Interpretive Statements, Code of Ethics with suicide. Guided by the ANA and religious perspectives related to assisted discussed as well as the medical, legal, ethical, to enact the “Death with Dignity Act” will be components of the Massachusetts Referendum in dying. Relevant research findings and key factors that contribute to patient requests for aid suicide and active euthanasia and identifying defining and differentiating between assisted practice will be presented.

Keynote Speaker:
Cynthia Ann LaSala, MS, RN
Clinical Nurse Specialist, Advisor, Patient Care Services Ethics in Clinical Practice Committee, Massachusetts General Hospital, Appointed Member to the Ethics Advisory Board, ANA Center for Ethics and Human Rights

Panel Presentation:
TBA
(Panelists will include Nursing, Medicine, Chaplaincy, Legal Services, and Massachusetts Legislators)

To register: Visit the MARN web site: www.MARNonline.org or call MARN at (617) 990-2856

HONOR YOUR COLLEAGUES in NURSING
MARN Awards Open to All Nurses

We all work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. MARN Awards provide you the opportunity to honor their remarkable, but often unrecognized excellence in nursing. MARN Award nominees can be a member of MARN or a non-MARN member who is nominated by a member of MARN. These awards can be peer or self nominated.

Check out the award categories on p 2 and available scholarships on p 4.

Information about honoring a nurse who is a Living Legend in Massachusetts Nursing can be found on this page.

Visit the MARN web site: www.MARNonline.org for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

LIVING LEGENDS IN MASSACHUSETTS NURSING
Nominations Sought

Recognize and nominate a nurse who has made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level. Living legends in Massachusetts Nursing Awards are presented each year at the MARN Awards Gala Celebration Dinner at the Annual Conference in the Spring. Candidates for this award should be a current or past member of the Massachusetts Association of Registered Nurses (MARN) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.

The Nomination Process is easy! Access the application at the MARN website: www.MARNonline.org
Complete the application and submit electronically or by mail by the deadline of November 15, 2012

Visit the MARN web site: www.MARNonline.org for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

American Nurses Association Re-Elects Karen Daley As President

American Nurses Association (ANA) delegates re-elected Karen A. Daley, PhD, MPH, RN, FAAN, of Cotuit, Massachusetts, to serve a two-year term as president of ANA, the nation’s leading professional nurse organization representing the interests of 3.1 million registered nurses. Daley and other nurse leaders were elected during the ANA House of Delegates biennial meeting, which was held June 15-16 at the Gaylord Hotel and Convention Center in National Harbor, Md.

President Daley served as a member of ANA’s Board of Directors (2008-2010) and as a director of the American Nurses Credentialing Center (ANCC) before being elected to her first term as ANA president in 2010. She is past president of the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Center for Nursing. President Daley spent more than 26 years as a staff nurse at Brigham and Women’s Hospital in Boston. She holds a diploma in nursing from Catherine Laboure School of Nursing, a bachelor’s of science in nursing from Curry College, a master’s of public health from Boston University School of Public Health, and a master’s in science from Boston College. Additionally, she earned a doctoral degree from Boston College. In 2006, President Daley was inducted as a fellow into the American Academy of Nursing in recognition of her advocacy work in needlestick prevention. In 2011, she was included on Modern Healthcare magazine’s list of the “100 Most Influential People in Health Care.” In October 2012, President Daley will be honored with an award from the Massachusetts Health Council for her contributions to health care in Massachusetts and around the world.

MARN is proud to support President Daley’s work and looks forward to a busy and productive future for nurses in Massachusetts and the world. Congratulations Karen!
MARN Awards Open to All Massachusetts Nurses

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

Excellence in Nursing Practice Award
The Massachusetts Association of Registered Nurses Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (MARN membership not required).

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

Loyal Service Award
This award is presented annually to a member of MARN who has demonstrated loyal and dedicated service to the association. (MARN membership required)

The nomination process is easy: Access the application at the MARN website: www.MARNonline.org
Complete the application and submit electronically or by mail by the deadline of November 15, 2012
Visit the MARN web site: www.MARNonline.org for more information and applications for all scholarships and awards offered by MARN or call MARN at (617) 990-2856

Congratulations to Massachusetts General Hospital; Ranked Number 1 Hospital in America by US News and World Report

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MARN encourages organizations and educational institutions to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses.
Please note: The announcement cannot exceed 75 words.
Forms must be submitted electronically. The fee schedule is as follows:
MARN Approved Provider/Sponsors—$25
Non MARN Approved Providers—$50
Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to www.MARNonline.org.
For more information, contact info@MARNonline.org.

MAssachusetts Report on Nursing is published quarterly every March, June, September and December by the MAssachusetts Association of Registered Nurses, PO Box 285, Milton, MA 02186, a constituent association of the American Nurses Association.
In the fall of 2011, the Massachusetts Action Coalition was selected as an Action Coalition by the Future of Nursing: Campaign for Action, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. Since that time, MARN has been actively involved and lending its voice on behalf of the more than 110,000 Registered Nurses across the Commonwealth. In an unprecedented vote by the MARN board of directors at their May, 2012 meeting, the members unanimously approved a motion to provide financial support in the form of a $20,000 contribution to the effort.

“It’s a proud day for MARN” said President Gino Chisari, RN, DNP. “Just a few short years ago MARN was working hard to re-establish itself as the voice of professional nursing in Massachusetts and today because of our members and their committed loyalty and support to MARN’s mission we are once again a prominent voice at the table.”

The Massachusetts Action Coalition has begun work with the campaign to implement the recommendations of the 2010 landmark Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health. This coalition representing several statewide nursing organizations is co-chaired by the Organization of Nurse Leaders, MA/RI (ONL-MA/RI) and the Massachusetts Department of Higher Education (DHE).

Since its release one year ago, the landmark report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

- As of June 2011, The Future of Nursing: Leading Change, Advancing Health became the most viewed online report in the IOM’s history. And it has sparked widespread activity to address the recommendations.
- CCNA has convened stakeholders through its Champion Nursing Coalition of 48 national health care, consumer, business and other organizations and Champion Nursing Council of 27 national nursing organizations to develop strategies to implement the IOM recommendations.

“We are thrilled to add the Massachusetts Action Coalition to the Action Coalition network,” said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: Campaign for Action. “The Campaign for Action must work at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Massachusetts Action Coalition will be invaluable as we move forward.”

Today there are 20 other state Action Coalitions across the country.

“The expertise of our coalition members and our proven capacity were key factors in being selected,” said Sharon Gale, MS, RN, and CEO of ONL-MA/RI. “The Massachusetts Action Coalition will advance the goals outlined in the application through its recently established MA Nursing Leadership Coalition which represents the major nursing organizations and key stakeholders who share a commitment to improve nursing education, bridge academics and practice, expand nursing leadership roles and promote a full scope of nursing practice.”

David Cedrone, Associate Commissioner for Economic and Workforce Development at the Massachusetts DHE, noted "that the Massachusetts Action Coalition will inform our nursing programs of emerging education and skills requirements for nurses at all levels of practice, ensuring that we are producing the nurses of the future, today.”

“Adding this new wave of Action Coalitions represents a major step forward in the campaign’s evolution,” said Susan Reinhard, PhD, RN, FAAN, senior vice president of the AARP Public Policy Institute and CCNA chief strategist. “The Massachusetts Action Coalition has already made great strides in Massachusetts, and their application reflected capable leadership, clear goals and strong action plans.”

Participation in the Massachusetts Action Coalition and Nursing Leadership Coalition are the latest in several state-wide opportunities for MARN to influence policy decisions affecting the practice of nursing in Massachusetts.
Change is in the Air
MARN & ANA Building a Viable Future

MARN Revises Bylaws to Create President Elect and Immediate Past President Positions

April 28, 2012: With an eye toward ensuring well prepared leaders and creating more opportunities for members to serve in leadership positions, MARN members voted to establish the position of “President-Elect” in place of the Vice President office at their annual meeting and convention. This will ensure that the person who runs for president will have had the opportunity to gain experience and mentoring by serving on the MARN Board of Directors for at least one year before assuming the Presidency of the organization. This allows for a more seamless transition to the role of President. Further, the creation of a role for the “Immediate Past President” allows for succession planning and improved continuity with Immediate Past-President available as a resource for the president and the Board of Directors.

With the inclusion of the roles of President-Elect and Immediate Past-President, the person elected to the President-Elect role is making a 3 year commitment to MARN. The Board of Directors hopes that this will create a seamless leadership transition resulting in strong organizational leadership and increased opportunity for a wider pool of potential candidates to assume leadership roles in MARN.

The next election cycle in 2013 will be the first opportunity for any interested member to run for the office of President Elect. The Board of Directors in 2013 will include President, President-Elect, Secretary, Treasurer and six elected directors. Additionally, up to two directors who have been licensed as registered nurses for five (5) or less years may be appointed by the Board of Directors.

MARN Revises Bylaws to Create President Elect and Immediate Past President Positions

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House of Delegates Approves Organizational Transformation

Five MARN Delegates joined 450 nurses from around the United States to participate in the historical and transformational 2012 ANA House of Delegates. The Massachusetts delegation included Myra Cacace, MARN President Gino Chisari, MARN President Gino Chisari, Mary Flynn, Karen Manning, Anne Konder and Mary Faria of the Credentials Committee. The Director, Diane Jeffery. In a spirit of collaboration and dedication the HOD took action to update and streamline governance of the association to more quickly address pressing issues and better meet the needs of nurses. These decisions represent significant change in the association’s governance structure.

During the HOD sessions held on June 15 and 16, 2012, about 450 voting delegates from ANA’s constituent and state nurses associations (C/SNAS) and Individual Member Division (IMD) approved several measures that reflect the association’s focus on updating its governance structure and processes. Delegates voted to: retire the House of Delegates, Congress on Nursing Practice and Economics, and Constituent Assembly; and replace them with a Membership Assembly and Professional Issues Panels; create ad hoc Professional Issues Panels comprised of volunteer nurse subject matter experts; move to a smaller Board of Directors; and update ANA’s language to better reflect the purposes and functions of the national association.

Elected delegates who set new policy for ANA also approved measures to: re dedicate efforts to address nurse staffing problems; petition a federal agency to require health care employers to develop violence prevention programs; advocate for healthier energy options; and prevent nurses’ exposure to hazardous drugs and urge employers to educate nurses who handle these drugs about the risks.

Other MARN members also in attendance included, MARN Member and ANA President Karen Daley, MARN Member and Past ANA President, Barbara Blakeney, Gayle Peterson, MARN Nurse Director at Large (see article on page 12), Jeanne Gibbs and Cidalia Faria (members of the Credentials Committee) and Mary Manning, Campaign Manager for reelected ANA President, Karen Daley. Gino Chisari did double duty as a member of the Reference Committee. The delegates agreed that this was an action packed, fulfilling and fun experience and an honor to be present at an historical crossroads for the ANA.

ED & OB Nurse Openings

We are seeking nurses committed to excellence and quality patient care, interested in relocating to Machias, a family-oriented college town on the scenic coast of Downeast Maine. Would you like to learn more about the positions and our hospital? Take the first step... Visit our website: www.dech.org

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Sniff the roses...
We are Family
Gino Chisari, RN, DNP, President

Many of us recall a popular dance song from 1978, “We are Family” by the group, Sister Sledge. It’s a songائد at every one of my nursing events. It gets all of us—men, women, and children up dancing and singing and simply enjoying the experience of being together. For us the song represents all of the things we are to each other: caring, supportive, protective, loving, and probably like your family the list could go on and on. When I hear the song, it is a joyous reminder that I belong to something bigger than just myself. My heart is warmed in knowing that I am connected to a community.

I think about being a nurse in the same way. I completed my initial nursing education in 1984 and have always felt a strong sense of acceptance and belonging. Although, in those early days, I did get curious and sometimes cautious looks from patients, families, physicians and even my own female colleagues at being a man in nursing. I heard the usual question many men in nursing are asked, “Are you going to be a nurse?” Thank heavens, those days for the most part are over and men are more visible in the profession... and that the prevailing attitudes of the time didn’t keep me from feeling a part of something bigger than myself.

I share this with you because now more than ever it is important for us to come together as a family. Now more than ever it is important for nursing to speak with one voice. Now more than ever it is important not to feel like you are the only one of nursing to be felt at all tables where health care policy decisions are made. Now more than ever it is important for nurses to fight with unified presence to lawmakers, physicians, and others who continue to exert their power over nursing. Now more than ever it is important for you to be involved!

Gino Chisari
President
According to the IOM (2010), the requisite competencies of today’s registered nurse include: leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. To respond to the increasing demands, the IOM calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population. All of these challenges have confronted nursing educational programs with the need to fundamentally change the ways nursing is being taught by incorporating these new competencies into existing curricula. One way in which nursing education has begun to meet these challenges is through the QSEN movement. The QSEN movement is one arena in which education and practice are being transformed by incorporating components of quality and safety into existing curricula. According to the IOM (2003), a national infrastructure for quality and safety competencies is essential for improving patient outcomes and transforming the health care system. This infrastructure includes the development and implementation of competencies to guide professional education and practice. The QSEN Project Team (2005) developed the six core competencies of today’s registered nurse: patient safety, quality improvement and informatics, collaborative practice, professional responsibility, leadership, and health policy. These competencies are designed to prepare today’s nurse to work effectively in a rapidly changing health care environment.

Quality & Safety Education for Nurses (QSEN): National Forum

The QSEN collaborative was developed by a team of nursing leaders in 2005, receiving generous funding from the Robert Wood Johnson Foundation. The focus was to enhance nursing curricula and foster faculty development so as to support student achievement of quality and safety competencies. The initial focus of the undergraduate nursing education has expanded to graduate education. Six quality and safety competencies were developed and disseminated to graduate education. Six quality and safety competencies were developed and disseminated to graduate education.

Quality & Safety Education for Nurses (QSEN) Collaborative. The QSEN collaborative was developed by a team of nursing leaders in 2005, receiving generous funding from the Robert Wood Johnson Foundation. The focus was to enhance nursing curricula and foster faculty development so as to support student achievement of quality and safety competencies. The initial focus of the undergraduate nursing education has expanded to graduate education. Six quality and safety competencies were developed and disseminated to graduate education. Six quality and safety competencies were developed and disseminated to graduate education. Six quality and safety competencies were developed and disseminated to graduate education. Six quality and safety competencies were developed and disseminated to graduate education. Six quality and safety competencies were developed and disseminated to graduate education.

References

Lessons Learned in Swaziland

Alison H. Rhodes BA RN, Inge B. Corless PhD RN FAAN, Martha Dietz Loring BA RN, Patty McCarthy RN, Alexandre McCaffrey BA RN, Aisha Ellis RN

As part of an International Health Experience course at the MGH Institute of Health Professions, five MARN members went to Swaziland in May 2012. Preparation for the trip entailed education on the history, politics, culture, morbidity, mortality, political and economic systems of Swaziland, the health infrastructure, an update on various aspects of HIV infection and AIDS, as well as general information needed for a trip.

There is no question that the lessons from this journey. I can honestly say I am because while the many people in the States. I am hopeful that this will be an eye-opener for others.

I am thankful for the opportunity to have learned so much and for the end results. I learned a lot about myself, my values, my philosophy of health care and the HIV/AIDS epidemic. I learned about the devastating consequences of a rampant HIV/AIDS epidemic; patients dying unattended; or multiple miscarriages by women who were alone and, in some cases, lying in hard-to-reach beds.

There is one word to describe the biggest challenge I faced in Swaziland: suffering. Intellectually, I knew there was suffering all around the globe, and particularly in developing countries, but to know it exists and to bear witness to it is two very different things. Nonetheless, my most common experience during my time in Z was a beautiful, spirited, bright young woman with whom I sat as she miscarried her 20-week-old fetus. The circumstances, Z’s pain, and the tiny stillborn fetus with 10 perfectly formed fingers and toes were devastating. Z was alone, scared, and in pain. This was one instance in which I felt truly valuable as I put aside my horror about what was happening to her and provided her with companionship and care. I think this is the closest I have come to feeling a sense of purpose.

My time in Swaziland served as a reminder that the way we do things in the United States is not the only way. Despite the many troubling things I observed in Swaziland, I also saw some wonderful people providing good care with very few resources. These providers demonstrated a degree of innovation and creativity that I don’t often see in the United States.

At the beginning of this experience, I was unaware of how little I knew and understood about the HIV/AIDS epidemic in southern Africa. During my time in Swaziland, I learned an exceptional amount about the epidemic, HIV/AIDS treatment, and the opportunistic infections that commonly occur in these patients. The patients at the hospital taught me about some of the challenges this epidemic presents.

People have asked “How was Africa?” I respond that parts of it were fantastic and other aspects were downright depressing. In early April 2012, a group of 4 RNs, 1 APRN, 2 MDs and 6 non-clinical members, coming together as Dignity:Liberia, left for Monrovia, Liberia in West Africa to care for those awaiting obstetrical fistula repairs. Fistula, a condition where the “pepe” disease, is life-shattering. The women are ostracized by their communities and shunned by family. The typical age of a girl with fistula is early teens. Most have been through traumatic, indeed, life-shirts.

At the Rehabilitation and Integration Center, the young women are on the grounds, go to school, and are taught skills such as tailoring on treadle machines, soap making using “caustic” (lye) and “dye.” We spent an afternoon at the Rehab working alongside the women learning their trades. We all came home with a lesson and then we knew what to do with, soap stamped with “Fistula” and the memories of some very tasty muffins baked in the refrigerator oven. We were able to present each woman with a homemade dress and a bag of goodies. It was very grounding to find that the women didn’t know about the fistula “dye.” We spent an afternoon at the Rehab working alongside the Liberian staff. It was beautiful, spirited, and bright young woman with whom I sat as she miscarried her 20-week-old fetus. The circumstances, Z’s pain, and the tiny stillborn fetus with 10 perfectly formed fingers and toes were devastating. Z was alone, scared, and in pain. This was one instance in which I felt truly valuable as I put aside my horror about what was happening to her and provided her with companionship and care. I think this is the closest I have come to feeling a sense of purpose.

The devastation from the 14 year war that ended in 2003, remains evident everywhere we went. No electricity. No running water…some areas get power water supply…some areas have no running water supply…some areas have no running water supply. We spent 2 nights in Suakoko, Bong County and worked at Phebe Hospital which also had a government supported Fistula Rehab on its campus. On beautiful grounds, this large facility was hard hit by the war. There was no running water and electricity was generator supplied. The inpatient kitchen was 2 large feeders for RNs, 2 year nurse anesthetists and 2 professional midwives. Many lose their babies. But the Liberian government, in association with the United States, has provided her with companionship and care. I provided each woman with a homemade dress and a bag of goodies. It was very grounding to find that the women didn’t know about the fistula “dye.” We spent an afternoon at the Rehab working alongside the Liberian staff. It was beautiful, spirited, and bright young woman with whom I sat as she miscarried her 20-week-old fetus. The circumstances, Z’s pain, and the tiny stillborn fetus with 10 perfectly formed fingers and toes were devastating. Z was alone, scared, and in pain. This was one instance in which I felt truly valuable as I put aside my horror about what was happening to her and provided her with companionship and care. I think this is the closest I have come to feeling a sense of purpose.

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Reflections On My Nursing Career

Rachel E. Tierney, PhD, RN
Living Legend in Massachusetts Nursing – 2012

I am truly honored and humbled to be a recipient of a “Living Legend in Massachusetts Nursing” award from MARN. When told of this award, I thought “gosh, someone must know I’m doing something right.” However, it is interesting that this recognition comes with the word “living,” but it is difficult for me to believe that I am the stuff of which legends are made! This year marks the 50th year of my graduation from the University of Massachusetts Amherst. This milestone and award inspired me to review my life and work to do to ensure that everyone has access to health care that emphasizes prevention and wellness rather than “sick care.” In June 2012, we earned a hard-fought victory with the U.S. Supreme Court's decision to uphold the Affordable Care Act. One of this year’s Awards honoree: Karen Daley, PhD, MPH, RN

For more than 30 years, the American Nurses Association has advocated for health care reform in the United States to provide universal, affordable health insurance and create a system that emphasizes prevention and wellness rather than “sick care.” In June 2012, we earned a hard-fought victory with the U.S. Supreme Court’s decision to uphold the Affordable Care Act for patients, nurses, and the nation. The ANA leadership team is grateful for membership support of our efforts to create a health care system that works better for everyone. As a longtime emergency department nurse, I’ve seen the devastating consequences when patients without insurance use the ED as a last resort, with severe and costly conditions that could have been prevented. The United States can do better. ANA will continue to advocate for a system that focuses on wellness, early intervention, chronic disease management, and care coordination—areas of new emphasis need to see for our patients and our profession. The law represents progress for our profession. It funds nursing education, creates innovative, team-based care delivery models with nurses as key participants, and expands nurse-managed health services.

Severe and costly conditions that could have been prevented. The United States can do better. ANA will continue to advocate for a system that focuses on wellness, early intervention, chronic disease management, and care coordination—areas of new emphasis need to see for our patients and our profession. The law represents progress for our profession. It funds nursing education, creates innovative, team-based care delivery models with nurses as key participants, and expands nurse-managed health services.

ANA will continue to advocate for you, your families and your patients. We’re working tenaciously to ensure we take full advantage of nurses’ capabilities to provide high-quality, comprehensive care. We’re protecting APRNs’ eligibility for recognition as primary care providers, and patients’ rights to choose them. Thank you for working to shape a higher quality, more effective health care system. Together, through the strength of nursing’s leadership, we will influence the changes we want to see for our patients and our profession.

Save the Date
Massachusetts Health Council 2012 Awards Gala
Celebrating the work of extraordinary individuals and organizations who have made outstanding contributions to improving and protecting the health of the residents of the Commonwealth.

One of this year’s Awards honoree:
Karen Daley, PhD, MPH, RN
President, American Nurses Association
Wednesday, October 17, 2012, 5:30 pm – 8:30 pm
RN Assessment and Care Management Skills are Central to a State Demonstration Project

by Craven & Ober Policy Strategists, LLC

On June 18, 2012 the Massachusetts Executive Office of Health and Human Services released a Request for Responses (RFR) for Integrated Care Organizations (ICO) to illustrate how they would care for individuals who are eligible for both Medicare and Medicaid (MassHealth). Registered Nurses play a prominent role in this proposed new delivery and payment model.

Dubbed as the “Dual Demonstration,” this project has been discussed by the Commonwealth, the Federal Government and hundreds of stakeholders for over a year. Interestingly, the central role of nursing has been affirmed by many of these stakeholders.

“The purpose of this three year Duals Demonstration is to improve the quality of care and reduce health disparities, improve health and functional outcomes, and contain costs for Dual Eligible Members. ICOs...will be accountable for the delivery and management of all covered Medical, Behavioral Health and Long Term Services and Supports (LTSS) for their Enrollees. ICOs will be required to provide the full array of Medicare and Medicaid services, but also will have significant flexibility to provide a range of community-based services and supports as alternatives to or means to avoid high-cost traditional services. ICOs also have the flexibility to promote enhancement of the health care workforce through the use of Community Health Workers and qualified peers. These flexibilities must be tailored to the needs of individual Enrollees.”

The model calls for a three way contract for the payment of services between selected ICOs, Medicare and MassHealth. The payment will also move away from traditional fee for service and insist upon a proposed capitated, alternative payment methodology like global payments (based on the current rates of payment) for services, acknowledging care management and the critical role of care coordination. The Demonstration seeks to make available comprehensive services, beyond currently covered standard Medicare and Medicaid benefits, which address members’ full range of health and functional needs. ICOs will deliver the services in a setting of integrated care management and care coordination through an interdisciplinary care team (ICT). The ICT must be capable of coordinating care utilizing the expertise of many partners in primary care, acute and long term support services in order to address the individualized care plan needs of adults with:
- physical disabilities;
- developmental disabilities;
- serious mental illness;
- substance use disorders;
- disabilities who have multiple chronic illnesses or functional or cognitive limitations; and
- disabilities who are homeless.

An individual identified as “dual,” will be assigned to an ICO with a provision to “opt out.” The nurses’ role begins immediately. Individual enrollees must have an “in-person” assessment within 90 days of enrollment by a RN utilizing a standardized assessment tool, known as the Minimum Data Set-Home Care (MDS-HC); a clinical screening system using proprietary tools developed by interRAI Corporation, which assess the key domains of function, health and service use.

Another major role for RNs is the dependence on nursing expertise for the Clinical Care Management role in the Interdisciplinary Care Team (ICT). A Clinical Care Manager is a licensed RN or other individual, employed by the Primary Care Provider or the ICO licensed to provide Clinical Care Management.

In this setting, Clinical Care Management is a set of activities that include intensive monitoring, follow-up, care coordination and clinical management of Enrollees with complex care needs, including but not limited to:
1. Engagement of the Enrollee into Clinical Care Management;
2. Assessment of the clinical risks and needs of each Enrollee;
3. Identification of the Enrollee’s strengths, preferences and family and community supports that can assist in addressing the clinical risks;
4. Medication review, reconciliation and adjustment by protocol;
5. Enhanced self-management training and support for complex critical conditions, including coaching of family members, if appropriate;
6. Follow-up within 24 hours of an Enrollee’s admission to an acute hospital, and coordination with the Enrollee and hospital staff to facilitate hospital discharge;
7. Frequent Enrollee contact as appropriate.

ICOs will be encouraged to support primary care providers in offering and delivering Clinical Care Management services at the point of service (e.g., in the primary care office setting) where feasible.

The individualized care plan is then operationalized by an ICT consisting of at least a Primary Care Provider (physician or nurse practitioner), a Behavioral Health clinician, Care Coordinator or Clinical Care Manager, and an Independent Living and Long Term Supports Coordinator (IL-LTSS), if indicated. As appropriate and at the discretion of the Enrollee, the ICT also may include: a Registered Nurse, a Physician Assistant, a specialist clinician, other professional and support disciplines including social workers, community health workers, and qualified peers; family members; other informal caregivers; advocates and state agency (such as the Department of Mental Health) and other care managers.

As you can see, RNs from acute care, to home care, to behavioral health care are key participants in this project in conjunction with the ICO — another example of how the care system is changing from both the delivery and payment perspectives and how nurses can have a positive influence for the system and for patients.

For more information on the Duals Demonstration, go to http://www.mass.gov/masshealth/duals.

Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.

1 Duals RFR, accessed on June 18 at http://www.mass.gov/masshealth/duals
2 RFR # 12CBEHSDUALSICORFR, p. 1.
3 Duals RFR, accessed on June 18 at http://www.mass.gov/masshealth/duals
4 RFR # 12CBEHSDUALSICORFR, p. 15
5 Duals RFR, accessed on June 18 at http://www.mass.gov/masshealth/duals
6 RFR # 12CBEHSDUALSICORFR, p. 30.
that MMHC would close but promised “equal or
Historic Places, the Commonwealth announced
Despite its recognition by the National Register of
Commonwealth from rehabilitating MMHC on
acute care unit to the New England Deaconess
when Governor William Weld moved MMHC’s
Hopes that MMHC would be restored were dashed
deteriorated becoming shabby and outdated.
its patients. By 1994, the MMHC building had
what its care, training and research meant to
one-hundredth year is due in large part to
recovery.
her journey from serious mental illness to
recovery. The symposium moved from research
designed for detection, early intervention and
mental illness along with the cognitive therapies
the neurobiological and genetic factors in serious
Hospital (BWH) praised MMHC’s unique legacy
Institute of Mental Health, the Commonwealth’s
history in caring for individuals with serious
Medical Area only a short walk away from
centennial with a symposium in the Longwood
Mental Health Center (MMHC) marked its
On June 22 and 23, 2012, the Massachusetts
Mental Health Center (MMHC) marked its
research to reality when a young woman recounted
her journey from serious mental illness to
recovery.
That the MMHC still exists to celebrate its
one-hundredth year is due in large part to
what its care, training and research meant to
its patients. By 1994, the MMHC building had
deteriorated becoming shabby and outdated.
Hopes that MMHC would be restored were dashed
governor William Weld moved MMHC’s
care unit to the New England Deaconess
Worsening finances, prohibited the
Commonwealth from rehabilitating MMHC on
its 3.1 acres site in the Longwood Medical Area.
Despite its recognition by the National Register of
Historic Places, the Commonwealth announced
that MMHC would close but promised “equal or
better” services in its place.
Patients knew at first hand that there was
no equal to MMHC. To them, MMHC was more
than a building. It was care when they were
seriously ill; support that helped them move into
the community; and professional commitment
that helped them to live more satisfying and
productive lives. And so patients created the
Committee to Save Mass Mental; designed pins
that said “MMHC GIVE AWAY? NO WAY!”
spoke on radio shows; wrote up-ed pieces for
Boston’s newspapers; visited the State House;
and, lobbied legislators. Amazingly, they were
heard. Legislators blocked the governor’s plan
by forbidding the closing of MMHC without the
expressed consent of the Legislature.
That action provided the necessary pause
for other voices to be heard. MaryLou Sudders MSW,
the Commissioner of Mental Health, listened
to these consumers because their action to save
MMHC exemplified DMH’s mission. Patients
were receiving effective and culturally competent
care across a wide spectrum of community-based
services. Their rights as patients were honored,
and their political action showed that patients
were a self-determining population actively
participating in decisions made about their care.
MMHC worked. The question was how might it be
saved.
By 2003, however, the building was no longer
safe for patient care. MMHC was moved to the
Lenox Shattuck Hospital in Jamaica Plain with
the promise that it would be returned to Fenwood
Road. Six years later, the BWH announced a
public-private partnership between the DMH,
BWH and Roxbury Tenants of Harvard (RTH).
BWH would build a new MMHC at 75 Fenwood
Road; a BWH clinical and research building on
MMHC’s old site at 74 Fenwood Road, and an
affordable housing complex and community
spaces for RTH.
MMHC returned to Fenwood Road in November
2011; to a shiny six-story tower
housing Continuing Care, the Commonwealth
Research Center, and administrative offices.
Partial Hospitalization and the Fenwood Inn, a
traditional residential program, opened at 20
Vining Street. Next spring, BWH will open a
medical services clinic, completing MMHC’s new
status as a public/private institution.
Such easy access to clinical care will be a
 boon to a population that dies from physical
illnesses (primarily cardiovascular diseases) 25
years earlier than the general population in
Massachusetts. Dr. Jim O’Connell (Boston Health Care
for the Homeless) who works closely with MMHC said
at the symposium that if other populations had
symptoms of the Prevention and Recovery in Early
Psychosis Program (PREP), Joanne Wojcik, Sharon
Brown of the Clozapine Clinic, and Ann Cousins
Partial Hospitalization and the Fenwood
Inn; Veronica Besancon of Partial Hospitalization, Ann
Brown of the Clozapine Clinic, and Ann Cousins
of MMHC’s Commonwealth Research Center.
Mary Kickham Carney, Northeastern
University’s Cooperative Education Coordinator
confessed she had to attend. Her Boston College
student experience on MMHC’s Service Two in
the 1970s focused her vision of nursing and
led her into a career in psychiatric nursing. She
exemplifies the concept of “the stickiness of
MMHC” described by the Joseph Schilkraut, MD,
“people remain attached to MMHC.”
To this day, the commitment to
people with serious mental illness that is as much
action for social justice as care that promotes
recovery and resilience. That is what the patients
were telling the Commonwealth when they
were determined that MMHC would not close.
Area Director, Cliff Robinson remarked at the
symposium, “Every area in the Commonwealth
should have a MMHC” A heavy downpour
greeted those leaving the symposium, many of
them carrying a brick from the old MMHC, the
concrete reminder of 100 years of excellence.

HEART DISEASE
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Angela Stewart, ACNP-BC, CRNP is a nurse
practitioner specializing in cardiovascular
medicine at the Einstein Healthcare Network in
Philadelphia, Pennsylvania. She has developed large-
scale community education, health and wellness
and screening programs for cardiovascular disease
for thousands of residents in the Philadelphia area. All
around the world, nurses are catalysts for heart disease
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The Continuing Education Unit

In order to save space, we are offering the Continuing Education unit upon request. To see the entire CE unit, please contact newsletter@MARNonline.org and it will be sent to your computer.

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Newsletter Editor P O Box 285, Milton MA 02186
(Please allow 4 weeks for delivery by conventional mail).
Requesting the CE unit in this way DOES NOT imply an obligation to complete the unit and there is no cost until you complete the Application and CE test.
Processing Fee: MARN Members $25; Non-MARN Members: $35

Developing a Nursing IQ – Part V:
Practical Intelligence:
Surviving in the Real World

INDEPENDENT STUDY
This independent study has been developed for nurses to better understand the public’s perception of nursing. 1.16 contact hours will be awarded for successful completion of this independent study.
The Ohio Nurses Association (OBIN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Expires 12/2013.
Save the date!

The following continuing nursing education activities were approved by the Massachusetts Association of Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Yoga for Anxiety and Depression
October 27-28
12:30 pm to 7 pm
Trilogy Boston
60 Prospect Street
Waltham, MA 02453

Research shows the benefits of yoga for anxiety and depression. Participants apply breathing, flows and meditation into practice. No yoga experience necessary. Wear loose and comfortable clothing.

To Register: www.trilloboston.org
Contact Hours: 12
Fee: $160; Group Discount $150 per person
For more information, contact: Lorrie Jacobsohn, RN, MSN, PMHCNS-BC, RYT
Email: ljacobsohn@aol.com
Phone: 978-263-4364

Practice of Wise Leadership: A 2-Day Advanced Health Care Leadership Program
October 16 and October 19, 2012
8:30 am - 4:30 pm
Newton, Massachusetts

This unique, time tested program presented by Mary J. Connaughton, RN, MS, and Jim Hassinger, EdM, provides diagnostic tools and practical skills to expand leadership capability for novice and seasoned leaders. Participants report immediate and lasting changes in their ability to manage difficult situations and communicate more effectively.

Fee: $795 (for 2 days)
Number of contact hours: 11.75
Registration Information: visit www.connaughtonconsulting.com or call 617-244-5478

Willing to Lead…Let’s Chart the Course
October 17, 2012
8:30 am - 4:30 pm
Newton, Massachusetts

This program, presented by Mary J. Connaughton, RN, MS, is designed for nurse leaders with significant responsibility but little formal authority…resource/charge nurses, supervisors, etc. The program will provide diagnostic tools to assess leadership strengths and areas needing improvement. You are not alone…come and learn with new colleagues!

Fee: $225
Number of Contact Hours: 5.5
Registration Information: visit www.connaughtonconsulting.com or call 617-244-5478

Breakthroughs in Neurology/Epilepsy and Parkinson’s Disease
October 24, 2012
6:30-8:30pm
Regis College, Alumniae Hall,
Upper Student Union Lounge
235 Wellesley St., Weston, MA. 02493

Co-Sponsored by Regis College and Harvard Pilgrim Health Care

Parkinson’s Disease and Epilepsy can affect both younger and older individuals. Current research findings will be discussed as well as the impact of these disorders on the client, family, and the community.

Fee: none
Contact Hours: 2
To register: Call 781 768 7120 or Email presidents.lectureseries@regiscollege.edu or at www.regiswetalk.net/neurology

Update on Mental Health Treatment
November 14, 2012
Regis College, Alumniae Hall, Upper Student Union Lounge
235 Wellesley St., Weston, MA. 02493

Mental Health Disorders can place a financial burden on the client, family and health care system. Cost effective measures are needed to improve the client’s access to care and the quality of treatment.

Fee: None
Contact Hours: 2
To register: Call 781 768 7120 or email presidents.lectureseries@regiscollege.edu or at www.regiswetalk.net/MHT.

Practice of Wise Leadership: A 2-Day Advanced Health Care Leadership Program
Newton, Massachusetts
April 11 and April 12, 2013
8:00 am - 4:30 pm

This unique, time tested program presented by Mary J. Connaughton, RN, MS, and Jim Hassinger, EdM, provides diagnostic tools and practical skills to expand leadership capability for novice and seasoned leaders. Participants report immediate and lasting changes in their ability to manage difficult situations and communicate more effectively.

Fee: $795 (for 2 days)
Number of contact hours: 11.75
Registration Information: visit www.connaughtonconsulting.com or call 617-244-5478

Willing to Lead…Let’s Chart the Course
April 10, 2013
8:00 am - 4:30 pm
Newton, Massachusetts

This program, presented by Mary J. Connaughton, RN, MS, is designed for nurse leaders with significant responsibility but little formal authority…resource/charge nurses, supervisors, etc. The program will provide diagnostic tools to assess leadership strengths and areas needing improvement. You are not alone…come and learn with new colleagues!

Fee: $225
Number of Contact Hours: 5.5
Registration Information: visit www.connaughtonconsulting.com or call 617-244-5478

MARN Mission Statement

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Announcements

Peterson Elected to as ANA Staff Nurse Director....Appointed to Code of Ethics for Nurses Review Task Force
June 2012: Gayle Peterson, RN, BC, Staff Nurse at Massachusetts General Hospital was elected to a 2 year term as ANA Staff Nurse Director at Large. Her term of office started at the close of the ANA House of Delegates, Gayle will serve as the voice of the staff nurse at the National level as well as in the Commonwealth since she is also a member of the MARN Board of Directors and Health Policy Committee.

Peterson was also appointed as a member of the American Nurses Association Code of Ethics for Nurses Provisional Task Force in June. The work of the task force includes document review, communicating with colleagues and participating in conferences as needed. The primary responsibility of this task force is to review the Code of Ethics for Nurses Provisions and the Interpretive Statements. The first task to be performed is to prepare a request for public comment to determine whether the current code is in need of clarification, change, or addition. The Task Force will review and evaluate the public comments with an eye toward determining if the current Code of Ethics for Nurses will stand or be changed.

Congratulations Gayle!

ACLS Course for RNs at Massachusetts General Hospital
The Advanced Cardiac Life Support (ACLS) Provider Course is designed to provide the knowledge and skills needed to evaluate and manage the first 10 minutes of an adult ventricular fibrillation/ventricular tachycardia (VF/VT) arrest.
For more information on upcoming classes and dates, go to http://www.massgeneral.org/emergencymedicine/education/acs.aspx
Gaurdia Banister served as the 2012 American Nurses Association Mary E. Mahoney Award recipient. 

This award recognizes significant contributions to advancing equal opportunities in nursing for students from underrepresented groups. It was established in 1936 by the National Association of Colored Graduate Nurses, the Mary Mahoney Award has been conferred by the ANA since 1952, following the dissolution of the NACGN in 1951. The award is named for Mary Elizabeth Mahoney, the first African American graduate nurse in the U.S. It was Gaurdia Banister, executive director at the Institute for Patient Access and Equity at Massachusetts General Hospital, a role model, mentor, and advocate for minority students. Banister’s forte is collaboration and professional development, and her accomplishments have had a profound influence in Massachusetts and the District of Columbia.

Described as a champion of diversity, Banister has dedicated significant energy to advancing a program to enhance the nursing career opportunities of minority students at the University of Massachusetts at Boston, as well as other schools of nursing. Through the Clinical Leadership Collaborative for Diversity in Nursing, minority students are offered both scholarship assistance and mentoring. More than 44 undergraduate and 16 graduate students have benefited from the program and are now employed in the Massachusetts General Hospital system.

Banister has demonstrated leadership and contributed to the impact of the Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program as a member of the National Advisory Committee. The program awards scholarships to nursing students from underrepresented groups. Banister serves as an exceptional role model for those following in her steps.

Josephine A. Dolan is also an Academy of Nursing Education and National Award recipient. The American Nurses Foundation inducts nursing leaders into its Hall of Fame June 16 at its biennial House of Delegates meeting, an honor recognizing a lifelong commitment to nursing and impact on health and social history of the United States. One of the recipients was Massachusetts Living Legend in Nursing History, Josephine A. Dolan.

The American Nurses Foundation inducts six registered nurses into its Hall of Fame June 16 at its biennial House of Delegates meeting, an honor recognizing a lifelong commitment to nursing and impact on health and social history of the United States. One of the recipients was Massachusetts Living Legend in Nursing History, Josephine A. Dolan.

D Navahrtl, RN Receives the 2012 American Nurses Association Mary E. Mahoney Award. This award recognizes significant contributions to advancing equal opportunities in nursing for students from underrepresented groups. It was established in 1936 by the National Association of Colored Graduate Nurses, the Mary Mahoney Award has been conferred by the ANA since 1952, following the dissolution of the NACGN in 1951. The award is named for Mary Elizabeth Mahoney, the first African American graduate nurse in the U.S. It was Gaurdia Banister, executive director at the Institute for Patient Access and Equity at Massachusetts General Hospital, a role model, mentor, and advocate for minority students. Banister’s forte is collaboration and professional development, and her accomplishments have had a profound influence in Massachusetts and the District of Columbia.

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