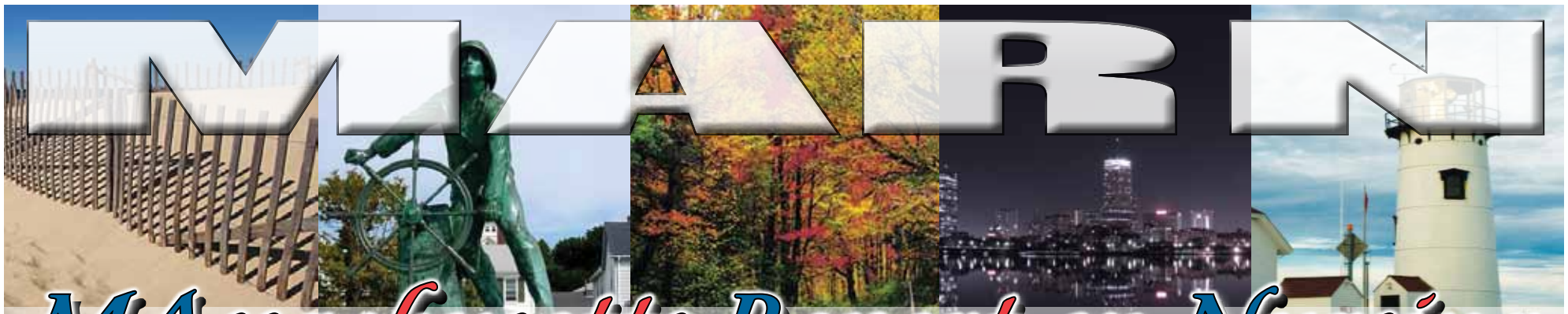

MAssachusetts Report on Nursing

MARN is the Massachusetts Affiliate of the American Nurses Association

Vol. 11 No. 3

The Official Publication of the Massachusetts Association of Registered Nurses, Inc.
PO Box 285 • Milton, MA 02186 • 617-990-2856 • newsletter@MARNonline.org
Quarterly Circulation 118,000

September 2013

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Clio's Corner – Privileging The Past
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MARN Fall Clinical Conference

Navigating Your Nursing Career – National and Statewide Implications of the Institute of Medicine's (IOM) Report on the *Future of Nursing*

October 19, 2013
Framingham Tara Hotel
8:00 a.m. to 1:00 p.m.

The purpose of this conference is to provide participants with information to guide personal and professional decision-making regarding educational preparation that will support ongoing clinical competency and promote nursing career development.

Join us and a panel of experts to learn more about.....

- Key points contained within The IOM Report and how this will affect **YOUR** practice and nursing career.
- Innovative academic options for educational preparation and career enhancement.
- Competencies that nurses will need to meet future practice requirements and challenges across all roles and settings.
- Current work and future direction of the Massachusetts Action Coalition toward statewide implementation of the IOM Report.

Keynote

Patricia Crombie, MSN, RN

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MARN Lobbies on Capitol Hill

By Diane Jeffery, Executive Director

Traditionally, one of the highlights of the House of Delegates is "Lobby Day" where nurses from around the country meet with their legislators on Capitol Hill. Now that the governing body of ANA has officially morphed into a leaner and more nimble Membership Assembly, I was pleased to see that Lobby Day was still included as a component of the events prior to MA. This year, the main bills that were at the top of the ANA agenda were the Home Healthcare Planning and Improvement Act (H.R. 2504/S.1332), Safe Staffing, H.R. 1821 and Safe Patient Handling, and The Nurse and Health Care Worker Protection Act of 2013, HR 2480.

Posing with Representative Joe Kennedy.

Massachusetts nurses joined over 1,000 nurses from across the country participated in Lobby Day: ANA and MARN Director Gayle Peterson, Mimi Pommelo, RISNA President-Elect and Massachusetts resident, Christine Gadbois and MARN Executive Director, Diane Jeffery. We visited many offices of our Massachusetts representatives and met with Senators Ed Markey and Elizabeth Warren and Congressman Joseph Kennedy. All who we spoke to were very sympathetic to our issues and promised to support the proposed legislation.

Please go to www.rnaction.org for further details on the ANA proposed legislation and to learn how you can assist MARN and ANA in our important lobby efforts on behalf of nursing. Join the MARN Action Team (MAT) to receive regular action updates and keep posted on important issues affecting the nursing profession at: www.MARNonline.org.

MARN & ANA Director Gayle Peterson & MARN Executive Director Diane Jeffery with now Senator Ed Markey

ANA and MARN Director Gayle Peterson, RISNA President-Elect & Massachusetts resident, Mimi Pommelo, Christine Gadbois and MARN Executive Director Diane Jeffery with Senator Elizabeth Warren.

Different Beat…SAME Drum!

Tara M. Tehan, MSN, MBA, RN, NE-BC
President-Elect, Massachusetts Association of Registered Nurses

Little did I expect that half way through the morning, on the first day of the Membership Assembly that I would be drumming on a traditional African drum, yet, as I sat surrounded by over one hundred colleagues, all drumming to the same bass note, I was reminded of our unity of purpose…to advance our profession to improve health care for all. This drum served to illustrate important lessons for me:

First: the bass note taught me that we come together as an organization focused on our goal despite being a diverse group.

Second: as we individually began to explore the drum and find our own rhythm, I was reminded how diversity creates a beautiful harmony.

It is through appreciation of diverse views, and a commitment to the mission of the American Nurses Association, that nurses are strengthened and propelled to achieve new heights of success. It was this experience that set the tone for the inaugural Membership Assembly.

The Membership Assembly provided an opportunity to reflect on ANA's achievements over the past year, as well as to set our future strategic direction. ANA Executive Director, Marla Weston presented ANA's work on the 8 strategic pillars and the action to date in each of the pillars:

- Leadership – The creation of the Leadership Institute, a developing Leaders webinar series, governance videos and continuation of the American Nurse Institute for advocacy development.
- Cornerstone Documents – A Code of Ethics and Nursing Scope of Practice call for Revisions Committees and educational packs in development.
- Scope of Practice – Revised, approved and published 5 specialty scope and practice documents. Webinar on delegation completed and the planning of a webinar on collaborative relationships is underway.
- Care Innovation – Lobbied for new Medicare rule requiring payment for nursing care coordination, published Art and Science of Nurse Coaching and development of webinars on innovation and care.
- Quality – Nursing Alliance for Quality Care, housed at ANA. Quality Committees, webinars and developed Quality, Safety, Care Coordination book, educational offerings and developed and hosted an annual quality conference.
- Work Environment – Safe Patient Handling and Mobility standards established. "Bullying in the Workplace – reversing a culture" guidelines released and summit planned.
- Safe Staffing – Registered Nurse Safe Staffing Act proposed legislation, developing a business case for safe staffing, developing a staffing conference and recording a podcast on safe staffing.
- Healthy Nurse – Health risk appraisal and "You" series booklets under development.

Much of the first part of the morning was also spent brainstorming how current trends may impact nursing over the next decade. Working in small groups, we had the opportunity to network and learn how different regions in the United States were experiencing the changing healthcare environment.

The work set forth in the last House of Delegates continued and all nineteen bylaws were approved and adopted. These changes allowed for individuals to join the American Nurses Association directly, and outlined the roles and responsibilities of individuals in the ANA. We also debated the merits of one reference report, Licensure Jurisdiction for Cross-Border Nursing Practice. This reference report was brought forward collectively by several state nurses associations and asked us to advocate for policy that supported licensure jurisdiction at the location of the registered nurse. The consensus was that this was an important topic, especially given the growth of telemedicine, but needed more thought and consideration. With a large majority, the representatives ked that the Board of Directors study this issue more closely and bring more information back to the 2014 Membership Assembly.

The first Membership Assembly *did* feel different than the House of Delegates the year before though the core purpose and work remained the same. We still debated issues facing our profession and made decisions that will positively impact our profession and patients. But there was a greater spirit of collaboration and we were a more nimble group; focused on the future rather than looking to the past. In closing the meeting, ANA President Karen A. Daley, PhD, RN, FAAN, thanked participants who made the accomplishments of this past year, telling us, "As you prepare to head back home to your associations, I encourage you to reflect on how we came together, worked together and led together," she said. "This is the start of our new beginning, and I strongly encourage you to stay engaged and keep thinking and planning for our bright future together."

Despite the challenges in the future, I left the Membership Assembly rejuvenated and hopeful for the future of Nursing…for I am confident that if we stay drumming to the beat of the bass note our collective strength will allow us to work in perfect harmony and soar to new heights.

Fall Clinical Conference continued from page 1

A panel of experts will discuss
Academic Progression: NOFNCC Integration into Academia and Practice:
Cecilia McVey, BSN, MHA, RN

Transport Compact Team
Susan Conrad, PhD, RN

Models of Accelerated Pathways
Janet Lusk-Mongale, PhD, RN, CNE

Nurse Competencies of the Future:
Diane M. Welsh, DNP, APRN, CNE

RN and APN Scope of Practice
Elaine Bridge, DNP, MBA, RN
Stephanie Ahmed, DNP, FNP-BC, DPNAP

Look for more information at www.MARNonline.org or call 617-990-2856

www.MARNonline.org

Published by:
Arthur L. Davis Publishing Agency, Inc.

MAsschusetts Report on Nursing is published quarterly every March, June, September and December for the MAssachusetts Association of Registered Nurses, P.O. Box 285, Milton, MA 02186, a constituent member of the American Nurses Association.

Strategic Planning for a Successful Future 2013-2016

The MARN Board of Directors and committee chairs came together in May for a full day retreat to discuss the 2013 – 2016 strategic plan. As you would expect, the conversation was stimulating, inspired and filled with the richness of nursing's truest spirit. We are extremely fortunate as an organization to be the recipients of so much hard work these outstanding members have done on our behalf.

Through a rigorous process involving collecting, sorting, analyzing, validating and vetting massive amounts of data, the following 3-year strategic plan was developed and presented to the Board of Directors, who unanimously adopted it at their meeting on Monday July 15, 2013. This plan is reflective of the challenges many other professional organizations face, but accurately focuses on continuing MARN's success as the professional voice of nursing in Massachusetts.

Strategic Goal #1:

Develop and implement a comprehensive plan to insure ongoing sustainability of the organization by targeting 3 main focal areas: *Revenue, Infrastructure and Reputation.*

Revenue

- Develop a new dues structure and fee schedule for exhibitors
- Investigate and pilot new revenue streams utilizing the website
- Establish and launch a new business model for the Approver Unit

Infrastructure

- Comprehensive assessment of all committees in collaboration with the Board of Directors to establish a plan to address issues of sustainability including, but not limited to developing:
  - a committee charter with clear and concise articulation the committee's purpose, goals, and prescribed outcome measures of success or rationale for sunset and/or to repurpose itself into a contemporary task force centered on a selected/focused issue

  - operating policies and procedures to include minimum term limits for committee members and chair, as well as the process for becoming the committee chair
  - a budget to be submitted to the Board of Director for approval at the end of each fiscal year addressing their projected needs for the upcoming fiscal period
  - mission-driven strategic initiatives for each committee in compliance with their operating policies and procedures to be submitted to the Board of Directors for approval within the first quarter of the fiscal year

Reputation

- Engage consultants create a new:
  - Marketing/Branding presence in the Massachusetts nursing community
  - Lobbying and Government Affairs platform consistent with the MARN mission and other environmental factors and in concert with marketing/branding strategies
  - Technology assessment and recommendations to compliment current and future needs

Strategic Goal #2:

Provide operational resources to allow the committees to do the work of the organization

- Conduct a comprehensive assessment to address needed resources:
  - Funding an administrative assistant position to directly support and assist the chairs of Continuing Education, Health Policy, Conference Planning, and Membership committees
  - Ensuring that each committee has the necessary technological support to meet their approved strategic plans
- Identifying and meeting the ongoing professional developmental needs of the committee members

Strategic Goal #3

Increase member participation in all aspects of the organization, but with a special focus on; *Committee Recruitment, Conference and Annual Business Meeting attendance.*

It is important to the entire Board of Directors that each of you is kept informed and reminded of your invitation to become actively involved in our great organization.

MARN is a constituent member of the American Nurses Association
PO Box 285 ~ Milton, MA 02186 ~ 617-990-2856

OPPORTUNITY TO HONOR YOUR COLLEAGUES: MARN Awards Open to All Nurses

Do you work with or know nurses whose commitment to nursing and to patient care is exemplary? Do you ever want to thank your colleagues for their professional contributions? You should honor those great nurses by nominating them to receive one of the many MARN Awards!

Nominees can be members of MARN or a non-MARN member who is nominated by a member of MARN. These awards can also be peer or self nominated.

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

Living Legends in Massachusetts Nursing Award

The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level.

This award is presented each year at the annual MARN Awards Gala Celebration ceremony (in April 2014). **Candidates for this award should be a current or past member of the Massachusetts Association of Registered Nurses (MARN) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.**

Excellence in Nursing Practice Award, Nursing Education & Nursing Research

Awarded to a registered nurse who demonstrates excellence in clinical practice, nursing education or nursing research (especially education and research that has had or has the potential to have a positive impact on patient care).

(MARN membership not required)

Loyal Service Award (OUR NEWEST AWARD!)

Presented annually to a member of MARN who has demonstrated loyal and dedicated service to the association.
(MARN membership required)

Mary A. Manning Nurse Mentoring Award

This monetary award ($500) was established by Karen Daley to support and encourage mentoring activities. It is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education.

(MARN membership not required).

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship
This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald a long time member of MARN. The monetary award of up to $1,000 is given each year to a member of the Massachusetts Association of Registered Nurses to pursue an area of interest or special interest or special project that will be beneficial to the member and /or the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. **(MARN membership required)**

Arthur L. Davis Publishing Agency Scholarship Is for a **MARN Member** to pursue a further degree in nursing **or** for a **child or significant other** of a MARN member who has been accepted into a nursing education program. The $1,000 scholarship can *only* be applied to tuition and fees.

Application/Nomination Process

- ✓ Access the application for all awards and scholarships at the MARN Website: www.MARNonline.org/Awards
- ✓ Complete the application and submit application and submit electronically or postmarked by mail **(November 15, 2013 for all awards and the Fitzgerald Scholarship; March 15, 2014 for Davis Scholarship)**
- ✓ If you have any questions, need help? Call MARN at (617) 990-2856 The selected recipients will be notified by December 3, 2013 for Fitzgerald Scholarship March 17, 2014 for Davis Scholarship

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Editorial:

Doing the Lion's Share: Advanced Practice Nurses Seek to Smash Barriers to Practice

by Myra F. Cacace, MS, GNP-BC

In 2007, Massachusetts passed legislation that provided universal health care coverage for all residents of the Commonwealth. This legislation was a model for the Affordable Care Act of 2010. It is estimated that there will be an additional 16 million new consumers of health care by 2016 without enough primary care physicians to take care of them. Additionally there will be an increase in the number of older Americans with multiple co-morbidities who will need primary and tertiary care. Who is going to take care of these people?

I urge all nurses to support legislation that was filed jointly with the Massachusetts Association of Nurse Anesthetists (MANA) and is sponsored by Senator Richard Moore and Representative Kay Kahn:

An Act Improving the Quality of Health Care and Reducing Costs
HB2009/SB1079

Advanced Practice nurses have been doing the lion's share of care high quality care to our most vulnerable citizens for several years. The present shortage of primary care providers is forcing a change in the way health care is delivered and by whom. It is time for the barriers to advanced nursing practice to be torn down. Supervision by physicians over advanced practice nurses is one of those barriers. All health care providers naturally collaborate because that is the best way to care for our patients. A statutory requirement for supervision is not necessary because advanced practice nurses are a proven quantity.

Nurses should regulate nursing practice. The sole authority for the regulation of nursing practice should be the Board of Registration in NURSING, rather than in combination of the Board of Registration in Medicine, which is redundant and costly.

In a busy practice there is no time to seek approval for needed medications and no time for physicians to cosign the notes of other health care professionals who are working within their scope of practice. Advanced practice nurses seek to contemporize the Nurse Practice Act to reflect the work that advanced practice nurses already do…ordering and interpreting tests and therapeutics to provide the high quality care that is well recognized by the public we serve. It is time to remove the restrictive time limitations on writing prescriptions for the nurse anesthetist.

The time for change is now. Nurses must realize our collective power to influence a needed re-design of the health care system. Please contact your state representatives and ask them to support HB2009/SB1079.

President's Message

The Future of MARN: It's in our Hands

Gino Chisari, RN, DNP, President

I am writing this on July 3 as I ponder how to spend the holiday – Do I go to the beach and sunbath – travel to the banks of Charles River with thousands of others – attend one of several backyard BBQ's that I've been fortunate enough to be invited to – or maybe chill-out in my air conditioned den with a good book (there are so many to read!)? So if this article won't be published until the future I decided to write about *"The Future…"*

Dr. Gino Chisari

I spend a considerable amount of time thinking about and planning for the future. My accountant reminds me (way too often) that retirement is closer than I think. My doctor reminds me of all of those "preventive" tests I'm suppose to have because I'm middle aged…*when did that happen?!?* Even my car tells me about my next scheduled service. At work, I strategize and implement programs to meet the demands of today's healthcare arena, while simultaneously keeping a watchful eye on the proverbial bottom line. As your president, in my free time I think about the future of MARN.

At the 2013 annual business meeting, I was proud to report that MARN's financial reserve is strong, our membership is growing, and our presence/clout has increased on Beacon Hill. Relationships with other nursing organizations are being strengthened and many MARN members work on various Mass Action Coalition sub-committees. Yes! MARN is proud to begin our 12th year but there is still much to do.

In May, the board of directors and several committee chairs met for the bi-annual strategic planning retreat to plan for MARN's future. I was inspired and I thank the committee chairs who have been growing the organization through the years. Several of our committee chairs are Founding Members and were present at the inception of MARN. They worked tirelessly to make MARN what it is today. To them and all of the others who created this new professional organization, I bow to you with humble gratitude for your commitment to the profession of nursing.

However, there are some realities to be faced in our future. MARN has depended upon the volunteer spirit for the work of the organization. This model is no longer sustainable. While we all treasure the many close relationships forged by working towards a common goal, the time has come to boldly take MARN into a stronger future. We need improvements to our infrastructure to ensure long-term success. We need the commitment of more nurses to build on our strong foundation and continue as the voice of nursing in Massachusetts.

Historically, the nursing profession has been mission-based and altruistic. This has served us well for over 200 years and indeed is still a most important concept in our self-identity. But, times have changed and healthcare (whether we like it or not) has become big business. This is also true for MARN.

So, as I ponder the future (*and ignore my doctor's emails*) I see a new MARN; nimble, flexible and responsive to our members and to the quickly shifting health care environment. I see a MARN who is called upon by policy makers who know that we are the true voice of the professional nurse in Massachusetts. I see a MARN who remains committed to its core mission and exemplifies its values…an organization of nurses interested in one simple task – ***Change the world for the better.***

Realizing this vision will be a challenge, so today I am reaching out to all Massachusetts nurses. The future of the nursing profession is *our* responsibility. There are approximately 130,000 licensed nurses in our Commonwealth. Think about that huge number and its associated political and financial power…

What can we accomplish if ***all nurses*** united around the same goals?

Remember our nursing roots: nurses are obligated to protect, promote and support the profession. Our Code of Ethics mandates: preserve the profession. ANA's *Nursing's Social Policy Statement: The Essence of the Profession,* tells us it is our responsibility to maintain the high standards of quality that are underpinnings of our relationship with our patients and their families.

To preserve the nursing profession and MARN's vision, I ask each nurse to do your part. THINK: What it would be like if nursing became obsolete,…perceived as unnecessary or unimportant to the delivery of healthcare… became nothing more than a mere mention in a history book as some long forgotten dinosaur…

There are forces around us that want to see nursing disappear. The competition for the shrinking healthcare dollar will make people behave more like they are contestants on "Survivor" rather than on a healthcare delivery team.

I know some of you will dismiss my statements, criticize me for promoting fear, or accuse me of being unnecessarily paranoid, but how many nurses have lived with the effects of actions taken by those who are more interested in preserving the bottom line than promoting excellence in patient care? What will happen if nurses remain silent?

Every nurse must become involved! Dare to promote the profession and honor our legacy by becoming an active member! Be a part of designing Nursing's future! Lend your voice, your support and when necessary your financial contribution. As I learned many years ago, teaching in a small Catholic nursing program; no money – no mission.

Become a MARN member today
and be among the counted.

Reference:
ANA. (2010) Nursing's social policy statement: the essence of the profession. 3rd edition

Welcome New BOD Members

MARN Treasurer:
Diane Hanley MS, RN-BC, EJD

Diane Hanley was born and raised in Massachusetts, just north of Boston. She has been a nurse for 30+ years: initially in Neonatal Nursing, however for the past 15 years, as a nurse educator and administrator, has focused primarily on the development of professional nursing practice using the Magnet Recognition program as a template and guide.

She received her baccalaureate degree from St. Anselm College in Manchester NH, and a MSN from Salem State University in Salem MA. She attended Concord Law School, an online program, earning an executive jurist doctorate with a major in healthcare. "Like many of you, I am a lifelong learner, I enjoyed obtaining each of my degrees; however, I must admit, I am happy to be finished."

Professionally, she has many years of teaching nurses in the hospital setting. "I am committed to nurses' academic progression and optimal patient outcomes. I truly cannot imagine having a career that I could possibly enjoy more than that of a nurse educator." In addition to nursing education, she is an expert in the rules and regulations related to healthcare administration. I served as the Chair of the Massachusetts Board of Registration in Nursing for 5 years.

On a personal level, my husband and I have been married 21 years. We have four grown children and a grandchild on the way...all live pretty close to us. When I am not busy 'being an administrator/educator', I spend my time on the ski slope. I actually am a certified professional ski instructor- teaching children the love of snow sports! I look forward to working with the MARN Board of Directors."

New Director: Linda Moniz, PhD, RN

Linda Moniz is a founding member of MARN and served on the MARN BOD during its formative years. She left to pursue her PhD but was elected to be a MARN Director at the annual meeting in April 2013.

Linda has been a nurse in Massachusetts for 25 years in a variety of clinical settings; from acute care to home care and long term care, and for the last 8 years as an Associate Professor of Practice at Simmons College undergraduate nursing program. "My special interests in Nursing are gerontology and rehab. I have worked with geriatric patients for the last 13 years as an educator and at the bedside. I am also a computer informatics consultant to long term care facilities."

When not working as a nurse, Linda likes to golf, sew, do cross stitch and ride her Harley Davidson. "I am very glad to be an active member of MARN once again. The networking with colleagues and some of the best nursing leaders is very exciting. Thank you for electing me to the Board of Directors."

Registered Nurse Safe Staffing Bill Introduced in Congress

Nurse staffing directly impacts patient safety; direct care nurses to drive staffing plans

The American Nurses Association (ANA) applauds the introduction of federal legislation that empowers registered nurses (RNs) to drive staffing decisions in hospitals and, consequently, protect patients and improve the quality of care.

The Registered Nurse Safe Staffing Act of 2013 (H.R. 1821), crafted with input from ANA, has sponsors from both political parties who co-chair the House Nursing Caucus – Reps. David Joyce (R-OH) and Lois Capps (D-CA), a nurse.

"Nurse staffing has a direct impact on patient safety. We know that when there are appropriate nurse staffing levels, patient outcomes improve. Determining the appropriate number and mix of nursing staff is critical to the delivery of quality patient care," said ANA President Karen A. Daley, PhD, RN, FAAN. "Federal legislation is necessary to increase protections for patients and ensure fair working conditions for nurses."

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors, and even death. And when unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

The bill would require hospitals to establish committees that would create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, severity of the patients' conditions, experience and skill level of the RNs, availability of support staff, and technological resources.

The safe staffing bill also would require hospitals that participate in Medicare to publicly report nurse staffing plans for each unit. It would place limits on the practice of "floating" nurses by ensuring that RNs are not forced to work on units if they lack the education and experience in that specialty. It also would hold hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

ANA backed a similar staffing bill in the last Congress. This version includes requirements that a hospital's staffing committee be comprised of at least 55 percent direct care nurses or their representatives, and that the staffing plans must establish adjustable minimum nurse-to-patient ratios.

Additionally, ANA has advocated for safe staffing conditions for the nation's RNs through the development and updating of ANA's Principles for Nurse Staffing, and implementation of a national nursing quality database program that correlates staffing to patient outcomes.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA's recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA's safe staffing legislative efforts, please visit www.RNAction.org.

Emergency Situation Guidelines Passed for the Purposes of Allowing Mandatory Overtime

Reported by Diane Jeffery, MARN ED

Section 103 of Massachusetts health care reform law, Chapter 224 of the Acts of 2012, adds a new section 226 to Chapter 111 of the General Laws governing the use of mandatory overtime for nurses in a hospital setting. The goals of Section 226 are to:

- Prohibit the use of mandatory overtime as a hospital staffing strategy
- Ensure that mandatory overtime is used as a last resort in exceptional circumstances
- Protect patient safety

Under 226, the Health Policy Commission was required to "develop guidelines and procedures to determine what constitutes an emergency situation for the purposes of allowing mandatory overtime." To fulfill this responsibility, the Commission's Quality Improvement and Patient Protection Committee held a listening session at its meeting on February 22, 2013. Representatives from MARN, hospitals, labor unions representing nurses and other health care workers, community organizations, nurse leaders/executives, and members of the public delivered oral and written testimony.

A clear consensus emerged across all stakeholders: ***mandatory overtime should not be used as an alternative to appropriate staffing practices and should be used only in limited circumstances.*** The committee also reviewed statutory language from other states that have successfully implemented restrictions on the use of mandatory nurse overtime.

Final guidelines were approved at the Health Policy Commission meeting held on June 19, 2013.

Emergency Situation for Purposes of Allowing Overtime

An emergency situation for the purposes of allowing mandatory overtime means an unforeseen event that could not be prudently planned for or anticipated by a hospital and affects patient safety:

–Government declaration of emergency

–Catastrophic hospital emergency

Mandatory overtime is not used for an unexpected vacancy where there is a reasonable alternative. The hospital must exercise a good faith effort to fill the shift on a voluntary basis.

An emergency can be declared by a hospital's chief executive officer or a senior management designee and must be reasonable under the circumstances.

Definition of Government Declaration of Emergency

- A federal, state, municipal, or local declaration of emergency that takes effect pursuant to applicable federal or state law such as a natural disaster, an act of terrorism, power outage, events involving numerous serious injuries, a chemical spill, widespread outbreak of disease in the hospital's service area.

Definition of Hospital Emergency

- A situation internal to the hospital that is unforeseen and could not be prudently planned for or anticipated that substantially affects the delivery of medical care or increases the need for health care services, such as an internal riot or other disturbance, an extended power outage, system failure or other unexpected occurrence that compromises patient safety.
- An ongoing medical or surgical procedure in which a nurse is actively engaged and where that particular nurse's continued presence beyond the end of a scheduled shift was unforeseen and necessary to ensure the safety of the patient.
- Shall NOT include situations resulting from routine staffing needs, expected levels of absenteeism for vacation, holidays, sick and personal leave.

Reasonable alternative

- Maintaining a "float pool"
- Posting work schedules with minimal staffing gaps at least four weeks in advance of scheduled shifts in order to fill vacant shifts
- Taking action to fill vacancies before the shift begins
- Establishing an "availability" or "on-call" list of volunteer nurses to fill unexpected vacancies
- Convening daily pre-shift huddles to determine staffing requirements
- Develop an emergency operation or "disaster plan" to provide adequate staffing

Good faith effort

- Reaching out to all available qualified staff from other units to fill gaps in needed areas during and emergency situation
- Contacting all nurses on the "on call" list
- Using off-duty, per diem, and part-time nurses
- Using personnel from a contracted temporary agency as permitted by law or regulation

Hospitals must report all incidences of mandatory overtime to the Department of Public Health.

The Commission shall review reports submitted to the Department of Public Health pursuant to M.G.L. c. 111, section 226 about the instances of overtime for nurses mandated by Massachusetts hospitals and shall determine whether changes should be made to the guidelines in accordance with the purposes of the law.

Governor Deval Patrick Appoints First Registered Nurse to Serve as Commissioner, Massachusetts Department of Public Health

by Craven & Ober Policy Strategists, LLC

As registered nurses (RNs) we are expert advocates for our patients. We have the knowledge, skill and expectation that we will advocate passionately on behalf of these individuals. When RNs take their experience and apply it to population health, however, they are capable of making a significant impact on entire communities. And in today's world, one RN is about to have such an impact on the entire commonwealth! Cheryl Bartlett, RN has just been appointed Commissioner of the Massachusetts Department of Public Health (MDPH), the first RN to hold this position and we know she is making the profession proud.

Public health is the experience of health and illness from a population perspective and although Massachusetts has a mandate that all its citizens acquire health insurance, the need for a vibrant department of public health has never been greater. The MDPH has been collecting and using data to inform policy makers and the public since 1842, the year the first statewide registration of vital records began.[1] With that data, and since then, their work has resulted in many interventions that reduce death from infectious disease and tracked the development of heart disease and cancer as the most prevalent causes of death today. Under the leadership of MDPH, the Massachusetts Tobacco Cessation and Prevention Program has been a national model for reducing the health and economic burden of tobacco use at home and in the workplace. They have also studied the causes and treatment of emerging diseases, including but not limited to HIV/AIDS, Lyme disease and H1N1. Cheryl Bartlett has been a recognized champion in these areas over the years.

Ms. Bartlett became a community advocate and public servant more than twenty years ago and has held multiple positions. She served on the US Public Health Service Regional Task Force on HIV/AIDS and is certified in infection control and HIV/AIDS. In addition, she applied her nursing degree to the founding of the Nantucket AIDS Network, serving as Executive Director from 1989 to 2000 while responsible for the development, implementation and management of all fundraising, grant writing, training, supervision and coordination of 300 volunteers per year engaged in community education, outreach and awareness.

Since joining MDPH as Deputy Director of the Bureau of Community Health and Prevention in 2008, Ms. Bartlett has continued her leadership as Director of the Bureau in 2010. In this position, she oversaw the operation of the Bureau in all areas of program management and development with an $85 million budget and 140 staff. By 2012, Ms. Bartlett was elevated to Deputy Commissioner assisting the Commissioner with establishing and implementing priorities for the Department. In the immediate aftermath of the Boston Marathon bombings, Ms. Bartlett led the state's efforts to coordinate care between emergency responders and hospitals to ensure that the appropriate resources and beds were available to treat the influx of injured patients. This spring, Bartlett helped to advance medical marijuana regulations that provide appropriate access to patients, while maintaining a secure system that keeps our communities safe. These regulations have been called a model for other states. She also led the efforts to develop a fee structure for a self-financed medical marijuana industry that supports patient access without relying on taxpayer resources.

"Massachusetts is nationally recognized in many areas of public health," said Commissioner Bartlett. "I look forward to working with the Patrick Administration and Secretary Polanowicz to bring forward new ideas to strengthen our programs and further insure the health of our residents." [ii]

As Commissioner, the nursing community can trust that Cheryl Bartlett will advocate for those issues in real need of change; for children, families, patients with specific chronic illness or health care payment reform initiatives that promote quality care. As a profession, let's do what we can do to support the new Commissioner in her vision of a healthier Commonwealth.

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[1] Auerbach, J., "Health of Massachusetts," April 2010, p. 7-8, accessed July 8, 2013 at http://www.mass.gov/eohhs/docs/dph/commissioner/health-mass.pdf

Clio's Corner

Privileging The Past

Mary Ellen Doona

Many of nursing's documents are saved in archives, the foremost of which is the History of Nursing Archives at the Howard Gotlieb Archival Research Center at Boston University's Mugar Memorial Library. Nursing's primary source materials are also preserved in other archives across the Commonwealth among which are: the Dimock Center (successor to the New England Hospital for Women and Children), the Massachusetts General Hospital Institute for the Health Professions, Simmons College Archives, the Mary L. Pekarski Nursing Archives at Boston College's Burns Library, the McLean Hospital in Belmont, Smith College in Northampton, the Schlesinger Library at the Radcliffe Institute, and the Massachusetts State Archives at Dorchester's Columbia Point.

Massachusetts' nurses are especially mindful of their past because history is in the air they breathe and the sights they see. Monuments, statues and photographs of history makers decorate nurses' milieu. Nurses Hall rests under the golden-dome of Bulfinch's State House. The grasshopper above Faneuil Hall was fashioned in 1742 by Shem Drowne, the ancestor of Boston City Hospital's Lucy Lincoln Drown (note: the 'e' was dropped in the name in this generation). Even street names are loaded with history. The Linda Richards Building at Dimock Street recognizes the nurse who earned nursing's first diploma in 1873 and Susan Dimock, the doctor who created Richards' nursing program at the New England Hospital for Women and Children.

As sensitive to history as Massachusetts' nurses are, the past is not foremost in their minds. Nurses are present-oriented. The urgent now of helping patients in crises is where nurses are found. Even so focused, they still honor their past. The proof is in the care with which they have collected and preserved the paper trail that their predecessors left behind.

These archives and the primary sources preserved in them are valuable. Perhaps more valuable are the memories in the archive that is each nurse's mind. Stored there, nurses' memories are at once strong and exquisitely fragile. Listen to nurses gathered together with classmates at alumnae reunions. Memory after memory made decades before tumble out in laughter and sometimes in tears. So intense was their learning and so present-oriented was their care, their urgent *nows* endured in memory.

These memories are fragile because they are not part of the profession's narrative. Nursing's history is all the poorer for their absence. All too often this emptiness is filled with myth-which President John F. Kennedy described as "persistent, persuasive and unrealistic." Myths are distractions he told the graduating seniors at Yale in 1962.[1] Many nurses claim that Florence Nightingale single-handedly reduced the mortality rate at Scutari. That myth persists to this day. It even persuades nurses, but it is not true. That myth and others like it are not worthy of nurses and what they do.

Bernice "Bea" Bennett Kelly in 1945 holding a baby who had been abandoned on the steps of the John C. Haynes Hospital. The baby had very nearly died from measles. (photo: courtesy of Bernice Bennett Kelly).

Such a myth distracts from the real memories of real nurses caring for real patients.

Nurses increasingly privilege their past. The alumnae of the Beth Israel Hospital School of Nursing gathered their memories into a history of their School in spite of the destruction of its primary documents. The late Alice Seale Davis recorded her experience as the second president of the Nursing Archives Associates. Ann Donovan and Marie Knowles taped their memories about joining the United States Navy Nurse Corps as young graduates during World War II. Alumnae of the St Elizabeth's Hospital School of Nursing videotaped graduates from across six decades as they shared their experiences. Although Ida Luniewicz Thomas, a nursing student from 1936-1938 and, Helen Fagan a nursing student from 1947-1950 are no longer alive, their memories, their voices and their styles have been preserved for posterity.

Bernice (Bea) Bennett Kelly, a 1946 graduate of the Massachusetts Memorial Hospital School of Nursing is still another example of privileging the past. She committed her memories to paper with fellow alumna, Emily Fenner, a self-described "story-writing cheerleader" urging her on. As a result, Kelly's article "An Era Gone By: But Never Forgotten" appeared in the Boston Medical Center's *Nursing Narratives* this year.

Kelly was a nursing student at the moment when nursing headed into the era of its greatest change. Nurses joined the Army and Navy to care for the troops during World War II but that left 46% of the nursing positions unfilled. Both the hospitals and the armed forces wanted more nurses. The federal government responded by financing nursing education, first with the Cadet Nurse Corps and then with tuition support that moved nursing students from hospitals to colleges and universities. During this same time, military nursing transformed nurses from those who carried out the orders of others to professionals who made their own decisions about nursing care.

Kelly was a Cadet Nurse. She had completed the accelerated nursing courses at the Massachusetts Memorial Hospital School of Nursing in thirty months. The next six months she practiced at the John C. Haynes Hospital in Brighton/Allston at once reducing the nursing shortage there and receiving a $30 monthly subsidy from the government. Caring for patients was no easy task. Garbed in gown, mask and gloves; riding in ambulances with her patients; or, running a ward on evening and night shifts, Kelly was one of thousands of nursing students across the nation who staffed hospitals during the 1940s. An astonishing 80% of the nursing care in hospitals was given by nursing students. A registered nurse was available to the nursing student by phone.

The diagnoses that Kelly's patients carried suggest the enormity of her task. They suffered from: meningitis, poliomyelitis, diptheria, tuberculosis, bucellosis, tularemia, typhoid, anthrax, tetanus, gas gangrene, rickettsial diseases…plus the usual measles, mumps, chicken pox, scarlet fever, pertussis…complicated with pneumonia [and] encephalitis.[3]

Robert Koch had identified the tubercle bacillus in 1882 and successors had discovered the causes of other diseases but treatment lagged far behind. As Kelly reports, "Death and disability [were] often the outcome of these infections."[3]

But change was on the horizon. Kelly participated in a study where every other patient with scarlet fever was given a research drug. Once the research drug had proven its effectiveness, the study was stopped and the other 50% received the penicillin. More antibiotics followed, as did vaccines, and eventually the need for communicable diseases hospitals ceased. Once the leading cause of death, by 1954, infectious diseases had dipped below cancer and heart disease that were on the rise.

As busy as she was, Kelly was accumulating vivid memories that have lasted a lifetime. More than sixty years later those memories have been freed from the archive of her mind and shared with colleagues and family. Etched in print they are no longer fragile. They are available to nurses yet unborn. In privileging her past, Kelly has added essential facts to the profession's narrative.

1 John F. Kennedy, Commencement Speech at Yale University, June 11, 1962.
3 Bernice Bennett Kelly, "An Era Gone By: But Never Forgotten" mss, 2.
4 Ibid.

Nurse Resident Program

by Diane Hanley MS, RN-BC, EJD,
Associate Chief Nursing Officer
Professional Practice, Nursing Quality and Education, Hallmark Health System

In January 2013, Hallmark Health System, Inc. (HHS) implemented a New Graduate Nurse Residency Program focusing on Labor, Delivery, Recovery, Post-Partum (LDRP), Well-Baby and Special Care Nursery. The transition of a new graduate registered nurse into the workforce and practice environment is a major focus in healthcare today. New graduates enter the workforce with varied exposure to the healthcare environment. Provide the new nurse with an experience that is effective in developing the skills and critical decision-making capacity must be balanced with the most effective fiscal and human resources. The program started with six new graduate nurses.

HHS sought to proactively address this issue in order to ensure adequate complements of staff trained in specialty areas. Such training would not always have been accessible for direct entry by the new graduate. In reality the availability of acute care positions open for new graduates are dwindling, leaving many newly licensed nurses working in non-licensed capacities.

Utilizing the Institute of Medicine report (IOM, 2003), along with the Quality and Safety Education for Nurses (QSEN, 2009) nursing competencies as a framework for growing new nurse knowledge, skills and attitude, HHS developed and implemented a new graduate residency program aimed at the development of a flexible workforce for specialty areas of practice. This residency program is a combination of classroom education and clinical practice in sufficient quantity to afford the new nurse the opportunity to study theory and pathophysiology and then to convert this learning into practice in the clinical setting.

Purposeful recruitment of candidates for the new graduate residency program and the dedication of staff who support new graduates are essential components in ensuring the success of this program. Recognizing that adults learn differently, program components are individualized to assist residents in achieving the competencies required for practice in the focused specialty area.

Staffing of the Maternal and Newborn Services cluster (Mother/Baby, Special Care Nursery and Labor/Delivery) presents significant challenges based upon the unpredictable nature of the volume and the distinct skill set required of staff in each of the individual clusters. The vision of the program is the creation of a flexible workforce addressing both volume and competency issues. Similar to many nursing practice specialties, new graduates are rarely considered for entry level positions in maternal and child health departments. HHS provided this opportunity to a distinct group of new graduates who demonstrated the enthusiasm and commitment to train for practice in maternal non-stress testing and evaluation, labor, delivery, recovery, post-partum, well-baby nursery and care of the neonate with narcotic abstinence syndrome (NAS) in the special care nursery environment. HHS, in turn, committed to providing a comprehensive and intensive nurse residency program providing new graduates with confidence and critical decisions making skills for transition into the role of a competent caregiver.

The program is offered over one-year period beginning with general hospital followed by general nursing orientations, and training in information systems and the maternal child health department. Additionally, participants complete all of the basic, mandatory competencies provided through Net Learning, the internal healthcare education system, and through direct observation by staff development instructors.

The program consists of three teaching/learning method phases: the faculty model, the preceptor model and the resource nurse model. The model is fluid allowing for nurse residents to move in, through and out of the teaching/learning phases based upon their achievements in the distinct maternal child cluster departments and units.

The faculty model allows the residents to work side-by-side with the staff development instructor in direct observation of care delivery, to participate in just-in-time teaching moments, and to assist in provision of basic care to patients while rotating through the maternal/child department cluster units. Clinical experiences are enhanced by classroom teaching where program participants come to fully understand the evidence behind practice and the use of synergy model to enhance care delivery.

During the preceptor model phase, program participants work with their preceptor as they crotate through the maternal child health cluster units. The preceptor communicates frequently with the staff development instructor on the resident's progress as they achieve the competences required in each of the cluster units. The staff development instructor, along with the preceptor, as appropriate, regularly meet with the residents in coaching and mentoring sessions in order to ensure the resident's continued commitment and progress and also to make any individual learning adjustments to ensure the residents continued progress.

Nurse residents in the resource nurse model phase of the program may assume patient assignments and be counted in the staffing matrix on cluster units where they have met all competencies and demonstrate confidence in their skills. During this phase residents are assigned a resource nurse who continues to mentor and coach the nurse resident. Nurse residents may move into regular positions as available on a unit within the Maternal and Newborn Services Department. During this phase, the staff development instructor continues to be directly involved with the program participant to assist in meeting the goals of the program. Residents are assessed on an ongoing basis utilizing the Nurse of the Future Core Competencies.

After one year the expectation is that the new nurse residents will have been deemed competent by each of the assigned preceptors in each of the maternal-newborn units, freeing them to assimilate into regular staffing patterns, including on-call shifts and varying unit assignments as needed.

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Requiring CEUs in Evidence-Based Practice for Licensing Massachusetts Nurses

by Linda Connor, MHA, BSN, RN, CPN
Children's Hospital, Boston

When people are hospitalized, they expect to receive safe, effective, and high quality care. Evidence-based practice is emerging as a widely recommended approach to care to ensure that people receive this expected care. Patient care based on evidence has been demonstrated to produce better outcomes when compared with tradition-based practice (Melnyk, Fineout-Overholt, Gallagher-Ford & Kaplan, 2012). In nursing, basing care on sound evidence involves searching the research literature for scientific evidence of best practices. Nurses must then combine these findings with their clinical expertise, and patient preferences and values to develop an approach to care. Despite recommendations from nurse scholars and leaders, most nurses do not know how to incorporate evidence-based practice into patient care. To address this problem, the Commonwealth of Massachusetts could consider requiring nurses to take programs in evidence-based practice as part of their mandatory continuing education requirements for license renewal.

To practice nursing in Massachusetts a registered nurse must hold and maintain a valid, current license issued by the Massachusetts Board of Registration in Nursing. Nurses are required to complete 15 hours of continuing education within the two years immediately preceding renewal of registration. The Governor appoints a 17-member advisory council for continuing education oversight in nursing. The Board does not specify topics of education, only that the educational program is properly accredited.

In 1999 the Institute of Medicine (IOM) published a seminal report "To Err is Human: Building a Safer Health System" that reported that 98,000 patients die annually as a result of errors occurring in American hospitals. The IOM a highly respected independent, nonprofit organization provides unbiased and authoritative advice to decision makers and the public about the nation's most pressing issues related to health care. Since this report, organizations and health care facilities have focused laser-like attention on patient safety through policy development and innovations in practice in local, national and international venues. The emphasis on evidence based practice is a step in the right direction. In fact, the IOM has projected a goal that by the year 2020, 90% of all clinical decisions will be supported by the best available evidence. This is ambitious since only about 14-17% of practice is currently based on best available evidence (IOM, 2012).

While nursing education programs in the United States have responded to this gap in nursing knowledge by incorporating education on research and evidence-based practice into the curricula for all registered nursing programs, 70% of the current nursing workforce was educated prior to these curricular changes (Spratley, Johnson, Sochalsk, Fritz & Spencer 2001). Requiring education units in the area of evidence-based practice for license renewal will help nurses gain needed knowledge in this area and potentially influence them to apply scientifically researched evidence to their practice. The Board of Registration in Nursing could adopt an advisory ruling to include that five of the 15 hours of continuing education required nursing education units for license renewal, be in the area of evidence-based practice. An advisory ruling carries the weight of the law. The process and monitoring of compliance would remain the same. This is a simple, inexpensive way to help educate nurses in Massachusetts about evidence-based practice.

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Linda Connor is a Nursing PhD student at the University of Massachusetts in Boston and has 37 years of acute care nursing experience, is a doctoral student at University of Massachusetts Boston, and has actively been involved with the evidence-based practice process for 14 years.

Nursing Education Transfer Compact for Massachusetts Nurses

Emily G. Smith, MSN, RN, CRRN

According to statistics from Health Resources and Services Administration (HRSA), Massachusetts has the second largest nursing workforce per capita in the United States, positioning Massachusetts as a leader in nursing and nursing education. Massachusetts nurses have the ability to help shape the future of nursing and transform nursing education by setting an example and providing seamless, cost efficient academic progression in nursing education. The Massachusetts Action Coalition (MAAC) solution to eliminating barriers to academic progression is the development of a Nursing Education Transfer Compact (NETC) for Massachusetts. As of 2005, only eighteen states, including Massachusetts do not have either mandated or statewide articulation agreements.

On May 9, 2013, a draft of the NETC was presented by Susan L. Conrad PhD, RN and Eileen Costello, MSN, RN, CNE, co leaders of the MAAC Academic Progression/Transfer Compact project team, to the MAAC Leadership Committee for approval and consent for presentation to the Department of Higher Education (DHE) in Massachusetts. The NETC will streamline academic progression in Massachusetts nursing education by eliminating progression barriers and facilitating the achievement of the benchmark of the Massachusetts Action Coalition Future of Nursing group of a 66% BS/N prepared nursing workforce by 2020.

HRSA 2013 statistics also show that of NCLEX-RN test takers nationally, 59.7% are non baccalaureate prepared and of that 59.7%, 95.8% are associate degree graduates. Nursing education needs to focus on the practicing RN with an ADN degree, and find a way to motivate this population to pursue a BS/N. The ability to increase the numbers of baccalaureate prepared nurses is hindered by academic progression barriers that prevent nurses from returning to further their educations after completing their initial licensure nursing programs. Statistics presented by Aiken et al. 2003 and Cleary et al. 2009; attest to the need for change, that only 15 - 20 % of nurses return to further their education, post licensure. Despite the fact that HRSA 2013 data reports an 86.3% increase in the number of RN to BSN graduates over the past four years, a larger increase in baccalaureate educated nurses is needed. To ameliorate the current and future shortages of nurses and nursing faculty, it is imperative to increase the numbers of nurses in the educational pipeline who seek to advance their education beyond their initial licensure program. Eliminating barriers to academic progression will facilitate and expedite the number of nurses who are able to continue their nursing education and will allow Massachusetts nurses to meet the RWJF/IOM recommendations that will help strengthen the nursing workforce and provide safer, better quality care for patients.

The purpose of a NETC is to provide graduates of Massachusetts community college associate degree nursing programs with a seamless, cost effective, timely, and transparent pathway toward the completion of a BS/N degree. The NETC would facilitate transfer of credits for graduates planning to transfer from a Massachusetts community college to a state university or University of Massachusetts and mitigate the need for separate articulation agreements between public two and four year nursing programs. Most importantly, the NETC would not require a change in the curriculum at either the two or four year nursing programs; it would only facilitate the transfer process between them. If approved by the DHE, the NETC will recognize general education credits previously earned by students in their associate degree programs, similar to the current Mass Transfer Block, and credits earned in a BORN-approved public ADN program to be transferred as a block (Maximum of 72 credits). This compact would allow for potential BS/N students to take only the required upper level nursing, related and residency courses needed to complete a generic baccalaureate degree in nursing with a maximum of 128 credits. This compact therefore eliminates redundancy in coursework required at the BS/N level, saving potential BS/N students time, money and facilitating their academic progression. Currently, the NETC is being evaluated by the DHE and will be presented to the public two and four year college and university presidents for discussion this coming fall to complete the vetting process.

Emily Smith has been working with the MAAC project team for Academic Progression/Transfer Compact. They have submitted their plan to the MA DHE a Nursing Education Transfer Compact (NETC), which is currently in the vetting process with the DHE.

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MARN International

Lessons Learned: Final Thoughts

Patty McCarthy, Inge Corless, Alexandra McCaffrey, Martha Loring, & Ali Rhodes

Our experience in Swaziland taught us that there is no way to prepare for what we witnessed but there are many lessons to be learned.

Lesson 1:
Make the most of what you have

Our first experience in the clinical setting was in the casualty department. It lacked the necessities that we take for granted in the United States. Sterile equipment was dropped, picked up and put away for later use. Children with extremity fractures sit in make-shift traction consisting of a rope and a weighted plastic bottle. Parents sleep on cardboard on the floor near their children. Patients' families bring in any needed blankets, pillows, and briefs. When these are gone and if a family member is not there to replenish it, the patient goes without. This is a country where people make the most of what they have. While it was heartbreaking to witness such poverty, it was an education in itself to watch creative nursing measures and interventions.

Lesson 2:
Nurses must be supported

Swaziland needs nurses, partly due to a limited number of nursing programs. The government often supports students to become nurses but there is unfortunate brain drain. Newly trained nurses leave the country because of the daily struggle with unimaginable working conditions and their feelings of helplessness and hopelessness as they watch their patients die. We heard many stories of wonderful, caring nurses who die of AIDS. When a nurse is lost to AIDS, a family loses a mother, a daughter, an aunt, a friend and Swaziland loses a caring provider.

Lesson 3:
Nursing, caring and what it means to a patient

It was a pleasure to watch our MGH Institute of Health Professions colleagues work tirelessly to care for patients and to see firsthand, true nursing. They did everything from holding patient's hand, changing linens, putting away supplies, to mentoring and educating the nursing students. The reward: the look of appreciation on patients' faces.

Lesson 4:
Education is power

We discovered that many of our patients and families lacked knowledge about their conditions. A 60 year old woman was visiting her mother admitted for complications of diabetes. Neither knew much about diabetes. We shared a teaching moment with her and taught them what foods to avoid, the signs and symptoms of low and high blood sugar, and the importance of foot care. A mother on the pediatric unit thought that her 4 month old daughter developed pneumonia because she ate ice while she was pregnant! We taught her that pneumonia is an infection of the lungs caused by bacteria and viruses. She was so happy to learn this.

Lesson 5:
The country and the people have the power to change

The owner of a local restaurant taught us that Africa has the needed resources for positive change, expressing her outrage that produce is exported while Africans are starving. Existing crops are being replaced with sugar cane. She changed the way we think of what should be done.

Take home lesson

The most memorable and difficult lesson was one and the same. On our first day a one year old girl was admitted for malnutrition. When she developed diarrhea the on call physician ordered IV fluids but the drip rate was too fast effecting her respiratory and heart rate and she died. Her mother was inconsolable. This was her second child who had died. It was such a senseless death, not the last we would see. The important lesson we learned was not to accept what is tragic as inevitable but to work to promote change whether in Swaziland or in the United States.

Swaziland: Another Perspective
Susan LaRocco

While our nurse colleagues in Swaziland are struggling with a virtually non-existent health care system, an excerpt from a recent article in *The Economist* helps to put the problem into perspective.

"…But even these processions fade into insignificance compared with the travel arrangements of King Mswati III of Swaziland. The Swazi regal convoy can be up to 20 cars long. The king's favourite vehicles include a $625,000 Rolls Royce, a $500,000 Maybach 62 and a BMW X6. He also has 20 Mercedes Benz S600 Pullman Guards, costing $250,000 each, many of them armoured. Warrior guards in traditional dress including an "Emajobo" or loin skin travel with the king.

Excerpted from *The Economist* April 6 2012 found at http://www.economist.com/blogs/baobab/2012/04/presidential-motorcades

ANA Supports Federal Bill to Eliminate Manual Patient Handling

Bill Would Require Employers to Develop Plan to Prevent Worker, Patient Injury

The American Nurses Association (ANA) applauds the introduction of federal legislation to protect registered nurses (RNs) and other health care workers from costly, potentially career-ending injuries and musculoskeletal disorders (MSDs) caused by manual patient handling, such as lifting, transferring, and re-positioning. The Nurse and Health Care Worker Protection Act of 2013 (H.R. 2480) would improve patient safety and quality of care. Crafted with input from ANA, the bill is sponsored by Congressman John Conyers (D-MI), a long-time champion of safe patient handling and mobility (SPHM) issues. The legislation, revamped from earlier bills, incorporates key content of the newly published *Safe Patient Handling and Mobility: Interprofessional National Standards,* a publication for creating, implementing, and managing a SPHM program developed by ANA and a multi-disciplinary team of national subject matter experts.

"Now, even though there have been great advances in safe patient handling and mobility technology, its use and availability continue to be spotty, and policies have been inconsistent, as well," said ANA President Karen A. Daley, PhD, RN, FAAN. "Federal legislation will increase protections for patients and ensure safe working conditions and overall health and wellness for nurses. Health care worker and patient safety go hand-in-hand."

Data from the Bureau of Labor Statistics in 2011 showed that registered nurses ranked fifth among all occupations for the number of MSD-related injuries and illnesses resulting in days away from work. Safe patient handling and mobility programs have been shown to benefit both health care workers and patients.

Research from the National Institute for Occupational Safety and Health (NIOSH) in 2006 reported that the implementation of a SPHM program is associated with improved quality of care, resident safety, comfort, and satisfaction. Regarding cost, a study by the Centers for Disease Control and Prevention (CDC) found that the investment in equipment and training was recouped in less than three years in lower worker compensation claims. Among its provisions, the bill would require the Occupational Safety and Health Administration to develop and implement a safe patient handling and mobility standard that will eliminate manual lifting of patients by direct-care RNs and health care workers, and require health care employers to:

- Develop a safe patient handling and mobility plan, and to obtain input from direct-care RNs and health care workers during the process of developing and implementing such a plan;
- Purchase, use and maintain equipment and to train health care workers;
- Track and evaluate injuries related to the application of the safe patient handling and mobility standard; and
- Make information available to employees and their representatives.

For more information on ANA's safe patient handling and mobility initiative, visit www.anasphm.org.

Join MARN Today!
Complete this application or
join online at www.MARNonline.org

ANA AMERICAN NURSES ASSOCIATION

STATE NURSES ASSOCIATION MEMBERSHIP APPLICATION

8515 Georgia Avenue • Suite 400 • Silver Spring, MD 20910-3492 • (301) 628-5180 • Fax: (301) 628-5355

Date:___/___/___ Date of Birth: ___/___/___

First Name/MI/Last Name

Credentials

Home Phone Number Work Phone Number

Employer

Preferred Contact: **HOME/WORK** • Gender: **M/F**

Mailing Address

Mailing Address

City/ST/Zip

County

RN License # _____ ST _____

Union Member: **YES/NO** • UAN Member: **YES/NO**

E-mail

Employment Status: (ie. full-time nurse)

Position Title: (ie. staff nurse)

Type of Work Setting: (ie. hospital)

Practice Area: (ie. pediatrics)

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[Check with your Constituent Member (State) Nurses Association for rates, or call 1-800-923-7709 from 9 am to 5 pm EST Monday to Friday.]

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Online: www.NursingWorld.org (Credit Card Only)

❍ Check (payable to ANA) ❍ VISA ❍ MasterCard

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Expiration: month/year

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This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

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AMERICAN NURSES ASSOCIATION
Customer and Member Billing
P.O. Box 504345
St. Louis, MO 63150-4345

* NOTE:
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STATE _____ DIST _____ REG _____

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$ _____ AMOUNT ENCLOSED

CHECK # _____

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SNA membership # _____

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