-Topic/Mandatory-Influenza-Vaccination-in-Healthcare-Workers.html

Immunization from annual vaccination is the primary means for prevention of illness, complications, and death from influenza. An estimated number of influenza-related deaths reported from 1968 through 2006 ranged from 3,000 to 49,000 annually. http://www.cdc.gov/mmwrpreviews/mmwrhtml/rr6207a1.htm#Recombinant


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ANA MA respectfully requests that we take this opportunity to gather the evidence about the impact of nurse staffing law, specifically if there are tangible improvements in patient care and nurse staffing. This data would be helpful before considering any additional staffing legislation, particularly one that prescribes aggressive mandated ratios for other acute care settings. Further, the Health Policy Commission and the Department of Public Health must be assured that all hospitals have successfully implemented acuity tools for the ICUs and that nurses at the bedside in the ICUs are making decisions about the most effective way to care for their patients.

Nursing assessment and evaluation of care are foundational practice principles embedded in the nursing process. All nurses collectively value that evaluation of any plan should be made a priority before implementing a new course of action, or adding more complexity to this issue.

We appreciate the opportunity to provide testimony before this Committee and to express our support for approaches that protect consumers and ensure decision making power regarding nurse staffing, remain with the Registered Nurse. As always, we are committed to working with policy-makers and providers to support and advocate for meaningful reform to safeguard the health care needs of all the citizens of the Commonwealth.
The Global Health Services Partnership – An Opportunity for Nursing Diplomacy

Eileen Stuart-Shor, PhD, ANP, FAAN
Chief Nursing Officer Seed Global Health
Associate Professor University of Massachusetts Boston

“The opportunity to build capacity, rather than be a Band-Aid solution during short stints providing care to patients, is what really intrigued me about joining GHSP as a lecturer of nursing at a Malawian university” – 2013 GHSP Volunteer, Brittaney Sullivan

The health of billions of people across the globe is directly influenced by the number of health care professionals in their communities. There are 7.2 million physicians and nurses in 83 countries is perpetuated by the scarcity of educators in medical, nursing and other health science schools in many parts of the world. This crisis is particularly severe in Sub-Saharan Africa, which bears 24 percent of the world’s disease burden, but has only three percent of the world’s health care workforce. And in that small workforce, 80 percent of the caregivers are nurses and midwives.

The Global Health Services Partnership (GHSP) — a unique collaboration between Seed Global Health and the Peace Corps — funds Peace Corps Volunteers through the U.S. President’s Emergency Plan for AIDS Relief – was established to strengthen health education and service delivery by working with partner countries to meet the need for long-term health care human resource needs. GHSP places volunteer nurses as faculty for one-year rotations in nursing schools in Malawi, Tanzania, Uganda and Swaziland to address this persistent shortage of nurses.

GHSP Nurse Educators are posted overseas as Peace Corps Volunteers to teach and work alongside local faculty to expand capacity, strengthen the quality and breadth of education, provide on-the-job training, improve health professional development opportunities, and importantly, improve care for patients. Seed Global Health strategically assists in recruitment, selection and ongoing support to health care professionals who teach medical and nursing trainees in addition to providing excellent care.

GHSP Nurse Educators make a significant difference in the expertise and competency of their students and colleagues while also improve their own clinical knowledge and skills. Studies show that clinicians who work abroad gain a heightened sensitivity around appropriate health resource utilization and acquire sharpened clinical acumen while practicing in settings with limited access to state-of-the-art technology. Health practitioners in resource-limited settings also gain deeper understanding of the social determinants of health. GHSP Nurse Educators return to their home communities with strengthened clinical and teaching skills.

In the first two years, GHSP placed 38 Nurse Educators across seven nursing schools in all three countries. These educators completed more than 30,000 service hours, instructed 3,600 trainees including nursing students, staff and nursing faculty in over 170 courses and trainings.

Today, there are 20 Nurse Educators teaching and training in our partner countries. Mary Sebert, David Baur, Laurie Pidgeon, and Kaye Bulthemeier were nursing volunteers in southwest Uganda. They partnered with the Massachusetts General Hospital Global Health, and Healthy Child Uganda to provide over 153 Ugandan nurses and midwives training in our partner institutions across 40 health facilities on essential newborn care training sessions using the Helping Babies Breathe Plus (HBB+) educational program. Over the course of the year, seven HBB+ trainings were taught to prevent neonatal asphyxiation by teaching skills and topics such as early and exclusive breast feeding, thermal protection, clean cord care as well as identification and management of infections and low birth weight. The nurses who attended were excited about these trainings and have inquired about additional sessions. As one nurse said, “We were so traumatized before. It was like daily prayer. We were told to suction every baby without question. Now I know which babies need it, how to do it and why.” Preliminary reports from nurses at the 40 health facilities across Uganda suggest nearly 30,000 mothers and babies were impacted by this training. As Nurse Educators with GHSP, these individuals are having a lasting impact on nursing education and are helping to train the next generation of nurses.

To learn more about GHSP volunteer opportunities please visit http://seedglobalhealth.org/

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Quinsigamond Community College seeks a Director of Nurse Education. Please visit our website www.QCC.edu/human-resources for a complete job description and application procedures. Applicants must apply online by January 3, 2016 for consideration. Salary is competitive and commensurate with education and experience, with full benefit package. QCC is an equal opportunity affirmative action college supporting diversity.

To learn more about GHSP volunteer opportunities please visit http://seedglobalhealth.org/
I’m delighted to serve as co-chair of the ANA MA Health Policy Committee. I don’t think there’s ever been a better time to be a nurse with a passion for health policy. As a committee, we actively monitor regulatory and public policy activities within the Commonwealth, make recommendations for legislative and regulatory actions to advance the profession of nursing and quality patient care, and provide testimony on pending bills. Some legislative priorities for this session include: (http://www.anamass.org/?page=901)

An Act relative to the governance of the Health Policy Commission - Support (H2771/S572)
Filed by the Massachusetts Coalition of Nurse Practitioners along with Representative Kay Khan (D-Newton) and Senator Marc Pacheco.
• This legislation seeks to modernize the statutes for Massachusetts advanced practice nurses enabling 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 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.

An Act Providing for Safe Patient Handling - Support (H1914/S1124)
Filed by the Massachusetts Nurses Association (MNA) and sponsored by Senator Harriette Chandler and Representative Claire Cronin.
• This legislation provides for the development of a “Safe Patient Handling Policy”: a written statement describing the replacement of manual lifting and transferring of patients and equipment with powered transfer devices, lifting devices, and/or lift teams, consistent with a needs assessment mandating the replacement of manual lifting and transferring of patients with techniques using current patient handling equipment/technology to lift patients unless specifically contraindicated for a patient’s condition or medical status.
• This legislation would mandate that by a certain date, each health care facility shall establish a safe patient handling committee through the creation of a new committee or by assigning the functions of a safe patient handling committee to an existing committee.
• At least half the members of the safe patient handling committee shall be frontline non-managerial employees who provide direct care to patients.

A national perspective on key nursing and health policy issues is provided by the American Nurses Association. This year I’ll join nurses from across the nation for a year-long mentored program: the American Nurses Advocacy Institute (ANAI). As your ANAI fellow, I provide counsel to establish legislative and regulatory priorities with strategies to achieve them and actions to advance nursing and health policy.

ANA Mass Begins Implementation of New 2015 ANCC Criteria
Judy L. Sheehan, MS, RN
Nurse Peer Review Leader
ANA Massachusetts Accredited Approver Unit
The American Nurses Credentialing Center (ANCC) engages in a process of continual quality improvement and to that end updates the continuing education criteria from time to time. In June, 2015 the newest criteria changes were introduced to the Accredited Approver units who are incorporating them into the approval process and will be rolling them out over the next few months. In response to these changes the ANA Massachusetts Approver Unit has updated the activity and provider applications and is rolling them out to their constituency. The annual forums have been designed to address the changes as well as provide guidance and support to the nurse planners and primary nurse planners with whom we engage.

In the process of making the changes to the criteria, ANCC discussed their priorities for the changes on the various components of high quality nursing continuing education programs. The following areas have been identified as critical elements: The nurse planner, gap analysis, identified purpose of the activity, outcome measures and, outsourcing the needs of the target audience and is free from bias or the influence of a commercial entity. The nurse planner must keep the target audience’s best interest at the forefront, identifying the best available evidence is used to develop content and that appropriate teaching strategies are utilized to meet the learner needs. Once the purpose of the activity has been determined, in response to the gap analysis, the nurse planner will be able to determine the outcome measures. Asking “how will we know if the program has been met?” may begin the process of outcome identification. Will this program influence how a nurse practices and/or will it improve patient care? Will the information help the nurse develop professionally or lead to a change that will help with professional identity? Is there new information in the literature that the nurse needs to know in order to stay current? Will this be measureable at the end of the program by self-report or in a posttest? If so, this is a short term measure. Is it something that will be measured over time? If so, this is a long term measure. Perhaps the plan is to measure immediately at the end of the program and again by survey after six months. In this case the outcome measures will be measured. All of this is undertaken by a qualified nurse planner who insures the program meets the needs of the target audience and is free from bias or the influence of a commercial entity. The nurse planner must keep the target audience’s best interest at the forefront, identifying the best available evidence is used to develop content and that appropriate teaching strategies are utilized to meet the learner needs. Once the purpose of the activity has been determined, in response to the gap analysis, the nurse planner will be able to determine the outcome measures. Asking “how will we know if the program has been met?” may begin the process of outcome identification. Will this program influence how a nurse practices and/or will it improve patient care? Will the information help the nurse develop professionally or lead to a change that will help with professional identity? Is there new information in the literature that the nurse needs to know in order to stay current? Will this be measureable at the end of the program by self-report or in a posttest? If so, this is a short term measure. Is it something that will be measured over time? If so, this is a long term measure. Perhaps the plan is to measure immediately at the end of the program and again by survey after six months. In this case the outcome will be measure both the long and short impact of the educational activity. These areas: purpose, gap analysis, and outcome measures, receive greater emphasis in the 2015 criteria and are reflected with greater significance in the updated ANA Mass applications.
The Sundial: Taking Nursing’s Measure

Mary Ellen Doona

Many have seen Mrs. Mallard who since 1987 has been leading her eight ducklings: Jack, Kack, Lack, Mack, Nack, Pack and Quack across cobblestones at the Beacon and Charles Street entrance to Boston’s Public Garden. Runners probably consider Make Way for the Ducklings secondary to the bronze tortoise and hare in Copley Square dedicated in 1995 anticipating the one hundredth anniversary of the Boston Marathon. These are probably the most popular of Nancy Schon’s many bronze pieces of public art. Not to be overlooked, however, is the magnificent sundial at the Massachusetts General Hospital dedicated in 2004 that gives the lie to Schon being known only as “The Duck Lady.”

For nurses Schon is much more than that. She is the artist who created a bronze sculpture depicting nursing’s ancient and enduring presence in society. Commissioned by the Alumni Association of the Massachusetts General Hospital School of Nursing, Schon chose the sundial that dates from 1500 BCE in Egypt as the symbol to capture nursing’s timelessness. Nursing, as ancient as civilization, is a continuing activity that occurs twenty-four hours a day and seven days a week. Various aspects of the sundial denote time—the past, present and future—as a measure of existence. The biblical creation of the world in seven days is alluded to in the sundial’s measuring seven feet in diameter. Its circularity reflects nurses being present at the beginning and end of life. The granite base that is ten feet in diameter on which the sundial rests further echoes that circularity and points to the cyclical nature of life itself with its seasons following each other.

The figures on the gnomon or the stylus whose shadow points out the time are especially significant. Schon chose Greek goddesses: Athena, noted for wisdom; Aphrodite, noted for love and beauty; and, Artemis, noted for her care of nature and childbirth to epitomize nursing’s evolution as a profession. It must be said that these figures represent abstractions. Wisdom, love, beauty and care are beyond persons or gender and thus incorporate all nurses throughout the past, present and future.

The figures on the gnomon-stylus vary in size suggesting nursing’s evolution as a profession. Florence Nightingale and her lamp representing nursing’s past is the smallest of the three, followed by a larger figure holding a book signifying nursing’s present with its intellectual requirements; and the last of the three figures holds a world signifying nursing’s expansive universality. Lamp, book and globe also indicate the change in the ways nurses have gathered knowledge: first from the light of a lamp, then from a book, and finally gathered from across the world via the internet.

That “nurses care for people both day and night” is conveyed in the gnomon-stylus telling the time, sun time. says Schon while night is symbolized in the area under the gnomon-stylus. An excerpt of Florence Nightingale’s pronouncement in 1871 that “Nursing is an art. The finest of arts” is to the gnomon-stylus’ left while that of Ruth Sleeper, the late Director of Nursing at the MGH, is at its right. Reflecting nursing as it began its quest for its science in earnest, Sleeper said in 1966, “Always, always more to see, more to learn, more to do...to improve both care and cure.”

Fittingly given the Alumni’s gift of this elegant and eloquent statement on nursing, the cap of the Massachusetts General Hospital nurse has an honored place at the base of the gnomon-stylus. The sundial is situated between two birch trees on a grassy patch of lawn leading up to MGH’s entrance to Boston’s Public Garden. Runners are in search of interested RNs (BSN preferred) and LPNs of adults, children and families in Central Massachusetts who are experiencing mental illness, addiction or homelessness. CHL is an equal opportunity employer. We offer competitive wages, outstanding benefits, great colleagues, challenging assignments, and a supportive work environment. For information about these and other positions or to apply, please go to http://www.communityhealthlink.org and click Careers.
FROM THE MASS ACTION COALITION (MAAC)

Preparing the Nursing Workforce to Transform Healthcare
MA Workforce Summit Focuses on National & State Perspectives & Initiatives

Mary Ann Hill

More than 150 nurses and leaders from across the health care spectrum attended the 2nd Annual Massachusetts Healthcare Workforce Summit and shared updates on national and statewide progress in developing a more highly educated and diverse nursing workforce, including data from successful initiatives in academic and practice settings.

The September 25 event was organized by the Massachusetts Action Coalition (MAAC), a partnership of the MA Dept. of Higher Education and the Organization of Nurse Leaders of MA & RI, which is leading a statewide campaign to transform health care through nursing education and practice innovations. "Over the last four years, the Massachusetts nursing community and the Department of Higher Education have made strong progress in implementing the recommendations of the Institute of Medicine’s landmark report, The Future of Nursing,” said Patricia Crombie, MSN, RN, MAAC Project Director. “Our goals now are to energize and engage more healthcare employers in this work and to develop initiatives and partnerships that can sustain this progress over the long-term.”

“Nurses are integral to building a nationwide culture of health,” Dr. John Lumpkin, Sr. Vice President of the Robert Wood Johnson Foundation (RWJF), said in his keynote address. “Everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health.”

“Nurses are everywhere — where people live, learn, work, and play — and have long been on the forefront of changes to improve health and healthcare”, said Lumpkin. "Through Action Coalitions across the country, nurses are partnering with a wide range of public and private organizations to make health a priority. If we're going to succeed in building a culture of health, nurses are, and will continue to be, critical to our success.”

Massachusetts is one of nine states recognized by the RWJF for their efforts to create a more highly educated, diverse nursing workforce by making it easier for current and future nurses to earn a bachelor’s degree or higher. Nationwide, more BSN-educated nurses are entering the workforce than those without a bachelor’s degree, noted Tina Gerard, Deputy Director of RWJF’s Academic Progression in Nursing (APIN) initiative. "The number of students in RN-to-BSN programs increased 69% from 2010 to 2014, Gerard said, referring to her team's analysis of data in nearly 180 schools in nearly 28 states on their academic education programs. APIN is reviewing a set of foundational courses for RN-to-BSN programs that are considered to be a best practice.

In addition to keynote addresses by Lumpkin and Gerard, the daylong summit included examples of initiatives in Massachusetts to increase the diversity of the nursing workforce, facilitate the academic progression of nurses to the baccalaureate level and beyond, and expand the use of the MA Nurse of the Future Nursing Core Competencies® in academic and practice settings, and remove barriers that hinder nurses from practicing to the full extent of their education and training. In the afternoon, participants shared insights, challenges, ideas, and promising solutions during lively break-out sessions.

Many of the presenters and small group leaders expressed their enthusiasm for the work, leadership experience, and professional development opportunities they have experienced as a member of a MA Action Coalition project team. Deborah Washington, Director of Diversity Patient Care Services at Mass. General Hospital, expressed gratitude to “all the change agents who have and are working to make the nursing profession more accessible to an increasingly diverse population.”

Stephanie Ahmed, President of the MA Coalition of Nurse Practitioners and co-leader of the MAAC “Scope of Practice” project team, echoed the sentiment and added an appeal to Summit participants: “Join us because our patients need us.”

Removing APRN practice barriers is key to improving Access & Quality

Stephanie Ahmed, DNP, FNP-BG, President, MA Coalition of Nurse Practitioners

The Massachusetts Medical Society’s 2013 Access Report (MMS) chronicles the untoward consequence of health reform: patients across the state are experiencing difficulty accessing needed care. The appointment lag for new patients seeking access is further supported by a 2013 Merritt Hawkins study which documents that despite boasting the greatest number of physicians per capita, Massachusetts has wait times that are among the worst in the nation.

It is clear the state’s health reform initiatives have created geographic areas of inequity. Anticipating the increased pressure that health reform would place on an overwhelmed US healthcare system, the Institute of Medicine’s (IOM) report, The Future of Nursing, provides solutions to meet care needs. Among those recommendations that increased numbers of covered individuals and decreased physician availability posed significant concern, the IOM strategically sought to position nurses, the largest segment of healthcare providers, to ease that burden. Particular recognition was given to the role that advanced practice nurses (APRNs), including Certified Nurse Midwives, Certified Nurse Anesthetists, Clinical Nurse Specialists and Nurse Practitioners, could play in enhancing access to care.

Decades of peer-reviewed data support APRNs’ delivery of high-quality, cost-effective health care, yet an antiquated Nurse Practice Act and restrictive state regulations limit the professional autonomy and independence of the nursing workforce and impact their accessibility to patients. In recent testimony to the Massachusetts Health Policy Commission on Scope of Practice, Deborah Auerbach, the Commission’s deputy director of research and cost trends supported this by saying, “Here’s the bottom line: Massachusetts has among the most restrictive laws in the nation,” and further added, “the scope of practice spectrum has become barriers that prevent patients from accessing necessary care. The Massachusetts Action Coalition (MAAC), which is leading a statewide campaign to implement the recommendations of the Institute of Medicine 2010 report on nursing, has made removal of practice barriers one of its top priorities. A MAAC project team released a report, The Advanced Practice Nurse in Massachusetts, and continues to work to educate nurses statewide on these issues. In an effort to contemporize the Nurse Practice Act and create access to needed care, the professional organizations representing each of the APRN roles have filed legislation to ease unnecessary restrictions. The following is a summary of pending APRN legislation:

Nurse Practitioner and Certified Registered Nurse Anesthetist Legislation: HB 1996/SB 1207: An Act to Remove Restrictions on the Licenses of NPs and CRNAs as Recommended by the Institute of Medicine and the Federal Trade Commission would remove requirements for Joint Promulgation, the mandate for MD supervision of NP and CRNA prescriptive practice, and further permit the ordering and interpretation of tests and therapeutics. Sponsor: Representative Khan and Donato, Senator Pacheco. The bill has been referred to the Joint Committees on Public Health – Hearing November 17, 2015.

Nurse Practitioner legislation: House Bill 3174: An Act to Increase Access to Primary Care Services for Women requires insurers to recognize CNMs as providers of primary care and to reimburse for such care. Sponsor: Representative Khan. The bill had a hearing before the Finance Committee in July 2015 and is currently without movement.

Clinical Nurse Specialist Legislation: HB 1801: An Act to Increase Access to Mental Health Services would remove the requirement for physician supervision of Psychiatric Clinical Nurse Specialist prescriptive practice, as well as ordering of tests and therapeutics. Sponsor: Representative Khan. The bill has been referred to Mental Health and Substance Abuse, and currently, no hearing date has been scheduled.

Nurse Practitioner and Certified Registered Nurse Anesthetist Legislation: HB 1996/SB 1207: An Act to Remove Restrictions on the Licenses of NPs and CRNAs as Recommended by the Institute of Medicine and the Federal Trade Commission would remove requirements for Joint Promulgation, the mandate for MD supervision of NP and CRNA prescriptive practice, and further permit the ordering and interpretation of tests and therapeutics. Sponsor: Representatives Khan and Donato, Senator Pacheco. The bill has been referred to the Joint Committees on Public Health – Hearing November 17, 2015.

The bill seeks to position nurses, the largest segment of healthcare providers, to ease that burden. Particular recognition was given to the role that advanced practice nurses (APRNs), including Certified Nurse Midwives, Certified Nurse Anesthetists, Clinical Nurse Specialists and Nurse Practitioners, could play in enhancing access to care.
As an online faculty member, I sometimes stop to reflect on the evolution of the teaching tools that reshape how we prepare our current and next generation nurses. Just imagine, the World Wide Web of internet bliss took our lives by storm a mere 26 years ago. In 1989 (Jackson, 2000). Unbeknownst to healthcare professionals, this tool would become an essential cornerstone in our own transformation and progression, both in the way we acquire advanced training and in the way we clinically practice and educate our patients.

Traditional nursing education leaves a permanent and memorable imprint in all of our educational careers. The intimacy of the student professor relationship really was the hallmark of our signature caring approach to nursing education and the profession of healing. As we all aspired to carry the torches of our Nursing Trailblazers, we replicated this intimacy as we became creative and innovative in blending various modalities of training and educating. The incorporation of web enhanced education allowed students to acquire the necessary technological savvy that would keep our profession on the cutting edge of health care delivery. So much so, that our standards of education incorporate technological integration throughout graduate and undergraduate nursing education (Horne & Sandmann, 2012).

Domestic and international demands for Registered Professional Nurses and Advanced Nurse Clinicians and faculty lead us to operationalizing the World Wide Web into educational accessibility. In Mill’s 2007 comparative study of traditional classroom nursing education and Online/ Distance nursing education, he hypothesized the general sentiment that the online coursework between the two your education and a close increased accessibility and marketability of Advanced Nursing Education. We have witnessed the depth and breadth of the effect of online education with the emergence of fully online programs in the most reputable institutions of higher learning reaching across to international educational markets.

Student satisfaction and evidence of educational effectiveness is evident. Emerging online educational models are very user friendly and inviting to students who may be new to the online delivery method. Web based face to face orientations allow students to meet faculty ahead of time, ask questions about progression, and hear testimonies from Online Education graduates. More enticing, some Universities invite students to try out the online technology, prior to turning in a critical assignment or taking online exams. Social communication is encouraged in these programs. Some courses utilize Facebook or remind 101, a course wide texting application which normalizes the technological fear that some prospective students may have. Faculty are specifically seeking out innovative pedagogical and technology training to enhance the online educational experience (Schnetter et al, 2014). Online communities of learning have become that, a close of colleagues and educators that desire to bridge technology and caring, as well as alleviate anxiety of learning virtually. Online learning management systems have been developed to offer infinite virtual support to learners and instructors alike. The experience can emulate one of feeling right at home, and in the classroom at the same time. The diversity of the classroom can be one that’s enviable and the possibility of having a global audience’s perspective injected right into the curricular priceless.

Finding the right online environment, which boasts first class, interactive, and technologically savvy faculty, may be your first step of your advanced nursing career. Continuing your education is just a click away. Surf around the World Wide Web and find a Distance Education Program that truly transcends the cloud and gives you the comfortability to take your nursing practice to the next level.

References
Mills A . (2007). Evaluation of online and on-site options for master’s degree and post-master’s certificate programs. Nurse Educator, 32, 73–77. 10.1097/01.NNE.0000264326.10297.e7

Nursing Jobs Available
The Air Force Reserve is a part-time commitment with special advantages for healthcare professionals.

Eduational: Health Professions Education Loan Repayment Program (LRP) for certain specialties; Paid Continuing Medical Education (CME) credit, conferences or hands-on training opportunities.
Financial: Special Pay Incentive (SPI) Bonus Program; Health Professions Stipend Program; TRICARE Reserve Select benefits; Retirement benefits; Low cost life insurance; Tax-free shopping at Base Exchanges. This is your opportunity to serve your country as well as aid in the support of humanitarian and peace-time missions.
rooms in undulating black waves. Children sick with parasites barely fought up like Civil War battle wards. At night cockroaches boldly invaded the utility in the morning and once a relative was admitted settled in as well. Soon I “developed” and “underdeveloped world” in the vernacular of the times. the streets on hands and wheels bore constant witness to the gap between the children with cleft lips and palates, and begging polio survivors scooting along of roaming dogs scared me. One-armed men who had lost a machete fight, for auxiliary nurses and was my first assignment. I struggled to follow the lead

It was a challenging place for an idealistic, inexperienced, newly graduated and sticky city, where I began to learn what nursing really meant. I made life-long friends. Then I landed in San Pedro Sula, Honduras, another hot nouns, pronouns and verbs, experienced the warmth of Latin hospitality, and

The hospital was the last resort for health care. Families lined up for clinics upon doing) to inspect his fields each evening until the age of 100 years! His family enabled him to live a full life, including riding a horse (as he insisted to assisted living. His grandfather in India resided in the family home. The approach taken in his parents' native India. His mother-in-law in

How do we make sure that our loved ones understand how to make those decisions for us when we are no longer able to decide for ourselves? These are the challenging and insightful questions Gawande asks his readers to consider.

Gawande gleaned this work from his clinical practice as a surgeon and from his interviews with a wide range of patients, caregivers, former piano teachers, and healthcare professionals, but most importantly shared his personal experiences as a son and son-in-law. He challenges the medical and healthcare fields to change how they approach people. Rather than just treating the symptoms at hand, he encourages clinicians to find out what is most important to the person. This isn’t just good bedside manner, it can prevent useless suffering and a waste of valuable healthcare resources. Gawande’s work benefits all whose loved ones may become seriously ill, or may face this challenge themselves. He encourages dialogue within families and between providers and patients, in order to avoid the dangers of misguided treatments. Gawande and Block are advisors to The Conversation Project, where additional information on this topic may be found (http://theconversationproject.org/).

The battle of being mortal is the battle to maintain the integrity of one’s life – to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be. Sickness and old age make the struggle hard enough. The professionals and institutions we turn to should not make it worse (p.141).

Gawande tells his stories in a sensitive and thoughtful way. He takes a global perspective, comparing the culture of elder living in the United States to the approach taken in his parents’ native India. His mother-in-law in the U.S. was fiercely independent by living alone, eventually transitioning to assisted living. His grandfather in India was the focus of the time, in the Indian family enabled him to live a full life, including riding a horse (as he insisted upon doing) to inspect his fields each evening until the age of 100 years!

“My uncles were worried he’d fall – he was weak and unsteady – but they knew it was important to him. So they got him a smaller horse and made sure that someone always accompanied him. He made the rounds of his fields right up to the year he died.” (p.16).

Gawande interacts with clinicians in other parts of the world, where medical interventions and resources are scarce, and discusses the lessons U.S. clinicians can learn from those with less to offer. He represents the viewpoints of the frail or very ill person, their spouse, child, friend or healthcare provider. He weaves into his storytelling the history of the development of nursing homes, assisted living, and assisted dying, and the ways in which the professionals and institutions we turn to should not make it worse (p.141).

We’ve begun rejecting the institutionalized version of aging and death, but we’ve not yet established our new norm. We’re caught in a transitional phase. However miserable the old system has been, we are all experts at it. We’ve had the dance made us, and if the system can’t change, let’s start thinking of other ways to make the transition. Gawande, agree to try to fix you, whatever the improbability, the misery, the damage or the cost. With this new way, in which we together try to figure out how to face mortality and preserve the fiber of a meaningful life, with its loyalties and individuality, we are plodding novices. We’re going through a societal learning curve, one person at a time. And that would include me, whether as a doctor or as simply a human being (p.193)

This passionate and absorbing book offers nurses a valuable, touching, and thought-provoking perspective on providing true patient-centered care for those facing old age or life-threatening illness.
Health Policy Committee Member Testifies on CARE Act

Christine Schrauf, PhD, RN, MBA
Associate Professor in Nursing, Elms College, Chicopee, MA

Thank you for the opportunity to submit testimony in favor of Massachusetts House Bill 2081, An Act establishing the Caregiver Advise, Record and Enable (CARE) Act.

I am a nurse and former spousal caregiver for my late husband, David, who suffered from progressive multiple sclerosis. I cared for David at home until his death but was fortunate to have the knowledge and skills to provide whatever care he needed. Many family members or close friends who choose to accept the role of home caregiver are not knowledgeable about what they will need to do, and need training and encouragement to perform necessary care.

It is and has always been the role of nurses to help home caregivers be successful in most of these care activities. Improving continuity of care between care settings is actually a current goal of the Western Mass Nursing Collaborative in partnership with the Mass Senior Care Foundation. Education and training programs such as those developed through this initiative can empower nurses to assist patients and their caregivers succeed in care at home. Some specific care areas, such as respiratory, physical therapy, or occupational therapy, are most appropriately managed, and taught by health professionals in these fields.

Since home care services may not be available to fill this gap, it must be accomplished in the hospital setting as the bill details. Everyone benefits when this is done, including hospital administrators who can prevent unnecessary readmissions and rejected reimbursement claims. But most importantly, it reduces the experience of isolation and failure that home caregivers can experience when they are not adequately prepared to assume this role.

The bill carefully specifies required activities that must be accomplished and documented to train identified home caregivers for each patient. I believe the bill and its goals can be strengthened by requiring home caregivers to successfully demonstrate care tasks before discharge to ensure that they are competent and confident in performing them. This would also encourage nurses and other health care providers to involve home caregivers in the hospitalization as possible, and make the transition to home more successful. If family resources and/or health insurance benefits are available to adapt needed skills in the home environment, every effort should be made to arrange for continued education at home after discharge.

The most important action that must be achieved to make this bill successful, however, is the need for hospital administrators to give nurses the time to spend with home caregivers for adequate education. This part of the professional role must be built into the acuity systems designed to measure the amount of nursing care needed for successful patient care and discharge preparation. Without that, effective teaching will not occur and this carefully crafted piece of legislation will become an unfunded mandate. Nurses want their patients and their home caregivers to be successful – we must find a way for this to be supported as a part of current hospital standards.

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mhg.org/schoolofnursing
ANA Massachusetts Mission

ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision

As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

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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!

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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

Congratulation to Baystate Medical Center in Springfield MA on their recent Magnet re-designation under the Magnet Recognition Program. Baystate has been recognized as a Magnet hospital since 2005. It is one of only nine hospitals in Massachusetts to be designated as a Magnet hospital.

September 30, 2015

Patricia Bowe, MS, BSN, RN

Dear Ms. Bowe:

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to the Committee on Nursing Practice Standards (CNPS). Your term commences January 1, 2016 and ends December 31, 2019.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve as a member to your commitment to ANA and the nursing profession. Staff support for the Committee on Nursing Practice Standards will contact you with additional information.

Congratulations on your appointment!

Sincerely,

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

Regis College Educational Offerings

Spring 2016 | Co-Sponsored with Harvard Pilgrim Health Care

March 23, 2016

Title: Transforming Health Care; Health Reform and Beyond

Contact Hours: 2
Location: Regis College, Casey Theatre, Fine Arts Center 215 Wellesley St., Weston, MA 02493
Time: 6:30-8:30pm • Fee: None
Registration Information: Call 781-768-8080
Email president.lectureseries@regiscollege.edu
Online registration: www.registowertalk.net/THC
Description: This lecture will focus on healthcare reform beyond the Accountable Care Act. Our experts will present the cost of healthcare, change occurring within insurance companies, how healthcare reform is working in Massachusetts, and how to expand healthcare across the country. Come talk with the experts.

April 20, 2016

Title: Pandemic Infections/Ebola/Enterovirus/Measles

Contact Hours: 2
Location: Regis College, Alumni Hall, Upper Student Union Lounge • 235 Wellesley St., Weston, MA 02493
Time: 6:30-8:30pm • Fee: None
Registration Information: Call 781-768-8080
Email: president.lectureseries@regiscollege.edu
Online registration: www.registowertalk.net/pd
Description: Ebola, Enterovirus and Measles are infections that have been currently in the international and local media. What are the after effects of these diseases? How are they prevented? How are they transmitted from person to person? What are the risk factors? Come hear the experts who have cared for these patients and/or studied the public health implications and epidemiology.

September 14, 2015

Rachel Spector, PhD, RN

Dear Dr. Spector:

On behalf of the American Nurses Association (ANA) Board of Directors, it is my pleasure to inform you that you have been appointed to the Committee on Honorary Awards Subcommittee. Your term commences immediately and ends January 31, 2016.

ANA is served well by its members who commit their time and energies to volunteering. Your willingness to serve is a testament to your commitment to ANA and the nursing profession. Staff support for the Committee on Honorary Awards Subcommittee will contact you with additional information.

Congratulations on your appointment!

Sincerely,

Pamela F. Cipriano, PhD, RN, NEA-BC, PAAN
President
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 1-800-695-8133.
- 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# BB650000
- 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 Susan LaRocco at newsletter@anamass.org.

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

Join us at www.ANAMass.org

Contact us at: 617-990-2856 or info@ANAMass.org
Introduction to ICD-10

Sheryl LaCoursiere, PhD, FNP-BC, PMHNP-BC, APRN

On October 1, 2015, the Federal government has mandated that all claims for Medicare and Medicaid services, as well as anyone covered by HIPAA, use ICD-10 coding. This has forced private insurers to follow suit and required electronic medical records to adapt to allow for this new coding.

What is ICD-10?

ICD stands for the International Classification of Diseases. The ICD system has been developed and maintained by the World Health Organization (WHO). There have been eight major revisions, with ICD-9 being used since 1975. ICD-10 is much more robust, covering over 69,000 diagnostic codes, compared to ICD-9’s 13,000. The types of new codes vary. Some reflect a specific part of the body (for instance left, right, bilateral) or a location where an injury occurred (for instance land, sea).

All codes start with a letter, followed by 3 numbers. The first space is always a letter. The second and third spaces indicate the condition/illness.

Basic ICD-10 Code Structure

A00–A99 Infectious, Parasitic
C00–D49 Neoplasms
D50–D89 Blood, Immune System
E00–E89 Endocrine, Nutritional, Metabolic
F01–F99 Mental, Behavioral, Neurodevelopmental Disorders
G00–G99 Nervous System
H00–H59 Eye and adnexa
H60–H95 Ear and mastoid process
I00–I99 Circulatory system
J00–J99 Respiratory system
K00–K95 Digestive system
L00–L99 Skin and subcutaneous tissue
M00–M99 Musculoskeletal system and connective tissue
N00–N99 Genitourinary system
O00–O9A Pregnancy, childbirth, puerperium
P00–P96 Perinatal conditions
Q00–Q99 Congenital, chromosomal abnormalities
R00–R99 Abnormal clinical or laboratory findings, not elsewhere classified
S00–T88 Injury, poisoning, other consequences
U00–U99 External causes of morbidity
V00–Y99 Factors influencing health status, other health services

Codes can be up to 7 numbers. The fourth, fifth and sixth spaces indicate severity, etiology and location. Most of these spaces are taken up with increased severity or specificity of a problem. For instance, specificity of asthma is indicated by the 4th digit:

Coding for Asthma- Severity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J45.2</td>
<td>Mild intermittent asthma</td>
</tr>
<tr>
<td>J45.3</td>
<td>Mild persistent asthma</td>
</tr>
<tr>
<td>J45.4</td>
<td>Moderate persistent asthma</td>
</tr>
<tr>
<td>J45.5</td>
<td>Severe persistent asthma</td>
</tr>
</tbody>
</table>

Coding for abdominal pain requires the specific location:

Coding for Abdominal Pain- Specificity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R10.31</td>
<td>Right lower quadrant pain</td>
</tr>
<tr>
<td>R10.32</td>
<td>Left lower quadrant pain</td>
</tr>
<tr>
<td>R10.33</td>
<td>Periumbilical pain</td>
</tr>
</tbody>
</table>

The seventh digit is considered an extension that provides more information on the characteristics of an encounter. For instance, three possible values for the 7th digit are:

7th Digit

<table>
<thead>
<tr>
<th>A</th>
<th>Initial encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Subsequent encounter</td>
</tr>
<tr>
<td>S</td>
<td>Sequela</td>
</tr>
</tbody>
</table>

One problematic aspect of ICD-10 is that many diagnoses have different codes depending on whether the encounter is initial or subsequent. Thus the code has to be manually changed between the first and second visit.

In the informatics class I teach at UMass Boston, this semester we are discussing the impact of ICD-10 on nursing practice. Some nurse practitioners in our DNP program have needed to learn this system very quickly, as they are expected to code their own patient visits. With up to 30 patients a day, and multiple diagnoses per patient, this can be a baptism by fire. Other nurse practitioners, usually those in larger hospital chains, have their coding done by their billing departments.

There are already quite a few apps available that “crosswalk” between ICD-9 and ICD-10. For instance, a hypertension code of 401.9 in ICD-9 is now I10 in ICD-10.

When trying to determine an ICD-10 code, think of the placeholders, and work from there to become more severe or specific.

References:

Nursing Archives at the Howard Gotlieb Archival Research Center Plans 50th Anniversary Celebration

Susan LaRocco, PhD, RN, MBA

Dr. Kathleen A. Bower, DNSc, RN, FAAN, CMAC, will be the keynote speaker at the History of Nursing Archives meeting on Sunday, May 22 at 3 PM in Boston University's Gotlieb Gallery of Mugar Library at 771 Commonwealth Avenue, Boston.

Dr. Bower is Principal Emeritus of The Center for Case Management. She was a member of the team that invented Clinical Paths and provider based Case Management at New England Medical Center in 1985. Dr. Bower holds a BSN from Georgetown University, a MSN from Boston College and a DNSc from Boston University. She is a Fellow in the American Academy of Nursing. Dr. Bower received the American Organization of Nurse Executives Lifetime Achievement Award at the 2015 AONE Annual Meeting.

Learn more about the Nursing Archives at http://bgarc-srv3.bu.edu/collections/nursing. To arrange a visit, contact archives@bu.edu.
News from the Membership Committee
Janet Ross, RN, MS
Chairperson

The Membership Committee is developing ideas for networking events, either alone or in conjunction with other ANA Massachusetts committees such as the Career Connections Committee. This year brings a wine tasting event, held in November, an event to be determined that will be done in coordination with the Massachusetts Student Nurses’ Association, and the third annual Red Sox event. We support ANA Massachusetts conferences with raffle prizes to encourage non-members to join the ANA. We also review membership numbers to see if there are trends or concerns, and have at times reached out to members to find out if there is anything that we can do to improve our members’ experiences. There are times when we might reach out to members who have not renewed their membership. Many times this has been an accidental situation that is quickly corrected.

In June our President, Myra Cacace, and Office Administrator, Lisa Presutti, visited a Skills Lab Day at Harrington Memorial Hospital in Southbridge. They were able to interact with a number of nurses who are employed there and encouraged them to consider joining ANA Massachusetts. We plan to reach out to other settings, perhaps beginning with those who have Magnet designation, to see if we can visit them during similar activities.

We are always eager to welcome new members to the Membership Committee. Please contact Janet Ross through Lisa Presutti (lpresutti@anamass.org) if you are interested in joining.

Upcoming Events

Saturday, January 23, 2016
Winter Program
The Opioid Crisis: The Massachusetts Response for Prevention, Intervention, Treatment and Recovery
8:00 a.m. – 12:00 p.m.
Sheraton Framingham Hotel • Framingham, MA
Keynote: Susan L.W. Krupnick MSN, PMHCNS_BC, ANP-BC, C-PREP
Arbour SeniorCare Psychiatric Consultation Liaison Nurse Specialist & Adult Nurse Practitioner: Addiction and Pain Consultation

At the conclusion of this program attendees will be able to:
• Discuss the global, national, statewide (Massachusetts) and community impact and penetration of the Opioid Crisis
• Describe the pathophysiology of opioid use disorder and neurophysiology of addictive illness
• Identify specific prevention and treatment interventions to address the opioid crisis
• Discuss specific community focused strategies to address health issues associated with opioid crisis

This activity has been 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.

More Information and to Register: www.ANAMass.org

Tuesday, February 23, 2016
ANA Massachusetts
2016 Health Policy Legislative Forum
The Cost of Health Care: What it means to you and your practice.
9:00 a.m. – 1:00 p.m.
Massachusetts State House - Great Hall

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.

More Information and to Register: www.ANAMass.org

April 8-9, 2016
ANA Massachusetts Spring Convention
Living Legends in Nursing and Annual Awards Banquet
Annual Spring Conference
Dedham Hilton Hotel • Dedham, MA
Keynote Speaker: Ellen Flaherty, PhD, APRN, BC, AGSF
Co-Director of the Dartmouth Centers for Health and Aging and President-Elect of the American Geriatric Society

The theme of the 2016 Annual Spring Conference will be the current state of the art and science related to the care of older adults from clinical, educational and research perspectives.

May 12, 2016
Celebrate Nurses Day at Fenway Park

Check out www.ANAMASS.org for up to date event information!
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The Master of Science in Nursing (M.S.N.) program at Worcester State University offers a high-quality, engaging and affordable educational experience, taught by world-class faculty from diverse disciplines.

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- Nursing Education

The program offers convenient and flexible scheduling, blended learning which combines face-to-face with online, and three routes of entry. To learn more about the Community/Public Health program, contact Dr. Stephanie Chalupka at schalupka@worcester.edu. To learn more about the Nurse Education program, contact Dr. Melissa Duprey at mduprey@worcester.edu.

worcester.edu/gradnursing

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