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The small difference

Robert Stetson

Nursing and health care have changed rapidly throughout the years and are ever evolving. The focus of care has become more patient and family centered. The challenge is delivering high quality care while keeping up with increasing organizational and regulatory requirements. Despite the changes in health care, nurses have to make our patients feel comfortable at their weakest and most vulnerable time. While there are plenty of resources and scholarly articles you can search for to teach you how to make patient satisfaction scores go up, I want to share my personal philosophy.

Recently my manager gave me positive feedback from patients commenting about my care. She asked me, “What do you do that makes a difference for our patients in your everyday practice?” In all honesty, I really did not think I did anything differently from my colleagues, more than half of whom have been nurses longer than I’ve been on this earth! This got me thinking about my nursing practice.

I think that presence is so very important. Every workday, I do everything in my power to round as frequently as possible. Even something as simple as asking “How is breakfast? Is there anything else you need? Anything I can do for you?” may remind patients that nurses will be there for them. Some might say the goal is to minimize the use of the call bell but rounding also encourages them to use it if they need help. When a patient calls you into their room, some respond with “What do you need? Can I help you? Are you okay?” Sometimes these phrases can be interpreted negatively. The phrase I’ve come to love and use is “How can I help?” I feel that frequent rounding on patients and being present with them can help minimize call light interruptions because their needs are assessed and taken care of before they put on their call lights.

Another word that comes to mind when I think about my workday is prioritization, something nurses do every single day. We have many tasks we need to do throughout our shift, and we delegate what can be delegated. Multitasking, organization, and prioritization come across as some of my specialties. Sometimes we forget that patient’s needs and comfort need to be part of the priority list—not just medications and treatments. Nurses are sometimes so task oriented that sometimes we forget that patients are the primary focus of our work. Among the new orders, new types of documentation, new protocols, we drown in all these tasks that our organizations and regulatory bodies require. We must remember that patients are humans in their vulnerable moments. Treat them as humans. Make yourself present. And surely, patient outcomes will improve, patient satisfaction will improve, and overall wellness will improve.

Maybe this is the answer to my manager’s question.

Robert Stetson cares for patients on a Medical/Surgical unit at the Steward Carney Hospital, in Dorchester.

Reflections on the lessons from our patients in the year of the nurse and midwife

Aurelie C Cormier, RN, MS, ANP-BC
Founder/Chief Wellness Officer
W.E.L.L.NESS.S.O. Parenting

As Nurses and Nurse Practitioners, we work intimately with patients and their personal stories. This also provides a unique window into the meaningful lessons that life teaches us. Among the lessons that one of my wealthiest patients shared with me is that the three most important things in life are Health, Family and Friends; and beyond that, he told me, little else matters. His words resonated with me and I would guess that they probably resonate with you too.

We know on an intellectual level how important our health and our patient’s health is in this lifetime. On a day to day basis, however we can take it for granted. We may assume that disease happens to our patients or others, but not to us and we may even feel immune to the challenges of those we care for. On a deeper level, we know that our chances for good health can be improved when we take better care of ourselves through healthier lifestyle habits. There are solid research studies now that show that diseases can be prevented, reversed and improved through simple lifestyle habits inclusive of nutrient rich colorful fruits and veggies, legumes, beans and healthy oils, a consistent aerobic exercise routine of at least 20-30 minutes a day, incorporating stress management techniques such as Mindfulness Meditation, Yoga and Qigong into our daily habits, and in an age when our world is comprised of over 85,000 chemicals, being aware of our environment (Cormier, 2019).

Nursing is physically, emotionally and spiritually taxing and we give a lot to our patients. It is natural for many of us to take care of others and to care deeply. Sometimes it is easier to think about caring for others - our kids, our spouse, our parents, our patients - than it is to care for ourselves. It is a profession that puts many at risk of burnout. If there is one thing burnout teaches us it is that unless we are caring for ourselves, we will not have the resilience to care for our patients.

2020 is the Year of the Nurse and the Midwife! Maybe collectively we can set an intention to reset our basic healthy lifestyle habits and be the Champions for...
Year of the nurse

Julie Cronin, DNP, RN, OCN

The start of a new year always brings such things as opportunity; opportunities to reflect, to grow, to change and to make an impact. A new decade brings that feeling even stronger. For many of us, the start of the year 2020 was a distinctive one for many reasons. This year will bring all the usual prospects. I believe it will also bring recognition and celebration of the nursing profession on a scale unlike the world has ever seen before.

What a better way to recognize and celebrate the contributions of nurses than through naming 2020 The Year of the Nurse and Midwife. The designation was provided by The World Health Assembly, the governing body of the World Health Organization (WHO) to recognize the vital position of nurses in transforming healthcare on a global scale. I, like so many of us, have extreme pride in being a nurse. However, it is often glaringly obvious that family, friends, those not working in healthcare, political figures and others, do not fully understand what nurses “do,” until perhaps they have a personal experience with illness. The true answer to what nurses do is, “we do it all.” We know nurses work in a variety of settings; acute care, primary care, behavioral health, mental health, long term care. We know nurses work at the bedside, in academia, in management, in innovation, in administration. We know nurses are locally, nationally, and globally working every day to decrease disparities and increase access to care. We work every single day to collaborate and innovate to devise solutions and improve workflows. Nurses have been a constant beacon of hope and comfort in the lives of patients forever. And NO ONE does it better than nurses.

The designation of the Year of the Nurse is a perfect time for reflection as it is also in honor of the 200th anniversary of Florence Nightingale’s birth. Many of us have read Notes on Nursing and may be surprised in one respect at how far our profession has come and yet how some things have not changed much at all. As we think back 200 years, some of the same tenets apply. Patients require meticulous care, light, clean air; sanitary conditions, warmth, food and water, ventilation, sterilization with dressing changes and constant, careful supervision. This is the “science” piece of the art and science of nursing. This will never change. And like Florence, many of us experienced a similar call to help the sick. The art of nursing cannot be taught. It is inherent within us: compassion, empathy, ethics. This year, the world will see why nurses have been the most honored and trusted profession since the days of Nightingale.

Florence Nightingale was a leader and pioneer in the nursing profession. She was an educator and trainer and used a systematic approach to patient care. She became an icon, known for her steadfast yet innovative approach to provision of care. For hundreds of years, nurses have been leading and innovating the way Nightingale did. More than ever, nurses are uniquely positioned and can change healthcare for the better.

This year, I couldn’t be prouder to be a nurse. I believe my pride in our profession will continue to magnify. I hope yours does too. I look forward to seeing what wonderful things are still in store for our nursing profession. And I look forward to celebrating the Year of the Nurse and Midwife with all of you.

In an effort to highlight the work of nurses in Massachusetts, we have made important changes to our website. Please visit anamass.org. As always, please send out to us anytime at ANA Massachusetts for more information on our organization and the Year of the Nurse and Midwife 2020.

Revisions on the lessons—continued from page 1

Change that our world needs, not only for our patients, our children, and families but most importantly for ourselves. Our food, exercise patterns and environment have changed considerably in the last 40 years with more processed foods, sedentary lifestyles, less exercise. These cultural habits have become so

only been this way in our generation and are not normal. 2020 is the year cancer is surpassing heart disease as the number one cause of mortality in the US (Weir, Anderson, Coleman King, et al, 2016) and diabetes and obesity are affecting 1 in 4 people across our country (Bhupathiraju & Hu, 2016). Collectively, can we reset our health habits in an effort to see if it would reduce the increasing levels of autism, childhood hypertension, type 2 diabetes, and obesity in our youth and adults as well as the rising infant and adolescent cancers (National Cancer Institute, 2015)?

By setting our intention and sharing it with others, including our colleagues, we can not only hold each other accountable in a gentle way but be a source of support for staying the course and choosing to live well and reduce the ever present stress in our lives. Maybe the next time the cake, the donuts, the candy or the pizza are offered to the nurses as a “treat” for doing a good job we can do our bodies and each other a favor and say thank you and choose a wholesome snack or meal instead. In this way, 2020 can become the Year that the Nurse and Midwife not only are honored for their value but also for the Role Modeling of what true health can be! We can be the Role Models and Healthcare Champions our healthcare system needs us to be. As many of our patients know and as my patient said, help to enjoy “the most important parts of life: Our Health, Our Family and Our Friends!”


Every nurse is a leader

Susan LaRocco, PhD, MBA, RN, CNE, FNAP
Guest Editor

Every baccalaureate nursing student studies leadership in at least one course. This course may be called Professional Issues, Synthesis for Practice, or Senior Capstone. Textbooks used in these courses include chapters such as Principles of Leadership and Management, Initiating the Leadership and Management Role, and Developing Effective Leaders to Meet 21st-Century Health Care Challenges. We teach our students about transformative leaders, visionary leaders and servant leaders. But how can every nurse be a leader? Who will follow all of these leaders?

We need to show our new nurses that there are many opportunities to lead and to follow. Some nurses are leaders in professional organizations, serving either on the board of directors or on a committee. Others become leaders in their workplace, leading multidisciplinary teams or providing direction to nurses in various settings. Nurses also provide leadership in civic organizations and public health initiatives. An area where nurses could provide more leadership is the health policy arena.

A nurse does not have to be a leader in every setting. It is equally important to be a follower, providing support for the leader. While one nurse may be passionate about a piece of legislation and willingly take the lead in following the progress of the bill, other nurses can provide valuable support by signing a petition or sending a letter to their congress person at the critical time. The follower nurse in this instance may be an influential leader in the workplace, with many followers in that setting.

Because every nurse is a leader, all nurses should work to develop their leadership skills. Covey (1989, 2004) has suggested eight habits of effective leaders. They are: be proactive; begin with the end in mind, put first things first; think win-win or no deal; seek first to understand, then to be understood; value differences and bring all perspectives together; have a balanced, systematic program for self-renewal; find your own voice and inspire others to find theirs. These habits are a good starting point, but just as a nurse must constantly improve his or her clinical and communication skills, a leader must work to hone the leadership skills.

Leading and following. Yes, every nurse is a leader … and a follower. Context is everything.

References
ANAMASS Interview with Yesenia Olivero, BSN, RN: Overcoming barriers with grit and grace

Gail B Gall, PhD, RN

ANAMASS member Yesenia Olivero is a purpose-driven and avid learner who has overcome barriers with grit and grace.

I first met Yesenia at the Choice Thru Education program for teen mothers in Chelsea. Then, teen pregnancy rates were very high and the chief pediatrician at the MGH Chelsea Health Center wanted to extend services to these women. I provided education on parenting, child development, healthy relationships, and reproductive autonomy while Yesenia and her classmates taught me a great deal more from their perspectives.

Yesenia graduated as an honor roll student from Chelsea High in 1997. A scholarship from Centro Latino and a variety of jobs financed studies for an associate degree as a medical assistant. While studying, working, and parenting, she left a violent relationship and moved in with her mother who had come to Chelsea a generation earlier as a teen mother.

A decade later she had married and had twins, one of whom is autistic. In 2003 she began sixteen years with the MGH Chelsea Health Center as an intake coordinator, interpreter, and certified community health worker for HIV positive patients. Clinicians, staff, and management steadily supported her efforts to pursue a nursing degree and with a focus on her future, Yesenia completed science prerequisites at several local community colleges.

Yesenia enrolled in the Lawrence Memorial/Regis College AD nursing program, graduating in 2015, doing clinical rotations on weekends, missing sleep, and raising her children with the help of her husband and family.

“In the fall of 2016 my son was out of control, my sibling hit a breaking point with addiction. I lost sleep and appetite. BUT here I am, a survivor.”

Course challenges took a toll – she failed a key course by three points – but she persisted, and while waiting to repeat the course, completed non-clinical courses needed for a baccalaureate degree. She graduated in the spring of 2018, a recipient of the Class Contributor Award.

That fall, Yesenia enrolled in the Regis College BSN program where faculty mentors were stalwart advocates. The class was a close knit and diverse group and Yesenia the resource for help with English language issues and exam-taking skills.

In May of 2018 she graduated, cum laude. Yesenia joined Spaulding Rehabilitation Hospital’s nursing staff, enticed by ample orientation and preceptorship programs. She is currently working on oncology certification and exploring master’s level opportunities.

Yesenia observes that “Nursing is hard.” Throughout her career in health care she has experienced and rebuffed bullying, managed difficult patient scenarios, and persists as a tireless advocate for her children. She enthusiastically credits the support of her MGH Chelsea colleagues and faculty at Regis College and Lawrence Memorial Hospital. As to the barriers she’s encountered, Yesenia’s view is that “Things happen for a reason and whatever the problem God put it in front of me.”

Yesenia values her joint membership in ANA and ANAMASS for practice updates, information on medical issues, case studies, and policies “… that are beneficial to us and the patients we care for. I carry it (American Nurse Today) in my bag and try to sneak some reading time when possible.” In her view, “Nursing is understanding our patients on an emotional and mental level in order to help them get better physically.” Most importantly, she asks “How can I do this better?”
Hello from the Massachusetts Student Nurses’ Association (MaSNA)! The Board of Directors are so excited to partner with ANA Massachusetts to share MaSNA’s accomplishments with a wider audience. 2019 was a great year for us, and we have lots to look forward to in 2020 as well!

MaSNA is the state constituent chapter of the National Student Nurses Association (NSNA). The NSNA mentors the professional development of approximately 53,000 future registered nurses nationwide and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance. MaSNA was formed to support local NSNA school chapters across Massachusetts. We strive to provide the information, resources and opportunities needed to empower nursing students as future professionals.

Last March, we hosted our annual Career Forum for nursing students across Massachusetts at Worcester State University. The forum featured keynote speaker Eileen Searle, new graduate panelists Jillian Brelsford, Roxanne Simoes, and Charlotte Kolada writing two of those four. Samantha Zick and Charlotte Kolada writing two of those four. As well as American Nurses Association Massachusetts (ANANASS), Bay Path University, HURST NCLEX Review services, Massachusetts Nurses Association (MNA), Regis College, Simmons University, the United States Navy, the University of Massachusetts Dartmouth, the University of Rhode Island and Work the World.

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MaSNA also sent several members of the executive board to Salt Lake City, Utah for the National Student Nurses’ Association’s Annual Conference. As part of the agenda of committee meetings at the conference, we had the opportunity to support four resolutions from the state of Massachusetts, with board members Samantha Zick and Charlotte Kolada writing two of those four. Samantha wrote a resolution titled “IN SUPPORT OF INCREASING AWARENESS OF THE EFFECTS OF CLIMATE CHANGE ON MENTAL HEALTH” while Charlotte wrote her resolution titled “IN SUPPORT OF INCREASING AWARENESS OF CHILD DROWNING PREVENTION.” All four resolutions written by Massachusetts student nurses were passed and adopted by the NSNA House of Delegates! The board was also able to partake in other professional development opportunities while attending the conference, including visiting the poster fair for student research, attending breakout sessions, visiting the Vendor Exhibitions, and much more!

2020 is shaping up to be another big year for MaSNA! We will be attending NSNA’s Annual Conference in Orlando, Florida in April and plan to present another resolution for adoption in the House of Delegates. Additionally, we will be hosting our annual Career Forum at Northeastern University on March 8. We would like to thank the ANAMASS for their support and for giving us the opportunity to speak to you about the concerns of nursing students through this column. In the coming months, we hope to share more information about our resolution topic and about all the amazing things the nursing students of Massachusetts do to represent our state.

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Welcome Grace Oh, RN: Newest member of the BOD
Myra F Cacace, GNP-BC, Director

Grace Oh
Fall 2019: It was with a heavy heart that we said “goodbye” to Alycia Dymond, who left the ANAMASS BOD due to schedule conflicts after she started her graduate nursing program while working full time. We wish Alycia the best and look forward to her participation as she is able on ANAMASS committees and seeing her at member events!

After a call for nominations resulting in more than 15 members interested in being appointed to the Board of Directors, Grace Oh, RN and staff nurse, was selected to fill the seat and complete the two-year term. She started her term in November when she attended her first BOD meeting, and immediately showed that our choice was a good one—offering insightful comments and suggestions.

Grace comes to us from the Neuro ICU at Massachusetts General Hospital, where she has been a staff nurse since her graduation from Boston College in 2017. She was encouraged to submit her name for the position by former ANAMASS President Tara Tehan, and fellow staff nurse and New Graduate RN Director of the American Nurses Association, Jennifer Gil. Grace, who is fluent in Korean, also has had the experience of being a research fellow (as an undergraduate student at BC) and a Missionary with the American Wheat Mission, Teaneck, NJ, working with kids with chronic disabilities.

She was also a soprano, singing with a Christian a cappella group called Against the Current. Grace is happy to be a part of the Board of Directors of ANA Massachusetts and looks forward to an exciting two years of learning and service.

Welcome Grace!
LGBT inclusive nursing care

Kelsey Hammond, Nursing Student at University of Massachusetts Lowell
Brenna Morse PhD, RN-BC, NCSN, CNE

Everyone deserves the right to be treated fairly in healthcare. To help providers understand the perspectives of others, nursing and other health profession curricula often includes specific education relating to culturally sensitive care. As a senior nursing student, I have been taught about care considerations for people of many diverse backgrounds, but I’ve recently noticed that there is a lack of education regarding LGBT-specific nursing care. As a member of the LBGT (lesbian, bisexual, gay, and transgender) community myself, I have taken on an informal teaching role with many of my peers when they have questions about LGBT specific nursing care. While education and training may have a long way to go toward educating nurses and other professionals on LGBT-sensitive care, nurses can quickly and easily address some of the challenges LGBT patients face through showing respect and consideration for their personal identities.

Increasing LGBT-sensitive care does not need to be looked at as highly complex. For most of the lesbian, gay and bisexual communities, one simple change providers can make to show respect could be saying “partner” or “significant other” instead of “wife” or “husband.” One fact that I have found to be very helpful in my understanding and respecting members of the transgender community is differentiating between sex and gender. A person’s biological sex is determined by their genetics and is manifested by their genitalia. Typically, we refer to a person’s sex as male or female. A person’s gender is much more complicated, and is influenced by personal experiences, societal norms, and other social constructs. In short, gender reflects a person’s internal beliefs about who they are, or their sense of self. Gender, unlike sex, may be categorized beyond only two choices. Some gender identities include: feminine, masculine, non-binary (when someone identifies with masculine or feminine genders), or agender (when a person considers themselves genderless or gender-neutral). A person’s gender can direct their preferred pronouns. Whereas a person identifying as female may traditionally be referred to as she and her, a person who is non-binary may prefer to be called they and them or perhaps ze and zir.

As nurses, we have the responsibility to treat all of our patients fairly and with respect. When we provide care for members of the LGBT community, we can show respect by asking what name that person wants to be called and what their pronouns are. Nurses should look at this step no differently then when we ask a patient if they go by their formal name Elizabeth, or would prefer Beth or Mrs. Jones. This simple show of respect goes a long way in fostering a therapeutic relationship that will benefit all patients.

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The nursing staff play a vital role in helping patients take charge of their lives through the establishment of a thoughtful and respectful therapeutic relationship that maximizes the dignity of the individual patient through support of their healthy, adaptive functioning.

Staff Nurse requires current Massachusetts RN license, CPR, CPI, BSN and previous psychiatric nursing experience.

Austen Riggs Center offers an excellent work environment, competitive salary and great benefits including generous time off and tuition support for higher nursing education. Austen Riggs Center is consistently ranked a “Best Hospital in Psychiatry” by U.S. News and World Report.

Austen Riggs Center is committed to equal opportunity, a diverse workforce, and an inclusive environment. We seek to recruit, develop, and retain the most talented people from nursing so can create a diverse pool.

For consideration, please submit cover letter and resume to Jobs@austenriggs.net; mail to Bertha Connelley, Austen Riggs Center, 32 Main Street, P.O. Box 962, Stockbridge, MA 01262. Visit our website www.austenriggs.org/careers for more information about the Austen Riggs and to complete and submit our PDF employment application.
Calling for appropriate staffing

By Susan Trossman, RN

Reprinted with permission from ANA on the Frontline, as seen in American Nurse Today.

“Staffing is complex,” said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE, who also contributed to the revised principles. “We need to look at patient outcomes and how we get the best match of patients and nurses.”

There’s no one right way of staffing, but the revised principles list other key points, such as calling mandatory overtime an unacceptable solution to achieving appropriate staffing, ensuring that nursing students aren’t counted as staff, creating a workplace culture that leads to retention, and identifying costs of nursing care in patient billing and reimbursement requests to provide visibility to the value of nurses and nursing services.

Maust Martin, a Wisconsin Nurses Association member, noted that the principles are designed to be applicable to nurses working in all settings, from acute care to school and community-based practices. The term “healthcare consumers” instead of “patients” shows the broad reach of nurses’ roles and the populations they serve.

Pursuing other efforts

Many state nurses associations and specialty-focused organizational affiliates also are engaging in a range of efforts to address this priority issue.

In Washington State, O’Toole testified before legislators about nurses’ inability to take needed rest and meal breaks and the impact it has on nurses and patients. Her advocacy and that of other WSNA nurses and staff led to the passage of a state law providing breaks and overtime protections for nurses, effective in January 2020. Her facility, Tacoma General Hospital, hired “break relief” staff to cover nurses during those times as a result of legal action by WSNA, and the new law reinforces the hospital’s obligation to ensure nurses get breaks.

“I’m taking my first breaks since the law passed,” said O’Toole, who also is chair of her WSNA local. “We also have a robust staffing committee that meets once a month that is 50-50 staff nurses and management to address staffing issues.” The committee additionally reviews the efficacy of every unit’s staffing plan, including negotiated standards, every 6 months to determine if any changes are needed.

ANA-Illinois Executive Director Susan Swart, EdD, MS, RN, CAE, said the plans to introduce legislation to strengthen the state’s existing staffing law, which went into effect in 2008 and was based on ANA’s earlier staffing principles.

The law requires healthcare facilities to have staffing committees made up of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other key factors.

“Any want to put some teeth in the law so the committee isn’t advisory but has real pull,” Swart said. “We know from our recent member survey that nurses continue to struggle with staffing and workplace issues that are connected with understaffing.”

ANA-Illinois leaders also are working with the specialty long-term care facility. “So, we really need to increase nurses’ involvement on critical committees,” Swart said.

The committee’s strategy is to include information about staffing committees, including their purpose, as a routine part of orientation in all facilities, Swart said.

“Nurses are calling mandatory overtime an unacceptable solution to achieving appropriate staffing,” Swart said. That requires an institutional culture that supports nurses, as well as nurses at all levels working together to implement staffing solutions.

One effort involves pursuing a unified legislative and regulatory approach to achieve another state’s existing staffing law, which went into effect in 2008 and was based on ANA’s earlier staffing principles. The law requires healthcare facilities to have staffing committees made up of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other key factors.

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Influenza – High Risk Virus – Prevention is Key!

At press time, the World Health Organization and the Centers for Disease Control had identified a new respiratory virus now known as the 2019 novel coronavirus (2019 nCoV). Research, monitoring, prevention and treatment are rapidly evolving. Please click on the links above or visit the websites noted at the bottom of this article for the most up to date information for health care professionals.

However, we would like to remind you that we are currently in the midst of influenza season. Last year in Massachusetts, there were 729 laboratory confirmed influenza cases in Massachusetts. The Centers for Disease Control estimates that influenza resulted in approximately 45 million illnesses in 2017-2018 in the US, with over eight million hospitalizations, and 61,000 deaths. On average, 8% of the US population gets sick from the flu each season.

Contributing to influenza like illnesses are viruses such as rhinovirus (RHV)/enterovirus (ENT) and coronavirus (HCoV). Last year (2018-2019) the Massachusetts State Public Health Laboratory tested all specimens which tested negative for influenza for non-influenza respiratory diseases. This revealed that coronavirus (HCoV) groups circulated in Massachusetts during the 2018-2019 flu season with 31 cases diagnosed (13.9% of specimens tested).

Influenza (flu) is a contagious viral respiratory infection causing mild to severe illness. Even healthy people can get very ill from the flu and can spread it to others. Influenza is contagious up to one to two days prior to the onset of symptoms and up to five to seven days after becoming sick. Complications from the flu range from sinus and ear infections to pneumonia, myocarditis, multi-organ failure and an extreme inflammatory response leading to sepsis.

People at high risk of serious complications from flu, possibly requiring hospitalization and sometimes resulting in death, include pregnant women, young children, adults over the age of 65, and people with certain chronic medical conditions such as asthma, diabetes, or heart disease. The Centers for Disease Control and Prevention (CDC) recommends that everyone six months and older receives a flu vaccine every flu season.

It is especially important to prevent influenza among health care personnel (HCP) with family members and friends as sources of transmission to patients at risk for influenza complications. Vaccination of HCP can specifically benefit patients who cannot receive vaccinations (infants younger than six months or those with severe allergic reactions to prior influenza vaccination), patients who may have less than an optimal response to vaccination (people older than 65 years and immune-compromised people) and people for whom antiviral treatment is unavailable (people with medical contraindications).

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that all U.S. health care workers get annually vaccinated against influenza. Annual mandatory influenza vaccination for HCP is supported by more than 12 national health care associations, including the American Nurses Association (https://www.nursingworld.org/practice-policy/work-environment/health-safety/immunize/vaccines/) American Academy of Family Physicians, the American Academy of Pediatrics and the American Hospital Association, to name a few. You can stay up to date on Massachusetts's weekly influenza activity, detailing the number of cases reported, hospitalizations and deaths, by visiting: https://www.mass.gov/report/2019-2020-season-weekly-flu-reports. If you would like to learn more about health care workers and influenza vaccination visit: https://www.cdc.gov/flu/professionals/healthcareworkers.htm

Take everyday preventive actions to stop the spread of the Flu:

- Get vaccinated.
- If you are sick with flu-like illness, CDC recommends that you STAY HOME!
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. After using a tissue, throw it in the trash and wash your hands.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Clean and disinfect surfaces and objects that may be contaminated with germs like flu.
- SEEK medical care EARLY if experiencing flu-like symptoms and you are a health care worker and/or have had exposure to a laboratory confirmed 2019nCoV patient within 14 days or a history of travel from China.

References

1. https://www.cdc.gov/flu/about/keyfacts.htm
7. https://www.cdc.gov/flu/about/keyfacts.htm
10. https://www.cdc.gov/h1n1flu/prevent/prevention.htm

I won't spread flu to my patients or my family.

Even healthy people can get the flu. It can be serious.

Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

https://www.cdc.gov/flu/images/freeresources/print_large/healthcare-poster-large.jpg

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https://groupmatics.events/event/ANA2020

Imagining the impact if more Americans chose to get a flu vaccine.

Many more flu illnesses, flu hospitalizations and flu deaths could be prevented.


https://groupmatics.events/event/ANA2020
The new co-editors of the ANA Massachusetts Newsletter, Barbara Belanger and Inge Corless, invite your comments, suggestions, critiques, information, and articles. This is YOUR Newsletter and we want it to be interesting, informative and useful to you. Don’t hesitate to get in touch with us at newsletter@anamass.org.

Attention!

The complexity and diversity associated with infectious disease continues to challenge nurses’ knowledge and skill in providing safe, competent care to patients across all settings and specialties. The purpose of this conference is to update participants regarding current and emerging trends as well as evidence-based practices in caring for patients with infectious disease that will assist in keeping patients, the environment, and themselves safe. Topics will include emergence of novel Corona Virus, impact of multi-drug resistant organisms on global health, the resurgence of the EBOLA virus, Hepatitis C update, and antibiotic therapy and stewardship.

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Labouré College
The healthy nurse: Perspectives from a new RN

Eukeria Asamoah, BSN, RN

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Eukeria R. Asamoah earned her BSN from Wesley College. She began her nursing career as a Nursing Assistant at a local nursing home in Pittsfield, MA. While in nursing school, Eukeria worked as a Student Nurse Extern at Christiana Care Health Systems in Newark, DE. During summer breaks she worked as a Direct Care Tech at Guidewire Inc., in Pittsfield, MA., providing services to adults with behavioral disabilities and other psychiatric conditions. After graduating with her BSN in May of 2018, she began working as a Float Nurse at Berkshire Medical Center in Pittsfield, MA. Eukeria held that position for a year and decided to continue her education. Currently, she is a student in the Psych/Mental Health Nurse Practitioner program at Fairleigh Dickinson University. She currently works as a full-time Oncology Nurse for the Cancer Institute of New Jersey at University Hospital. Eukeria can be reached by email at Eukeriaasamoah@gmail.com

Despite unpopular belief, working as a night shift nurse is a great way to start a nursing career. As a recent graduate, staying up overnight is nothing new; whether the reason being is studying with friends for an upcoming test or even hanging out with peers until the break of dawn for the college experience. Although the familiarity of staying awake in wee hours of the night was common, as a new registered nurse (RN), I was rather unprepared of the toll lack of sleep took on my health especially doing it on a day to day basis. According to the Institute of Medicine (2006), studies reported that sleep loss (less than seven hours per night) may have wide-ranging effects on various body systems, affecting mood, eating habits, and substance abuse.

My first job as a Registered Nurse (RN) was a night float nurse position. I was thrilled to begin my lifelong journey as a nurse, and I could have cared less about the shift I worked. My great anticipation and excitement were quickly ratted when I realized I had to make serious adjustments to my personal life and daily routine. The first few months of working I had gained a noticeable amount of weight, I slept most of my days away and had few interactions with close friends and family members. I quickly established that if I was going to enjoy my personal life as well as my career, a few adjustments to my lifestyle were necessary to achieve a better balance between work and leisure.

First and foremost to maintaining my health as a new nurse was getting an adequate amount of sleep. It is quite difficult for night shift nurses to get enough sleep when it’s broad daylight. The National Sleep Foundation (n.d.) stated that “shift work sleep disorder (n.d.) is a type of rhythm sleep disorder. It is considered a disorder because of the frequency with which people suffer from sleep disturbance and excessive sleepiness in trying to adapt from one sleep-wake phase to another. As a night shift nurse, I invested in room darkening bedroom curtains, an eye mask, and even warned family members not to awaken. I needed to adjust to sleeping from the morning when I got out of work into the afternoon as if that was my “normal” night of sleep. Vitale, Varonne-Garness, and Vu (2015), pointed out that it is important to wake up around the same time each day, including days off, and to keep sleep debt to a minimum. Adhering to this practice, I had enough energy for the night to work and also to accomplish things I wanted to do after my sleep.

Research depicted that “night duty can negatively impact personal/family life. Strong implications for self-care and in areas of family care exist” (Vitale et al., 2015, p.3). To maintain overall health, I participate in various activities to enrich my physical and mental well-being. Activities such as hot yoga, going to the gym, and attending pottery classes became a regular part of my routine. Engaging in such activities, I was able to stay healthy and also discover new hobbies. I found new constructive ways to get busy or make sure I had things to do outside of work. On my long days off, traveling became a great way to discover new places as well as providing a rejuvenating mindset for my return to work.

Of course, I cannot describe ways of maintaining a healthy lifestyle as a new nurse without mentioning my diet. My usual diet is not one to lose weight; however, I observed some weight loss once I became aware of my eating habits. It is so easy to eat what and however when working nightshift. Maddox (2017) discussed the following statistics between night shift workers and obesity.

Research shows night shift workers may increase the chance of being overweight or obese by nearly 40% or even more and that some studies have found night workers are 1.3 times more likely to be overweight or obese than day workers. (p.4)

It’s difficult at times to resist the urges of eating calorie-dense foods that provide quick energy boosts such as sugary drinks, cookies, muffins, etc. During my shifts, I now opt for healthier snacks such as dried fruits, nuts and raw cuts of vegetables. Moreover, though mostly of my co-workers reached to caffeine during the night for alertness, I have never been one to drink coffee or other caffeinated drinks. Hydration is a key aspect when maintaining a healthy diet. For me to accomplish this, I eliminated sugary drinks and replaced them with water and natural fruit juices. Maintaining a healthy lifestyle as a new graduate RN was challenging at first. However, once I got into a good routine of balancing work and personal life, my health improved. Finding a solid plan on how I wanted to live my life as well as the things I wanted to accomplish made it an easy transition. Through personal dedication and commitment, I was able to benefit from this new experience and fresh approach into the nursing practice.

References


Correction
In the December 2019 edition, Lt. Anne Montgomery Hargreaves was incorrectly identified as a Cadet Nurse. She served as a Lieutenant in the Army Nurse Corps.

Letter to the editor
Date: Sat, December 14, 2019 11:53 am

To whom it may concern at the staff of the Massachusetts Report on Nursing,

I am a member of the Massachusetts ANA, and I receive the Massachusetts Report on Nursing monthly. This month’s issue came across an article titled “Reiki: A Positive Addition to Nursing Practice.” I read this article in full and immediately felt an uneasiness that turned to frustration and anger. Nursing can do better than this, and an organization such as ANA Mass should not stoop to such lows.

Since attending the University of Wisconsin Madison School of Nursing, I have had many experiences to become culturally competent, and I respect different cultures and their beliefs. However, before a practice such as Reiki is to be included in addition to Nursing it must pass rigorous scientific trials to show evidence that there is a statistically significant outcome from the practice.

In the article, many terms are used without an exact definition. For example, what is the meaning of an “energy-based modality” and how does it work in a scientific sense? In the article it explains the National Center for Complementary and Integrative Health has labeled Reiki as “not yet measurable,” which is another way of saying it is not measurable. Scientific experiments to prove effectiveness because there is no way to measure its performance, which is to say we do not know how it works if it even does work. Again, later in the article, it states “we are not able to predict effects of a Reiki session...we trust the energy to provide a positive effect.” What is this “energy” we are entrusting our patients to? Anything can be said in an unproven way, or try to manipulate and finagle actual scientific terms for their own benefit. A journal that will accept articles like that may not be very trustworthy.

Throughout my career I have had many experiences to become culturally competent, and I respect different cultures and their beliefs. However, before a practice such as Reiki is to be included in addition to Nursing it must pass rigorous scientific trials to show evidence that there is a statistically significant outcome from the practice.

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I think in today’s world we must strive to understand in entirety an intervention we are claiming can help to heal/cure diseases prior to administering them on actual patients vs. volunteers. As nurses we have a responsibility to provide care that is evidence-based and that has been proven time and again to be effective and is respectful to patients and their families. People who are sick may be easily-victimized and become easy targets for others to come and ask for money for their help. These are things to consider in today’s modern world. Thank you,

Amber Statz, BSN, RN, CSMRN

Articles Published in Peer-Reviewed Journals


Ferraresi, M., Ciani, R., Moro, I., Banino, E., Boero, E., Crosio, A., ... Piccoli, B. G. (2013). Reiki and related therapies in the dialysis ward: an evidence-based and ethical discussion to debate if these complementary and alternative medicines are welcomed or banned. BMC nephrology, 14, 129. doi:10.1186/1471-2369-14-129

Thank you again for your letter to the editor, which may be published in the March 2020 edition if space permits.

Sincerely,
Cammie
Carmela A. Townsend, DNP; MS/MBA, RN
Executive Director
American Nurses Association Massachusetts

Date: Friday, December 27, 2019 4:31 pm

Amber Statz,

Thank you for your response. I appreciate you sending me these articles. I read through many of them. My argument is that Reiki is not better than Placebo or model/relaxation. I agree that Reiki could very well be beneficial for stress/pain/ anxiety relief due to its meditative and calming effects, same as deep breathing exercises or massage therapy would provide. Of one of the articles tried to use an argument from ignorance fallacy and state that quantum physics might prove scientific evidence of Reiki. However, one can not just point our out that text and state that quantum physics do not yet understand as an argument to believe that these “bio-energy fields” exist even or that people can cure or heal people who are sick by simply putting their hands above them and adding up large bangs. There is a danger in spreading the belief that these alternative medicine therapies are able to cure or heal whole illnesses because there is a lot of science they do not seek out actual treatment that has been proven to be effective, and instead will seek out Reiki practitioners who are not evidence-based to actually cure/ heal diseases or conditions.

The Cochrane Review Journal article you sent me stated as their conclusion that there was not enough evidence that TT (Therapeutic Touch) or Reiki promote healing of acute wounds. The control group had no better or worse outcomes than the ones who had TT.

I would not just point out that text because many of the articles also provided very small sample sizes which can produce results which are not very accurate. One of the terms it uses, “bio-energetics” is an actual scientific term, but it is in medicine the study of how energy flows or what does not mean the study of energy passing through trophic levels. The way the authors used this actual scientific term was unfounded to describe a non-proven energy field that surrounds each person. This is the danger of some alternative medicine is that they attempt to use science in an unproven way, or try to manipulate and finagle actual scientific term for their own benefit.

I think in today’s world we must strive to understand in entirety an intervention we are claiming can help to heal/cure diseases prior to administering them on actual patients vs. volunteers. As nurses we have a responsibility to provide care that is evidence-based and that has been proven time and again to be effective and is respectful to patients and their families. People who are sick may be easily-victimized and become easy targets for others to come and ask for money for their help. These are things to consider in today’s modern world. Thank you,

Amber Statz, BSN, RN, CSMRN

Another article I read is from a Complementary/Alternative Health journal and did not do a significant job in trying to explain or define their term in what will accept articles like that may not be very trustworthy.

Many of the articles also provided very small sample sizes which can produce results which are not very accurate. One of the terms it uses, “bio-energetics” is an actual scientific term, but it is in medicine the study of how energy flows or what does not mean the study of energy passing through trophic levels. The way the authors used this actual scientific term was unfounded to describe a non-proven energy field that surrounds each person. This is the danger of some alternative medicine is that they attempt to use science in an unproven way, or try to manipulate and finagle actual scientific term for their own benefit.

I think in today’s world we must strive to understand in entirety an intervention we are claiming can help to heal/cure diseases prior to administering them on actual patients vs. volunteers. As nurses we have a responsibility to provide care that is evidence-based and that has been proven time and again to be effective and is respectful to patients and their families. People who are sick may be easily-victimized and become easy targets for others to come and ask for money for these procedures which may not produce any real effect.

These are things to consider in today’s modern world. Thank you,

Amber Statz, BSN, RN, CSMRN

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March 2020
Massachusetts Report on Nursing 11
NACGN's 1909 Convention in Boston

Mary Ellen Doona

The year 2020 is the second decade of the new millennium. During which anniversaries are to be celebrated and events held. August 18th will mark the centennial of suffrage when the Constitution was amended for the nineteenth time and gave women the right to vote. From 25th to the 29th of July, NAACP (National Association for the Advancement of Colored People) will meet in Boston. Founded on the 12th of February 1909 at the centennial of Abraham Lincoln's birth, NAACP committed itself to the elimination of racial discrimination. Six months later NAACP met in Boston during three hot and humid August days. Joining the convention was the National Association of Colored Graduate Nurses (NACGN) founded in 1908. It aimed to gain higher professional standards, break down discriminatory practices, and develop leadership among colored* nurses.

Their struggle was much greater than gaining the right to vote. The NACGN had to face discrimination that had been written into the Constitution in 1789. The nation's great law counted slaves, the progenitors of NACGN members, as property and further devalued each of them as three fifths of a person. Thus the Founders ensured slaveholders had a dependent labor force that sustained their economy. Post-Civil War (1861-1865) amendments (13th, 14th and 15th) crafted a Second American Constitution. NACGN's ancestors were no longer slaves, had equal protection of the law and the right to vote (men). Black Codes, however, ignored the nation's Second Constitution and instituted its own Jim Crow “laws” against the newly free colored* people.

As the fifty-two members of NACGN faced this behemoth of injustice, they chose the tiny Mary Eliza Mahoney as their symbol. Not quite five feet tall and weighing less than one hundred pounds Mahoney was a behemoth of injustice, they chose the tiny Mary Eliza Mahoney between fourth and fifth woman in first row at the first national convention of the National Association of Colored Graduate Nurses held in Boston August 1909. Schomburg Center for Research in Black Culture

Mary Eliza Mahoney was among nurses who received only positive evaluations. By 1909 when NACGN met in Boston, Mahoney had been a graduate nurse for thirty years. It was this longevity that gave her the historical gravitas as an exemplar. She attended every NACGN convention until 1921 when she probably already had the cancer that would claim her life only five years later. She died at the NEHWC on the 4th of January 1926 four months before her 81st birthday. In 1936 NACGN created the Mary Mahoney Medal to recognize a nurse who: made outstanding contributions to the profession and community, worked towards improving the professional status of the Negro* nurse, and thereby improved intergroup and interpersonal relationships within the nursing profession.

During the convention NACGN visited the Home for Aged Colored* Women in Boston’s West End. Here they entertained, and were entertained, with music and recitations. Another day was spent touring Boston’s hospitals culminating at the New England Hospital for Women and Children (NEHWC). There the Zakrzewska building dominated a campus that spread out on a small hill across nine acres. Built in 1873 the building earned an award at the 1876 Centennial in Philadelphia. Years later in 1905 the hospital would be listed on the National Register of Historic Places, and on the 17th of July 1991, the late Senator Edward M. Kennedy presided over ceremonies that designated NEHWC as a National Historical Landmark.

Established in 1862 in Boston’s South End, the hospital was only five years in this new locale when Mary Mahoney began her nurses training. Perhaps Mahoney spoke of this when she hosted the tea there for the NACGN nurses. After the formalities of the superintendent of nurses and the alumni association’s program, Mahoney held forth on how her training compared with the training of nurses in 1909. More had been required in her day, she claimed. She may have been right given the preponderance of housekeeping tasks that were the pupil nurse’s general fare. Although noted for being a feminist showplace, there was little sisterhood of interns and pupil nurses working together to advance patient care. The pupil* nurses reported to the student interns regarding medical tasks, to the matron about the domestic tasks and ate with the servants.1

Ironically, Mahoney had benefitted when NEHWC rejected Dr. Caroline Still’s application to the internship program. The young doctor whose parents were part of the underground railroad, was a woman of color.* Despite the discrimination against women doctors there had been little access to medical training. The Still incident belied the NEHWC’s principle that religious belief, color, or nationality must never determine decisions. Once realizing its error, NEHWC accepted the young doctor into the program in 1878. Interestingly, that same year on 23 March 1878, Mahoney became a pupil* nurse. Given that there were no colored* women in the nursing program, it seems reasonable to assume that in correcting one error, the hospital corrected the other. According to tradition, Mahoney had previously been working as a domestic in the hospital. Sixteen months later, on the 1st of August 1879, Mahoney had completed her nursing program. Thirty years later Mahoney praised NEHWC for opening its doors to her saying, “My hospital was not so selfish.”2

As other graduate nurses did, Mahoney registered with the Boston Medical Library that is now incorporated into Countway. She earned a nurse’s usual rate of $2.50 by the day, and $15.00 for a week. Various evaluations from patients, families and doctors found “no faults” in her care; that she had a “good temper, discretion and loyalty” while caring for a weak, nervous, and self-indulgent invalid; and was “an excellent nurse” during her four week stint caring for another woman. “High recommendation” said another, while families and doctors stated they “would employ again.”3 Mahoney was among nurses who received only positive evaluations.

Sources

1 Contemporary term

Mary Eliza Mahoney between fourth and fifth woman in first row at the first national convention of the National Association of Colored Graduate Nurses held in Boston August 1909. Schomburg Center for Research in Black Culture
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Everyone with morphine as fast as we could, using our shock. “Everyone had to be taken care of, like yesterday. Many were already dead and those still alive were in agony from burn injuries. Some were just in the scene as ‘bedlam.’ Victims were just ‘pouring in she was the last known surviving nurse. She described Lieutenant in the Army Air Corps and she was deployed to Maxwell Field in Montgomery, Alabama, which was a training base for Cadet Pilots. There were only 35 nurses for 400,000 men. That is less than one nurse for every 10,000 soldiers. Lt. Berman started immediately on a medical-surgical ward. There were many training accidents at the base, most due to planes crashing on landing. She remembered one in which nearly all the 20 soldiers died on impact. She recalled that some who were near death would say, “Hey General, do you think we’ll get a leave of absences? She’d put their head and say, ‘I’m sure you will.”’

She described these disasters similarly to the CFG. “It was wartime, we all did our part...there were so many tragedies...you face whatever you face and you just do.”

After two months, they needed a nurse for the locked psychiatric ward. At that time, nursing education was not standardized and depended on the size of the hospital and the type of patients that the hospital admitted. Because BCH was a very large hospital whose graduates had many different experiences, they were highly revered. Helen had her psychiatric clinical experience at Boston State Hospital, a long-term psychiatric institution. Since she was the only nurse on the base with psychiatric training, she was assigned to the locked unit of 20-25 patients.

When the psychiatrist in charge became severely depressed and unable to perform his duties, Helen assumed his duties. For the next seven months, she ran the unit, working 13-14 hours, seven days a week and wreathed in medical orders which were signed off by the Chief Medical Officer.

She described the ward as having very sick patients, “some were murderers.” For example, she said there was a man in the unit who “looked funny and two hours later tried to kill someone.” There was another time when the whole unit was in mayhem with “blood everywhere.”

The building was surrounded by chain-link fencing and the patients did not like to go outside because “people looked at them and sometimes would say nasty things because, you know, the patients were odd.” She wanted them to have some privacy.

Although she had no experience in gardening, Lt. Berman requisitioned soil and flowers. At first, they were “odd” and she wanted to have some privacy. She described the ward as having very sick patients, “some were murderers.” For example, she said there was a man in the unit who “looked funny and two hours later tried to kill someone.” There was another time when the whole unit was in mayhem with “blood everywhere.”

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Faith community nursing – Start it up!

Anne Marie Craman, MSN, RN, PMHCNS-BC

Do you remember the term “parish nursing”? It is a term associated with Dr. George Westberg, a Lutheran minister, from the 1970s. He partnered with the Kellogg Foundation to implement a time-limited grant to establish medical clinics staffed by nurses, doctors, and pastors within Chicago churches. His experience and the data collected at the time convinced him of the values of embedding a healthcare team within a parish community. Once the grant ended, his recommendation was to engage nurses within congregations of faith.

Dr. Westberg recognized the wholistic benefit, the care of the body, mind, and spirit that nurses can bring to the health and healing of the faith community as well as beyond the geographic boundaries of the church. Since that time, parish nursing has broadened to include all faiths and is now recognized internationally as Faith Community Nursing (FCN). FCN achieved recognition as a specialty by the American Nurses Association (ANA) in 1998 with scope and standards of parish nursing practice; the third edition was co-published with the American Nurses Association and the Health Ministries Association published in 2017.

I could not imagine the potential impact of FCN as a ministry. Out of curiosity I registered for the series of classes held at the Pastoral Center of the Roman Catholic Diocese of Boston in Braintree, MA. I was delighted to be a member of a group of experienced nurses who were also searching, hoping and responding to a call to serve their faith communities. The essence of FCN is “the intentional care of the spirit” and that is the unique differentiation from other nursing specialties. One of the major concepts of FCN is the ongoing practice of the spiritual formation of the nurse, attention to self-care and the opening of one’s heart to others or as I think of it as “listening with the ear of the heart.”

FCN is a dynamic and embracing specialty practice which includes, professional wholistic nursing within a faith community that is interconnected with individuals, families, groups and society. The birthing of an FCN program can be overwhelming and awe inspiring at times. ANCC offers clear guidelines on what FCN is and what is not. Those professional guidelines, initial and continuous education, and a supportive network of FCNs offer a solid foundation to mindfully, strategically, and realistically plan, organize and initiate the ministry. Essentials to consider up front are time, energy, resources, and the support of faith community leadership. It is wise to remember as nurses, the public may have a singular image or unclear ideas about current nursing practice.

Once understanding and knowledge have been formally acquired on the substance and organization of FCN, the local faith community nursing team can recruit and identify other nurses and prepare to inform the congregation of the practice. Our team started out with blood pressure (BP) screening as a familiar association and ongoing relationship development with the FCN team, clergy, and the people whom we serve within the faith community and surrounding neighborhood are the cornerstone of our faith community nursing practice.

There is room for growth and invitation of other healthcare disciplines to join our FCN team. One recommendation is to systematically approach the launch of this new initiative through the development of a mission and vision statement. These statements will provide the group with a focus as it establishes a strategic plan. Taking on too many ideas at once may tax the resources of its’ members. FCN can bring unique experiences and sustenance from this specialty nursing practice with an intentional care of the spirit to individuals, groups, and a community with common needs and concerns towards whole health, one relationship at a time.


The educational planning process in brief

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

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

Continuing Nursing Professional Development activities are designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. Individual education activities must be effectively planned, implemented, and evaluated according to educational standards and adult learning principles. Planners must ensure that program documentation is logical, comprehensive, and complete.

Planning a nursing professional development activity begins with an identified “gap” in practice which is then examined for underlying cause. Is it a lack of knowledge, skill or practice that causes the gap and how can this issue best be addressed? Findings from current scientific literature allows a program to reflect best evidence and practice with the intent of “moving the quality needle.”

It is important for activity planners to clearly identify the intended learning outcome(s) in order to know the desired direction for that “quality needle.” The intended learning outcome drives program development and leads to defining the content (sometimes articulated as objectives) and determining the appropriate teaching methodologies to engage learners. These goals guide the learning strategies developed for the participants and are the foundation for the evaluation tool.

Upon completion of the learning activity, the planners evaluate the outcome and determine whether or not the program successfully “moved the needle” in the right direction. A summative evaluation determines whether there are any strategies that worked better than others or what should be changed to create a more effective program. The summary narrative guides further program development designed to positively impact patient, system, and/or population outcomes.

News from the Accredited Approver Unit

1. The American Nurses Association Massachusetts has been re-accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

2. The Spring Approver Unit Program has been set for June 5, 2020, and will update participants on criteria. The program will repeat the “Hot Topics and Water Cooler Solutions” structure as it has been very popular and allows for participant engagement and networking. Watch for upcoming information about location, etc.

3. The American Nurses Credentialing Center’s Commission on Accreditation has notified the approver units that as of January 2020 the official language has changed to reflect a broader professional development perspective.

Going forward, the following language must be used for programs offering nursing contact hours:

This nursing continuing professional development activity was approved by American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

The appropriate terminology for individual educational activities submitted for review is:

This activity has been submitted to American Nurses Association Massachusetts for approval to award contact hours. American Nurses Association Massachusetts is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

Approved provider units will use the following language:

[INSERT NAME OF APPROVED PROVIDER] is approved as a provider of nursing continuing professional development by the American Nurses Association Massachusetts an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Imagine if all the nurses in Massachusetts (over 150,000 of us) used our voices to impact change and guide health policy for our patients and our profession. Imagine what we could accomplish together. The members of the American Nurses Association Massachusetts (ANAMASS) Health Policy Committee are working to make this a reality. After years of devouring the policy updates section in the newsletter, the Massachusetts Report on Nursing, I decided that advocating for my patients one at a time was not long enough. I had become frustrated with learning about new healthcare bills at the last minute or after they were already passed into law. I wanted to find out how to drive policy change instead of simply having my practice dictated by those changes without having a voice as the decisions were being made. I wanted to join the AN Nursing Health Policy Committee and learn from the experts; those who were helping to formulate the policy initiatives. I wanted to become involved - but I was nervous. I wasn’t sure if I would be accepted, if I had the right credentials, or if my opinions mattered. Despite my insecurities, I received a warm welcome from the Health Policy Committee.

This committee is extremely active and I have found my fellow committee members to be knowledgeable and encouraging. Our committee’s monthly meeting alternate between in-person and online meetings using Zoom, which is free and easy to use for even some of the technologically challenged. The meetings I have attended have been well organized with a clear agenda. I’m learning new terms along with the complexities of the legislative process. As committee members, we are involved in many aspects of the process, from drafting bills, providing written and verbal testimony as well as visiting with our legislators at the State House. We continually strive to advocate on behalf of all nurses and patients.

The committee also sponsors educational workshops teaching nurses and nursing students about health policy and advocacy. Over this past Fall we held a forum which was well organized with a clear agenda. The committee members, we are involved in many aspects of the process, from drafting bills, providing written and verbal testimony as well as visiting with our legislators at the State House.

The ANAMASS Legislative Agenda 2019-2021

1. **HB2664/SB701**: An Act relative to the governance of the Health Policy Commission
   **Sponsors**: Rep. Kay Kahn (D) & Sen. Jason Lewis (D)
   **Summary**
   Proposed Redraft S. 701/ H. 2664 currently in committee amends the current statutes to include registered nurse with demonstrated expertise in the development and utilization of innovative treatments for patient care and shall be appointed for a term of five years.
   **Status**: Referred to Joint Committee on Health Care Financing
   **ANAMASS Testimony (Written and verbal) find on www.anamass.org**

2. **HB1941/SB1345**: An Act establishing a commission on quality patient outcomes and professional nursing practice
   **Sponsors**: Rep. Kay Kahn(D) & Sen. Bruce Tarr (R)
   **Summary**
   Adds new Section 219 to GL 6 establishing a 17 member Commission on nurse staffing in hospitals to review and make recommendations regarding best nurse staffing practices designed to improve the health care environment, quality outcomes, and nurse satisfaction; locates the Commission within, but not subject to the control of the Executive Office of Health and Human Services; articulates the qualifications and terms of Commission members; identifies several areas of examination for the Commission relative to nurse staffing levels; requires the Commission to file an annual report with the Legislature by March 1.
   **Status**: Referred to Joint Committee on Public Health; Reporting date extended to 4/1/2020
   **Testimony (Written and Verbal) provided by ANAMASS can be found on www.anamass.org**

3. **HB1867**: An Act to support access, value and equity in health care (SAVE Act)
   **Sponsors**: Rep. Michael Moran (D) Co-sponsor Sen. Jason Lewis (D)
   **Summary**
   Amends sections of GL c.34c (Controlled Substances) and GL c.112 (Registration of Certain Professions and Occupations) to expand the authority of nurse practitioners to dispense, administer or conduct research on controlled substances by removing the requirement that they do so under the supervision of a physician; gives the Board of Registration in Nursing the sole authority for regulating the practice of nurse practitioners by removing the requirement that the board of registration in medicine concur; removes certain restrictive time limitations on writing prescriptions by nurse practitioners; updates the Nurse Practice Act to reflect that nurse practitioners are authorized not only to order tests and therapeutics, but also to interpret them.
   **Status**: Referred to Joint Committee on Public Health; Reporting date extended to 4/1/2020
   **Testimony (Written and Verbal) provided by ANAMASS can be found on www.anamass.org**
   **Language also included in H. 4134 An Act to improve health care by investing in VALUE (Governor Baker’s Bill).**

4. Preventing Workplace Violence
   H.1576/S.1093 An Act requiring health care facilities to develop and implement programs to prevent workplace violence
   **Sponsors**: Rep. Michael Moran (D) & Sen. Jason Lewis (D)
   **Summary**
   Amends sections of GL c.34c (Controlled Substances) and GL c.112 (Registration of Certain Professions and Occupations) to expand the authority of nurse practitioners to dispense, administer or conduct research on controlled substances by removing the requirement that they do so under the supervision of a physician; gives the Board of Registration in Nursing the sole authority for regulating the practice of nurse practitioners by removing the requirement that the board of registration in medicine concur; removes certain restrictive time limitations on writing prescriptions by nurse practitioners; updates the Nurse Practice Act to reflect that nurse practitioners are authorized not only to order tests and therapeutics, but also to interpret them.
   **Status**: Referred to Joint Committee on Public Health; Reporting date extended to 4/1/2020
   **Testimony (Written and Verbal) provided by ANAMASS can be found on www.anamass.org**
   **Language also included in H. 4134 An Act to improve health care by investing in VALUE (Governor Baker’s Bill).**

5. **HB1944/SB103**: An Act relative to nurse licensure compact in Massachusetts
   **Sponsors**: Rep. Kay Kahn (D) & Sen. Joseph Boncore (D)
   **Summary**
   Increases public access to safe nursing care, provide for the rapid deployment of qualified nurses in response to a state of emergency, address the emerging practice of nursing through telecommunications technology, support spouses of relocating military members, and build effective interstate communication on licensure and enforcement issues.
   **Status**: Referred to the committee on Consumer Protection and Professional Licensure; hearing held 5/13/19.
   **Status**: Referred to Joint Committee on Health Care Financing
   **Written Testimony 5/13/19**; and Coalition Testimony (Written and Verbal) provided by ANAMASS can be found on www.anamass.org
   **Language also included in H. 4134 An Act to improve health care by investing in VALUE (Governor Baker’s Bill).**
6. HB1578/SB1213: An Act strengthening the penalty for assault or assault and battery on an emergency medical technician, paramedic, or ambulance attendant or health care provider


Summary: This bill increases the penalty to include imprisonment in a state prison up to five years and strikes out “treating or transporting” to make more universal i.e. not just during those times

Bill: Referred to the Joint Committee on the Judiciary;
Written Testimony provided by ANAMASS can be found on www.anamass.org

7. HB3487/SB2113: An Act relative to safe patient handling in certain health facilities


Summary: Amends GL c. 111 (Public Health) by adding new provisions that regulate the lifting of patients in both acute care and long-term care facilities. In particular, the bill defines a lift team as health care facility employees specially trained to handle patients. It also requires health care facilities to establish a safe patient handling program. By December 30, 2020, health care facilities must complete the acquisition of safe patient handling equipment. In addition, the development of architectural plans for constructing or remodeling a health care facility or a unit of a health care facility must incorporate safe patient handling equipment and the construction design needed to accommodate such equipment.

Status: Met with Senator Chandler in November to review ANA Standards for Interprofessional Safe Patient Handling and Mobility and elimination of manual lifting. Referred to Joint Committee on Public Health; Reporting date extended to 4/1/2020

Testimony (Written) provided by ANAMASS can be found on www.anamass.org

8. SB683 - An Act establishing Medicare for all in Massachusetts

Sponsor: Sen. James Eldridge (D)

Summary: This substantial bill establishes a new chapter 175L, the Massachusetts Health Care Trust, which will be the single-payer body responsible for providing health care services for every resident of the Commonwealth.

Status: Referred to the Joint Committee on Health Care Financing and Focus of educational efforts across Commonwealth.

9. SB589 - An Act relative to limits on insurers’ retroactive clawbacks for mental health and substance use disorder services

Sponsor: Sen. Cindy Friedman (D)

Summary: Establishes a new GL 111:237 - 237C, regulating the use and coverage of step therapy protocols in mental health; defines step therapy protocols as a specific sequence in which prescription drugs for a specified medical condition and which are medically appropriate for a particular patient are provided; establishes and regulates the membership of a special commission to study and assess the implementation of step therapy process reforms; requires submission of findings and recommendations to the commission; regulates the evaluation of step therapy protocols, and requires use clinical data to determine their effectiveness; requires insurance companies which restrict the use of a particular drug included in step therapy to establish a clear readily accessible and convenient process to request a step therapy exception; requires insurance companies and MassHealth to grant the exception in the listed circumstances, including when the required drug is known to be contraindicated with other drugs in the protocol or when the patient has tried and failed on the required drug.

Status: Reported favorably by Joint Committee on Financial Services and recommended ought to pass by Joint Committee on Health Care Financing and referred to Senate Committee on Ways and Means;
Written Testimony provided by ANAMASS as part of the Mental Health Coalition can be found on www.anamass.org

10. HB1902/SB1279: An Act regulating flavored tobacco products

Sponsor: Sen. John F. Keenan (D) and Representative Daniel E. O’Hern (D)

Status: Passed 11/27/19 as An Act Modernizing Tobacco Control amended chapter 33 to include prohibits the sale and distribution of flavored tobacco product or tobacco product flavor enhancer to any consumer, except in a smoking bar. Tobacco product includes electronic nicotine delivery systems. Also includes a 75% excise tax on nicotine vaping products.


Sponsor: Sen. Bruce Tarr (R)

Summary: Amends Chapter 6 of the general laws to add a new section requiring the governor to issue a proclamation setting the apart the 1st day of July as the United States Cadet Nurse Corps Day in perpetuity. The amendment to include permission for installation of a bronze plaque for Nurses Hall is now on the House version in its “third reading”.

Massachusetts Health Policy Forum held on 10/1/2019 at the State House Great Hall, Introduction to day by Senator Cindy Friedman, Chair of Health Care Financing and greetings from Representative Kay Khan RN. Intro to topic by Senator Jamie Eldridge, Chris Scarfus and Barbara Blakney; panel moderated by Barbara Blakney and includes economist Jonathan Gruber (MIT), and Nancy Turnbull, currently Harvard School of public health and former first deputy commissioner of insurance in Massachusetts.

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The making of the Massachusetts Report on Nursing

Do you ever wonder how you get the Massachusetts Report on Nursing? Who writes it and where it comes from? How does the Massachusetts Report on Nursing transform from a list of ideas to the publication that you are used to receiving in your mailbox (and are now receiving in your email inbox)?

Since 2002, Arthur L. Davis Publishing Agency, Inc. has partnered with the American Nurses Association Massachusetts, Inc. and been the proud publisher of the Massachusetts Report on Nursing.

All editorial copy for the Massachusetts Report on Nursing is edited by the members of the newsletter committee of ANA MASS Barbara Belenger, MSN, RN, CNOR, Inge Corless, PhD, RN, FAAN, Anya Bostian Peters, PhD, RN, CNE and Gail B. Gall, RN, PhD. These dedicated committee members work with nurses from across the Commonwealth as well as ANA MASS members to produce content that is relevant and informative to all nurses, regardless of specialization. About five weeks prior to the newsletter being produced, ANA MASS submits the editorial content that they have prepared to ALD in the form of Word documents, pdfs and jpgs (for photos) to layout in a newsletter fashion and prepare for publication.

ALD uses a program called InDesign to design and layout the newsletter. All copy received is brought into the program and formatted for bold, italic, bullet lists, headlines, pull quotes, references, etc. All photographs are edited by ALD’s team of graphic designers to produce the best balance of the written and visual content. The designers also add hyperlinks so that all websites and emails are clickable in the digital version of the newsletter.

While the editorial copy is being prepared, ALD is also working with hospitals, universities, nursing homes, correctional facilities and other organizations to prepare advertising copy for the newsletter. The Massachusetts Report on Nursing has always been free for nurses to receive - all expenses to produce the newsletter are covered by paid advertising. These advertisers are the reason that you are able to stay up to date on critical nursing information every quarter. While you are reading your newsletter, please take a moment to look at the advertisements that make this publication possible!

About 10 days prior to the newsletter going to press, all editorial copy and advertising copy already sold is measured to determine a page count for the newsletter. Due to the printing process, the newsletter is always printed in four page increments. There are times when some items are resized or additional copy is selected to reach the determined page count. If copy has to be cut, it is saved for the next issue!

A layout is then finalized, and a final proof is sent to ANA MASS to review. After requested changes are done, all the final advertisements are laid out in the newsletter and the newsletter is sent to be printed.

The actual physical printing of the newsletter is done by a third-party company outside of Minneapolis, MN, APG of East Central Minnesota. The newsletter is “plated” to create the template for the newsletter and 20,000 copies per hour are produced at a time. After all copies of the newsletter are printed, they are labeled with mailing addresses for ANA MASS members.

The newsletters are placed on pallets and are shipped to USPS post offices for distribution. They are then directly mailed to the homes of the members of ANA MASS.

Simultaneously, both members and non-members of the organization receive a digital copy of the newsletter in their email inbox. The email takes nurses to an interactive reader on nursingALD.com where they are able to read the entire publication. If you know a nurse who is not receiving a digital copy of the Massachusetts Report on Nursing, please direct them to tinyURL.com/anamass to receive their FREE digital copy of the newsletter. Stay tuned for an app set to launch in early 2020!

About 10 days prior to the newsletter going to press, about 20,000 copies are printed, and lays out the Massachusetts Report on Nursing. If copy has to be cut, some items are resized or additional copy is selected to reach the determined page count. If copy has to be cut, it is saved for the next issue!

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ALD was founded in 1983 in Cedar Falls, IA by Arthur L. Davis (known as Art to his friends and family). The first quarterly publication was the Iowa Board of Nursing newsletter, and other state publications quickly followed. Arthur L. Davis Publishing Agency, Inc. was owned for 20 years by Art’s daughter and son-in-law, Nancy and Mark Miller, and is now owned by Art’s grandson and his wife, Stephen and Elizabeth Miller.

Through a focus on relationships with state Associations, Foundations, Boards, clients, and employees, ALD quickly expanded from the first publication to 39 publications, reaching a combined circulation of over 2.7 million nurses every quarter.

In addition to the quarterly newsletters, ALD publishes 17 annual nursing yearbooks, one monthly direct email and has a nursing resource website, nursingALD.com, that includes archived issues of 38 nursing publications, a national comprehensive nursing job board and a listing of nursing events. Everything is free to use!

ALD currently has 23 employees. Pictured are Monique Heddens, the copy editor of the Massachusetts Report on Nursing and Chris Hall, the graphic designer who designs and lays out the Massachusetts Report on Nursing.

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Framingham State University

GRADUATE DEGREE PROGRAMS
Accredited by the Commission on Collegiate Nursing Education (CCNE)
Choose from two concentrations: Nursing Education or Nursing Leadership

- Complete the program in 2 years taking 2 courses a semester – come to campus only one night a week
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Lynn Community Health Center is now hiring for the following full-time positions:
- Primary Care Nurse - (Registered Nurse/LPN)
- Nurse Case Manager - (Registered Nurse)
- Nurse Manager
- Medical Assistant

If you have an expressed interest in any employment opportunities please feel free to go visit our full job description.

Interested in applying? Please send resume to: Rachel Vasconcelos
rvasconcelos@lchcnet.org

Monique Heddens
Chris Hall

In 2003, ALD Publishing, in honor of their founder Arthur L. Davis, founded the Arthur L. Davis Scholarship. The Arthur L. Davis Scholarship is available in each state in which they publish a newsletter and is a $1,000 renewable scholarship for a nurse in that state to further their education. Since 2003, ALD has awarded over $250,000 in scholarships to nurses nationwide and has annually awarded a $1,000 scholarship to an ANA MASS members pursuing additional nursing education. A list of all scholarship recipients can be found at https://cdn.ymaws.com/www.anamass.org/resource/resmgr/files/HistoryofAwardWinners2019.pdf. ALD is proud to be able to give back to the nursing profession in Massachusetts.

If you have any questions about the publishing process or about advertising in the Massachusetts Report on Nursing, please contact Elizabeth Miller, General Manager at 800-626-4081 or email emiller@aldpub.com.

If you are interested in joining the newsletter committee or submitting an article, please contact Office Administrator Lisa Presutti via email at newsletter@anamass.org.
March 2, 2020
ANAMASS Lobby Day at the State House

March 25, 2020
Healthcare Reform Efforts: Applying a Health Equity and Social Justice Lens
UMass Center in Springfield 1500 Main Street, Springfield, MA - Tower Square, Suite 260
Featured Speakers:
Dr. Raeone LeBlanc, PhD, DNP, AGPCNP-BC, CHPN
Dr. Christine Schrauf, PhD, RN, MBA

April 4, 2020
Concerned about climate change? Come to hear the experts discuss the issues on April 4, 2020 at 1 Constitution Wharf in Charlestown. Hear such eminent speakers as Rene Salas MD, MPH, Keith Seitter PhD, Peter Bouchard BS, Regina La Roque MD, MPH, Patrice Nicholas DNSC, Caleb Dresser MD, and Suellen Breakey PhD RN. Further information: info@mghhp.com

April 17, 2020
Register Today!
The Good, the Bad, and the Ugly: Beyond the Hand Sanitizer
Waltham Woods Conference Center
Featured Speakers
Sheila Davis, DNP, ANP-BC, FAAN
Chief Executive Officer of Partners In Health

Chantelle F. Marshall, MSN, ANP-BC
Nurse Practitioner, Massachusetts General Hospital
Liver Center

Rita Olans, DNP, RN, CPNP-PC, APRN-BC
Assistant Professor, MGH Institute of Health Professions

John Witlock, MS, RN
Clinical Nurse Specialist, Beth Israel Deaconess Medical Center

Friday, May 8, 2020
ANAMASS Annual Meeting
Friday, May 8, 2020 4:00-5:30 p.m.
Royal Sonesta Boston, MA

Friday, May 8, 2020
ANAMASS Annual Awards Dinner - Celebrate the Year of the Nurse!
Friday, May 8, 2020* Royal Sonesta Boston 6:00 p.m. cocktail reception, awards dinner at 7:00 p.m.

Regis College Educational Offerings for Spring, 2020 Co-sponsored with Harvard Pilgrim Health Care
March 11, 2020
Don’t Miss the 20th Annual Forum on Health Reform Title: Universal Health Care: Policy and Politics Contact Hours: 3 Location: Regis College, Casey Theater, Fine Arts Center 235 Wellesley Street, Weston, MA 02493 Time: 6:15 – 8:30 pm Join us for coffee, conversation and refreshments 5:00-6:00 pm Fee: None Registration Information: Call 781-768-8080 Email: presidents.lectureseries@regiscollege.edu Online Registration: regiscollege.edu/universalhealth

Tour Today!
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As a nurse and joint ANA and ANAMASS member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? As a nurse and joint ANA and ANAMASS member, you are here through ANA and ANAMASS Personal Benefits, we are here to help you find that no one is advocating for your interests. Protect yourself and your career with professional liability insurance. ANA has partnered with Proliability® powered by Mercer, a global leader in insurance, to offer coverage specifically geared to nurses. Remember, a complaint or suit can be filed even if you did nothing wrong, and an investment in liability insurance will protect your future and the future of your family. Get the protection you need without paying more than is necessary by taking advantage of the competitive rates for ANA members. Mercer – Omnium Webinar 3/25/19

For an instant quote and to fill out an application for ANA liability insurance offered by Proliability, go to https://www.proliability.com/professional-liability-insurance/nurse-practitioners.html

Many nurses mistakenly believe they are covered by their employer’s liability insurance — until a licensing board complaint or lawsuit is filed and they find that no one is advocating for their interests. Protect yourself and your career with professional liability insurance. ANA has partnered with Proliability® powered by Mercer, a global leader in insurance, to offer coverage specifically geared to nurses. Remember, a complaint or suit can be filed even if you did nothing wrong, and an investment in liability insurance will protect your future and the future of your family. Get the protection you need without paying more than is necessary by taking advantage of the competitive rates for ANA members. ANA has partnered with CommonBond, a leading student lender, to help you save money through student loan refinancing. Refinancing your federal or private student loans to a lower interest rate can save you thousands. CommonBond offer up to 24 months of forbearance, just in case you need to put payments on pause, plus the process is free and ANA members get $300 cash back from CommonBond when they refinace! Visit CommonBond for an instant quote and to start an application.

To listen to a webinar on Student Loan Refinancing 101, go to https://www.nursingworld.org/membership/member-benefits/personal-benefit/student-loan-refinancing-101/Webinar: How to Pay Down Student Loans

JOIN ANA MASSACHUSETTS AND ANA TODAY!

As a nurse and joint ANA and ANAMASS member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? As a nurse and joint ANA and ANAMASS member, you are here through ANA and ANAMASS Personal Benefits, we are here to help you find that no one is advocating for your interests. Protect yourself and your career with professional liability insurance. ANA has partnered with Proliability® powered by Mercer, a global leader in insurance, to offer coverage specifically geared to nurses. Remember, a complaint or suit can be filed even if you did nothing wrong, and an investment in liability insurance will protect your future and the future of your family. Get the protection you need without paying more than is necessary by taking advantage of the competitive rates for ANA members. Mercer – Omnium Webinar 3/25/19

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Long Term Care Insurance is increasingly the choice for ANA Members seeking to protect their hard-earned assets from the high cost of long-term services along with the resulting financial spend-down and potential loss of self-reliance.

Final Expense Insurance, also known as Burial or Funeral Insurance, is a type of whole life insurance designed for those over 40 years of age, to cover funeral expenses and existing bills when you pass.

Through ANA’s partnership with Anchor Health Administrators (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 30 years, has specialized in working with Nurses/Spouses to provide the best personal solutions for their planning needs. For more information on Long Term Care, or Final Expense coverage and to receive a free, no obligation consultation with a licensed advocate, go to https://www.anchorltc.com/

Final Expense Insurance, also known as Burial or Funeral Insurance, is a type of whole life insurance designed for those over 40 years of age, to cover funeral expenses and existing bills when you pass.

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

The ANA Massachusetts Action Team – MAT cordially invites you to join this exciting team, when you join you will be lending your voice to those affecting all nurses in Massachusetts.

Go to www.ANAMass.org for more information

Like us on Facebook - http://www.facebook.com/pages/ANA_Massachusetts/260729070817301

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.

Check out these events for our 2020 Fall Topics!
Wednesday, October 14th, 2020
Tackling Addictions
Tuesday, November 10, 2020
Marijuana: Miracle or Menace?
BECOME A LEADER IN THE FUTURE OF NURSING

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- Focus on the challenges, opportunities, and technologies that will shape the future
- Gain in-demand population health and public health nursing skills or work towards certification as a nurse educator

To learn more, visit: worcester.edu/gradnursing

Community and Public Health Nursing Contact:
Dr. Stephanie Chatupka
schalupka@worcester.edu

Nurse Educator Contact:
Dr. Melissa Duprey
mduprey1@worcester.edu

The baccalaureate degree program in nursing and master’s degree program in nursing at Worcester State University are accredited by the Commission on Collegiate Nursing Education (ccneaccreditation.org).

THERESA OLIVERI, RN, MSN, CCRN, ACCNS-AG
Caregiver
UMass Memorial Medical Center
CLINICAL INTEGRATION AND FLOW COORDINATOR

Everyone, Everyday.

Making us proud by making a difference

At UMass Memorial Health Care, we take great pride in our nurses and the vital care they deliver for our patients – from our Level 1 Trauma Center to our community hospitals. We are honored to have nurses who possess unmatched skills and an unwavering dedication to excellence, as well as demonstrate the respect and compassion to provide a consistently high level of care for every single patient, every single day.

WE CELEBRATE OUR TEAMS AT: UMASS MEMORIAL – COMMUNITY HEALTHLINK
UMASS MEMORIAL HEALTH ALLIANCE-CLINTON HOSPITAL • UMASS MEMORIAL – MARLBOROUGH HOSPITAL
UMASS MEMORIAL MEDICAL CENTER • UMASS MEMORIAL MEDICAL GROUP

VISIT UMASSMEMORIALHEALTHCARE.ORG/CAREERS