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CELEBRATE NATIONAL NURSES DAY at Fenway Park

Congratualtions
 to the
2016 Living Legends

Judy Beal, DNSc, RN, FNAP, FAAN
Dean and Professor of the School of Nursing and Health Science at Simmons College, Boston, MA

E. Ann Sheridan, EdD, RN
Professor Emeritus from University of Massachusetts Amherst College of Nursing

A full list of the 2016 Award recipients will appear in the June issue.

ANA Launches “Culture of Safety” Campaign

A culture of safety is defined as core values and behaviors resulting from a collective and sustained commitment by organizational leadership, managers, and health care workers to emphasize safety over competing goals. Throughout 2016, ANA will strive to enhance the overall culture of safety within health care by showcasing nursing’s contribution to safety and educating nurses on their role within a culture of safety.

It has been 15 years since the Institute of Medicine (IOM) shocked the nation and issued the clarion call for a safer health care system in its landmark reports To Err Is Human: Building a Safer Health System and Crossing the Quality Chasm: A New Health System for the 21st Century. Nurses have been instrumental in the gains made in improving the quality and safety of U.S. health care over the last decade and a half. However, recent studies suggest U.S. patients experience a far greater number of adverse events each year than even suggested by the IOM.

For more information go to the ANA web site: http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/2016-Culture-of-Safety.

Who is this nurse? See Page 10

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who is this nurse? see page 10
President’s Message

The Journey

Myra Cacace, MS, GNP/ADM-BC

On April 9, 2015, I started an incredible journey as President of ANA Massachusetts. This journey began when I joined ANA and realized how much that decision profoundly changed my life as a nurse in Massachusetts. Like most of you, I became a nurse to make a difference in the lives of the people I served. I learned early in my career that the work is harder than I expected and that I needed the support of other nurses who share my experiences. I am grateful to share my journey with many incredible mentors who belong to a great professional organization, advocating on my behalf. Thank you for believing in me and allowing me to serve as President.

This has been a busy year! ANA Massachusetts is participating in many important forums where decisions about health care delivery are made. I represented nurses on Capitol Hill, and on Beacon Hill where I prepared and offered testimony about important issues including: appointing a nurse to the Health Policy Commission, eliminating physician supervision of advanced practice nurses, highlighting the role of nurses in treating patients addicted to opiates and increasing safe patient handling. I led delegations of ANA Massachusetts members to meet several Massachusetts state senators and representatives and am pleased to hear that they see ANA Massachusetts as the voice of reason and the ANA as a great professional organization, advocating on our behalf.

I am fortunate to work with a dedicated Board of Directors, Committee Chairs, Executive Director, Administrative Assistant, Lobbyists and Nurse Peer Review Leader, who understand that they are forging the future of ANA Massachusetts and are excellent stewards of our resources. Due to their efforts, ANA Massachusetts is fiscally sound and in a position to continue to influence decisions made that impact our practice.

2016 starts our 15th anniversary as a professional organization comprised of nurses who choose to remain associated with the American Nurses Association, thus continuing our commitment to the organization that is known worldwide as a champion for nurses. We will be having celebrations throughout the year, so visit our website: www.anamass.org for details about how to join the fun! I look forward to seeing everyone at our 15th Annual Meeting and Gala Awards Celebration on Friday April 8, 2016. For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, 800-626-4001, sales@aldp.com. ANA Massachusetts and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

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~ Announcements ~

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Editorial

Keeping the Trust

Susan A. LaRocco, PhD, RN, FNAP

The annual Honesty and Ethics Gallup Poll has been published. Once again the American public has selected nurses as both the most ethical and trusted profession. This year 21 professions were included in the survey, including medical doctors, pharmacists, high school teachers, police officers, clergy, bankers, lawyers, business executives, advertising practitioners, journalists, funeral directors, car salespeople, and members of Congress. The professions surveyed may vary from year to year, but for the last 14 years nurses have led the list, typically with more than 80% of the participants rating nurses as having high or very high ethical standards. The poll is based on phone interviews with more than 800 Americans, including residents from every state in the union. This year 85% of respondents ranked nurses’ honesty and ethical standards as “very high/high.” Pharmacists with 68% and medical doctors with 67% rounded out the top three.

While the results of this survey always make me proud, it also makes me stop to think what is it that we do that makes the public trust us? I believe it is because we don’t forget the basics, including the most universal principle of respect for all people. We teach ethical concepts in introductory nursing courses and reinforce them in the upper level courses and in the clinical setting. Our students are constantly exposed to positive role models - nurses who live the ethical principles such as veracity (an obligation to tell the truth) and autonomy (promoting self determination and freedom of choice). Fidelity (the need to keep promises) and confidentiality (keeping privileged information private) are second nature to nurses.

A solid understanding of the ethics that guide our profession will help us all to keep the public’s trust, to cope with the many ethical dilemmas that we encounter, and to provide ethical care to all our patients and families, now and for years to come.

http://www.gallup.com/poll/1654/Honesty-Ethics-Professions.aspx

Dr. Ellen Flaherty is the Co-Director of the Dartmouth Centers for Health and Aging and the President Elect of the American Geriatric Society. She has a joint appointment in Geriatrics at the Geisel School of Medicine at Dartmouth and at the Dartmouth-Hitchcock Medical Center where she practices in General Internal Medicine. Dr. Flaherty has extensive experience in geriatric nursing practice, education, and research and has published numerous peer reviewed papers and book chapters in addition to being lead editor for the American Geriatrics Society Geriatric Nursing Review Syllabus.

For the past 10 years Dr. Flaherty’s program of research and practice has focused on an interdisciplinary approach to quality improvement using the principles and practices she developed as a Fellow at the Institute for Health Care Improvement (IHI). The theme of the 2016 Annual Spring Conference will be the current state of the art and science related to the care of older adults from clinical, educational, and research perspectives.
The ANA Massachusetts Presidents

As we celebrate the 15th Anniversary of the founding of ANA Massachusetts (then the Massachusetts Association of Registered Nurses [MARN]), it is only fitting that we put the spotlight on the nursing leaders who served this organization and all nurses in the Commonwealth. Myra Casace, our current President, continues this legacy of dedication to the profession. Our editorial team has interviewed the Past Presidents. Four of these interviews are presented here. The remaining ones will be in the June issue of the Massachusetts Report on Nursing. A special thank you to the Past Presidents who have served our profession so well. Nurses and patients have benefitted from your leadership.

Karen A. Daley, PhD, MPH, RN, FAAN 2001-2003

What were the major issues for ANA MA when you were president?

As the first ANA MA [MARN] president following the MNA disaffiliation from ANA, my top priority was to help establish a new professional association. This was especially important for the newly-formed state association. The work began with a core group of loyal members who, while working to oppose the disaffiliation efforts, also wrote new bylaws and prepared necessary legal filings to establish the new organization. Because of that work, we filed the state charter for the new organization the day following the disaffiliation vote held in Worcester.

What do you think were your major accomplishments during your presidency?

It was important for MARN and our membership that we provide as smooth and stable a transition as possible in that first year. That was my main priority and accomplishment. The transition process for that first year involved many moving parts, including establishing a virtual structure that could meet members’ needs and provide opportunities for communication and engagement. We were blessed to have many loyal members and nurse leaders who continued their commitment to our state professional association. Among them was Mary Manning, who stepped forward and worked to establish consistency for members as she assumed the role of the first MARN Executive Director. Due to Mary’s leadership and that of the MARN Board of Directors, we didn’t miss a beat as we engaged with members, held an annual meeting and attended the ANA House of Delegates within our first year. My other priority and accomplishment as MARN’s first president was to assure that successful succession planning occurred.

What do you see as the major issue facing nursing today?

I believe one of our major challenges is the necessity for nurses to be engaged in helping bring about changes in healthcare delivery that will most benefit individuals needing care. Our proximity to patients and families provides us with important perspective and appreciation of where the system works – and fails patients. Nurses need to be an untapped resource in that aspect of healthcare reform. More importantly, we must work with healthcare leaders and increasingly delivery models so that the unique competencies and expertise of nurses are leveraged in a way that most benefits patients, regardless of level or point of care.

How do you think ANA MA should be addressing these issues?

Efforts to grow ANA MA membership, develop nurse leaders, and engage members in state policy reform that will advance nurses’ contributions to healthcare delivery and innovation. In addition, partner with the National Nurses on Boards Coalition effort to increase the number of nurses on boards in Massachusetts.

What words of wisdom would you have for nurses beginning their career?

I understand that your professional commitment to patients means lifelong learning is a necessary part of maintaining your competence and reaching excellence in practice. Your process of education must not end with basic entry-level education. The complexity of today’s health care delivery system along with evolving population health needs require nurses to engage in lifelong learning – to keep pace not only with rapid technological advances and the demands of shifting and increasingly co-morbid disease states, but also to become better prepared to promote health within communities, and to develop the qualities, skills and competencies necessary to enhance your effectiveness as a leader.

At the same time, the things we learn in school are but a tiny bit of what it means to be good at doing our jobs. As you all know, it is the integration of knowledge, skills and human compassion that has the greatest impact on patient outcomes and health outcomes.

The other advice I would offer is to assign the same priority to caring for yourself as you do for patients. Doing so will allow you to be fully present for your patients and their families. Nursing is a difficult and challenging profession. It is also, as you know, one of the most incredibly worthwhile and rewarding ones you could have chosen. But to do your best for patients, you must first care for yourself.

Any final thoughts?

I want to share the pride I feel in the growth and evolution of ANA MA and the gratitude I feel for our members’ ongoing commitment to our professional association.

Toni Abraham, RN, MSN, ANP-BC 2008-2010

When I was asked to reflect on my two years as MARN president, I immediately drew a blank! But, typically for me, as I took the time to relive it, I recalled the challenges we faced. Being a relatively new organization, we held a strategic planning day where we identified four areas of concern for the organization. These included membership, health policy, developing partnerships with other nursing organizations in the state, and developing a planning process for hiring an Executive Director.

It had only been a few years since MNA broke away from ANA so the creation of MARN, the ANA affiliate was still working to gain RN support in the Commonwealth. During my term, membership went from 670 members to 900. We didn’t reach our goal of 1000, but we were on the right track. Cidalia Vital was my Membership Chairman. She worked diligently to promote MARN conferences to Massachusetts nurses as well as nursing students. She also made a focused attempt to reach nurses in the central and western parts of the state.

A major support and mentor, Mary Manning, was my Executive Director. Without her, I would have never made it through my term. The direction and knowledge she shared was invaluable and I will be forever grateful for her presence. Barbara Blakeney spoke of Mary thus: “Mary Manning is that rare person who you just know has enriched you, strengthened you and knowing her.”

“Mary Manning is that rare person who you just know has enriched you, strengthened you and helped you be a better person for knowing her.” Finding a replacement for her was definitely a challenge but I so appreciate her willingness to stay on with me as I finished my term as president.

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What do you think were your major accomplishments during your presidency?

I think my major accomplishments were all behind the scenes. During my presidency we changed our name, entered into contracts with a marketing company that has helped move us to a stronger political position; we invested in new and more progressive political consultants, which have helped us enormously to gain far greater respect among legislators than we had in the past. As an organization became recognized by other professional nursing organizations in the state as the growing voice of the professional nurse.

What do you see as the major issue facing nursing today?

The greatest issue facing the profession of nursing today is how to sustain the gains we have made as a profession over the past decade. As we enter deeper into the presidential race, and who ultimately is elected, we will have to face the ongoing challenges of how to cost-effectively provide safe, quality care to all citizens across the nation. As nurses we must pay attention to this issue, because my fear is that we will see as “too expensive” and that all of our outcomes have not resulted in significant enough savings. I see this as another opportunity for some of our interprofessional colleagues to move in and continue taking over more of our practice.

How do you think ANA MA should be addressing these issues?

Educate, educate, educate legislators and most important, the public! We as ANA MA must do more in providing patient and family education on the issues of healthcare. We are a trusted profession and it is probably still true to a certain degree, continue to confuse and endorse their side of the argument. It was from the Catholic church as one would suspect, but they recognized the value in having ANA Massachusetts (MARN) publically opposing it from the very beginning. The greatest issue facing the profession of nursing today is how to sustain the gains we have made as a profession over the past decade. As we enter deeper into the presidential race, and who ultimately is elected, we will have to face the ongoing challenges of how to cost-effectively provide safe, quality care to all citizens across the nation. As nurses we must pay attention to this issue, because my fear is that we will see as “too expensive” and that all of our outcomes have not resulted in significant enough savings. I see this as another opportunity for some of our interprofessional colleagues to move in and continue taking over more of our practice.

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Moral Courage
& Advocacy

Cathleen Colleran-Santos, DNP, RN President-Elect
Co-chair, Health Policy Committee

We celebrated 2015 as the year of Ethics. This served as a reminder of two of the ethical principles that highlight the work of the Health Policy Committee over this last year. In particular, Provision 7.3: Contributions through Nursing and Health Policy Development and Provision 9.4 Social Justice in Nursing and Health Policy (ANA, 2015) inform our work. These two provisions highlight the importance of advocacy and moral courage as a professional nurse.

Moral courage requires a commitment to fundamental ethical principles despite potential risks, such as threats to reputation, shame, emotional anxiety, isolation from colleagues, retaliation, and loss of employment. Individuals who are morally courageous are prepared to face tough decisions and confront the uncertainties associated with their resolve to do the right thing despite the consequences they may face (Murray, 2010).

The Health Policy Committee held many ethical discussions regarding the current legislation that could potentially affect the profession of nursing. A few of the bills that were examined and on which testimony was provided included:
- S.1124/H.1914 Safe Patient Handling, and
- H. 2002 An Act relative to Nursing Licensure Compact in Massachusetts.

In addition, we also filed our first ever bill, S.572/H.2771 An Act Relative to the Governance of the Health Policy Commission (HPC) cosponsored by Senator Eileen Donohue and Representative Kay Khan. This bill would require the Governor to appoint a registered nurse to the HPC. Considering all of the legislation affecting nurses, S. 572/H.2771 is an important step for the profession.

The members of the Health Policy Committee and the Board of Directors actively engaged legislators this past year, demonstrating moral courage to advance the profession of nursing in Massachusetts. Relationships with key members of the legislature were developed as an effort to help promote ANA Massachusetts as the voice of nursing in the Commonwealth.

Lasala & Bjarnason described ethical values and practices as the foundation upon which moral actions in professional practice are based and describe nurses who are morally courageous as being able to confidently overcome their personal fears and respond to what a given situation requires (2010). As one who provided testimony on the HB 1958/SB1206 An Act Relative to Patient Safety; I was proud to advocate for a reasonable approach to a long-standing issue that has divided the profession for nearly two decades.

I encourage all nurses to stand up for what they believe, using the ethical principles to guide their journey into advocacy. As this legislative session continues, it is imperative that all nurses pay particular attention to the key bills mentioned above and reach out to legislators, join the ANA MA Health Policy Committee and advocate for our profession.

As the ANA MA President-Elect, my term as President begins in April 2016 and I am looking forward to contributing to the advancement of the profession and nurses in the Commonwealth.

References

What were the major issues for ANA MA when you were president?
- Safe staffing bill
- Ebola outbreak
- Creating a brand change for the organization

What do you think were your major accomplishments during your presidency?
- Changing the brand name from Massachusetts Association of Registered Nurses (MARN) to The American Nurses Association Massachusetts (ANA)
- Demonstrated visibility of the organization as a professional voice for patient safety and quality care.
- The circular MARN logo was changed. The ANA MA logo is red, white, and blue and a new logo was introduced: “aRe you iN” to promote a focus on nursing engagement.

A lobbyist group, Lynch and Fierro, LLP was hired to help move a bill regarding the profile of ANA MA and giving the organization a greater voice at the State House hearings for bills presented.

The first piece of legislation was filed: advocating for a nursing seat on the Health Policy Commission (HPC). The bill seeks to add a registered nurse, licensed to practice in Massachusetts, who practices in a patient care setting to be initially appointed for a term of 5 years on the HPC. The HPC is the independent state agency that shapes policy and track control efforts. The 11-member HPC board does not currently have a seat for a registered nurse, making it difficult, if not impossible for nursing to influence legislation decision-making.

After the Ebola outbreak, ANA MA evaluated the best way to advocate for nursing and provide accurate information regarding the outbreak and best approach to care for patients with Ebola, as well as promote prevention in health care and the community. Evidence-based research was used in the development of knowledge and practices.

What do you see as the major issue facing nursing today?
- The fundamental shift in the delivery of health care increases the responsibility on nurses to increase the visibility of nursing’s value in delivery patient care and contribution as patient advocates. Otherwise, nursing could get lost in the shift.

How do you think ANA MA should be addressing these issues?
- ANA MA should continue its core approach to bring the voice of the nurse and patient forward.

What words of wisdom would you have for nurses beginning their career?
- Engaging beyond the bedside. The first step is showing up at meetings with a willingness to participate.
- Lifelong learning
- Advocate for patients at the bedside and the profession of nursing

Any final thoughts:
This is a vulnerable, opportunistic time in the world and nursing world and nurses can be hopeful. Actively supporting ANA Massachusetts is important to create a collective voice in which we can harness our power as advocates for nurses. Nurse leaders have the opportunity to promote meaningful dialogue among all nurses. The nursing process is a fundamental nursing tool that is used in all decision-making situations and remains relevant today in developing a nursing paradigm.

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Mary Ellen Doona

A U. S. Naval Officer blew taps at St. Joseph’s cemetery in West Roxbury Saturday January 16, 2016 before Ann Donovan (1916-2016) was consigned to the earth. Several generations of her extensive family attended the ceremony paying tribute to “Auntie Ann,” the unifying force in their lives. Almost three quarters of a century had passed since 1943 when she had joined the U. S. Navy Nurse Corps as a young graduate of the Mt Auburn Training School for Nurses. Half a century had passed since 1963 when she completed twenty years of service retiring as a Lieutenant Commander.

Ann had told those who would listen what it was like leaving her home in Somerville, traveling by rail seven days to California and arriving at the Naval Hospital in San Diego that spread over seventeen miles of buildings and cared for 50,000 casualties from the Pacific theater of World War II. Ann was only one of thousands of young nurses who joined the military after the Japanese invaded the United States on December 7, 1941. And as one of those thousands Ann learned that as a Navy nurse domestic duties were not much of a part of her nursing training anymore extraneous. Care of the patient was the relevant task. Nurses were not wasted on non-nursing duties.

Ann served aboard ships during World War II, Korea and Vietnam assisting in surgery on injured men as they were transported from war zones to hospitals in San Diego or Hawaii. Nurses were often in her voice as she related that these ships “took soldiers over and returned with patients.” She must have thought of her own brothers who were serving in the navy, army and coast guard as she cared for these men.

With perspective gained with the passing of years, Ann said World War II involved everyone with the war zones to hospitals in San Diego or Hawaii. Nurses respecting each other as citizens, not as one’s color. The best thing, Ann would often say, was the perspective gained with the passing of years, and coast guard as she cared for these men. With World War II generation of nurses made history as they transformed nursing into a profession in fact as well as in word.

On hearing of Ann’s death, Vita Paladino, the Director of the HealthAlliance Hospital Archival Research Center where the History of Nursing Archives resides, said, “Well, it is a sad day for me. She was my one ray of sunshine. She was so wonderful to work with. She was fun and wise, a rare combination. She was a lark [and] amazing in her character and her kindness. Imagine living to 100! What a star... I will never forget Ann.”

Diane Gallagher, the Nursing Archivist, had chatted with Ann the week-end before her death. She remembered, “We had a great conversation. What an inspiring lady and nurse she was! I feel honored to have known her.”

With her death the archive that once resided in Boston area. In the event an applicant wishes to submit on paper or by email an additional fee will be charged. A fall symposium was held in Holyoke in the fall and these changes were addressed. A second symposium will be held in the spring in the Boston area.

Can I submit an application without all the speakers conflict of interest forms attached and then send them at a later date?

All related materials must be submitted with the application. Once an application has been submitted it is considered final and is assigned a peer reviewer. If, during the review, missing materials are identified the applicant will be contacted and asked to submit by email attachment. The applicant will not be able to

searching for your dream job? we can help.

www.nursingALD.com

For questions about the application process please contact anna@nursingald.com

ANCC has recently reviewed and clarified the criteria for nursing continuing education and in response, the application process is changing. The new guidelines are slowly being implemented in Massachusetts and new activity forms have been created. These can be obtained at ANAMASS-AU.org, in the instructions area and are fully downloadable in a variety of formats. Currently, the activity applications should be submitted using the online application. In the event an applicant wishes to submit on paper or by email an additional fee will be charged. A full symposium was held in Holyoke in the fall and these changes were addressed. A second symposium will be held in the spring in the Boston area.

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Dear Mr. Chairman and Members of the Committee,

My name is Christina Saraf and I am a registered nurse (RN) and a member of the ANA Massachusetts (ANA MA) Health Policy Committee. As the state constituent member of the American Nurses Association, Massachusetts, represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in managerial, educational, and advanced practice roles. ANA Massachusetts members strongly support Senate Bill #1124 / House Bill #1914, “An Act relative to Safe Patient Handling in Certain Facilities.”

As a RN, I work on a busy medical floor at a city hospital. My patient population has historically consisted of status post patients and has recently changed over to a larger geriatric patient population. The physical needs of these patients take it toll on the nurses and support staff on our unit. When I started as a nurse 7 years ago, much of the training surrounding patient handling was the “learn as you go model.” As a new nurse I did not know the shortcomings of this approach. I was required to manually lift, move and reposition patients regularly. Approximately, 5 months into the job, my back ached, and advanced practice nurses, I thought wasn’t one thing I could recall that caused this pain but it was this slow gradual process that worsened to the point of causing me to have painful muscle spasms. Finally after 6 weeks of not getting better, I went for a MRI and was diagnosed with a ruptured disc. The resultant risk factor for overexertion injury both the hospital and me: loss of wages, replacement worker costs, medical costs, enduring my own pain, and future costs associated with living with a chronic condition. What concerns me most is that this scenario is a common occurrence among nurses and other healthcare workers who are responsible for helping patients with their basic activities of daily living.

The Bureau of Labor Statistics (BLS) reported in 2014 that work-related musculoskeletal disorders (WMSD) accounted for 39% of the total injuries and illnesses reported in the health care and social assistance industry. BLS also reported that nursing assistants incurred one of the highest rates of WMSD cases in 2014 accounting for 5 times greater incidence rates than other professions. Workers typically require a median of 13 days to recuperate before returning to work. The Public Citizen report estimates that these types of injuries cost the US approximately $7 billion each year. A review of historical data shows no real improvement in this area. Without a change in our laws, healthcare workers and patients will continue to run a higher risk of injury in patient handling.

The Center for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH) shows no real improvement in this area. Without a change in our laws, healthcare workers and patients will continue to run a higher risk of injury in patient handling.

The activity must:
- Address a professional practice gap (change in standard of care, problem or barrier in practice, or opportunity for improvement)
- Incorporate the active involvement of a Nurse Planner in the planning process. The nurse planner must have an unencumbered license to practice and have a bachelor degree or higher in nursing.
- Have analyzed the educational need(s) (knowledge, skills, and/or practices) of registered nurses and/or healthcare team members that underlie the problem or opportunity (why the problem or opportunity exists)
- Identify the learning outcome(s) to be achieved by learners participating in the activity
- Use strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcome(s)
- Provide content based on evidence-based practice or best-available evidence
- Evaluate achievement of learning outcome(s)
- Have been planned independently from the influence of commercial interest organizations

The contact hour certificate is the official record of the contact hours earned and should have the ANCC approver unit official statement and a supportive work environment.

What does it mean when an educational program is approved by the National League for Nursing as a Center of Excellence in Nursing Education?
- The Primary and Behavioral Health Care Integration Program (PBHCI)
- Detox
- Program for Assertive Community Treatment (PACT)
- CHL is an equal opportunity employer. We offer competitive wages, outstanding benefits, great colleagues, challenging assignments, and a supportive work environment.

For information about these and other positions or to apply, please go to http://www.communityhealthlink.org and click Careers.

Thank you for the opportunity to share this testimony on the proposed legislation. We respectfully urge the committee to vote favorably on SB1124/HB1914.
Nursing’s social, moral, professional, and scientific contributions to human kind and society lie in its commitment to sustain and advance human dignity and improve the quality of life. The profession is deeply rooted in the ideals in theory, practice, education, and research. (Watson, Human Caring Science: A Theory of Nursing, 1997)

The May 5 gathering will also feature presentations by an interactive panel of Massachusetts Caritas Coaches, graduates of the Watson Caritas Coach Education Program, which prepares nurses and other health care providers to coach, teach, and implement caring-healing philosophies in work, life, and communities. This year’s conference will introduce the personal stories of children and adults, family members, and advocates who have experienced the impact of their narratives on those who cared for them.

I was surprised to recently learn from my wife (I’m newly married), a nurse with 33 years of experience, that nurses across the country and around the world are injured as a result of physical altercations at hospitals, clinics or other work places have the right to seek compensation for their injuries from the responsible person(s). Like all employees, nurses who are injured in the workplace can seek recovery for compensation benefits, the same as with any other on-the-job injury. However, these benefits do not cover some harms and losses that nurses suffer, such as physical injuries, post-traumatic stress disorder (PTSD), pain, suffering, emotional disturbance, diminished future earning capacity, fear about returning to work, and the negative impact their injury has on a spouse and family members.

In some cases, nurses can successfully obtain additional compensation from the patient, or the responsible person causing their injury will be identified and held responsible for the patients’ claim. Though nurses may choose to file a workers’ compensation claim, the statute of limitations passes, after which the nurse’s claim for compensation against the responsible person causing their injury will be dismissed. Therefore, nurses are encouraged to consult with a knowledgeable attorney in order to determine whether it may be possible to obtain compensation for his or her injuries. Most lawyers do this kind of work for the provision of an initial confidential consultation to anyone who has suffered an injury of this nature. These cases are handled on a contingent fee basis, which means the injured nurse only pays the attorney, if and when, the attorney successfully collects compensation.

With the approval of the Massachusetts legislature voted to give nurses, in other words, nurses with the legal right to make these claims. These nurses would be wise to consult with an attorney quickly before the statute of limitations passes, after which the nurse’s claim for compensation against the responsible person causing their injury will be barred.
Mary Ellen Doona

Fifteen years have passed since March 23, 2001 when Massachusetts nurses chose to remain members of the Massachusetts Nurses Association and keep the thread to their origins unbroken. Their predecessors had created the Massachusetts State Nurses Association at Faneuil Hall on February 26, 1903. On that warm winter evening they said, “We the trained nurses of Massachusetts declare in mass meeting assembled, that it is expedient in the interests of the public the protection of the patients and the profession to found a nurses association.”

In 1869, taught in the Newton School system from 1872-1874 and in Fisherville, New Hampshire in 1879. In 1882 she enrolled in Linda Richards’ trained nurse program at the Massachusetts General Hospital.

Lucy Lincoln Drown (1847-1934)

Lucy Lincoln Drown was a New England woman. She was born in Providence Rhode Island, raised in New Hampshire and practiced nursing in Massachusetts. Drown was of the same Mordecai Lincoln line as President Abraham Lincoln. She graduated from the Sulem Normal School in 1869, taught in the Newton School system from 1872-1874 and in Fisherville, New Hampshire in 1879. In 1882 she enrolled in Linda Richards’ trained nurse program at the Boston City Hospital. Drown succeeded Richards as Superintendent in 1885 and held the position until retiring in 1910. She was among the founders of the American Society of Superintendents of Training Schools in 1893 and served as its treasurer. She organized the Alumnae Association of Massachusetts City Hospital in 1896 and was among the founders of the Massachusetts State Nurses Association in 1903. Drown served as its first historian.

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Mary Mc Kenzie

Patricia M. Brigham

Karen A. Daley

Claudia Ellis

Judith Mealey

Constant in the change was the newly named connection with the American Nurses Association. Then on April 1, 2014, the Massachusetts Association of Registered Nurses changed its name to more fully convey this relationship. American Nurses Association Massachusetts stated in a title what had been its practice since 1903. The officers at the time were: President: Tara Tehan, MSN, MBA, RN, NE-BC; President-Elect: Myra F. Cacace, MS, GNP-ADM-BC, CDE

Past-President: Gino Chisari, RN, DNP

Secretary: Anthony J. Alley, BSN, RN, NE-BC

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

Directors: Cathleen Colleran-Santos, DNP, RN

Sahibani Delva, RN, BSN

Jessica Florentino, BSN, RN

Linda J. Moniz, RN, PhD

Gayle Peterson, RN

Patricca Ruggles, BSc, RN, CRNO

Margaret L. Stipe, MS, RN

For one hundred and thirteen years, from February 26, 1903 to today, whether as the Massachusetts State Nurses Association, the Massachusetts Nurses Association, the Massachusetts Association of Registered Nurses or as the American Nurses Association Massachusetts, the aim of its officers, those listed above and others throughout its long history, has been the same, namely, protecting the “practicing of professional nursing in the state of Massachusetts.”

Who is the Nurse in the Mabethead?

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A Career at UMass Memorial Health Care: Collaboration, Community, Innovation

It’s an exciting time to find your place and advance your career at UMass Memorial Health Care, the largest health care system in Central Massachusetts. Our not-for-profit system includes:

• A vibrant academic medical center
• Three leading community hospitals
• A comprehensive behavioral health agency

Our 12,000 employees, including 3,000 nurses and 1,100 employed physicians, collaborate to serve our patients and their families. Advanced services, including trauma and emergency care, provide the backdrop to nursing excellence.

Our teaching and research partner, UMass Medical School, shares a campus with our largest hospital and includes a Graduate School of Nursing. Professional development is highly encouraged; opportunities include an onsite RN to BSN program, courses in Periop 101 and a pilot in Case Management.

Nurses are engaged in innovative programs using lean management principles to improve patient care throughout the system. Employees fostering improvements every day is what makes UMass Memorial a remarkable place to work and provide care.

UMass Memorial offers a competitive salary and benefits package, including health insurance, pension and generous paid time off.

As you celebrate Nurses Week, think about joining our team today!

To learn more, visit: www.umassmemorialhealthcare.org/careers

UMassMemorial
Health Care

UMass Memorial – Clinton Hospital  |  UMass Memorial – HealthAlliance Hospital
UMass Memorial – Marlborough Hospital  |  UMass Memorial Medical Center
Helping Nurses Find Teaching Positions and Helping Schools Find Faculty

The CCP Clinical Faculty Database Expands

Marie Tobin, DNP, MPH, RN, NEA-BC
Director, Centralized Clinical Placement Program
Massachusetts Department of Higher Education

The initial focus of the CCP Faculty Database was clinical faculty positions and clinical faculty candidate profiles. In response to requests from nursing programs, the CCP Faculty Database has been expanded to allow nursing programs to post any kind of teaching position: clinical, simulation lab and/or classroom. To reflect this expansion, the Database has also been renamed to the CCP Nursing Faculty Database.

Posting Open Faculty Positions

The CCP Nursing Faculty Database is an integrated component of the CCP website. All CCP nursing programs have access to the Nursing Faculty Database as soon as they login into the CCP website. Completed clinical faculty Database, nursing programs can post open positions, search/view profiles that match their needs and manage responses through the website.

The Nursing Faculty Database is designed to connect and support nursing programs and nursing faculty candidates as they work to fill open faculty positions. It is an alternative to develop clinical faculty workforce capacity. It is not a substitute for a nursing program’s employment policies or procedures so there may be additional steps in the recruitment and/or hiring process.

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Posting a Nursing Faculty Profile

Candidates need a Nursing Faculty Profile to send an inquiry about a position to a nursing program.

The Nursing Faculty Profile can be completely under your control. You are able to edit, hide or delete your current profile as well as view, edit or withdraw inquiries to postings you have made. You can update your Profile as often as you would like. You can post your availability for clinical teaching positions one year into the future. You may Hide/Un-hide your Profile as your availability allows. There is no expiration on a Profile. To keep the Database as current as possible, a Profile whose availability is not indicated or is not current will not be displayed.

Inquiring About Posted Positions

The Nursing Faculty Database allows candidates to send inquiries regarding positions that they find interesting to the posting nursing program. When you respond to a posting, the program will see your inquiry and the contact information you entered as part of your Profile. They will get back to you with additional information if they feel this is a good match.

You Have Complete Control of Your Profile

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Teaching

Teaching is something that nurses do every day. Nurses teach patients and families, members of the health care team, other nurses and student nurses. Many nurses fondly remember the positive impact a special nursing faculty had on them and their career. For those who teach, serving in a faculty role is a way to develop the next generation of nurses. The CCP Nursing Faculty Database is designed to support those who are interested in teaching and to facilitate the development of nursing faculty. We hope that you will take a look at the CCP Nursing Faculty Database, will a create Profile, inquire about a posted position and share your thoughts about the Database.

Please contact Marie Tobin, mtobin@bhe.mass.edu with questions or to share information.
Patricia Reid Ponte

The American Nurses Association (ANA) Board of Directors has appointed Patricia Reid Ponte, a Massachusetts nursing executive, researcher, and educator, the next president of the American Nurses Credentialing Center (ANCC), the largest nurse credentialing organization and a subsidiary of ANA.

The ANCC president serves as chief spokesperson on behalf of ANCC and leads the ANCC board in setting goals, policy, and long-range plans for the credentialing center. Reid Ponte, who has been a member of the ANCC board since 2013, will begin her two-year term on January 1, 2016.

ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN, “We are fortunate to have a leader with Pat’s vision, experience, and commitment to lead ANCC as it continues to innovate, expand, and meet its mission to serve nurses and patients around the world.”

ANCC’s internationally renowned credentialing programs certify nurses in specialty practice areas; recognize health care organizations for promoting nursing excellence and quality patient outcomes and promoting safe, positive work environments through the Magnet Recognition Program®, Pathway to Excellence®, and Pathway to Excellence in Long Term Care™ Programs; and accredit providers of continuing nursing education. Additionally, ANCC is increasing its focus on nursing excellence internationally through its ANCC World program.

Previously, Reid Ponte held leadership positions at Brigham and Women’s Hospital, Massachusetts General Hospital, and Tufts Medical Center, where she began her career as a primary nurse on a hematology- Oncology unit.

Reid Ponte teaches the Health Care Quality courses in the DNP programs at Simmons College in Boston and at the University of Massachusetts, Boston (UMB), where she is an Associate Professor at the College of Nursing and Health Sciences. She is a co-principal investigator for the National Cancer Institute-funded Dana-Farber/Harvard Cancer Center-UMBC U54 grant, which funds a post-doctoral nursing fellowship program in oncology and health disparities. She is an adjunct faculty member at her alma mater, the University of Massachusetts, Amherst School of Nursing, an active alumna member, and a recipient of the University’s Distinguished Alumnus Award in 2005.

Reid Ponte received both her Doctorate of Nursing Science and Master’s in Nursing from Boston University. She received her Bachelor’s in Nursing from the University of Massachusetts, Amherst. Reid Ponte was a 2001-2004 Robert Wood Johnson Foundation Nurse Executive Fellow.

Mary Ellen Doona

With its Massachusetts General Hospital Nursing at Two Hundred successfully launched during the Hospital’s Bicentennial in 2011, the Department of Nursing formed its first MGH Nursing Alumnae Association. The group’s next project involved shining a light on the history of Miss Linda Richards, America’s first trained nurse and early superintendent of the Boston Training School at MGH. This included the unveiling of a portrait of Richards, corresponding museum and in-hospital exhibits, and working with the Boston Globe on a feature article. Most recently committee members have turned their attention to the MGH nurses who cared for soldiers in France during World War I. As well-seasoned researchers, the Committee knew the work that lay ahead. After MGH Nursing at Two Hundred, however, they also knew the rewards. The Committee: Sarah Alger, Patty Austen, Pat Beckles, Ann Collins, Marianne Ditomassi, Mary Ellen Doona, Barbara Dunderdale, Susan Fisher, Mary Larkin, Michelle Marcella, Roberta Nemeskal, Georgia Peirce and Martha Stone, wasted no time in taking on the new project.

Given the depth of the MGH School of Nursing historical collection, they have not been surprised at the number of first person accounts in letters, diaries, scrapbooks and narratives they have found. Not least of what the Committee is discovering is how arduous nursing care was in that pre-antibiotic time. Wounds, infections, burns from gas warfare, shell shock that in subsequent wars became PTSD, were among the pressing problems but these receded in priority once the pandemic of influenza struck. There were 4,319 patients in Base Hospital No. 6 on November 11, 1918 as the Armistice was being signed. Hundreds of these patients were critically ill with influenza.

As busy as these nurses were, they were in frequent contact with their colleagues at home.
The World Health Organization expects the Zika Virus to eventually spread to all of the Americas except for Canada and Chile, the two places where the Aedes species mosquito—a vector for the virus—does not live. Zika viral infection is asymptomatic in up to 80% of exposures or causes mild illness, such as fever, rash, muscle/joint pain and conjunctivitis. Severe disease and fatalities are rare. Health authorities, however, are becoming increasingly alarmed by the virus’ association with more severe clinical manifestations, including neurological and autoimmune-like illness, particularly Guillain-Barré syndrome (GBS) and congenital neurological malformations. Most disconcerting is a link between the Zika virus and microcephaly.

In 2016, Zika virus disease became a nationally notifiable condition. On January 26, 2016, the Center for Disease Control distributed the Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection. In addition, the CDC has issued a Level 2 Travel Advisory for Mexico, Central and South America, the Caribbean, Samoa & Cape Verde.

**Zika Virus Update**

Perinatal, in utero and possible sexual and transfusion transmission events have been reported. Zika viral RNA has been identified in asymptomatic blood donors. Other than universal precautions, no specific extraordinary countermeasures have been advised. No vaccine exists for the Zika virus. Mosquito protection and eradication remain the best defense for minimizing viral spread.

See also

- **ANA Nurse Insider:** [http://www.nursingworld.org/HomepageCategory/NursingInsider/Zika-Virus-What-You-Need-to-Know.html](http://www.nursingworld.org/HomepageCategory/NursingInsider/Zika-Virus-What-You-Need-to-Know.html)
- **CDC Interim Guidelines:** [http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6503e3.htm)
- **Protection against mosquitoes:** [http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf](http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf)

**ANA Massachusetts Mission**

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

**Vision**

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

**The ANA Massachusetts 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.

Go to [www.ANAMass.org](http://www.ANAMass.org) for more information.

**Winter Program on the Opioid Crisis**

In spite of the threat of the season’s first major snow storm, more than 125 nurses attended the Winter Conference on the opioid crisis. Keynote speaker Susan L. W. Krupnick, MSN, PMHCNS-BC, ANP-BC, C-PREP provided valuable information on specific prevention and treatment interventions, as well as statistics regarding the local and global impact of the crisis. The audience shared personal perspectives and asked many thought-provoking questions. In addition to the information provided by the lecture, there was time for some networking. All in all, it was another successful conference. The presentation was videotaped by an 84 year old man, who asked me if he could share his perspective. In his words:

> Even though I am an ordinary guy out there on the street and not of the medical field, it seems apparent to me that the nursing profession has this concern of the opioid crisis added to all the other standard medical practices you have been performing throughout the years. I learned so much at the conference. I have much more awareness of the ills of society and the severe consequences that befell addicts.

> The feedback from the audience to the various subjects that were addressed, especially the Narcan use, was quite revealing. I had a great time performing the video coverage but far more gratifying was to listen to the concerns of the nursing profession.

He says he wants to be hired to video our next conference because he learned so much!
Members Only

Visit Your ANA Massachusetts Career Center: A Valuable Member Benefit

The ANA Massachusetts Career Center works with members, job seekers, and employers to create the most trusted resource for top jobs and qualified talent in the nursing community throughout Massachusetts.

Gain access to tools that allow you to:

- Quickly find the most relevant nursing jobs from top employers
- Receive automated notifications through customized job alerts keeping you up-to-date on the latest opportunities
- Create an anonymous profile and resume to quickly apply for jobs and have employers come to you
- Receive job flash emails twice a month
- Network more effectively and become a valuable resource to your peers
- Post your own open positions

Visit the Career Center at www.ANAMass.org/jobs and register today!

Your Guide to the Benefits of ANA Massachusetts Membership... It Pays for Itself

- Dell Computers – ANA Massachusetts/ANA are pleased to announce a new member benefit. ANA Massachusetts and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-405-8133.

- Walt Disney World Swan and Dolphin Hotel

- GlobalFit Fitness Centers – Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.

- Professional Liability Insurance – a must have for every nurse, offered at a special member price.

- Nurses Banking Center – free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule, at an affordable price – Liability/Malpractice, Health Insurance, Dental and Vision.

- CBCA Life and Health Insurance Plans – Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.

- Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000 Call Budget – 1-800-527-0700 and give ID# X359100

- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.

- Online discounts on all your floral needs through Kabloom.

Promote yourself: professional development tools and opportunities

- Members save up to $140 on certification through ANCC.

- Online continuing education available at a discount or free to members.

- Conferences and educational events at the national and local level offered at a discount to members.

- Member discounts on nursesbooks.org – ANA’s publications arm.

- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.

- Find a new job on Nurse’s Career Center – developed in cooperation with Monster.com.

Stay informed: publications that keep you current

- Free subscription to The American Nurse – a $20 Value.

- Free online access to OJIN – The Online Journal of Issues in Nursing.

- Free subscription to the MAssachusetts Report on Nursing – a $20 value

- Free access to ANA’s Informative listserves including – Capitol Update and Members Insider.

- Access to the new Members Only web site of NursingWorld.org.

- Free access to ANA Massachusetts’s Member-Only Listserve

We also welcome any pictures that show ANA Massachusetts members in action... at work or at play, Interested persons, please contact Susan LaRocco at newsletter@anamass.org.

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

Join us at www.ANAMass.org

Contact us at: 617-990-2836 or info@ANAMass.org

Technology Committee Request for Proposals

The Technology Committee, chaired by Susan L. Conrad, requests that ANA MA members submit proposals for improvements to all aspects of the Association that might be achieved through the use of technology. The Technology Committee will consider each proposal in terms of the resources needed to implement the change and the anticipated benefit to the entire Association.

The form for Proposal Submission can be found on the homepage of the website (www.anamass.org) upper left hand corner under tab labeled ANA Mass/member technology recommendations. The form can be completed on-line or be e-mailed to info@anamass.org.”
The Patient’s Perspective: Who I Am

I was 32 years old. A consultation with a neurologist confirmed I had Parkinson’s disease. I was 32 years old. A consultation with a neurologist confirmed I had Parkinson’s disease. I was 32 years old. A consultation with a neurologist confirmed I had Parkinson’s disease. I was 32 years old. A consultation with a neurologist confirmed I had Parkinson’s disease.

In My 40s

Due to the basic nature of the disease, my Parkinson’s symptoms drifted from creeping mode to leaping mode without once asking my permission. I went from walking with a slight limp (bad knees) to falling 8 to 12 times per day. I lost my sense of smell. The hot flashes associated with menopause did not compare to the furnace-intensity heat due to waxing and waning medications. Also, for the first time in my life, there was a double-edged psychological sword hanging over me: depression. One side of the blade was depression due to the chemical changes in the brain inherent to Parkinson’s disease. The opposing blade was also for depression but it was caused by mental exhaustion as I worked to overcome literally hundreds of symptoms.

In My 50s

As much as I would have preferred otherwise, the creep to leap model which began in my 40s continued well into my 50s. I knew that the symptoms had, in some instances, turned life-threatening and it was past time to do something about it. (Insert drum role here).

I applied to the Deep Brain Stimulation Program at Boston University Medical Center. I was accepted and the first surgery was booked for March 29, 2008. We ran into difficulties placing the electrode in the right brain stem so the surgery was rebooked for two weeks later. Attempt number two also left us without a successful electrode placement. The third time being the charm, the right side was successfully implanted on April 23. One down, one to go. The left-side electrode was easily placed with one try. I was ready to be “turned on.” But wait . . .

The brain needed some rest and repair time so I was booked one month out for a “go live” date. When the big day arrived, I was brought in my own wheelchair to the operation room and I programmed the internal pulse generator (IPG) units that had been placed in my chest and told me I could get out of the wheelchair. I stood, paused for just a moment, and then walked down the hallway as though I had done it every day of my life. I had gambled and beat the odds — I was once again a walking woman!

In My 60s

In the first five years of my 60s, I have undergone nine surgeries, only one of which was due to Parkinson’s disease. I had:

• the surgical repair of a compound fracture of my radius and ulna
• two surgeries to remove osteomyelitis from bone tissue
• day surgery to change the batteries in my IPGs
• three surgical sessions to repair a detached retina
• partial knee replacement
• one total knee replacement

If I have learned one lesson from these hospitalization experiences, it is that the Parkinson’s symptoms must be brought under control before other health issues can be addressed. The key to safeguarding the ever-dwindling skills that I do have is to mirror in the hospital the patterns and routines found in my home, especially medication schedules and exercise/ambulation regimens.

In light of the complexity of most PD medication schedules, this can be a daunting task. The following is my med list:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbidopa/Levodopa</td>
<td>50/200mg</td>
<td>1 daily</td>
</tr>
<tr>
<td>Carbidopa/Levodopa</td>
<td>25/100mg</td>
<td>1.5 pills, 2 times daily</td>
</tr>
<tr>
<td>Entacapone</td>
<td>200mg</td>
<td>1 pill, 2 times daily</td>
</tr>
<tr>
<td>Amantadine</td>
<td>100mg</td>
<td>1 pill, once daily</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>25mg</td>
<td>1 pill, twice daily</td>
</tr>
<tr>
<td>Dopirerole</td>
<td>4mg</td>
<td>2 pills, once daily</td>
</tr>
<tr>
<td>Citalopram</td>
<td>40mg</td>
<td>½ pill, once daily</td>
</tr>
<tr>
<td>Ranitidine</td>
<td>150mg</td>
<td>1 pill, 2 times daily</td>
</tr>
</tbody>
</table>

The above list contains only those meds that are specifically used to manage Parkinson’s. All that remains to be done is to fit the meds into a 3-hour interval grid, starting at 6AM (8AM, 12PM, 4PM, and 8PM). Admittedly it does pose challenges. The drugs are prescribed to do the following: one pill controls many of the symptoms of Parkinson’s, one lengthens the time L-dopa stays in the system, one controls dyskinesia, one is an anti-hallucinogen, one is an anti-depressant, and there is an anti-convulser. Knowing what each medication does allows the patient to better participate in building her own care plan.

Today

Today I am a 65 year old senior who does those classic senior-ly things such as knitting, crocheting, and playing Canasta. Over the past year I have noticed that the Parkinson’s is making in-roads in my cognitive processes: short term memory issues, organizational skills, daily routine, etc. This is scarier than losing any of my physical abilities. No matter how much I ramp up activities that challenge my brain, I know this disease well and that it will move ever forward.

We all know the outcome of a Parkinson’s diagnosis. What we don’t know is what we will do next as we travel down our individual paths. Thus far I am absolutely certain of three things:

1. Victory is measured by the degree to which you stay engaged.
2. No one can handle Parkinson’s alone.
3. I am a better person because of what Parkinson’s has taught me . . . . And my journey is not over yet.

Editors Note: I met Julia and her partner John when I participated in a Back to the Clinic Day as a component of the Edmond J. Safra Visiting Nurse Program at Boston University Medical Center’s Disease and Movement Disorders Center. Her resilience and optimism, and knowledge and self advocacy inspired me. Perhaps overstepping my role as observer, I boldly asked her if she would share her story with the nurses in Massachusetts. I hope that her words will help all nurses to better understand the importance of the timing of Parkinson’s medications and the difficulty that patients with Parkinson’s disease have when they are hospitalized for other conditions.
ANA President Responds to New Institute of Medicine Report

January 5, 2016

SILVER SPRING, MD – President Obama announced new executive actions to reduce gun violence. The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to today’s announcement:

“Mass shootings and other tragedies have unfortunately become too common in this country and steps must be taken to stop the carnage. We commend President Obama for taking necessary actions today to reduce gun violence and make our communities safer.

The president’s actions will make an immediate impact. Commonsense reforms aimed at keeping guns out of the hands of those who would use them to harm others are long overdue. We commend the president for leading on this issue and urge Congress to act quickly to make our communities safer.

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We are especially heartened by the president’s emphasis on increasing access to mental health care. While people with mental illness are more likely to be the victims of gun violence rather than the perpetrators, recent events have repeatedly shown the link between easy access to guns and inadequate access to mental health care services.

ANA applauds President Obama’s investment of $500 million dedicated to supporting the engagement of individuals in their care and improving service capacity within the mental health care system. These actions are needed to fix a system that is clearly broken.

As the largest single group of health care professionals, nurses regularly witness the trauma that gun violence inflicts on victims, families and communities. As the premier organization representing the nation’s 3.4 million registered nurses, the American Nurses Association has and will continue to be engaged in efforts to prevent and reduce gun violence.

In the aftermath of the Sandy Hook tragedy, ANA issued a call to action to Congress and policymakers to take swift action to curb gun violence.

Today’s actions are a start, but we will continue to call on lawmakers to enact additional meaningful reforms to protect society and stop the constant cycle of gun violence and death that plagues our communities.”

Howard Gotlieb Archival Research Center Welcomes New Partners to Florence Nightingale Digital Collaborative

The Howard Gotlieb Archival Research Center at Boston University is pleased to announce seven new partners for the Florence Nightingale Digital Collaborative. The Augustus C. Long Health Sciences Library at Columbia University; the Center for the History of Medicine’s Francis A. Countway Library of Medicine at Harvard University; the Wellcome Library Record Office in England; the Library of the Health Sciences at the University of Illinois at Chicago; the National Institutes of Health and the UNC Health Sciences Library join the Collaborative in its efforts to preserve and promote the legacy of Florence Nightingale, pioneering social reformer and founder of modern nursing. Materials from six new partners are now available online at www.bu.edu/florencenightingale. Letters written by Florence Nightingale from the newest partner, the British Red Cross, will be available online in the coming months.

The Florence Nightingale Digitisation Project is a collective effort to create a comprehensive database of digitised Nightingale correspondence. The original partners in the collaborative are the Florence Nightingale archives housed by the Florence Nightingale Museum in London, the Howard Gotlieb Archival Research Center at Boston University, The Royal College of Nursing, and the Wellcome Library in London. The database currently contains over 2,200 items and is accessible to the public through this portal: www.bu.edu/florencenightingale. Searchable by subject, name, and date, this valuable tool benefits students and researchers all over the world.

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In June, 2015, Governor Charlie Baker’s Opioid Addiction Working Group published a list of 65 recommendations to combat the opioid epidemic in Massachusetts. Among these recommendations are several to increase access to naloxone, an antidote for opioid overdose. Supporting access to naloxone is an important component of the Baker-Polito Administration’s multi-prong approach to reduce opioid overdose deaths in the Commonwealth.

In an overdose, opioids can cause difficulty breathing, sedation, and death. Naloxone is a medication that reverses these effects. Naloxone is inert unless opioids are present in the body. It does not work on other drugs or alcohol. Naloxone usually takes effect in 3 to 5 minutes and lasts up to 90 minutes.

The Public Health Council, during an emergency session, determined that first responders would be universally permitted to carry and administer naloxone to individuals who presented with signs and symptoms of an opioid overdose.

Massachusetts General Law Amended

In addition, Massachusetts General Law Chapter 94C Section 19 was amended to allow naloxone or other opioid antagonist to be lawfully prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Further, Section 19B authorizes a pharmacist to dispense naloxone to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose pursuant to a standing order. Chapter 94C Section 34A provides protection for possession and administration of naloxone by allowing a person acting in good faith to receive a naloxone prescription, possess naloxone and administer naloxone to a person at risk of experiencing an opiate-related overdose.

Currently, naloxone is widely available through standing order prescription in pharmacies in order to provide greater access to family and friends who fear a loved one might overdose. The Board of Pharmacy maintains a list of pharmacies that have valid standing orders to dispense naloxone rescue kits. The list can be found at: [http://www.mass.gov/eohhs/docs/dph/quality/boards/pharmacy/pharmacies-so-nalaxone.pdf](http://www.mass.gov/eohhs/docs/dph/quality/boards/pharmacy/pharmacies-so-nalaxone.pdf). Individuals may purchase the kits with a prescription or without a prescription at a pharmacy that has a valid standing order.

Nurses and the Law

Massachusetts nurses can obtain and possess naloxone to administer to any individual appearing to experience an opiate-related overdose. In addition, nurses are frequently called upon to train unlicensed persons how to administer naloxone by intranasal and/or intramuscular route. This education is not considered delegation and the nurse trainer does not retain accountability or responsibility for the administration of naloxone by the unlicensed person they teach. However, the nurse trainer is responsible for the accuracy of the information taught and may want to reference the Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution publication as a training guide which can be found at: [http://www.mass.gov/ehhs/docs/dph/quality/boards/pharmacy/pharmacies-so-nalaxone.pdf](http://www.mass.gov/ehhs/docs/dph/quality/boards/pharmacy/pharmacies-so-nalaxone.pdf). Individuals may purchase the kits with a prescription or without a prescription at a pharmacy that has a valid standing order.
Barbara Belanger, MSN, RN, CNOR

Barbara Belanger graduated in 1978 with a diploma in nursing from Newton-Wellesley Hospital School of Nursing in Newton Massachusetts, in 2010 with a BSN from Saint Joseph’s College in Standish, Maine, and completed her MSN in 2015 also from Saint Joseph’s College. Barbara’s clinical experience includes medical-surgical, ICU/CCU, telemetry, and adult/pediatric perioperative nursing practice in the operating room and PACU. Currently, Barbara is the Clinical Practice Leader of Surgical Services at Hallmark Health Systems in Melrose, Massachusetts. Barbara is a member of AORN, ANA MA, Sigma Theta Tau International and Massachusetts Regional Caring. She has maintained CNOR credentialing since 1993. Barbara’s professional interests include policy development, professional writing, and collaborating with nursing leaders and clinicians to promote quality care and patient safety. She enjoys traveling with her husband, gardening, music, cooking, and walking with her shiba inu dog.

Peggy Fair, MSN, RN

I have been an RN since 2006. Nursing is a second career for me. I am so happy that I made the decision to become a nurse. Currently, I am employed by the Department of Veterans Affairs. I transitioned to the VA from the private sector in 2007. My role since 2013 is in an outpatient psychosocial rehabilitation and recovery center where I work with Veterans diagnosed with serious mental illness. I get a great deal of enjoyment working with the elderly—specifically older Veterans. Prior to my VA career, I worked in private nursing homes and briefly in acute care. While all of the Veterans I work with are diagnosed with mental health issues, many also have significant medical co-morbidities. My work consists of not only providing recovery focused services to these Veterans, but also assisting them with improving their physical health. Every day is challenging, fulfilling, and I feel I am making a real difference in the lives of the clients I work with.

When I am not working I enjoy spending time with my husband, companion animals, family, and friends. I also enjoy gardening and working on home projects.

Inge B. Corless
PhD, RN, FNAP, FAAN

I graduated from the Bellevue Schools of Nursing in New York and have had a variety of practice experiences including emergency services, oncology, hospice, and palliative care. Currently I am on faculty at the MGH Institute of Health Professions where I teach a course on the History of Nursing Ideas that affords me the opportunity to share the impressive history of our profession with new students. I also take students to sub-Saharan Africa so they can learn about health care in a country with a different heritage and culture. Over the years we have visited The Republic of South Africa, Swaziland, and Lesotho where we have engaged in a variety of experiences in keeping with the nursing regulations of our hosts. My colleague, Dr. Patrice Nicholas and I received grant funding from the Bureau of Health Professions more than 20 years ago to establish an HIV/AIDS specialization. The HIV/AIDS Certificate continues today in a distance-learning format.

Given my interest in writing, I am honored to serve on the ANA MA Newsletter Committee where I enjoyed the leadership of President Myra Cacace and our current Chair, Dr. Susan Larocco and the camaraderie of the other members of the committee.

Anya Bostian Peters
PhD, RN, CNE

Dr. Peters received her BSN from UNC-Chapel Hill, MSN in Nursing Education from Wilmington University, and her PhD in Nursing Education from Widener University. Her clinical area of expertise is in cardiovascular/cardiothoracic nursing. Anya has been a nurse educator for 12 years in Associate, Baccalaureate, and Post-Baccalaureate programs. She is certified as a Nurse Educator.

Her research area of interest is incivility in academia, with a special interest in faculty-to-faculty incivility, stress in the academic workplace, and the impact of incivility and stress on faculty retention. Anya is an Associate in the Center for Women and Work at UMass Lowell, a member of the MA Action Coalition Faculty Recruitment & Retention Committee, and a member of the ANA Workplace Violence & Incivility Professional Issues Panel Advisory Group. She also holds memberships in the Council for the Advancement of Nursing Science and Eastern Nursing Research Society. Anya is the mother of 3 children. She and her family live in Hopkinton.

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