

# HAPPY HOLIDAYS

## MAssachusetts Report on Nursing

MARN is the Massachusetts Affiliate of the American Nurses Association

Vol. 10 No. 4

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### CE Unit

Happy Holidays from MARN!  
Please enjoy the CE unit  
printed in this issue, see page 16.  
Happy Learning . . .

## Save the Date



### 2013 Health Policy Committee Legislative Action Forum

Friday,  
March 22, 2013  
Great Hall -  
Boston State House  
8:30 AM – 1:00 PM

## Dr. Karen Daley Honored by MHC

ANA President, Karen Daley, RN, PhD, FAAN was among five individuals who were honored by the Massachusetts Health Council (MHC) on October 17, 2012, for her outstanding contributions to improve and protect the health of the residents of Massachusetts. This is a particularly exciting honor since Dr. Daley also served as MARN's first President where she was instrumental in helping to develop our organization, advance our ambitious agenda and expand our membership.

Several MARN members joined Dr. Gino Chisari, RN, DNP, MARN President and others in the nursing profession to show our support of Karen's achievements by attending this event. It was a beautiful evening and a great honor for all who attended.



ANA President, Dr. Karen Daley and MARN President, Dr. Gino Chisari



Margie Sipe, Patricia Ruggles, Diane Jeffery, Tara Teehan, Maura Flynn, Christina Buettner, Emily Stout, & Gayle Peterson

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## SAVE THE DATE

MARN 2013

*Living Legends in Nursing and Annual Awards Banquet*  
Friday, April 26, 2013

*Annual Spring Convention*  
Saturday, April 27, 2013

*"The Impaired Clinician: Practice and Ethical Implications for Nursing and the Healthcare Team"*  
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## President's Message

### The Work of Nursing

Gino Chisari, RN, DNP, President

Since being elected president in April, I have been asked many times, "so, what's it like being president?" or "is it what you thought?" I'm always stumped at how to respond, because this is a role unlike any other I have ever had as a nurse. I'm not sure what the preparation to be president should be, except to be interested in doing the work of nursing.

The work of nursing is an idea that I have spent my entire career thinking about. At one time, the work was being the best I could possibly be in providing care to very, very sick patients. Although I may have stumbled around as I began my journey on the novice-to-expert trajectory, I do recall being intuitively able to create a relationship with patients and families. As a nursing school instructor, the work of nursing was much more about being sensitive to the student's journey and my role (as I saw it) was to escort the student through an often frightening situation to discovering the real meaning of making a *connection* with the patient.

Some of you may recall, my time with the Massachusetts Board of Registration in Nursing for seven years, first as the Nursing Practice Coordinator and then as Deputy Director. I loved the Nursing Practice Coordinator position. For me, the work of nursing in this unique role was being the public's advocate, as well as being a consultant to the nurse on matters of safety and quality in the nurse-patient relationship. It was a very cool job. Now, the work of nursing for me is operational, managing an educational center within a large academic medical center.

With each phase of my career, the work changed as it needed to, but I retain one constant motivation—*influencing the patient care experience*. Like many of you, I recall my own experience as a nursing student and seem to come back to those days whenever I ponder the



Dr. Gino Chisari

present and envision the future. There was one instructor who stands out in my memory. She was kind, compassionate and so very, very smart. We all adored her. My first clinical rotation with her was on a busy oncology unit where she taught us an important lesson – how to be fully present and authentic with the patient.

Being fully present and authentic is not a new concept for nursing. Nightingale wrote about it in regards to being attentive to the patient's needs. Some have discussed it as the core of nursing's responsibility to society, while others say the work of nursing means the improvements necessary within the profession. I think the work of nursing is all of these and more. The work of nursing has become complex and yet it remains simple.

Simple, when we remember our focus as nurses is to be in a relationship with our patients and their families. Simple when we remember too, that the patient and their family is the center of any care delivery model. Simple, when as nurses, we take the time to remember the basics, like holding someone's hand, or sitting quietly and listening to the patient talk about his anxiety and fears.

The work of nursing becomes complex when we begin to think about the challenges ahead: an aging population, an aging nursing workforce, limited employment opportunities for new nurses and the risk it poses to all of the efforts to minimize the impending shortage. Changes in reimbursement to all branches of healthcare and opposition from the physician community and others regarding the expansion of nursing scope of practice are equally challenging. The list goes on and on. But, nursing has never been frightened by a challenge. We can rise and overcome these issues and anything else that steps into our collective path.

Let us begin by recommitting to our ideals. First, we must never forget that patients and their families are central to all we do as nurses. In keeping the patient and the family in the center of our care we must also remember, or in some cases, relearn how to be fully present both in a physical sense, but also in an emotional one. Recall how important trust is in any relationship and that trust is built on being authentic in all of our dealings with the patient and his family, as well as with each other. I think it's a great idea to review the ANA Code of Ethics for Nursing as a reference document, but also as a source of inspiration. Lastly, we can all become politically active and more involved in nursing's future by using the power of advocacy.

As nurses we learn early in our careers how to be the patient's advocate, but unfortunately little on how to be our own advocate. This is most important in my role as president. My new work of nursing is to raise the collective consciousness and attempt to inspire all nurses everywhere in the Commonwealth to some form of action. As nurses, we are expert at taking actions based on careful assessment. Let us assess where we are in our careers and from wherever that is, take a stand. Become involved and together we will lighten the load of the work...the work of nursing.



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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 can not exceed 75 words.** Fees must be included with submissions.

The Fee Schedule is as follows:

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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](http://www.MARNonline.org). For more information, contact [info@MARNonline.org](mailto:info@MARNonline.org).

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# Editorial

## Degrees of Connectivity

Myra F. Cacace, MS, GNP-BC

I am sitting here on a cold rainy October day working on some charting in the electronic medical record from home and POOF! my internet connection was gone. AAAGGGHHH! What am I going to do now??? I am TOTALLY stuck and can't accomplish my goals for the day...or am I? In this day of electronic *everything*, most of us will agree that we are blessed and cursed by our ability to connect to instant information!

The other day the internet connection to our EMR went out for 30 minutes and we were dead in the water! Couldn't check patients in or access their charts...had to resort to pen & paper! During this time, I realized that for the last several months I was more connected to my computer than to my patients. Getting my face out of the computer screen was a refreshing change. Even the patient commented that it was nice to see my face during this office visit. These experiences helped me to discover that some disconnections can lead to better connections.

Those of us in our 50s and older probably remember our parents yelling at us to "get off the phone and go out and play." Today we don't even talk on the phone...we text! How impersonal! For the under 50 crowd, email is passé and connections are made on a cornucopia of social networking sites so all our friends and associates

can be continually appraised about our day to day (or sometimes minute to minute) activities.

What about the important connections nurses maintain in our professional lives? Can connections to our respective separate nursing organizations actually diminish nursing's power to influence health care decision making? Individual organizational goals, if examined objectively, have several common themes. We are more connected than we think we are. Nursing organizations must tap into our common connections to better maximize our ability to achieve our common goals. Our collective power as nurses can be better realized by seeking out and enhancing connections between all nursing organizations, uniting around what we all hold dear...our desire to help our patients and their families. We must realize our *connectivity* and combine our considerable resources and talents to work toward the goal of improving health care for all.

In 2013 the MAassachusetts Report on Nursing will examine some of the ways all nurses can stay connected and united to achieve our common goals. We encourage all readers (not just MARN members) to share ideas about how nurses can and do work together. We will learn about the work of the Massachusetts Action Coalition (MAAC), a group of nurse leaders from organizations throughout the Commonwealth who are already meeting and sharing their collective clout to do the work of nursing (see article on page 9).

Despite the considerable aggravation when the computer fails, the internet is here to stay and to be embraced! Nurses can learn to use this tool to stay connected and to improve patient care. Happy Holidays to all!



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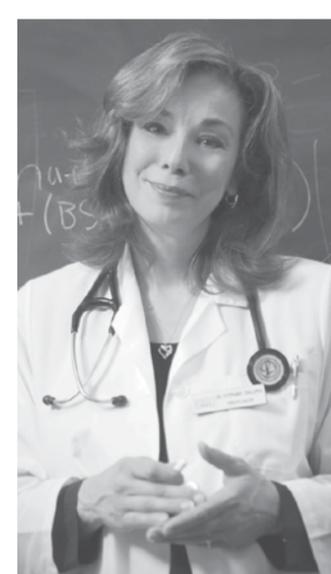
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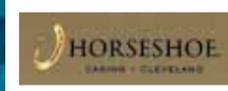
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# Governor Signs New Health Care Payment Reform Law and MARN Named in the Statute

by Craven & Ober Policy Strategists, LLC

An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation was signed into law as Chapter 224 of the Acts of 2012 on August 6, 2012. This law is the culmination of two years worth of debate and intense lobbying over how to decrease the cost of care while improving quality for all Massachusetts residents. The new law is 349 pages long. Most new laws are typically about two pages in length. So as you can see, its' length is a testament to its expected impact. The thrust of the law is to move the health care payment system away from fee for service and towards quality by the use of alternative payment arrangements, sometimes also known as global payments.

The new law lays out a new payment and delivery model with significant government oversight. It recognizes that some insurers and providers will come together to form Accountable Care Organizations. These new entities, which will bear risk, pay for care and measure outcomes will be regulated by a new independent agency known as the Health Policy Commission.

In looking to support a real change in the infrastructure of care delivery, the law requires that regular state wide resource planning occur to best understand how care is delivered and how efficiencies can be attained. The law acknowledges the need for a skilled workforce. To that end, the law strengthens the Department of Public Health's role in the health care workforce center. The center's goal is to improve access to health and behavioral, substance use disorder and mental health care services. The center is charged with consulting with an advisory council, which includes 19 members one of whom shall be a representative of the Massachusetts Association of Registered Nurses. This gubernatorial appointment of a MARN member to the council is pivotal to the work of the center and to the growth of nursing in the commonwealth. The full text of the law, along with the Administration's activities in implementation can be found at: <http://www.mass.gov/governor/agenda/healthcare/cost-containment>.

Together with the Secretary of Labor and Workforce Development, the center must:

- “(1) coordinate the department's health care workforce activities with other state agencies; public and private entities involved in health care workforce training, recruitment and retention;
- (2) Monitor trends in access to primary care providers, nurse practitioners and physician assistants practicing as primary care providers, behavioral, substance use disorder and mental health providers, and other physician and nursing providers...
- (3) Establish criteria to identify underserved areas in the commonwealth for administering the loan repayment program and for determining health care provider placement based on the level of access; and
- (4) Address health care workforce shortages through other activities...”<sup>1</sup>

The law goes on to make monies available for these activities through the Health Care Workforce Transformation Fund and stipulates that the Secretary of Labor and Workforce Development may designate up to 10% be transferred to the Massachusetts Nursing and Allied Health Workforce Development Trust Fund, which

was established in 2008. The goal is to support strategies that increase the number of public higher education faculty members and students who participate in programs that support careers in fields related to nursing and allied health.

In addition, MARN was also appointed to a special task force to examine behavioral, substance use disorder, and mental health treatment. The task force will consist of 19 members and must review: “(i) the most effective and appropriate approach to including behavioral, substance use and mental health disorder services in the array of services provided by provider organizations, including ...patient-centered medical homes... (ii) how current prevailing reimbursement methods and covered benefits may need to be modified to achieve more cost effective outcomes; (iii) the extent to which and how payment should be included under alternative payment methodologies, including how mental health parity and patient choice of providers and services could be achieved ... (iv) how best to educate all providers to recognize behavioral, substance use and mental health conditions and make appropriate referrals; (v) how best to educate all providers about the effects of cardiovascular disease, diabetes, and obesity on patients with serious mental illness; and (vi) the unique privacy factors required for the integration of behavioral, substance use and mental health information into interoperable electronic health records.”<sup>2</sup>

The task force will submit its report, findings, and recommendations, along with any proposed legislation and regulatory changes, to the health policy commission and the legislature, not later than July 1, 2013.

The influence of MARN in this new law is evident. There are now new opportunities to continue to influence the profession and the health care delivery system.

*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.*

<sup>1</sup> Chapter 224 of the Acts of 2012, SECTION 72, Section 25L.  
<sup>2</sup> Chapter 224 of the Acts of 2012, SECTION 275.

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Happy Holidays  
 from the  
 Board & Staff of  
**MARN**



# Clio's Corner



## Massachusetts Nurses In ANA's Hall of Fame

Mary Ellen Doona

Now thirty-six years old, the American Nurses Association's Hall of Fame was established as the nation prepared to celebrate its two hundredth birthday in 1976. Heading the inaugural committee was Mary Anne Garrigan (1914-2000), who had the foresight, ten years before to establish the History of Nursing Archives at Boston University. As the Bicentennial Year began, the ANA Hall of Fame Committee announced its charter members with Dorothea Lynde Dix (1802-1881), the untiring advocate for the mentally ill and Superintendent of Women Nurses for the Union during the Civil War (1861-1864), representing pre-training school nurses.

Other Massachusetts nurses honored in that inaugural year were: Linda J. Richards (1852-1912) and Mary Eliza Mahoney (1845-1926), both graduates of the New England Hospital for Women and Children (NEHWC); Richards in 1873, and correcting an injustice that had excluded Colored\* women from nurses training, Mahoney in 1879. Another charter member was Sophia F. Palmer (1853-1920), an 1878 graduate of the Boston Training School for Nurses (later the Massachusetts General Hospital School of Nurses, MGHSON) and in 1900 the founding editor of the *American Journal of Nursing (AJN)*. Stella Goostray (1886-1969), Director of Nursing at Childrens Hospital was also inducted into the inaugural Hall of Fame. She led the National Nursing Council for War Services during World War II. More historically minded than most, Goostray advocated that nursing's documents be preserved, taught nurses about their heritage and applauded the opening of the History of Nursing Archives in 1966.

At a subsequent convention Mary E. P. Davis (1858-1924), Sophia Palmer's classmate at the MGH, was inducted into the Hall of Fame for her success as the business manager of the *AJN*. Davis was the mastermind in establishing in 1903 the Massachusetts State Nurses Association [later

Massachusetts Nurses Association] that continues since 2001 as the Massachusetts Association for Registered Nurses.

Much of Anna C. Maxwell's (1851-1929) status as a Hall of Famer is for her career in New York City that was built on experiences in Massachusetts at the NEHWC as student and matron, training at Linda Richards' program at the Boston City Hospital and directing the Boston Training School for Nurses at the MGH. As Maxwell did, Sara E. Parsons (1864-1949) served during the brief Spanish American War (1898) but her early focus was the care of the mentally ill, following her studies at the McLean Hospital. She returned to her alma mater at the MGH in 1910 as its Director of Nursing. During World War I, she led the nursing department of MGH's Base Hospital Number Six in France, and later testified in Congress that nurses serving in the military should have rank.

World War I established Julia Stimson's (1881-1948) credentials as a Hall of Famer. Born in Worcester, MA Stimson directed nursing services for the Expeditionary Forces in France towards the end of World War I. When Congress granted relative rank to nurses in 1920, Stimson became nursing's first major. She was ANA's president in 1938-1944.

Anne Hervey Strong (1876-1925), born in Wakefield, MA practiced public health nursing in the historic Henry Street Settlement House in New York's Lower East Side. While still in New York, Strong gave classes for nurses at Boston's Instructive District Nurses Association [precursor of Boston Visiting Nurses Association]. She returned to Massachusetts when the School of Public Health Nursing was established at Simmons College in 1918. Strong became its first Director.

The ANA Hall of Fame recognized Dorothy M. Smith (1913-1997), a graduate of the Quincy Hospital School of Nursing, for creating the nursing program at the University of Florida/Gainesville that integrated practice, education, and research. Similarly, Frances Reiter (1904-1977), taught and practiced in Boston from 1942-1945 at Boston University and the MGH and then implemented nursing's best practices as dean of the Graduate School of Nursing in New York Medical College. She chaired the ANA Committee that created ANA's position paper that all those who were licensed to practice nursing should be

prepared in institutions of higher learning (*AJN*, December 1965). Her paper, "The Nurse-Clinician" in the *AJN* (February 1966) introduced the idea of the clinical specialist.



Josephine A. Dolan

The latest Massachusetts nurse inducted into ANA's Hall of Fame is the late Josephine A. Dolan (1913-2004) of Holliston, MA. With a diploma from St. John's Hospital School of Nursing in Lowell, MA and a master's degree from Boston University, Dolan taught at the University of Connecticut. In the classroom, on television and in her books Dolan documented nursing's long history of humanistic care. Boston College awarded Dolan an honorary degree in 1987 as it celebrated its nursing school's fortieth anniversary. Given the history to date, it is almost a certainty that Dolan will not be the last Massachusetts's nurse to grace ANA's Hall of Fame.

\* term used in Mahoney's lifetime.

## MARN Legend Remembered



Dr. Phyllis Moore and Dr. Patricia Tyra attended memorial services for Ida Jean Orlando Pelletier (1926-2007) at Mount Auburn Cemetery's Bigelow Chapel September 7, 2012. Orlando was the author of *The Dynamic Nurse-Patient Relationship* (1961).

Photo by Doona

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# Fall Clinical Conference

*“Assisted Suicide: Practice, Legal, Ethical, and Religious Considerations”*

Saturday, October 13, 2012 was the date of a gathering of nurses from across the Commonwealth who came together to network and to delve into the pros and cons of Assisted Suicide. Keynote Speaker Cynthia Ann LaSala, MS, RN, Clinical Nurse Specialist in Medicine and Advisor, Patient Care Services Ethics in Clinical Practice Committee, Massachusetts General Hospital, Appointed Member, ANA Ethics Advisory Board and ANA Center for Ethics and Human Rights started the day with tough thought provoking comments.

Other speakers included Diane Rollins Jeffery, MPA, MARN Executive Director, Julie Knopp, MSN, ANP, Associate Director of the Palliative Care Consult Service, Beth Israel Deaconess Medical Center, Robert LeDoux, Esq., Health Care Law Salem, MA, Mike McElhinny, Director of Chaplaincy at Massachusetts General Hospital, and Coleen Reid, MD, Family Medicine and Palliative Medicine North Shore Medical Center Salem Hospital, Shaughnessy-Kaplan Rehabilitation Hospital, Union.

Participants agreed that the discussion was complete and thought provoking giving a fair and honest appraisal of the difficult subject of end of life concerns.



**Fall Clinical Conference:  
October 13, 2012**

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## Have You Visited Your MARN Career Center Lately?

The Massachusetts Association of Registered Nurses' mission is to serve and support all registered nurses through professional development, advocacy and the promotion of excellence at every level of professional nursing practice. To achieve this goal we provide a wide range of educational programming and activities that allow you as a member to develop professional expertise as a licensed registered nurse (RN) in Massachusetts.

The MARN Career Center is a key component of that mission as we work with members like you, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts. If you haven't visited the Career Center lately, you may be overlooking one of your most valuable member benefits.

By registering on the Career Center and creating your profile you gain access to tools that allow you to:

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Instead of being one of millions listed in a national job board database, you become part of a select group of nursing professionals in high demand by top employers, gaining access to inside opportunities only available through the MARN Career Center.

To help keep you plugged into marketplace opportunities, we send out Job Flash emails twice a month promoting the hottest jobs available. This helps you advance your career by being able to get ahead of the competition. You can also network more effectively and become a valuable resource to your peers when you're aware of who's hiring. You can even post your own open positions on the Career Center, to recruit other members like yourself - top talent that simply cannot be found anywhere else.

The end result is that the Career Center helps in three key areas:

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2. Through the non-dues revenue generated through job postings, MARN can continue to invest in more high value programs and services that help advance your career as a nursing professional.
3. By becoming the trusted resource for top talent and jobs for the nursing community throughout Massachusetts, we are able to promote you and the important work you do, increasing your visibility within the industry to help you better manage and grow your career.

The bottom line is this: The MARN Career Center is a valuable member resource that grows even stronger the more you use it.

Visit the Career Center at [www.marnonline.org/jobs](http://www.marnonline.org/jobs) and register today!

## MARN Welcomes New Graduate Nurses to the Board of Directors

Keeping with the tradition of eliciting the input from new nurses, MARN welcome Veronica Johnson, RN, BSN and Emily Stout, RN, BSN to the Board of Directors. Both of these new nurses have already started in their roles as vital members of our organization.

Veronica graduated from the University of Massachusetts in Amherst in May 2012. She was a member of the MaSNA Board of Directors and met MARN Director, Beth Kinsella RN, BSN, at several MaSNA events. "When I attended the MARN Annual Convention last April, I was hooked and I knew I wanted to belong to this organization." Veronica is especially interested in recruiting more nurses to become active in MARN. She is currently involved as a Seeker in the MARN Career Connections Program.



**Veronica Johnson  
RN, BSN**



**Emily Stout,  
RN, BSN**

Emily graduated from Northeastern University in May 2012 and was also involved in MaSNA. She is presently a new nurse in the Neuro Intensive Care Unit at Massachusetts General Hospital. "I am really enjoying becoming involved in the nursing world and I thank Tara Teehan, RN, MSN, MBA (MARN Treasurer) for encouraging me to get involved with MARN."

## Fostering Political Advocacy

MARN Health Policy Committee member Barb Giles attended the fourth annual American Nurses Advocacy Institute (ANAI) from September 30th through October 2nd in Washington, DC. Nineteen nurses from fourteen states participated in the conference. This year-long mentored program is designed to develop political leadership skills for a cadre of nurses who will influence policy decisions at the state and national levels. Sessions on navigating the legislative process, including how to conduct a political environmental scan and messaging for different audiences, were included in the agenda. Calls will be held over the course of the next year to explore related issues and share projects and activities.



**Associate Director of ANA State Government Affairs Janet Haebler and MARN Member Barb Giles.**

Barb's journey in health care policy began when she was attending Framingham State University's Master in Nursing Education program. The need for nurses to have a seat at the table while legislation is being developed for nurses was addressed during a health policy course. An opportunity to join MARN's Health Policy Committee arose and she has spent several years in the midst of the experienced and knowledgeable nurses on the committee. Attendance at the ANAI has helped to propel her from the novice stage to the next level. Barb relates that the experiential program was informative and exciting and included a visit to House of Representative Michael Capuano's office at the State Capitol to discuss topics of concern to the nursing workforce.

Should you be interested in participating in a future program, please contact MARN Executive Director, Diane Jeffery at [djeffery@MARNonline.org](mailto:djeffery@MARNonline.org) to seek endorsement. Grassroots experience and demonstrated commitment to support of the association is required for consideration. Members of the MARN Health Policy committee are given top priority to attend. If you are interested in becoming a member of the MARN Health Policy Committee, visit [www.MARNonline.org](http://www.MARNonline.org) and click on Health Policy Committee. The program is highly competitive, limited to no more than 24 participants per year. Questions may be directed to Janet Haebler MSN, RN, Associate Director, ANA State Government Affairs at [janet.haebler@ana.org](mailto:janet.haebler@ana.org).



**MARN Director, Patricia Ruggles represents MARN (first row last on the right)**

## MARN Representatives Invited to Important Collaboration on the Health of Women and Children in Massachusetts

The Boston University School of Medicine, Senator Karen Spilka and Representative Cory Atkins, along with the Caucus of Women Legislators on September 25, 2012, hosted a dynamic discussion at BU Medical School. The focus of the discussion was 'Meeting the Needs of Women and Children in our Communities.' Topics included Nutrition and Obesity, Cardiovascular Disease, Alzheimer's Disease, and Health Disparities (including the Black Women's Health Study). MARN Director, Pat Ruggles and Executive Director, Diane Jeffery provided nursing expertise during the round table discussions.

## MARN Member, Charlotte Stepanian Receives 2012 APHA Public Health Nurses Section Lillian Wald Service Award

Ms. Lillian Wald is recognized for her dedication to the cause of public health. She is the founder of public health nursing in the United States, the establishment of the Henry Street Settlement, and a pioneer in the field of child welfare. While Ms. Wald is no longer among us, her spirit, commitment, and dedication to public health nursing remain and are reflected in the works of Ms. Charlotte E. Stepanian.

Charlotte Stepanian's public health nursing career began in 1971 as the first public health nurse in the Town of Merrimac, Massachusetts. She has held that position for the past forty-one years developing programs to meet the community's health needs. Early in her career, Ms. Stepanian initiated blood lead screening of pre-school children, blood pressure screening clinics for elders, and a community-wide sharps collection program which is still in existence. More recently, her role as a public health nurse has expanded to include a community-based Parish Nursing and community emergency preparedness programs. Throughout her public

health nursing career, Ms. Stepanian has been at the forefront, promoting and protecting the health of a population.

A colleague wrote in her letter of nomination, "Charlotte Stepanian's work on the Massachusetts American Public Health Nurses Leadership and Practice Manual serves as the foundation for practicing public health nurses across the Commonwealth of Massachusetts." As adjunct professor at St. Joseph's College, she mentored more than 250 undergraduate and graduate students in public health nursing creating a large, well-educated public health nurse workforce to meet today's ever changing healthcare issues and challenges.

As a social reformer, Ms. Stepanian stands toe-to-toe with Ms. Wald in her advocacy and leadership in public health nursing. As an advocate, she has spoken against a workforce reduction that threatened the role of public health nurses in Massachusetts and championed the rights of children and elder adults. Her leadership roles are many including founding member, president, vice-president, board officer, and

chair of the Education and Professional Practice Committee of the Massachusetts Public Health Nurses Association. She has held the position of president of the New England Chapter of Health Ministry Association, president of the New England Chapter of Endicott College Alumni Council and is current secretary of the St. Joseph's College Alumni Council.

In recognition of her contributions and achievements in the fields of nursing education, public health nursing, and community service, Ms. Stepanian received the Area Health Education Center-Merrimack Valley Outstanding Nurse Honoree award in 2001, the Massachusetts Association of Public Health Nurse of the Year award in 2003, Faculty of the Year Award from Saint Joseph's College Masters of Nursing Program award in 2006 and 2010, and the Massachusetts Commission on Women Unsung Heroine Award in 2007.

She has brought people and organizations together to work towards enhancing population health and the profession of public health nursing.



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## Paradigm Shift for Nursing CE

Judy Sheehan, MSN, RN  
Nurse Peer Review Leader, MARN CEC

The American Nurses Credentialing Center (ANCC) defines standards for nursing continuing education based on research, review and continual quality improvement efforts. This dynamic process, by nature, requires continual evaluation and alteration to the standards themselves. The "trickledown effect" is that subsequent changes must be made to the processes and procedures used by accredited approvers and providers of Nursing CE. The Massachusetts Association of Registered Nurses (MARN) is accredited by the ANCC as an approver of continuing nursing education (CNE) and makes changes to the MARN approval process in response to changes put forward by ANCC. This year, a new paradigm was introduced by the ANCC and MARN is working to incorporate this paradigm shift into the MARN-CNE review process. The new 2013 Accreditation Application Manual describes the structure to be used by ANCC to evaluate continuing nursing education and the MARN CE committee is re-structuring the continuing education provider and activity applications as well as the review and evaluation processes in response.

### Paradigm Shift: From Quantity to Quality

Over the past few years there was a greater emphasis on the quality rather than quantity of continuing education. Rather than knowing whether or not nurses attended and liked the programs provided, the emphasis is now on how the program impacts professional development and/or nursing practice and if the outcomes were met and meaningful. This new focus on outcomes influences the definition of the target audience in relationship to an identified knowledge gap, clear definitions of outcome expectations along with a plan for evaluating these over time. The challenge to providers and approvers alike is on re-imagining the process along with the product of continuing education and then tying it, in a meaningful way, to outcome.

### Changing Processes

The Nurse Peer Review Leader and Co-chairs of the CE committee have been engaged in learning about the new accreditation conceptual framework and the 2013 review criteria as well as undergoing a "certification" process developed by ANCC for peer reviewers of provider applications. This process, once complete, will promote standardization across all organizations accredited to approve nursing continuing education. The changes made in the ANCC primary accreditation requirements will be reflected in the MARN application requirements, the peer review approval process and the data collection required of providers approved by MARN. The fall Provider Symposia held in both the western and eastern areas of the state this fall, introduced the new conceptual framework as well as discussed the implications to the educational design process. A new application will be available at the beginning of 2013 and an ongoing evaluation and monitoring plan will be instituted.

### The Future of The MARN Continuing Education Approver Unit

The Continuing Education Committee of MARN will continue to be active with ANCC as they move their quality improvement initiatives forward and is committed to continually improving communication with our provider units. The increase in interaction with the ANCC and the promotion of progressive outcome measurement is an exciting challenge to the committee as a whole. Currently we are investigating new ways to do the work of the committee and to that end will be adding a virtual meeting room, video chatting capabilities and mobile conferencing to our website. If you are an educator and interested in participating in some or all of the committee work, please let us know [info@marnonline.org](mailto:info@marnonline.org). If you have additional questions, please feel free to contact one of the co-chairs, [jgibbs@marnonline.org](mailto:jgibbs@marnonline.org) or [sreissour@marnonline.org](mailto:sreissour@marnonline.org), or the nurse peer review leader [jsheehan@marnonline.org](mailto:jsheehan@marnonline.org).

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# MARN Leaders Crucial in Obtaining New Funding to Support Nursing Education in the Commonwealth

## Robert Wood Johnson Foundation Awards \$300,000 Grant to Create More Highly Educated Nursing Workforce

On Tuesday, August 21, 2012, Lieutenant Governor Timothy Murray, among other administration officials announced that Massachusetts has received a \$300,000 national grant from the Robert Wood Johnson Foundation to help current and future nurses seeking to advance their academic preparation within the nursing profession at an event in Nurses Hall at the Massachusetts State House. MARN President, R. Gino Chisari and Vice President Susan Conrad, PhD, RN, on the team that wrote the grant application and secured this funding. MARN Secretary Karen Manning, MSN, RN, CRRN, CAN and Executive Director Diane Jeffery, MPA also attended the event.

Massachusetts is one of nine states chosen to receive a \$300,000 grant to support academic progression in nursing. The funds will support the Commonwealth's efforts in partnership with the Organization of Nurse Leaders (ONL), to pursue effective strategies in nursing education. Currently, 55 percent of Massachusetts nurses hold Bachelor of Science in Nursing (BSN) or above. A 2010 report from the Institute of Medicine (IOM), recommended that 80 percent of nurses be educated at the BSN level or higher.

Lieutenant Governor Murray noted at the event that "Massachusetts has been a national leader in providing universal health care for all residents and we continue to address the rising costs of health care. With the support of the Robert Wood Johnson Foundation, our work to advance educational opportunities for currently practicing nurses as well as new candidates will ensure more nurses are prepared to address patient health care needs in the years ahead."

Specifically, the grant funds will support the ongoing collaboration between the Department of Higher Education (DHE) and the ONL, who are working together to develop "seamless academic progressions" for currently employed and newly credentialed nurses. Currently, Massachusetts community colleges are partnering with state universities and University of Massachusetts campuses to develop pathways for registered nurses who wish to earn bachelor's degrees in nursing. This initiative is helping to prepare nurses to meet 21st century health care challenges that will require them to coordinate patient care amongst a variety of practitioners and agencies, to help patients manage chronic illnesses, and to utilize advanced technology to improve patient outcomes.

"This grant will aid efforts to better coordinate the world-class care that the Commonwealth is known for," said Health and Human Services Secretary Dr. JudyAnn Bigby. "Nurses are key members of coordinated care teams, which ultimately deliver better patient outcomes and lower health care costs."

The announcement builds on the Patrick-Murray Administration's plan to achieve workforce development goals in four key sectors – health care, life sciences, information technology and advanced manufacturing. One of the primary goals is to better align existing educational and workforce training programs across the state with clearly defined industry-specific pathways to employment. In working across state agencies including the Executive Offices of Education, Labor and Workforce Development, and Housing and Economic Development, the Administration continues to bring together expertise and resources to develop a workforce pipeline aligned with labor market demands.

For more information about the Robert Wood Johnson Foundation please visit: <http://www.rwjf.org/about/>.

For more information about the Massachusetts Department of Higher Education's Nursing and Allied Health Initiative, please visit: <http://www.mass.edu/currentinit/NiHome.asp>.

## Off to a Great Start—Massachusetts Action Coalition is Awarded a Grant from the Robert Woods Johnson Foundation

Ashley Waddell MS, RN, CNOR

The Massachusetts Action Coalition (MAAC) is up and running, with an extra boost from a grant awarded from the Robert Wood Johnson Foundation (RWJF). Massachusetts was one of nine state action coalitions to receive this *Academic Progression in Nursing* (APIN) two-year, \$300,000 grant to support building a more highly educated nursing workforce in the Commonwealth. Susan B. Hassmiller, PhD, RN, FAAN, RWJF senior adviser for Nursing said, "We are pleased to be able to provide financial support to nine of the Action Coalitions that are doing highly effective work on academic progression. Advancing a more highly educated, diverse workforce where nurses are able

to practice to the top of their education and training is essential to achieving the Robert Wood Johnson Foundation's mission to improve health and health care in this country."

Members of the MAAC, as well as key state policy leaders gathered at the State House in Boston on August 20, 2012 for the announcement of this important award. Nurses from across practice and academic settings filled Nurses Hall for the event and applauded when Lieutenant Governor Timothy Murray announced that Massachusetts was one of the grant recipients. Sharon Gale, MSN, RN, Chief Executive Officer, Organization of Nurse Leaders, MA-RI told the audience, "This is a true leadership story and speaks to what can be achieved through the power of partnerships," speaking of the longstanding relationship between the Department of Higher Education (DHE) and the Organization of Nurse Leaders (ONL) who have

worked together to advance nursing education goals and strengthen the nursing workforce since 2006. She ends by saying, "The results of this collaboration have set the standards that other states have followed. The grant award announced today is a significant step toward assuring that Massachusetts can develop sustainable models for academic progress, partnering with employers and the community to achieve a nursing workforce where 80% of all nurses have a baccalaureate degree."

The announcement of the award came approximately nine months after the MAAC was formed in the fall of 2011: The funding will support the infrastructure needed to begin this important work.

The MAAC is co-led by the Organization of Nurse Leaders and the Department of Higher Education. Its work encompasses seven key areas described in Table 1. Co-chairs will lead each of the teams for these key areas. In the near future the co-chairs from each area will join the leadership council that oversees the work of the MAAC at a state level.



**Back Row: Kevin Whitney, Associate Chief Nurse at MGH, Susan Conrad, MARN Vice President, Karen Manning, MARN Secretary. Front Row: Dr. Judy Ann Bigby, Secretary of Health and Human Services, Commonwealth of Massachusetts, Jeannette Ives Erickson, Senior Vice President for Patient Care and Chief Nurse at MGH, Pat Crombie, MAAC Project Manager, Dr. Gino Chisari, MARN President, Sharon Gale, Executive Director of ONL, Diane Jeffery, MARN Executive Director.**

Table 1

Key Area	Work Description
Scope of Practice <ul style="list-style-type: none"> <li>• APRN</li> <li>• RN</li> </ul>	Strengthen interdisciplinary collaboration within the medical community and set priorities on ideal scope of practice.
Improved Data Collection and Use <ul style="list-style-type: none"> <li>• Academic</li> <li>• Workforce</li> </ul>	Improve data gathering and analysis about nursing students and nurses working in Massachusetts, including nurses returning to school to advance their education.
Communications	Develop and implement a communications plan to engage and inform nurses in Massachusetts about the work of the MAAC.
Philanthropy	Evaluate financial needs of the MAAC and engage possible sources of funding.
Academic Progression	Create accelerated pathways for nurses to obtain a BSN or higher degrees by streamlining the process of nursing education.
Integration of core nursing competencies (NOFCC©) <ul style="list-style-type: none"> <li>• Academic Integration</li> <li>• Practice Integration</li> </ul>	Assist academic and practice programs with implementation and evaluation of the MA Nurse of the Future Core Competencies (NOFCC©).
Faculty <ul style="list-style-type: none"> <li>• Faculty Opportunities</li> <li>• Faculty Recruitment Development</li> </ul>	Work with schools to increase positions and incentives for adjunct, part-time and retired faculty and as evaluate opportunities for recruitment, training, and joint appointment of clinically based nurses interested in teaching.

The IOM (Institute of Medicine) and RWJF's report on Nursing's Future released in 2010 helped focus national attention on the importance and benefits of an educated nursing workforce for both patients and nursing employers. Now as action coalitions commence across the country to carry out the work laid out in this landmark report, Massachusetts is ready to get started. With virtually all statewide nursing organizations involved, the work is supported with enthusiasm by the greater nursing community. There is much more work to be done and engaging nurses across practice settings is critical. MARN will continue to post and publish updates about the work of the MAAC, and more information can be found at <http://campaignforaction.org/> and clicking on the link for *state action coalitions*.

# MARN Members Represent Nursing Around the World

## Lessons Learned in Swaziland (Part 2)

*Martha Dietz Loring, BA, RN; Inge B. Corless, PhD, RN, FAAN; Aisha Ellis, BA, MA, RN; Patty McCarthy, BA, RN; Alexandra McCaffrey, BA, RN; Allison Rhodes, BA, RN*

It is difficult to articulate all that I learned in Swaziland: about conceptual nursing frameworks, developing-world diseases and treatment approaches, the Swazi culture and its' approach to illness and most of all, I learned about the resilience of the human spirit in reacting to challenging situations.

If I could use only one word to describe the situation in Swaziland it would be "crisis." In two weeks, I saw more moments of crisis than in my two years of nursing education in Boston. The intensity of the problems in Swaziland afforded me many opportunities to observe people's reactions to a crisis. In particular, I learned about this from the different approaches of three people to the same clinical situation: a woman experiencing a miscarriage.

She stumbled into the emergency room, in obvious pain, and having labor contractions. The nurse hurriedly told the woman to take off her skirt and open her legs. When that nurse saw the genital warts, she scowled in disgust and rushed out. (More about Swazi nursing in future articles). Witnessing this behavior by a nurse troubled me. I have not walked in her shoes and can only guess at her daily stresses but I could not understand her lack of interest, or her inability to take the time to connect with this patient. This experience taught me to be mindful of the effect that a career around hardship and disease might have on my own spirit.

Dr. X, the only physician present, soon became involved as no OB/GYN or midwife showed up despite repeated calls. He examined the uterus, packed the bleeding, and arranged for immediate transfer to the operating room. Dr. X, a stoic-appearing, this Swazi national who has spent his medical career in a hospital with only rudimentary facilities and supplies demonstrated the resilience of the human spirit. He readily shared his feelings about the emotional toll of his job. Despite his outward calm demeanor



**Martha Dietz Loring; Dr. Inge Corless; Allison Rhodes; Patty McCarthy; Alexandra McCaffrey; Aisha Ellis**

with his patients, their suffering clearly affected him. He said that he could not cry alongside the patient and forget his job. Instead he stays in touch with his feelings as a way to cope with his environment. I believe his ability for empathy was the way that he protected his spirit.

The most powerful lesson I learned from this situation were taught to me by Y, a fellow student, who demonstrated an intense commitment to that patient. The depth of her humanity was extraordinary. I am mindful that we cannot always change the outcome, but we can always improve the experience for a patient. Although I do not know how that young woman is coping today, I do know that the pain and anguish about her miscarriage was eased by Y's presence and caring.

I hope that I will always remember the lessons learned about the human spirit by learning from the good and bad examples of people's reactions to crisis. My experiences in Swaziland will remain with me and always inform my nursing practice. I know I will think about my experiences when I am in crisis with a patient; when I am witness to substandard care; and when I am challenged in my own practice. While the time I spent in Swaziland was taxing, I know it has made me a better nurse and a better human being. I hope that I will always be mindful of my own human spirit and how its various aspects have an impact on my patients.

## Massachusetts Nurse; Invited Speaker at Norwegian Nursing Service Organization Jubilee Celebration

The Norwegian Nursing Service Organization, *Norsk Sykepleierforbund*, commemorated its 100th anniversary on September 23rd, 2012 in Oslo, Norway. The event was attended by more than 2,000 Norwegian nurses. International guests hailed from across the European Union as well as places far away – including South Africa, Uganda and Zimbabwe. The 3 day program captured the rich history of this nursing service organization, as nurses were seen walking throughout the city of Oslo wearing historic nursing uniforms.

Stephanie Ahmed, DNP, FNP-BC, Nurse Practitioner and Ambulatory Nursing Director at Brigham and Women's Hospital presented the President of the *Norsk Sykepleierforbund* with a citation on behalf of MARN, extending our best wishes and acknowledging this important jubilee celebration. While attending the conference, Stephanie delivered a talk entitled "Creating Value for the Nurse Practitioner Role in Acute Care Settings." The topic was timely, because while Norway has well established certified nurse anesthetists, clinical nurse specialists and mid-wife roles, Lovisenberg Diakonale just began accepting students for the first NP program in the country. The school is the oldest nursing program in Norway. Other invited speakers included Linda Aiken from the University of Pennsylvania, and Rosemary Bryant, the 26th President of the International Council of Nurses.



**Inger Margrethe Holter of the Norwegian Nurses Service Organization, Linda Aiken, University of Pennsylvania and Stephanie Ahmed at the Jubilee Gala in Oslo.**

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# Meeting the Challenge: Advocating for Health Care Proxies for the Homeless in Boston

**Barbara Giles, Hillary Foster, Sarah Gall,  
Stephanie Konz, Angela Morello, Princewill  
Nwabeke, Addie Strong, & Gabriel Belosevic**

The Barbara McInnis House (BMH) is a 104-bed Medical Respite Care unit at the Boston Health Care for the Homeless Program (BHCHP). BMH is utilized when homeless patients are well enough to be discharged from the hospital but not well enough to go back to the street or to a shelter (BHCHP, 2012). Roughly 50% of the 8,500 homeless persons in the Boston area are chronically homeless (Morrison, 2009). This population lacks education, has literacy limitations and trust limitations that constrain relationships with health care providers (Morrison, 2009). Additionally, this population has strained family relations making health care proxy (HCP) discussions with health care providers especially difficult.

A group of nursing students from the MGH Institute of Health Professions (MGHIHP) BSN program recognized these limitations as a need for a novel type of intervention. Following Pender's Health Promotion Model of "competence" and "approach oriented focus," these students sought to help the homeless population at BMH progress by improving their wellbeing with a simple yet powerful plan of action: help patients complete HCP forms (Alligood & Toomey, 2010).

Understanding the context of this endeavor, students approached patients in pairs, armed with concise, targeted, factual information and realistic

expectations ready to listen to patient concerns and encourage an open and nonjudgmental dialogue on the sensitive subject of HCPs. An underlying assumption to this project was that that completing health care proxy documentation would enable patients to gain some control over their end-of-life (EOL) care in an empowering way. The results indicate the efficacy of such an endeavor:

- 64% of patients reportedly had not heard of a HCP
- 40% of patients had never been offered a HCP before
- 49% of patients approached wanted to fill out HCP documentation
- 8% of patients approached already had a HCP in place
- 43% of patients completed HCP documentation
- Total patients approached: 70

Students encountered minimal resistance to their intervention but did encounter misunderstandings on the part of the patients who thought that they only needed a HCP if they were sick or patients thinking that they were giving someone power to 'pull the plug on them' after they got sick. Students provided clarification about these issues and even used themselves as examples by completing their HCP information.

Students took documentation a step further by

offering patients a laminated card with crucial HCP information and BMH contacts. The card and accompanying documentation exceeded the goal of 40% proxy completion and suggests that future similar projects would be advantageous.

Future studies in the planning stages at BMH will aim to broaden the scope and capture patient attitudes more completely by offering assistance filling out advance directive documentation (ADD). Pre- and post- ADD surveys will be conducted to assess patient attitudes about death and EOL care preferences. ADD completion assistance will be offered at all of the 70+ BHCHP sites. The goal is that ADD completion minimize patient's EOL suffering and related EOL care expenses. This worthwhile effort started with a group of 6 motivated and enthusiastic MGHIHP nursing students and an innovative BHCHP preceptor.

## REFERENCES

- Alligood, M., Tomey, A. (2010) *Nursing Theorists and their work*. Maryland Heights, MI: Mosby Elsevier.
- Boston Health Care for the Homeless Program. (n.d.). *Boston Health Care for the Homeless Program*. Retrieved July 24, 2012, from <http://www.bhchp.org>
- Morrison, D. S. (2009), Homelessness as an independent risk factor for mortality: Results from a retrospective cohort study, *International Journal of Epidemiology*, 1-7. doi:10.1093/ije/dyp160

## Even When I Speak

**Maggie Sullivan, RN, MS, FNP-BC,  
Boston Health Care for the Homeless**

Even when I speak in English to my English-speaking patients, we don't always understand each other. So when non-English speaking patients enter into clinical care, I know that anything can happen. Recently while I was recording a new Spanish-speaking patient's past medical history, the patient told me he had a condition known as "gold in my bladder." Upon further questioning, I learned that my well educated patient with English as his second language mistook gallbladder to be "gold" in the bladder although he stated that he felt comfortable conducting his medical visits in English. This episode reminds me that there is no end to the potential confusion when there is language discordance between patient and provider. With patients who have limitations to health literacy, misunderstandings due to a language barrier can become a perfect storm of poor quality health care to our most vulnerable patients.

I consider myself to be bilingual. I spent part of my childhood living in Spain and I've spent many summers in Spanish-speaking countries. I used to live in California where I worked in mono-lingual Spanish-speaking organizations. I've scored high on medical interpreting tests. Patients often ask me if I'm from Argentina or Puerto Rico. And yet, I often need to repeat, ask clarifying questions and review information. Even as a highly qualified interpreter, it can be difficult for me to conduct medical visits in Spanish. The regional differences in accents, slang and vocabulary are wide: "Mexico-Spanish" is not the same as "Dominican-Spanish." And when the Spanish language meets the United States, new words are added into our lexicon. What to do?

Dual language personnel who were not raised in other-language-speaking households must continually be aware that terms like gallbladder, ultrasound and catheter are not commonly used words and not as easily translated. Whenever possible, clinics should hire more nurses and doctors who are native language speakers, as well as hiring well-trained medical interpreters. It is imperative for the health and safety of our patients, that interpreters provide accurate information. I propose that upon being hired in any clinical situation, all interpreters have their understanding of medical terminology verified. It is too easy to make mistakes, too easy to misunderstand, and too easy to unintentionally create dynamics that could lead to poor health outcomes. I also believe that children or other bilingual staff members should not be used as interpreters.

I work at Boston Health Care for the Homeless where we are trying to formulate, improve and institutionalize better care for our Spanish-speaking patients. This begins with language: whenever possible, having language concordant medical providers and when not possible, having "hybrids" tested, confirming the language capacity and willingness of support staff and hiring well-qualified medical interpreters. This will lead to fewer medical errors and improved patient outcomes.



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## Bulletin Board

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

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We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at [myra@net1plus.com](mailto:myra@net1plus.com).

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

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- Free access to MARN's Member-Only Listserve

# Taking a Higher Viewpoint: Nursing and the Social Determinants of Health

by Donna Perry, PhD, RN

Basic social conditions such as the economy, environment, housing, and violent conflict play a major role in determining whether people live or die. The World Health Organization (WHO) has called for global collaboration to address the social determinants of health and health equity (Commission on Social Determinants of Health, 2008).

Legislative advocacy helped me to realize that nurses can play a powerful role in changing these conditions. In 2003 I began doing some volunteer work for former state Senator Jarrett Barrios, who had co-sponsored a bill called "The Clean and Healthy Communities Act." This bill addressed environmental justice, an important concern in Massachusetts where ecological hazards are disproportionately located in low socio-economic status neighborhoods and communities of color (Faber and Krieg, 2002).

I joined a coalition of legislators, legislative aides, environmental experts and student activists working to pass this bill. As a nurse, I quickly realized that this was an important health issue. I began doing research on the link between environmental hazards and health/health disparities to help strengthen the argument for environmental justice. I was able to broaden the coalition by contacting health advocacy groups and persuading them to sign on as bill supporters.

I developed a ten-minute power point presentation to educate legislators about the link between environment and health using asthma as a case study. Representative Dave Sullivan, who had sponsored the House version of the bill, created an opportunity for me to present to

leaders of The Joint Committee on Environment, Natural Resources and Agriculture. At the time I was taking a research course which required conducting a small study. So, I decided to do a mixed methods study of nursing legislative advocacy. This included a focus group with 6 legislative aides to explore their perceptions of factors influencing legislators' decisions on health care legislation. I also presented the environmental justice power point to 10 state legislators in individual meetings and asked them to rate their favorability towards the bill before and afterwards. The results showed a small but statistically significant increase in their favorability towards the bill after the presentation. I also asked both legislators and aides about their perceptions of nursing advocacy at the state house. Legislators perceived that nurses were more likely to advocate for issues related to the nursing profession rather than general health issues (statistically significant). Qualitative comments from legislators and aides supported this view (Perry, 2005).

While this was a small study it raises some important issues for us to think about as nurses. First, nurses *can* have an impact. We have important knowledge and values to bring to policy discourse. But the findings would suggest that we are not using the full scope of our power. We are bringing some voices to important nursing concerns. But we have not yet brought our full knowledge to bear on issues that affect the health of our communities.

Several of the legislators indicated that they would appreciate having nurses collaborate with them on legislation. The legislative process requires bills to be placed into committees that

determine if they will be forwarded for a full vote. Yet social policy issues are often assigned to committees that view them from perspectives such as natural resources, agriculture, or urban housing. Nurses can—and must—broaden this lens to what the philosopher Lonergan would call a "higher viewpoint" (1957/2000) that includes health. Nurses can share personal experiences, current scientific literature and even their own research to help society and policymakers understand health from a higher viewpoint. The well being of our communities depends on it.

## References

- Faber, D.R. & Krieg, E.J. (2001). *Unequal Exposure to Ecological Hazards: Environmental Injustices in the Commonwealth of Massachusetts*. Retrieved 8 July, 2003 from <http://www.environmentalleague.org/Unequal Exposure Report.pdf>
- Lonergan, B. (1957/2000). *Insight: A Study of Human Understanding* (5th Ed.). In F.E. Crowe & R.M. Doran (Eds.), *Collected Works of Bernard Lonergan: Vol. 3*. Toronto: University of Toronto Press, 465.
- Perry, D. (2005). Transcendent pluralism and the influence of nursing testimony on environmental justice legislation. *Policy, Politics & Nursing Practice*, 6(1), pp. 60-71.
- World Health Organization Commission on Social Determinants of Health (2008). *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Retrieved 9/24/12 from [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)

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# Using Relationship Building to Promote Peace

by Sheila Golden-Baker, RN and Tom Baker, RN

The “Friends Forever, USA” program began 25 years ago in Danvers, Massachusetts and has been bringing teens from opposing sides in areas of great conflict together to promote understanding and tolerance. The hope was and is that by working intensely together for two weeks in Outward Bound type programs, volunteering in shelters and in hospitals, writing and giving speeches, and attending religious services on both sides, differences between the two groups would diminish. The youths could discover for themselves that the common threads of love of family, hopes and dreams and values bind all of us together. These teens are the leaders of tomorrow and upon returning to their culture can begin to plant the seeds of positive change, understanding and acceptance.

We have been RNs for many years and work at Massachusetts General Hospital. Sheila is a Professional Development Specialist and Tom is a staff nurse in vascular surgery. During this past year, we decided to take our commitment to nursing and the values we share and use them in a new way.

We volunteered to provide a home for 13 individuals—10 fifteen year olds and 3 adult chaperones. Our first experience was to host a group from Belfast, Ireland. Half of the teens were Catholic and half were Protestant. The second group we hosted was a mix of Jewish and Arabic teens from Israel. These experiences were incredibly powerful for us. All of the communication skills and cultural sensitivity that we learn and use as nurses came into play. We became surrogate parents to the group, providing them with guidance, new opportunities and the wisdom and perspective of a married couple who come from different religious backgrounds. Healthcare crises were inevitable with 10 fifteen year olds over a two-week period. We used our practical nursing skills to resolve a range of healthcare issues from spider bites, poison ivy and embedded splinters to the triaging and care of a young woman who suddenly collapsed late one night on the anniversary of her father’s tragic death.

The teens start off very wary of each other and tended to stay in their separate groups. Happily, as the weeks progressed, we could see the barriers fueled by fear and mistrust slowly disappearing. Music was a great universal language that helped bridge the gap between the teens. In fact, the Israeli/ Arab group adopted the popular song, One Day, by Matisyahu, as their theme-song. The refrain of **“One Day, One day, we’ll live in peace and our children will play together”** was sung in a united strong voice by teens who would never have even spoken together in their native country.



After their two weeks together, the teens go home and spread the words of peace throughout their schools, boys and girls clubs and neighborhoods. Thanks to the internet, we continue to keep in touch with our new friends and continue to foster and promote the healing that was started during our time together. These experiences showed us that building relationships one by one, like building a structure one brick at a time, can be a powerful foundation

leading to permanent change. Nurses are perfect role models with our wide scope and deep training in so many areas are a perfect fit to help “Friends Forever” nurture many rays of hope for peace in this world.

If you are interested in knowing more about this program or want to be a part of this, go to the website: [www.friendsforeverusa.org](http://www.friendsforeverusa.org) or contact Steve Martineau at [smartineau@friendsforeverusa.org](mailto:smartineau@friendsforeverusa.org).

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**The Eight Domains of Palliative Care:  
The Framework for Palliative Care Practice  
Ohio Nurses Association**

**OBJECTIVES**

1. Describe the eight domains of palliative care.
2. Outline the role of the nurse who is not a palliative care specialist in assuring patients have access to palliative care.

This independent study was developed by: Judy Bartel, MSN, ACHPN, FPNC; Patricia Beach, MSN, RN, AOCN, ACHPN; Douglas E. Cluxton, MA, LPC; Mary Davidson, MSN, RN, CHPN; Elizabeth Delaney, MS, RN, CNS, FNP-BC, ACHPN; Carroll Quinn Ennis, DNS, RN.

The authors have no financial vested interest.

All of the authors are current or past members of the Ohio Hospice and Palliative Care Organization's Palliative Care Committee.

The authors wish to thank Dr. Robert Taylor, MD of the Ohio State University School of Medicine for his thoughtful editorial comments.

The planners and faculty have no conflict of interest. There is no commercial support or sponsorship for this independent study.

**Introduction**

Since the 1970's, "palliative care" has evolved from an infrequently-used term referring to care provided by hospice in the last few months of life, to a medical and nursing sub-specialty that provides comprehensive services, in all settings, to persons experiencing life-threatening illnesses. Ideally introduced soon after diagnosis, palliative care emphasizes symptom management, patient and family involvement in care decisions, and an interdisciplinary team approach to care. There are substantial data demonstrating that palliative care provided earlier in the progression of a chronic illness benefits patients, families and the health system as a whole. (1,2,3)

However, at least two major challenges threaten the wide-spread acceptance of the concept of palliative care. First, palliative care is poorly understood by the general public as well as by many health providers. A good example of this lack of understanding was the controversy surrounding "death panels" in early drafts of the recent health care reform legislation. A proposal that physicians be reimbursed for care planning discussions with patients facing life-threatening illnesses was an attempt to introduce advance care planning (a major element of palliative care) into mainstream medical practice. The proposal was quickly re-framed as the use of 'death panels' that would take end-of-life decisions out of the patients' hands. Many providers of palliative care services were stunned by the apparent resistance, particularly among their colleagues, to the work they do every day. Much of that resistance was attributed to a general lack of understanding about the elements and benefits of palliative care. A second and related challenge is the reality that, while the number of palliative care programs in the US has increased rapidly in recent years, there is wide variability in the services those programs provide. There are no national, regulatory standards for palliative care as there are for hospice, thus no assurance that a 'palliative care program' truly provides the comprehensive, holistic services that should characterize such a program. Recent efforts of the National Consensus Project for Quality Palliative Care and the National Quality Forum are addressing this lack of standardization.

The purposes of this self-study article are to summarize the development of palliative care programs, discuss the Domains of Palliative Care identified by the National Consensus Project (4), and to outline the role of the nurse who is not a palliative care specialist in assuring that all patients experiencing life-threatening illnesses have access to high quality palliative care.

**The Development of Palliative Care Programs**

Since Dame Cecily Saunders opened St. Christopher's Hospice in England in 1967, hospice care has been the standard of care for persons dying from terminal illnesses.

Though hospice care originated in the 1800's in Ireland, it was after St. Christopher's Hospice opened that the world began to understand the concept of an interdisciplinary approach to end-of-life care.

The first Palliative Care program was developed in Canada in 1975, by Dr. Balfour Mount. Mount modeled his program at the Royal Victoria Hospital in Montreal, Quebec, Canada after Saunders' hospice model. He coined the term 'palliative,' a derivative of the Latin *paliatus*, meaning to cloak or conceal. It is meant to convey the concept of reducing the severity of a situation. Dr. Mount is considered the father of palliative care in the hospital setting.

In spite of the rapid growth in programs, there is still much confusion about what really constitutes 'palliative care.' Today there is not one unified, universally agreed upon, definition of palliative care. Many definitions are similar and embody key components of care. Several health organizations have offered a definition of palliative care including the World Health Organization (WHO)(5) and the Center to Advance Palliative Care (CAPC) (6) among others. The definition put forth by the Centers for Medicare and Medicaid Services (CMS) highlights some key components of palliative care. It states, *Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.*(7)

The similarities in various definitions include an emphasis on holistic care of the patient and family provided by an interdisciplinary team; pain and symptom management that is not limited to a terminal condition; and care throughout the continuum of chronic, life-threatening illness, with a strong emphasis on quality of life.

There is a lack of understanding by the community as to what palliative care programs provide in comparison to hospice. Most health care providers have a basic understanding that palliative care is initiated earlier in a disease trajectory whereas hospice is more often initiated in the last six months to year of life. But there are other important distinctions between the two.

Palliative care encourages the hospice philosophy of holistic, interdisciplinary care for persons with life-threatening illnesses and their families early in the course of the disease, long before they would be eligible for the Medicare Hospice Benefit that stipulates a prognosis of 6 months or less. Ideally, palliative care team members begin working with a patient and family soon after diagnosis of a life-threatening illness, when treatment is still more aggressive and cure-oriented than is appropriate late in the disease trajectory.

Hospice care is that part of palliative care that focuses on the terminal stages of illness, the phase of active dying and the important period of bereavement. One way to remember the distinction between hospice and palliative care is to remember that hospice is always palliative care, but palliative care is not always hospice. Hospice focuses on the last few months to a year of the disease, while palliative care begins early in the course of the illness.

Today, many infectious, communicable diseases have been eradicated, and people most often die of chronic, medical illnesses such as heart failure, cancer, kidney disease, or dementia. The disease trajectory for persons with chronic illnesses is often prolonged, involving numerous hospitalizations for exacerbations of the illness and a slow gradual decline over many months or years. Many patients now die in the acute hospital setting, often in the intensive care unit at the end of an acute exacerbation.

As more patients with life-threatening illnesses receive palliative care services earlier in the disease trajectory, many of them are discharged from the hospital, creating the need for the continuation of palliative care support as they reside in the community....at home, in assisted living or long term care. Community-based palliative care programs have been developed to fill this need for services across the continuum. While there are less data about community-based palliative care programs, many are partnerships between acute-care hospitals and hospices to provide a 'bridge' for palliative care patients discharged from the hospital but not yet in need of, or eligible for, hospice services. The ultimate goal of palliative care is to provide comprehensive, interdisciplinary services across the continuum,

from the point of diagnosis of a life-threatening illness through the death of the patient and the period of family bereavement.

Although there is wide variability among programs within the field, some key national organizations have come together in recent years to address this lack of standardization. In 2004 the first edition of *Clinical Practice Guidelines for Quality Palliative Care* was published by the National Consensus Project for Palliative Care (NCP). A second, revised edition of the document was released in 2009.(4) The work of the National Consensus Project is an important development in the advancement of palliative care because the documents offer a map to the future. NCP identified 8 'domains' of palliative care practice....all of which must be addressed in order to provide quality palliative care to the patient and family. These eight domains and a sampling of preferred and exemplary practices are outlined below.

**NCP Eight Domains of Quality Palliative & Hospice Care**

- Structures and processes of care
- Physical aspects of care
- Psychological and psychiatric aspects of care
- Social aspects of care
- Spiritual, religious, and existential aspects of care
- Cultural aspects of care
- Care of the imminently dying patient
- Ethical and legal aspects of care

**Domain 1: Structures and Processes of Care**

Domain 1 of the NCP *Clinical Practice Guidelines* highlights the importance of accurate assessment and care plans that are consistent with a patient's and family's values and goals. Completing advance directives, e.g. the living will and durable power of attorney for healthcare document, is one step toward achieving this goal. However, Domain 1 encompasses much more than simply completing advance directives. It cites the importance of a comprehensive interdisciplinary assessment of patient and family that addresses their identified and expressed needs.

The interdisciplinary assessment may include a review of the current status of a patient's health and any medical problems. The NCP states, "An interdisciplinary team provides services to the patient and family consistent with the care plan. In addition to nursing, medicine, and social work, other therapeutic disciplines with important assessment of patients and families include physical therapists, occupational therapists, speech and language pathologists, nutritionists, psychologists, chaplains, and nursing assistants. For pediatrics, this should include child-life specialists. Complementary and alternative therapies may be included." The gathering of patient's medical information from all of their care providers is helpful to assure that all information can be discussed in the context of setting goals and plans for the patient. Palliative Care can be provided in a variety of structures and settings including, inpatient hospital, outpatient clinic, and home community settings.

The Preferred Practices cited in Domain 1 are also related to the activity of advance care planning. Advance Care Planning (ACP) can be described as the creation of an environment of shared decision making among individuals, loved ones and healthcare professionals that is aimed at identifying a course of medical treatment in view of a patient's current health status, their values and goals, while supporting their highest quality of life. Significant triggers to engage in advance care planning are emergency room visits, hospital admissions, transfers to other levels of care, situations in which the previous goals for care are not being met, and when patients and family express that the current quality of life is poor.

The Ohio living will is a document that outlines the type of care a person either does or does not want at the end of life under **very specific circumstances**. It provides for the withholding or withdrawing of life-sustaining treatments such as resuscitation, ventilator support, or medically administered nutrition and hydration. **The living**

## CE Unit

### *Palliative Care continued from page 16*

will only become effective when the patient is either permanently unconscious or is terminally ill and unable to communicate wishes to the healthcare team. Among the limitations of the living will are the fact that it has a narrow window of applicability, it is often not available or consulted, and it has limited relevance to many treatment decisions. Because one cannot anticipate every treatment scenario, attempting to do so by including too many details could result in constraints for the surrogate decision-maker. In view of these limitations, some consider the durable power of attorney for healthcare to be a more important document.

The durable power of attorney for healthcare is a document that identifies a person to serve as the surrogate decision maker and to speak for a patient anytime that patient has lost capacity to make decisions about his/her treatment wishes to the healthcare team. This decision maker is called an agent or attorney in fact. A patient can also name two alternates to serve in this capacity if the first choice person is not available. Some of the concerns related to the durable power of attorney for healthcare are that the agent is frequently unaware of his/her authority and may be uninformed about the patient's wishes. The agent's authority to make healthcare-related decisions for a patient becomes effective only when the patient has lost decision making capacity. Therefore, it is illegal to permit the agent to make healthcare decisions for the patient while the patient still has full capacity.

In Ohio, the living will has legal precedence over the durable power of attorney for healthcare. As a result, the provisions set forth in a patient's living will must prevail over the decisions of the agent/attorney in fact. This illustrates the importance of communication between the patient and his/her decision maker. Another source of possible confusion is that the durable power of attorney for healthcare is a separate document from a financial power of attorney; the person who has been granted financial power of attorney does not have the legal right to make healthcare decisions for that same person unless they have also been designated as a surrogate decision-maker in a durable power of attorney for healthcare document.

One aspect of advance care planning that is vital to explore is the potential benefits and burdens of various treatments that are being considered. A patient and family cannot make an informed decision about care without a thorough discussion about the likely outcomes. A second critical aspect of ACP is the recognition that it is a process that often changes over time, rather than a one-time discussion of and completion of documents. All persons caring for the patient and family must return to the conversation frequently to assure that the patient's wishes are understood and being adequately addressed. Among the essential skills that the clinician needs in order to address these issues are:

- Ability to build trust and to communicate effectively while avoiding jargon
- Ability to anticipate significant issues and critical future healthcare crises
- Ability to prioritize
- Ability to clarify values
- Knowledge of advance directives documents

Possessing these skills will enable the nurse to be more prepared to engage in effective advance care planning discussions with patients and family members leading to outcomes that are more consistent with their wishes. The nurse who is not comfortable facilitating ACP discussions should not hesitate to make referrals to qualified palliative care team members.

#### **Domain 2: Physical Aspects of Care...the management of symptoms and side effects**

In this Domain the NCP *Clinical Practice Guidelines* emphasize that pain, other symptoms and side effects are managed based upon the best available evidence by health professionals with the appropriate technical skills and training, and that care is always delivered in a manner that is patient and family centered.

A primary tenet of good symptom management is to treat the underlying cause whenever possible. Chronic illnesses are complicated, and symptoms may have multiple causes, not all of which are

physical or biological. Palliative care approaches symptom management from a holistic perspective, recognizing the need for a careful assessment of symptoms and all their potential causes, including psychological distress or spiritual suffering.

Symptom management requires attention to detail. For instance, certain patient groups, such as the elderly or non-verbal or cognitively impaired persons, may be at greater risk for poor symptom management. The role of the non-palliative care specialist is to recognize the patient's needs, when they are unable to meet them and make a referral to the palliative care team. So if the non-verbal or cognitively impaired patient is displaying behaviors such as confusion, changes in behavior, combative behavior and impaired mobility, these could be expressions of pain; they should trigger a Palliative Care consult for more specific symptom management.

Pain and dyspnea are two of the most frequently experienced symptoms of chronically ill patients. Both of these symptoms are subjective; they are whatever the experiencing person says they are. Self-report is the primary indicator.

Lack of assessment is the most common cause of unrelieved pain (8). The National Quality Forum's National Framework and Preferred Practices for Palliative and Hospice Care Quality (9) recommends frequent assessment of symptoms using standardized and validated instruments as an essential approach to ensuring safe, timely, and effective pain and symptom management.

While they have not all been fully standardized, some assessment instruments available at this time include the numerical 1-10 scale or faces scale for pain, and a 1-10 scale for severity of dyspnea. The FLACC Pain Scale (Face, Legs, Activity, Cry, Consolability) (10) or PAINAD (Pain Assessment in Advanced Dementia) (11) are tools used to assess pain in cognitively impaired patients. The Respiratory Distress Observation Scale (RDOS) (12) can be used to assess respiratory distress in patients who cannot self-report.

Treatment of symptoms includes pharmacologic and nonpharmacologic interventions. Nonsteroidal anti-inflammatory drugs (NSAIDs) are useful for many pain states, especially those involving inflammation. Unless contraindicated, any analgesic regimen should include a non-opioid drug even when pain is severe enough to require the addition of an opioid. When available and effective, the oral route is preferred.

Allergic reactions to opioids are extremely rare and usually are due to preservatives, antioxidants, dyes, or other additives. Respiratory depression is greatly feared, yet rare. Constipation is a significant effect of opioid therapy, often leading the patient to discontinue or reduce the opioid dose because of the discomfort from the constipation. Orders for opioid medication should routinely include an order for a laxative and/or stool softener.

Dyspnea is another frequent and troubling symptom experienced toward the end of life. If dyspnea is not treated appropriately and aggressively, or if treatment is unsuccessful, the patient may choose intubation and a ventilator out of desperation. If the patient has expressed that they do not wish to be intubated, this goal should be supported utilizing appropriate interventions. Palliative Care teams are skilled at managing dyspnea, and typically have protocols for managing end-stage dyspnea and ventilator withdrawal at the end of life.

Poorly managed pain and other symptoms can negatively affect the person's ability to function and carry out their desired activities of daily living. The patients' goals for care and their perspectives on quality of life should always be primary considerations in care planning.

#### **Domain 3: Psychosocial and Psychiatric Aspects of Care**

Domain 3 of the National Consensus Project's *Clinical Practice Guidelines for Quality Palliative Care* (4) identifies the importance of the psychological and psychiatric aspects of care. Guidelines for this domain state that the patient's psychological status is assessed and managed based upon the best available evidence, which is skillfully and systematically applied. When necessary, psychiatric issues are addressed and treated. In addition, a grief and bereavement program should

be available to patients and families, based on the assessed need for services.

Symptom management in palliative care often starts with the relief of patients' physical symptoms, but is only completed when we have considered their feelings, their family and friendship network, their social circumstances, and their spiritual needs. The primary non-medical needs expressed most frequently include: a need to express emotional pain, a need to explore spiritual pain, and a need for practical financial and legal help.

An important element of palliative care philosophy is that living with chronic, life-threatening illness is a holistic experience for the patient and family. Illness does not occur in a vacuum. Each individual has a personal history, personality characteristics, coping mechanisms, and material resources. An individual may have more or less of a family support network, but most individuals are members of some type of social network. Understanding these different aspects of the patient and family's life circumstances helps the care team personalize their care and optimize their adaptation and coping.

The assessment and treatment of psychosocial distress associated with a terminal illness involves distinguishing between the normal symptoms of adjustment to an advanced illness and a major psychiatric disorder. An individual's process of adaptation will be determined to varying degrees by several factors. For example, the patient's age and developmental stage impact how that individual makes meaning of their disease relative to their social roles, responsibilities and expectations. The nature of the disease, in terms of symptomatology and functional limitations, requires different adaptive responses from the patient. For example, the person with ALS remains cognitively intact and must adapt psychologically to the progressive physical limitations resulting from the disease. Conversely, the individual coping with the early to middle stages of Alzheimer's dementia may only have occasional lucid periods when they must adapt to the reality that while they are physically quite capable of caring for themselves, they are losing the cognitive capabilities that allow them to perform basic self-care such as dressing and toileting.

Adaptation can be affected by the trajectory of the illness. If the patient and/or family believed that a disease, such as cancer had been 'cured,' they may experience a period of profound disappointment or shock when a relapse occurs. A disease trajectory that involves constant disruptive symptoms over a prolonged period of time may cause patients and families to become discouraged, and without adequate energy to face the last stages of the illness. If the illness trajectory is short and the disease a rapidly progressive one, the patient and family may need additional support as they address the many psychosocial issues related to dying and 'letting go.'

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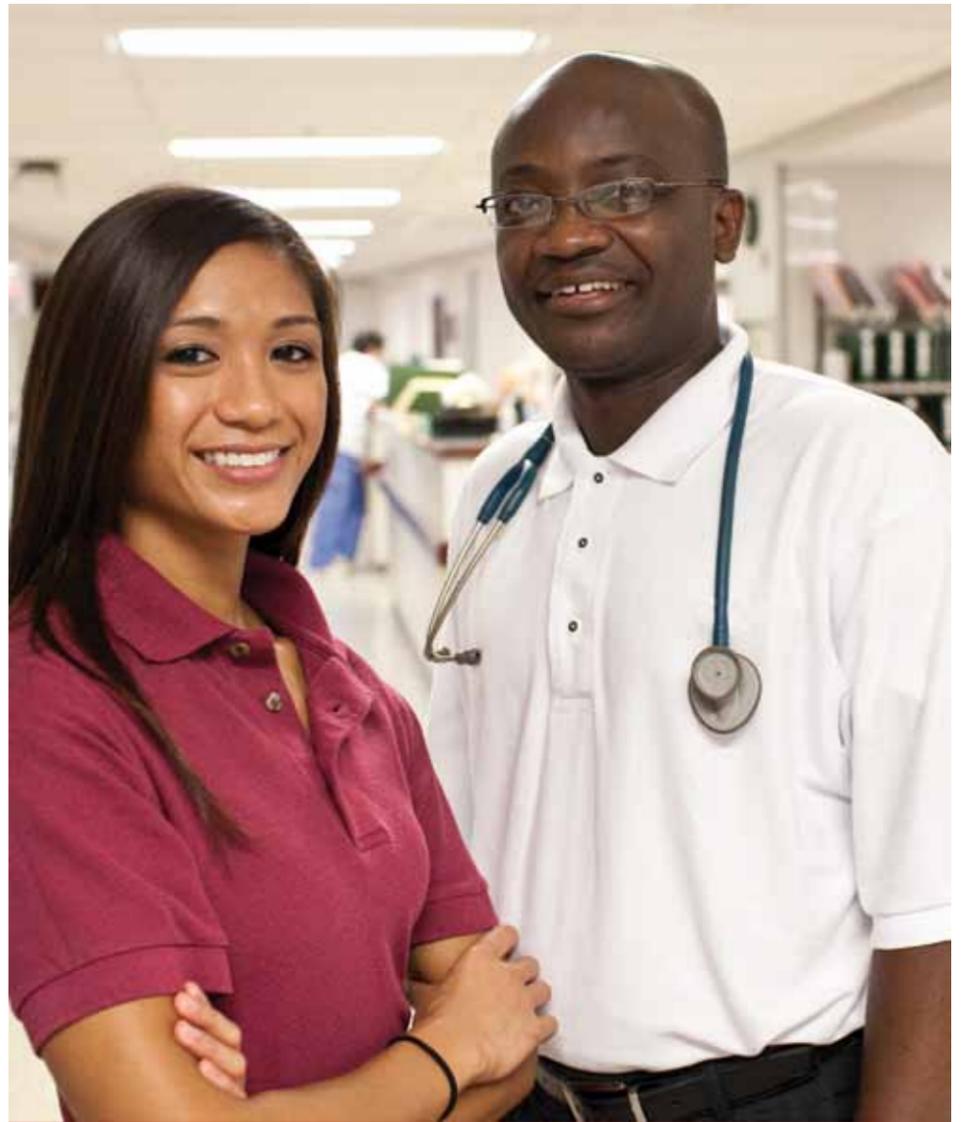


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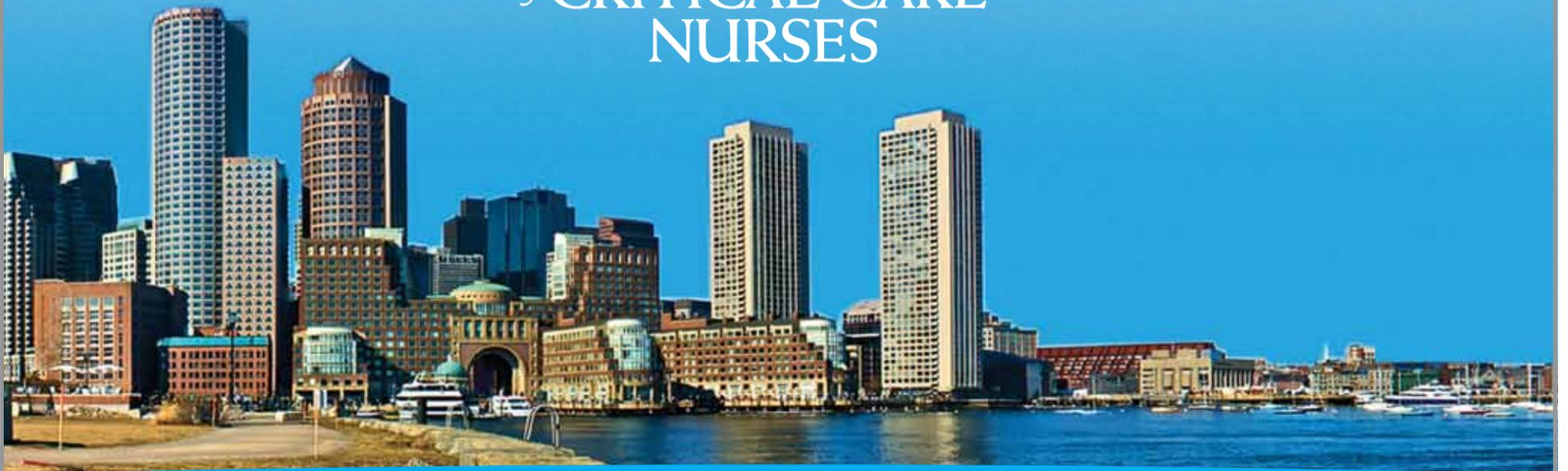
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