

MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 74 No. 6

MNA Web site wins accolades from Union Web Services

The Massachusetts Web Steward, a Web portal from Union Web Services that provides users with access to union news throughout the state, recently recognized the MNA for its new and improved Web site (www.massnurses.org)—and then sweetened the pot by naming it the best union site for the month of May.

The honor came just months after the MNA expanded its public communications department to include an in-house webmaster, a position that has been seamlessly managed by Amy Weston. Since February, Weston has added and edited dozens of pages and links in an effort to turn the site into the user-friendly version that members had been asking for. From its graphical redesign to its expanded job-postings page, the MNA Web site has become a resource that members can depend on.

The redesign

According to Weston, navigating through the MNA's site once proved to be a bit of a challenge. "Just from a design perspective, some of the information could be pretty hard to find," she said. "There was always excellent information posted on the site, but our links weren't intuitive—so it was hard to find what you needed." As a result, Weston dug right in and began to redesign the site.

The first area of focus was the site's front page, which was redesigned to appear more like a news center. "The very nature of the MNA's business means that members need easy access to timely and evolving information, whether it's about a bargaining unit's negotiation efforts or a legislative initiative," said David Schildmeier, director of the public



communications department. "So designing the front page to look like a news center is the perfect way to communicate the MNA's breaking information."

Also added to the site's front page is an area for a scrolling message that reminds visitors about important dates and deadlines; an expanded and interactive navigation bar; and access to a complete photo gallery. Weston also carefully and clearly archived older news stories; made items easier to find by removing a considerable amount of "virtual clutter;" and added a calendar with activists' alerts and upcoming events.

The new look and feel of the front page

are also consistently seen throughout the Web site: larger headers help users identify exactly where they are within the site, cleaner margins add to the pages' overall legibility and numerous photos of members create a sense of comfortable familiarity.

Post a job, find a job

With the redesign of its Web site, the MNA's public communications department also expanded its pages that focus on career development—including a page for posting and reviewing job openings.

According to Schildmeier, MNA bargaining

See *Web*, Page 4

RN-to-patient ratios to be implemented in California

After efforts by the hospital industry in California to water down and delay implementation of RN-to-patient ratio regulations for the state's hospitals, Gov. Gray Davis and the state's Department of Health Services recently rejected the industry's positions and will push ahead with implementation of the ratios by January 1, 2004. The California Nurses Association (CNA) welcomed the release of the final regulations and said it was "a significant step towards improving patient-care conditions in California hospitals and protecting patient safety."

"A new era is dawning in which all California families should expect safer standards in California hospitals," said Kay McVay RN, president of the 50,000-member CNA which sponsored the safe staffing law and worked for 10 years to enact it. "The finish line is finally near. Every patient should be able to demand and count on receiving the registered nursing care they need, when they need it."

In the package approved by Davis and the

Department of Health Services, California officials made critical decisions on some hotly contested issues regarding implementation of the CNA-sponsored law, the first such law in the nation and one that has been a model for RNs in other states—including Massachusetts. Key decisions in the plan include:

- Proposals by the hospital industry to erode the ratios in emergency rooms, post-surgical recovery units, and for evening, night, and weekend shifts, were all rejected. State officials also rebuffed hospital efforts for further delays in implementation.
- Phased-in, improved ratios (fewer patients to nurses) in three hospital areas. As of 2008, ratios will be lowered in step down units, typically housing patients just transferred from critical or intensive care; telemetry, where patients are on monitors; and other specialty care units, such as oncology and rehab. CNA was the only organiza-

tion to present scientific data along with thousands of RN testimonials to make the case for these reductions.

- Assurances that hospitals must adhere to scope of practice laws to protect patient safety. No RN may be assigned, or be responsible for more patients than the specified ratios. The regulations clarify the respective roles of RNs and LVNs, make it apparent that RNs and LVNs are not interchangeable, and require that additional nurses must be assigned, as needed, by severity of patient illness.
- Hospitals are required to document staffing assignments, including the licensure of the direct caregiver for every patient for every unit for every shift, and keep the records for one year—steps that will help the state monitor and assure compliance with the law.

See *Ratios*, Page 3

August 2003

Inside...

Single payer health care: The business community.....	2
Executive director's column: Hospitals still fighting ratios	3
MNA on Beacon Hill: Budget victories.....	4
Political Pulse: Rep. Patricia Haddad.....	5
Personal contact can help sway legislators on safe staffing.....	5
Listing of legislators supporting quality care/safe staffing.....	6
Labor Relations news.....	7
Collective bargaining updates	7
MNA Convention: Schedule & registration	8-9
Unit 7 Consent to Serve	10
Health & safety: Sensitivity to personal fragrances.....	10
Benefits Corner	10
Diversity corner: Reaching out in Beijing	11
Proposed revisions to MNA Bylaws	12-17
Proposed revisions to NursePLAN Bylaws	18-20
MNA Member Benefits	21
Continuing Education	22-23

MNA Convention 2003

The Unit 7 Business Meeting at the annual MNA convention will be a luncheon meeting on Thursday, Oct. 16, starting at 12:30. This year's convention will be held Oct. 15, 16 & 17 in Worcester. For details and registration information, see Pages 8 and 9.

For the latest
developments
impacting nurses,
visit the
MNA Web site,
www.massnurses.org

Nurses' Guide to Single-Payer Reform

A single-payer system: what's in it for the business community

By Alan Dieffenbach

Vermont Citizens Campaign for Health

Back in 1988, Lee Iacocca, then head of Chrysler Corp., testified before a congressional committee that his company paid more for employee health benefits than for steel. The figure at the time was \$700 per car, versus \$223 for the same car built in Canada.

The situation has only gotten worse for American business in the decade and a half since then. Companies willing to maintain their health benefit commitments to workers have found their costs rising dramatically. Others have fought morale-sapping battles with unions to get workers to accept more of the burden of paying for health care. Some large firms have elected to self-insure, basically meting employee medical expenses out of company revenues at considerable administrative cost. And a few have "solved" the problem by simply dropping health benefits altogether.

It is surprising, then, that business has not been more active in seeking fundamental reform of the nation's health care system. In part, business has probably remained on the sidelines because of a long-standing bias toward private-sector, free-market solutions. This may, however, be an occasion on which a non-governmental solution is not the answer. Consider the following benefits to business of a single-payer program:

Lower health costs: Under the recent Lewin Group analysis of the revenue needs of a single-payer system in Vermont, employer contributions are estimated at 5.8 percent of payroll, far below current levels of spending of the vast majority of businesses in the state.

Lower personnel management costs: Without responsibility for developing and managing health benefit plans, human resources offices could easily be downsized.

Lower costs related to workers' compensation: Since the medical costs of workers

injured on the job would already be covered by the single-payer plan, workers compensation premiums would be substantially reduced.

Reduced labor-management strife: Research indicates that health benefits are the key issue in three out of four strikes. Quarrels over health cost burden-sharing are common in virtually every employment setting.

Reduction of health coverage costs for retirees: The obligations that many companies have undertaken to meet health care costs of retirees would be considerably lightened or eliminated altogether under single payer.

Improved employee health: Especially in employment settings where health benefits are not currently being offered, a significant

improvement in employee health status can be anticipated—with accompanying improvement in morale.

Greater freedom in deploying workforce: Under a single-payer system, employers would no longer be forced to hire part-time employees or engage "independent contractors" as a way of reducing fringe benefit costs.

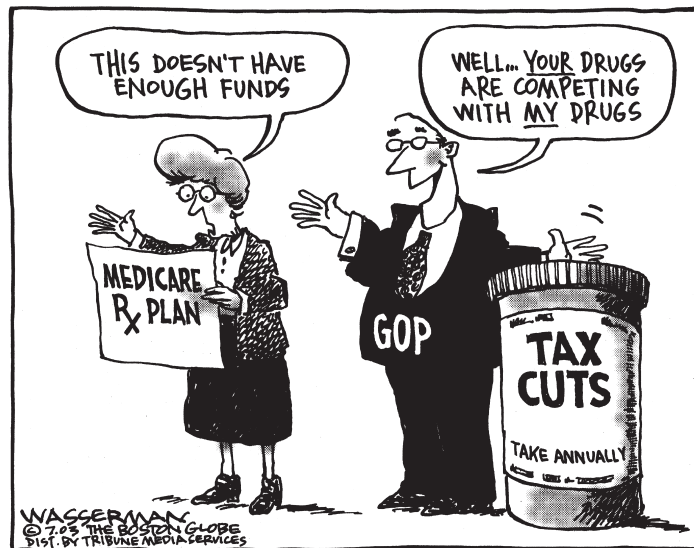
Improved competitiveness vis-à-vis the rest of the world: All other countries in the industrialized world already offer universal health care programs to their citizens.

Elimination of cost shifting: Under current arrangements, costs to the health care system which result from providing uncompensated care to the uninsured are shifted to

the premiums of those who can pay—mainly employers. In a system in which everyone is covered, this would no longer be the case.

Reduced municipal and state taxes: We all pay the health care costs of teachers and other municipal and state employees through tax payments. To the extent that single-payer reform reduces overall health care expenditures, we can expect our tax bills to shrink.

We need to recognize that while the vast majority of employers stand to benefit from single-payer health care reforms, some will be asked to shoulder new expenses. This group includes mainly small and marginal businesses that currently do not offer health benefits to employees. The fine-tuning of a single-payer program will have to take this into account through some kind of sliding scale or subsidy arrangement. ■



Reprinted with permission of Dan Wasserman and The Boston Globe

OCTOBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

Mark your calendar
Public hearing on single-payer bill,
S.686: Mass. Health Care Trust Fund
Mass. Statehouse

Jobs with Justice plans next steps for campaign

On June 5, under the coordination of Jobs with Justice (JWJ), more than 50 Massachusetts unions and community groups mobilized their members to wear stickers supporting health care for all. To keep up the momentum, the next step of the JWJ health care action committee is to launch a two-pronged membership mobilization this fall:

1. JWJ will design materials that union, religious, and community groups can use to train their leaders about health care issues and reform. After leaders are trained, JWJ will pick one day to "take 10 minutes for health care," where all participating leaders will conduct a mini-class with members on universal health care.
2. JWJ will work with groups to mobilize for the Oct. 8 State House hearing on S.686—a bill that would guarantee every Massachusetts resident health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan.
3. A planning meeting for both "10 minutes for health care" and the Oct. 8 hearing will be held on Aug. 14 from noon to 2 p.m. at the new Teamsters Local 170 union hall in Worcester.

MNA and MASS-CARE are two of the many organizations sponsoring this meeting and the ongoing campaign. If you would like to participate in the JWJ activities, please RSVP with Tiffany at skogstron@earthlink.net or 617-524-8778. ■

New campaign launched to preserve—not privatize—Medicare

[Editor's Note: Medicare is a very successful single-payer insurance system that can serve as the foundation for a national program guaranteeing comprehensive health care for all. Below is a message from a group called Campaign to Preserve Medicare, reprinted from Action for Universal Health Care, April/May 2003.]

The Medicare program has been a success. It assures the elderly and people with disabilities access to reliable health care coverage with a defined set of benefits. Its administrative costs are much less than the administrative costs of private health insurance, and it works better than any market-based model to contain costs and ensure reliable coverage with a defined set of benefits. Reforms should make the program's coverage more comprehensive in order to reflect a national commitment to an inclusive Medicare program. The program should provide coverage to rich and poor, frail and healthy, and preserve one community of interests among all groups rather than pitting one group against another.

The Campaign to Preserve Medicare aims to educate the public, the media and

members of Congress about the dangers of privatizing Medicare and the need for alternative legislation that will strengthen the program by making it more responsive to the needs of older Americans and people with disabilities. The campaign will keep activists around the country informed about the latest legislative developments and make public education materials available to grassroots groups.

Medicare program core principles

Guaranteed benefits: Medicare successfully provides a guaranteed and defined set of benefits at the same price for all—regardless of where a beneficiary lives, his health status or his income. This should continue.

Free choice of physician: The traditional Medicare program guarantees beneficiaries free choice of physician, throughout the country, at an affordable price. This should continue.

Medicare should not be privatized: The current Medicare program already contains the most important competition—competi-

tion among doctors and hospitals seeking to provide the best care. It should not be replaced with a system that gives beneficiaries a voucher to buy health coverage from private insurance companies. Privatization would mean the end of Medicare's guaranteed benefits and free choice of provider.

Prescription drug benefit: Comprehensive outpatient prescription drug coverage should be included in the Medicare benefit package so that is available to every American who relies on Medicare.

Prescription drug coverage should not be privatized: Medicare beneficiaries should not be forced to join a private insurance plan to get coverage for their prescription drugs. It should be made available to beneficiaries directly through the traditional program and Medicare HMOs.

Meeting the needs of all: Medicare must be improved to meet the needs of people who have chronic, long-term conditions and disabilities—including the need for long-term community services and coordination of care. ■

Executive Director's column

Why the hospitals are still fighting us on RN-to-patient ratios

By Julie Pinkham
MNA Executive Director

One would think that after making the "where's-the-data" argument for a number of years, hospitals would acquiesce to what is now validated by research:

- Current RN-to-patient assignments in med/surg areas beyond four result in increased morbidity and mortality for Massachusetts patients. And with a one-to-eight ratio comes a 31 percent increased risk of injury or death to a patient.
- Massachusetts has more RNs per person than any other state, yet less than 40 percent of the licensed RNs work at the acute-care bedside—the place where the largest need for RNs is cited.
- 65 percent of RNs not currently working at the bedside would consider returning if the MNA's legislation for RN-to-patient ratios were passed. Of this number, over 40 percent said they would *strongly* consider coming back with the passage of this law.
- One in three RNs say they are aware of patients' death attributable to understaffing.
- Since the 1990s, more than 20 Massachusetts hospitals closed for reasons unrelated to nursing. Yet with 30 percent fewer beds, hospital administrators claim they have been unable to hire nurses.
- RNs as a percent cost of hospital budgets have been flat for the same decade. The simple answer is that hospitals do not invest in nursing, but choose to spend their resources in other areas.
- Managed care has grown significantly, making Massachusetts one of the three states with the largest penetration of HMOs. The net results are shorter stays for patients that allow for only

the most acute patients being admitted or remaining in Massachusetts hospitals.

- Several major "networks" have developed consolidating hospital power to leverage reimbursement from insurers, including Partners, Caregroup and Caritas Christi. Each of these networks has its own bureaucracy with CEOs, VPs and offices. This administrative budget is substantial and, as a result, it is money that does not go to direct patient care. Such is the outcome of "market driven" health care. Substantial money is also spent on advertisements to lure patients—such as \$2.5 million dollar advertisement



Julie Pinkham

The public doesn't want a redesign. It wants safe staffing.

deal between Beth Israel/Deaconess Hospital of Caregroup and Fenway Park. Billboards and TV sponsorships are common, but they are not cheap and they do not improve patient care.

So to summarize, we have more RNs than any other state available to work and we have 20 fewer hospitals than we did a decade ago—yet we have a shortage of RNs who are willing to work at the bedside.

Why? Because nurses are no longer willing or able to stomach the conditions created by

the industry, and the industry is unwilling to invest what it takes to create the environment nurses require and want in order stay at the hospital bedside.

Instead, the industry continues to pursue efforts to replace you. Remember, the conditions we now face were purposefully created by the industry in an effort to save money before there was a nursing shortage. Hospitals replaced nurses via layoffs, non-posting of positions and substituting/eliminating 20 percent of the RN workforce. This initiative was called "redesigning" or "re-engineering" and it was done without data regarding its impact to patients or nurses.

The industry still has "redesigning" as an objective in spite of the data, including its own, that says the quality of patient care has diminished. We now have hospitals that propose to replace nurses with EMTs in the emergency room, and, in one hospital, in the ICU. At Newtown Wellesley Hospital, our members had to fight off an attempt to replace nurses with PCAs. They are pursuing these strategies even though all the research clearly shows that the best and safest way to run a hospital is with a rich mix of RNs.

The public doesn't want "a redesign," it wants safe staffing. H.1282 will ensure that patients have reasonable access to RNs and safe care, but hospitals want to continue to experiment with patients and the nursing profession.

The scripted argument by the industry in response to H.1282 is that legislative ratios will prevent them from having more RNs or that individual needs of patients won't be addressed. This means they have not read the bill, because it does both effectively.

Their next line of defense is the "cost issue." Let me just ask this, which is worth more: safe RN-to-patient ratios or a billboard at Fenway Park? Before you answer, remember that the same hospital that sought closure of

Waltham Hospital spent the \$2.5 million on that Fenway Park sponsorship.

Hospital administrators argue that facilities will close. Let's see...they have already closed more than 20 for reasons unrelated to this issue. I suggest they look elsewhere for the genesis of that problem: the mirror would be a good start. The latest casualty, despite the MNA's efforts, is Waltham Hospital which closed because of insufficient physician referrals—not RN staffing. Do you think Partners Healthcare's pursuit of that physician referral base had an impact? You decide, because the new Waltham Newton Wellesley / Partners URGICenter was scheduled to open, as well as a new floor at Newton Wellesley Hospital, well before Waltham's board voted to close the hospital.

Whatever the system of hospital reimbursement, patients must be secured the right to safe patient care in a hospital. Patients stay in the hospital because they need nursing care.

Look at it this way: if you knew that a particular prescription for a patient presented a 30 percent risk of harm or death, would you continue to administer it? And if you did, could you honestly try to maintain that you're a patient advocate? To you as RNs the answer is transparent, but don't expect the same insight from the "industry."

Over 500 of you made your way to the State House on June 18 to lobby and testify for this bill, and the media and legislative responses were incredibly favorable as a result. Legislators now need to hear from all of you who want H.1282 to pass, but who could not make the trip on June 18.

Contact your representatives and senators, encourage them to sponsor this bill, and thank them if they already do. Write them a personal letter about what it is like to practice in this environment, and ask them to push H.1282 through the Health Care Committee so that we can move it forward to a vote. ■

...Ratios

From Page 1

McVay noted that many CNA-represented hospitals have already hired hundreds of additional RNs in preparation for implementing the law, and, as a result of unprecedented CNA gains in compensation, retirement security, and workplace improvements, intended to enhance retention of current experienced RNs and recruitment of new RNs.

CNA, which has campaigned since 1992 to enact safe RN staffing ratios, will work with RNs across the state to monitor enforcement of the law and encourage hospital compliance. CNA has also sponsored a new bill to help assure compliance. The bill authorizes state health officials to conduct unannounced inspections, and provides for fines of up to \$5,000 a day, on hospitals that continue to maintain unsafe RN staffing after final implementation of the ratio law.

The MNA recently congratulated its counterparts in California and the state's policymakers for standing up to the hospital industry and protecting patients from dangerous staffing practices. A bill to mandate ratios in Massachusetts hospitals is pending in the legislature and has garnered significant legislative and public support, with 102 of 200 legislators signed onto the bill, and with 60 health care and consumer organizations endorsing the measure. To learn more about the Massachusetts bill, H.1282, An Act Ensuring Quality Patient Care and Safe RN Staffing, visit the MNA Web site at www.massnurses.org. ■



CNA members rally in support of RN-to-patient ratios.

MNA on Beacon Hill



Legislative update

MNA scores victories in state budget

For legislators on Beacon Hill, completing the state budget for fiscal year 2004 was a difficult and challenging process. Faced with a sluggish economy and decreasing state revenue, legislators faced a \$3 billion budget deficit. Still, the MNA worked hard to protect and preserve many health care initiatives.

The MNA sent a very important and clear message to legislators during the months of budget debate: that an ounce of prevention is worth a pound of cure when it comes to precious health care dollars. And from the beginning, the MNA criticized Gov. Romney's budget proposal as one that cut core and essential services.

Much of the public dialogue over the past several months regarding the budget was centered on maintaining these "core and essential services." Why? Because health care is not only a core service—it is a safety net, a matter of life and death for vulnerable children, senior citizens, and mentally ill and retarded citizens. As a result, we must continually work towards maintaining programs that foster prevention of illness and basic care to our citizenry. If not, it will mean that the most vulnerable members of our community suffer more serious complications that require more costly care.

The MNA worked with a number of health care advocates, coalitions and legislators to protect and preserve many of these important health care programs. We applaud them for working to find a solution to our budget crisis.

Prescription Advantage Program

The Legislature maintained this successful program, which provides seniors with access to affordable prescriptions. As front-line nurses, you've seen first hand the ill effects of seniors who cannot afford prescriptions when they arrive on your floors and in your units. Implementing and maintaining Prescrip-

tion Advantage was the right choice for our seniors and our health care system.

MassHealth/Medicaid

The Legislature implemented a program to cover 36,000 long-term, unemployed and uninsured residents (former MassHealth Basic). The MNA argued that if these services were lost, there would be an increase in emergency room visits and there would be a guaranteed increase in health care costs as people ended up needing more expensive care—because they never received appropriate primary and preventive care. And yes: you would see people die.

School nursing

The MNA fought to secure \$12 million in state funding for school nurses. Governor Romney eliminated the funding for school nurses in his budget proposal, but the MNA argued that school nurses are a critical component of our front-line health care delivery system and in many cases serve as a child's main health care provider. The House and Senate funded the school nursing program and overrode the governor's veto of the item.

Sexual Assault Nurse Examiner

The MNA worked with a coalition of advocates in health care, women's groups and law enforcement officials to level fund the Sexual Assault Nurse Examiner program (SANE). SANE creates the coordinated, expert forensic care necessary to increase successful prosecution of sex offenders and to deliver the highest level of care to sexual assault victims ages 12 and under. By the end of fiscal year 2003, the SANE program will have served over 2,400 victims of sexual assault in the 18 designated SANE sites in the commonwealth.

Worcester State Hospital

After Gov. Romney proposed the closure of Worcester State Hospital, the MNA worked with the Coalition to Save Worcester State Hospital and the entire Worcester delegation—including Sen. Harriette Chandler and Rep. Vincent Pedone—to have the House and Senate include language to protect Worcester State Hospital from closure. After including this language in the budget, they overrode the governor's veto of the item.

The Fernald Center and the Department of Mental Retardation

The MNA worked with the Coalition of Families and Advocates for the Retarded, Sen. Susan Fargo, and Reps. Thomas Stanley and Peter Koutoujian in opposing the closing of The Fernald Center—arguing that a "one-size-fits-all" approach to caring for the retarded does not work.

"The MNA believes that the time for budget cutting in health care is over, and that the time for revenue generation has arrived. The health care safety net is not only frayed, it is in tatters—and there is no room for further assaults on our health care system. As nurses, we have seen the human toll our lack of investment in health care has taken. It's time to invest in the well being of our citizens, not to support draconian policies that will harm them," said Karen Higgins, RN, MNA president.

Uncompensated Care Pool

The MNA served a recent Special Commission created by the Legislature to examine the uncompensated care pool. The governor, House and Senate proposed various plans to stabilize the pool and include in the budget a significant infusion of dollars to stabilize the pool, reduced the pool's burden on hospitals and implement several reforms to reduce costs. ■

...Web

From Page 1

units are able to post open nursing positions for free, while all other positions can be posted for just \$50 a month. "We've found that many organizations are interested in listing their nursing positions with the MNA for two reasons," he said. "It is an excellent economic alternative to larger job Web sites, and the MNA brand is an excellent way of drawing in nurses who are looking for new opportunities."

In addition, the MNA recently established a partnership with BostonWorks.com—the Web-based job search tool owned and managed by the Boston Globe. "The partnership allows Web users to link from BostonWorks directly to the MNA's site," explained Schildmeier, "but there is also an area on the MNA's career services page that lets users search for nursing positions listed on BostonWorks. Overall, the partnership is an excellent way to provide members with the right tools they

need to conduct a precise job search."

On the horizon

According to Weston, the MNA's Web site will constantly be evolving in order to make it a best-in-class resource for members and visitors. "We're looking to continuously update and maintain everything without making the site more difficult for users to navigate," she explained. "But there will always be a level of familiarity for users who come back again and again, so finding a favorite link will be easy and exploring a new link will be simple."

Some of the soon-to-be-added links and resources Weston referred to include a virtual "legislator locator" and a hosted chat room.

"We'll soon be adding an award-winning feature called Capwiz—which is an original and leading Internet advocacy-action tool that will connect MNA members to their elected officials quickly and effectively," said Schild-

meier. In addition, Capwiz will enable Web site visitors to educate themselves on MNA issues; identify their elected representatives at the state and local levels; and share their views with their lawmakers via targeted e-mails, letters, faxes or hand-delivered letters.

In addition to the introduction of Capwiz, the MNA plans to add a hosted chat room to its site. "This tool will allow us to set up online meetings where members and others can log on and ask questions, for example, to a labor relations expert," said Schildmeier. "We will also have the ability to set up a 'virtual' peer collaborative community that will help the MNA engage, understand and communicate with its members and the nursing community as a whole."

Visit the MNA's new Web site at www.massnurses.org and send your Web-specific feedback to webmaster@mnarn.org. ■

MASSACHUSETTS NURSE

ISSN 0163-0784

USPS 326-050

President: Karen Higgins
Vice President: Patrick Conroy
Secretary: Sandy Eaton
Treasurer: Janet Gale

District Directors, Labor: District 1: Patricia Healey, Irene Patch; District 2: Edith Harrigan, Mary Marengo; District 3: Stephanie Stevens, Tina Russell; District 4: Jeanine Hickey, vacant; District 5: Barbara Norton, vacant.

Directors (At-Large/Labor): Sandy Ellis, Denise Garlick, Kate Maker, Sharon McCollum, Beth Pknick, Elizabeth Sparks, Jan Spicer.

Directors (At-Large/General): Rick Lambos, Jim Moura, Margaret O'Malley, Deb Rigiero, Jeannine Williams, Nora Watts, John Bogrette..

Labor Program Member: Beth Gray-Nix

Executive Director: Julie Pinkham
Managing Editor: David Schildmeier
Editor: Jen Johnson
Production Manager: Erin M. Servaes
Photographer: Rosemary Smith

Mission Statement: The *Massachusetts Nurse* will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the Commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published nine times annually, in January/February, March, April, May, June/July, August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: \$20 per year
Foreign: \$28 per year
Single copy: \$3.00

Periodical postage paid at Canton, MA and additional mailing offices.

Deadline: Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

Postmaster: Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

www.massnurses.org

MNA
MASSACHUSETTS NURSES ASSOCIATION



June 18 hearing a success—fight continues to win safe staffing

By Charles Stefanini
MNA Legislative Director

The June 18 Joint Committee on Health Care hearing was packed with registered nurses, advocates, doctors and patients from across Massachusetts—and they were all there to support H.1282, the Safe Patient Care/Safe Staffing Legislation. RNs filled a press conference room before the hearing; they filled the hearing room itself; and they traveled throughout the halls of the State House to meet with their senators and repre-

an increase in complications due to understaffing. The survey proved to be an invaluable tool for helping us to bring the issue of safe staffing directly to the legislature and media on June 18, but its value wasn't in statistics alone. Instead, the



Charles Stefanini

survey proved to be invaluable because hundreds of MNA nurses were on hand to announce that the statistics were real. They told their first-hand stories about what life as a front-line nurse is like—and those stories mirrored the survey statistics exactly.

But June 18 was just the beginning.

The fate of this legislation lies with RNs throughout Massachusetts. You must get involved to help pass this bill. Make a phone call and write a letter to your state senator and state representative. As we move forward we will be holding meetings in the districts of key legislators. If these meetings occur in

your area, please do everything you can to attend.

Check the list on Page 6 of the 102 legislators that have signed on to H.1282. If your state senator and/or representative have signed on to the bill, write them a letter of thanks. If they have not signed on, write them a letter and ask them to support H.1282.

The MNA also needs you to talk with family, friends, colleagues and community groups about the importance of this legislation. We need to have you involved.

If you get involved, RN-to-patient ratios will become a reality in Massachusetts ■

If you get involved, RN-to-patient ratios will become a reality in Massachusetts.

sentatives. For those RNs who attended, there was an energy and synergy in the State House that had never been there before. Dozens of legislators lined up to testify in support of the bill and several of the 60 endorsing organizations provided written and oral testimony to the committee.

In addition, the MNA released the results of an astounding survey—the first of its kind in nine years to examine Massachusetts nurses' views on the quality of patient care and nurse staffing in area hospitals. The survey spelled out in detail the conditions that endanger patients and that have caused, and exacerbate, the current nursing shortage.

According to the survey, nearly one in three nurses report patient deaths directly attributable to having too many patients to care for; 67 percent report an increase in medication errors due to understaffing; 64 percent report

Personal contact helps to make bills become laws: send a note today

Send your state legislator a hand-written note today and tell them why safe staffing is vital to patient care and the future of nursing. A list of the 102 legislators who have signed on to H.1282 is located on Page 6.

Addressing your letter:

The Honorable _____
State House, Room # _____
Boston, MA 02133

Tips:

- Remember to include your name, address, phone number and e-mail
- If your legislator is a co-sponsor of H.1282, thank them for co-sponsoring the legislation.
- If your legislator is *not* a co-sponsor of H.1282, ask them to sign on and show support for patients and nurses.
- Include a personal anecdote about patient care, without divulging any confidential information.
- Follow up your letter with a phone

call: the Senate switchboard is 617-722-1455, and the House switchboard is 617-722-2000

Sample 'talking' points:

- As an RN, I am writing to thank you for sponsoring (urge you to sponsor) House Bill 1282, An Act Ensuring Quality Patient Care and Safe Registered Nurse Staffing.
- Please urge your colleagues on the Health Care Committee to support this bill.
- Massachusetts patients must share their nurse with too many other patients. This understaffing of RNs is dangerous.
- Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.
- A recent study in the *Journal of the American Medical Association* found that the higher the patient-to-nurse ratio in a hospital, the more likely

there will be patient deaths or complications after surgery.

- H.1282 will save lives and protect Massachusetts patients from cost-cutting measures.
- Massachusetts has more RNs per capita than any other state in the nation, so the shortage can be corrected easily once safe staffing ratios are established.
- Safe staffing ratios mean less turnover among nurses, which saves money on training costs and the hiring of temporary nurses. Money will also be saved because patients will receive better care, experience fewer complications and will not need to stay in the hospital for as long.

A particularly easy way to locate your state state senator and representative is to visit the Web site www.wheredoivotema.com/bal/myelectioninfo.php. For your legislators' contact information, visit www.state.ma.us/legis/legis.html ■

An interview with state Rep. Patricia A. Haddad

Massachusetts Nurse recently sat down with state Rep. Patricia A. Haddad from the 5th Bristol District, which includes Dighton, Somerset, Swansea and Taunton. Haddad currently serves on the Health Care Committee where she has been an outspoken advocate on issues affecting nurses. In addition to the Health Care Committee, she serves on the Medicaid and Ways and Means Committees.

Prior to being elected to the House, Rep. Haddad served on the Somerset School Committee, as its vice chair and, then, as that body's chair. Her tenure coincided with the implementation of the Education Reform Act of 1993. Prior to her many years on the school committee, she served on Somerset's Playground and Recreation Commission.

A graduate of Bridgewater State College with a degree in health and physical education, her priorities include education, health care and women and family issues.

Massachusetts Nurse: You were appointed to the Health Care, Medicaid and House Ways and Means Committees—three high-profile committees. Tell us about these appointments and the important work of these Committees.



Patricia Haddad

Haddad: First of all, I'm honored to be on these important committees; each carries with it a great deal of responsibility that I do not take lightly. The Ways and Means Committee is important in that every bill which has money attached to

it must go through Ways and Means: state budgets, tax increases and costs for commissions and studies. The Medicaid Committee, which is a brand new committee, is unique in that its mission is to review Medicaid and its increasing financial burden to the commonwealth. Did you know that approximately 26 percent of the state budget relates to Medicaid costs? It is an issue that needs to be addressed. And of course one of the most important committees in the House, the Health Care Committee, is a committee that allows me to address issues that are of great concern to the vast majority of my constituents. It is a sometimes heart-wrenching committee in terms of participating in hearings and learn-

ing about difficult health care issues, but it is also a very vital committee.

Massachusetts Nurse: What issues do you believe will dominate this legislative session?

Haddad: First of all, the state budget and our attempt to stabilize the economic climate of the commonwealth is our priority. Then, I would suggest that spiraling health care costs and related health care services would be next, particularly where senior citizens, young families and those unable to advocate

for themselves are concerned.



for themselves are concerned.

Massachusetts Nurse: How does your background help prepare you to be an effective state legislator?

Haddad: My background is varied. I taught middle school for thirteen years, worked in my husband's small business for fourteen years, served in local politics, volunteered

on a number of community projects and programs and am a mother of two. I guess my ability to remain open to new ideas and varying opinions has been an underlying trait that has served me well.

Massachusetts Nurse: What are the main priorities of your legislative agenda for the upcoming year?

Haddad: My focus is on protecting seniors, education programs—from early childhood through post secondary—and health care.

Massachusetts Nurse: What would you tell the nurses out there reading this column about the importance of building a relationship with their local legislators?

Haddad: Get involved...call your legislator. Realize that we welcome your input on the issues that affect you and your families. Also realize that we must balance and temper that variety of suggestions and opinions in order to conclude, generally, what is best for the district and people that we serve. Your opinions help us to build a consensus.

Massachusetts Nurse: What do you enjoy most about your work as a state legislator?

Haddad: By far, the ability to assist constituents in maneuvering through the maze of government bureaucracy. ■

Legislators line-up to support safe staffing legislation

Dozens of legislators testified before the Health Care Committee on June 18, as well as provided written testimony in support of the MNA Safe Patient Care/Safe Staffing Legislation, H.1282. Please take the time to call them and thank them for their supporting this important patient safety initiative.

Sen. Marc Pacheco, Taunton
 Sen. Charles Shannon, Winchester
 Sen. Jo Ann Sprague, Walpole
 Sen. Richard Tisei, Wakefield
 Sen. Steven Tolman, Brighton
 Rep. Jennifer Callahan, Sutton
 Rep. Christine Canavan, Brockton
 Rep. Edward Connolly, Everett
 Rep. Michael Costello, Amesbury
 Rep. Paul Demakis, Boston
 Rep. Carol Donovan, Woburn
 Rep. Mark Falzone, Peabody
 Rep. David Flynn, Bridgewater
 Rep. Lida Harkins, Needham
 Rep. Louis Kafka, Sharon
 Rep. Rachel Kaprielian, Watertown
 Rep. Brian Knuutila, Gardner
 Rep. Peter Kocot, Northampton
 Rep. Robert Koczera, New Bedford
 Rep. Susan Pope, Wayland
 Rep. Michael Rush, West Roxbury
 Rep. Frank Smizik, Brookline
 Rep. Ellen Story, Amherst
 Rep. Timothy Toomey, Cambridge
 Rep. James Vallee, Franklin
 Rep. Steven Walsh, Lynn
 Rep. Alice Wolf, Cambridge

At press time pictures were not available for the following legislators:
 Rep. Gale Candaras, Wilbraham
 Rep. Ann Gobi, Spencer
 Rep. Anne Paulson, Belmont
 Rep. Walter Timilty, Milton

**Note: If a legislator testified or provided written testimony and is not listed here, our apologies. Massachusetts RNs appreciate the support.*



Marc Pacheco



Charles Shannon



Jo Ann Sprague



Richard Tisei



Steven Tolman



Jennifer Callahan



Christine Canavan



Edward Connolly



Michael Costello



Paul Demakis



Carol Donovan



Mark Falzone



David Flynn



Lida Harkins



Louis Kafka



Rachel Kaprielian



Brian Knuutila



Peter Kocot



Robert Koczera



Susan Pope



Michael Rush



Frank Smizik



Ellen Story



Timothy Toomey



James Vallee



Steven Walsh



Alice Wolf

Legislative sponsors of H.1282

Senators

Robert A. Antonioni, D-Leominster
 Stephen Baddour, D-Methuen
 Stephen Brewer, D-Barre
 Harriette Chandler, D-Worcester
 Cynthia Creem, D-Newton
 Susan Fargo, D-Lincoln
 Guy Glodis, D-Worcester
 John A. Hart, D-Boston
 Robert Hedlund, R-Weymouth
 Cheryl Jacques, D-Needham
 Brian A. Joyce, D-Milton
 Michael R. Knapik, R-Westfield
 Marc Pacheco, D-Taunton
 Charles E. Shannon, D-Winchester
 JoAnne Sprague, R-Walpole
 Bruce Tarr, R-Gloucester
 Richard R. Tisei, R-Wakefield
 Steven Tolman, D-Boston
 Susan Tucker, D-North Andover
 Marian Walsh, D-Boston
 Dianne Wilkerson, D-Boston

Representatives

Cory Atkins, D-Concord
 Demetrius Atsalis, D-Nordestable
 Ruth Balsler, D-Newton
 John J. Binienda, D-Worcester

Deborah D. Blumer, D-Framingham
 Garrett Bradley, D-Hingham
 Jennifer Callahan, D-Sutton
 Christine E. Canavan, D-Brockton
 Gale Candaras, D-Wilbraham
 Mark Carron, D-Southbridge
 Edward G. Connolly, D-Everett
 Michael A. Costello, D-Newburyport
 Robert Coughlin, D-Dedham
 Geraldine M. Creedon, D-Brockton
 Robert DeLeo, D-Winthrop
 Paul Demakis, D-Boston
 Paul Donato, D-Medford
 Carol Donovan, D-Woburn
 Jamie Eldridge, D-Acton
 Mark V. Falzone, D-Saugus
 Michael E. Festa, D-Melrose
 Barry R. Finegold, D-Andover
 David Flynn, D-Bridgewater
 John Fresolo, D-Worcester
 William C. Galvin, D-Canton
 Colleen M. Garry, D-Dracut
 Anne Gobi, D-Spencer
 Emile Goguen, D-Fitchburg
 Shirley Gomes, R-Harwich
 Mary Grant, D-Beverly
 Lida E. Harkins, D-Needham
 Frank M. Hynes, D-Marshfield

Louis Kafka, D-Sharon
 Jay Kaufman, D-Lexington
 Rachel Kaprielian, D-Watertown
 Thomas P. Kennedy, D-Brockton
 Brian Knuutila, D-Gardner
 Peter Kocot, D-Northampton
 Robert M. Koczera, D-New Bedford
 Peter Koutoujian, D-Newton
 Paul Kujawski, D-Webster
 Barbara L'Italien, D-Andover
 James B. Leary, D-Worcester
 David P. Linsky, D-Natick
 Paul Loscocco, R-Holliston
 Elizabeth Malia, D-Boston
 Ronald Mariano, D-Quincy
 Jim Marzilli, D-Arlington
 Robert Nyman, D-Hanover
 Thomas J. O'Brien, D-Kingston
 Marie Parente, D-Milford
 Anne Paulsen, D-Belmont
 Vincent Pedone, D-Worcester
 Douglas W. Petersen, D-Marblehead
 Susan W. Pope, R-Wayland
 Kathi-Anne Reinstein, D-Revere
 Michael Rodrigues, D-Westport
 Michael Ruane, D-Salem
 Michael Rush, D-Boston
 Byron Rushing, D-Boston

Mary Jane Simmons, D-Leominster
 Frank Smizik, D-Brookline
 Robert Spellane, D-Worcester
 Joyce Spiliotis, D-Peabody
 Karen Spilka, D-Ashland
 Thomas Stanley, D-Waltham
 Ellen Story, D-Amherst
 Benjamin Swan, D-Springfield
 Kathleen Teahan, D-Whitman
 Walter Timilty, D-Milton
 Timothy Toomey, D-Cambridge
 Philip Travis, D-Rehoboth
 James Vallee, D-Franklin
 Anthony Verga, D-Gloucester
 Joseph Wagner, D-Chicopee
 Martin Walsh, D-Boston
 Steven Walsh, D-Lynn
 Alice Wolf, D-Cambridge



Labor Relations News

Department of Labor seeks to limit eligibility for overtime pay

By Roland Goff

Director, Department of Labor Relations

In 1938, Congress passed the Fair Labor Standards Act requiring employers to pay workers overtime (time and one-half rate) for work beyond 40 hours in a week. Today, the Department of Labor, directed by the Bush administration, is proposing changes to regulations governing eligibility for overtime pay that could result in over one million workers—including many senior nurses—losing the right to overtime pay. In addition, the proposed regulations would allow employers who violate the law and regulations to avoid penalties if they change their policies upon notice of the violation.

Although modifications are needed to address rising wages, the proposed changes go too far. Currently, any manager or supervisor earning more than \$8,060 per year is not eligible for overtime pay, and this ceiling needs revision. The proposed regulation raises the ceiling to \$22,100, granting approxi-

mately 1.3 million more workers the right to overtime pay. However, other regulatory changes would allow employers who pay workers a guaranteed salary—not just expected hourly earnings—in excess of \$65,000.00, to exclude employees from the right to overtime pay. Fortunately, MNA contracts contain provisions that state the RNs right to overtime, thus shielding members from the impact of these proposed changes. In addition the current climate would limit the ability of a hospital to limit overtime pay since RNs could find employment with a more enlightened (or self-interested) employer.



Roland Goff

However, the threat to senior RNs in facilities that are not covered by union contract or whose contracts may not have overtime provisions is great. The average RN salary in the United States is \$52,520 and in Massachusetts it is \$60,630, so the right to overtime pay for many senior RNs is in jeopardy. This new salary limit may be a step down the slippery slope to excluding more workers from overtime eligibility. The underlying threat to all RNs is that the next round of regulatory changes may seek to establish a bright line rule that any worker earning more than \$65,000—not just receiving a salary above \$65,000—would be excluded from the right to overtime pay. Although we would still have the right to negotiate different overtime contract provisions, it would provide the employer with a legal basis for its unseemly position.

The proposed changes include a provision allowing employers to violate the law and regulations without threat of penalties. Under

the proposed regulations, an employer could violate the laws and regulations that determine who is eligible for overtime pay, but avoid paying the overtime to the employees and avoid any fines or penalties provided the employer makes post-violation changes to comply with the law and regulation. I don't think that we could dump our garbage in the median of Route 128 and, when caught, avoid paying a fine by promising not to do it again. This proposed change highlights the intent of the Bush administration: to weaken the laws and regulations that protect workers.

Modifications to the current regulations may be required by changing times, but these proposed changes go too far and weaken enforcement of overtime rights to the extent that regulations become suggestions. MNA members are protected by their contract, but only by their contract. If the proposed regulatory changes are adopted, federal and state agencies charged with protecting workers will fail to meet their historic mandates. ■

Collective bargaining updates

St. Vincent nurses ratify three-year contract

Nurses at St. Vincent Hospital in Worcester overwhelmingly ratified a three-year contract in July after weathering a seven-month contract battle with the Tenet-owned hospital. In addition to pushing for improvements to the current contract, the 17-member bargaining committee was faced with fending off more than 30 management take-away proposals. "After fighting so hard for our first contract, we weren't about to let any of it go," said Pat Mayo, bargaining unit co-chair.

Priorities for the new contract included competitive wages, preservation of the staffing minimums agreement and capping the number of flexible-hours positions. The nurses were successful in accomplishing all three in addition to many other improvements.

The top of the wage scale will increase by 30 percent over the life of the contract with the top step going from \$32.42 to \$42.40. Another important win was an internal wage-equity adjustment that advances close to half of the permanent nurses in the bargaining unit extra steps on the step scale based on years of RN experience in addition to the across-the-board increases to the scale. The result is that about two-thirds of the bargaining unit is at the top of the wage scale. Some nurses will realize increases in excess of 40 percent over the life of this contract. "The most important thing about the wage and salary package is that it puts us in the ballpark with other facilities, and it will help us retain nurses," said Sandy Ellis, MNA board member and bargaining unit secretary.

Other hard-fought gains include a new contractual health and safety committee; an MNA voicemail line; an "association leave of absence" provision for nurses to come work for the MNA and retain the right to return to her/his hospital position; guaranteed minimum one week, prime-time summer vacation for all bargaining unit nurses; a new preceptor program including preceptor differential.

"Overall we are very pleased with the contract. It includes stronger protections for our patients and nurses," said Deb Rigiero MNA board member and co-chair of the bargaining unit. "We now begin the exciting work of internal organizing and strengthening our bargaining unit committees to ensure the very best contract enforcement." ■

Nantucket Cottage Hospital

The tentative agreement between the MNA and Nantucket Cottage Hospital was ratified on July 7 and will be implemented on Oct. 1. Within the agreement:

- Per diems will continue to advance on the wage scale based on years of service and experience, however they

will no longer be restricted from the top step of the scale.

- Vacation accrual was changed to 15 days per year for less than five years of service, 20 days per year for five to 15 years of service, and one additional day each year until maximum of 25 days per year after 15 years of service.
- Total number of personal days will be increased by one day for a total of three days per year.
- Attendance at mandatory classes, i.e. ACLS and PALS, will be compensated.
- Differentials will be increased for the following areas. Degree differential will be increased to 50 cents per hour for bachelor's and \$1 per hour for master's. Seniority pay will be increased to \$240 for 10 years, \$480 for 20 years and \$720 for 30 years. Weekend differential will be increased to \$1.85 per hour. On-call pay will be increased to \$3.75 per hour. Pay for relief in a higher classification is now \$2 and \$1.85 for charge. Transfer pay will be increased to \$1.25 per hour for standard and \$2 per hour for ACLS certified nurses. Certification pay will be increased to 50 cents per hour, but will only be applied to one degree.

The wage scale was completely readjusted by dropping the first five steps of the scale and adding additional steps to the scale for a total of 15 steps. Individuals will then be redistributed on the steps based on years at the facility with consideration given to years of experience.

Results of wage adjustments will be 13 to 24 percent in across-the-board increases for the three years of the contract, as well as gains made in the initial readjustment and placement.

Total gain for the life of the contract will be 24 to 35 percent through readjustments, across the board increases and scheduled annual step increases. Step ranges will be \$26.32 to \$39.82 for RNs, and \$29.65 to \$44.85 for clinical coordinators at the end of the contract.

Other changes:

- Tenure requirements have been eliminated.
- Health insurance cost increased by 5 percent.
- Payroll will be converted to a bi-weekly schedule. ■

Newton Wellesley Hospital

MNA nurses of Newton Wellesley Hospital ratified a new two-year contract on April 29 after 20 sessions. Major gains include per diem language allowing a staff nurse to arrange her own coverage by a per diem, reduction in force language outlining a fair procedure and a severance package, health

and safety language and a variety of small language improvements in the articles dealing with vacancies, floating and the use of travel nurses.

Most salary differentials were improved, as was call pay. Between the merging of salary scales, across the board increases and step raises, the salary for a staff nurse was improved by 20 percent over the two-year contract. ■

Wachusett Regional School

The first MNA contract for the Wachusett Regional School Nurses was settled in June. This settlement came after a one-year struggle for recognition and the need to call in a state mediator after only three sessions of negotiations.

The settlement entails first-time professional development language granting the nurses access to certification and other educational support from the district. The three-year agreement (2002-2005) grants a 3 percent raise in each year of the contract and a new top step in September 2003. It was ratified unanimously on June 26. ■

Cambridge Hospital birth center

After voting to join the MNA in a labor board election, the nurse midwives working in the birth center at Cambridge Hospital ratified an agreement to become part of the MNA contract at Cambridge Hospital.

Special language for the midwives addressing hours of work, extra shifts and work schedules and coverage will appear in the contract.

A salary schedule was developed with 12 steps. Each midwife was placed on the step that was next above her current salary rate. Newly hired employees will be credited with their years of experience for purposes of step placement. As of April 6, the salary range for full-time midwives is \$63,128 to \$102,447 annually. ■

Norcap Lodge counselors joins MNA

Counselors and evaluators at Norcap Lodge—a substance abuse treatment facility—voted unanimously April 10 to join the MNA and became a part of the existing bargaining unit of registered nurses and health care professionals employed by Caritas Good Samaritan Hospital in Brockton.

The election was supervised by the Labor Guild after a voluntary election agreement was reached with Good Samaritan. The 10 new members were incorporated into the existing contract, realizing an immediate increase in their differentials. They also became eligible for education and certification differentials amounting to \$500 to \$1,000 annually. ■

MNA Convention 2003

100 Years of Caring for the Commonwealth



October 15, 16 & 17, 2003

Mechanics Hall

321 Main Street, Worcester, Mass.

Convention schedule

All events are being held at Mechanics Hall in Worcester except where noted.

Wednesday, October 15

- 6:00–7:00 p.m. Cash Bar for Awards Banquet, Crowne Plaza Worcester
7:00 p.m. MNA Awards Banquet

Thursday, October 16

- 7:30 a.m. Registration and Continental Breakfast; Exhibits/Silent Auction open
8:30–9:30 a.m. A Primer for Nurses: "Worcester County's Role in the Advancement of Women and Nursing"
9:30–10:30 a.m. Keynote Address: "Speaking Truth to Power: Social Change and Workplace Realities," featuring Anita Hill
10:30–10:45 a.m. Coffee Break
10:45–noon Plenary Session: "Capturing Power in the Health Care Arena," featuring Paul McCarthy
Noon–2:00 p.m. MNA District 5 Annual Meeting Luncheon held at Crowne Plaza Worcester
Noon–2:00 p.m. Luncheon for MNA convention attendees; Exhibits/Silent Auction open
12:30–2:00 p.m. Unit 7 Business Meeting
2:00 p.m. Exhibits close
2:00–6:00 p.m. MNA Business Meeting
7:30 p.m. Improv Boston Dinner Theater held at Crowne Plaza Worcester. A very limited number of tickets will be sold at the door on a first-come, first-serve basis. We encourage purchasing advanced tickets. See registration form for details. Tickets \$55 in advance; \$65 at the door. Proceeds will benefit NursePLAN

Friday, October 17

- 7:30 a.m. Registration; Silent Auction
8:00–9:30 a.m. MNA NursePLAN full breakfast and meeting for all MNA members
9:30–10:30 a.m. MNA 100th Birthday Celebration, MNA District 2
10:30–10:45 a.m. Coffee Break
10:45–noon Plenary Session: "The Ten Commandments of Dealing with the Ungodly Press," featuring Larry Tye
Noon–2:00 p.m. Luncheon with live auction
2:00 p.m. Silent Auction closes
2:00–3:30 p.m. Plenary Session: speaker to be announced

MNA Business Meeting

October 16, 2 p.m.

The MNA business meeting is open and free to all MNA members, regardless of whether you register for Convention.



Featured speakers

Anita Hill, Attorney

"Speaking Truth to Power: Social Change and Workplace Realities"
Thursday • 9:30–10:30 a.m.

Anita Hill is an attorney, legal professor and human rights activist. She reflects on the events before, during and after the Clarence Thomas hearings and states, "I did not choose the issue of sexual harassment, it chose me." Hill, who has conducted research examining recent social and legal gains in today's workplace, will share processes that can not only reduce conflict but that can enhance the workplace.

Paul McCarthy, President, Collective Bargaining Associates
"Capturing Power in the Health Care Arena"
Thursday • 10:45 a.m.–Noon

Paul McCarthy is a labor union specialist who works closely with union officials to solve organizational problems and build union power and effectiveness. His motivational presentation will address both the capability and responsibility of organized nurses to create, apply and capture power in the health care arena. The focus will be on the long overdue "coming of age" of nurses' unions and their becoming influential and active players in the development of health care policy in the U.S.

Larry Tye, Author and former Boston Globe reporter
"The Ten Commandments of Dealing with the Ungodly Press"
Friday • 10:45 a.m.–Noon

Larry Tye is a former *Boston Globe* medical reporter and currently directs the Health Coverage Fellowship, which provides education and intensive training to 10 medical journalists from a variety of media. He has won a series of national reporting awards, is the author of "The Father of Spin" and is currently completing a new book. His topic will focus on how to get your message to the public and dealing with a persistent press.



Anita Hill



Paul McCarthy



Larry Tye

Hotel Information

The MNA Convention 2003 is being hosted at The Crowne Plaza Worcester. The Crowne Plaza is offering a special convention room rate of \$99/night for single, double or triple occupancy. (12.45% MA occupancy tax additional.) For reservations call The Crowne Plaza at 1-800-628-4240. Rooms at this rate available until 9/24/03.

Refund Policy

Requests for refunds will be accepted in writing until October 3, 2003. A \$25 administration fee will be deducted from each registration refund. No refunds will be granted after October 3, 2003. On-site registration is contingent upon space.

Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending this program/meeting. Scents may trigger responses in those with chemical sensitivity.

Contact Hours

Continuing nursing education contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Questions

Call MNA's department of nursing at 1-800-882-2056, x 727.

MNA Convention 2003

Registration Form

Name _____

Address _____

City/State/Zip _____

Telephone: Day _____

Evening _____

- I am a(n): MNA Member
 *Full-time Student/Unemployed/Retired
 Non-Member
** (Includes full time students [minimum 12 credits], unemployed, retired and student nurse association members.)*
- Check here if you require vegetarian meals
 Check here if you require special assistance during convention and please call the MNA at 800-882-2056, x727

3 Convention Packages: Thursday & Friday, October 16 & 17

Full Two-Day Convention Package — Thursday and Friday:			
<i>Includes ALL events on Thursday (excluding Improv Boston) and Friday.</i>			
MNA Members \$75	All Others \$100	Reduced Members* \$70	\$
<i>Please register below if you plan to attend these Thursday events:</i>			
<input type="checkbox"/> Unit 7 Business Meeting/Luncheon	• 12:30 p.m.		n/c
<input type="checkbox"/> District 5 Annual Meeting/Luncheon	• 12:30 p.m.		n/c
Thursday-Only Package:			
<i>Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, auction (excluding Improv Boston Dinner Theater).</i>			
MNA Members \$35	All Others \$45	Reduced Members* \$30	\$
Friday-Only Package:			
<i>Includes ALL events on Friday: keynote, two plenary sessions, NursePLAN Breakfast, all meals, exhibits, auction.</i>			
MNA Members \$40	All Others \$50	Reduced Members* \$35	\$

Optional Ticketed Events

Awards Banquet	• Wednesday, October 15, 7 p.m. • \$40	\$
Improv Boston Dinner Theater	• Thursday, October 16, 7:30 p.m. • \$55 <i>(All proceeds from this event benefit NursePLAN)</i>	\$

Total Convention Fees \$

Payment
 Please mail this completed form with check made payable to MNA to: Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021. Tel. 800-882-2056, x727. Registration forms postmarked prior to October 3, 2003 will be entered in a drawing to win a free convention registration.
 Payment may also be made by VISA or MasterCard.

Account # _____
 Exp. Date: _____
 Fax credit card registrations to: 781-821-4445.

For Office Use Only:
 Charge Code: _____ Amt: _____ Date: _____ Ck#: _____ Ck. Date: _____ Init: _____ V/MC: _____

Safe Staffing Saves Lives

Pass H.1282

- Understaffing of registered nurses is dangerous to patients. Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.
- A study of six million patients reported in the New England Journal of Medicine show that patients without adequate nursing attention are more likely to die or suffer serious complications: the more nurses per patient the better the medical outcomes.
- The Journal of the American Medical Association reported that in a study of 232,000 surgical patients the higher the patient-to-nurse ratio, the more likely there will be a death or serious complication. Each additional patient above four that a nurse cared for produced a 7 percent increase in mortality. If a nurse is caring for eight patients instead of four, there is a 31 percent increase in mortality.
- The fact that nurses are burned out from high patient loads is causing them to leave the profession. One in three registered nurses under the age of 30 say they are planning to leave nursing within the next year.

To Preserve Quality Care and Protect Patient Safety join a growing list of organizations that support H.1282

- | | |
|---|---|
| Ad Hoc Committee to Defend Health Care
AIDS Action Committee of Massachusetts
AIDS Care Project
Alzheimer's Association, Mass. Chapter
American Cancer Society
American Diabetes Association of Greater Boston
American Heart Association
American Lung Association of Greater Norfolk County
American Lung Association of Mass.
American Psychiatric Nurses Association—New England Chapter
Amyotrophic Lateral Sclerosis Association
Arise for Social Justice
Boston AIDS Consortium
Boston Health Care for the Homeless Program
Boston Women's Commission
Cambridge Women's Commission
Cape Organization for Rights of the Disabled
Family Economic Initiative
Favorite Nurses Favorite Temps
Gay and Lesbian Advocates and Defenders
Greater Boston Diabetes Society
Health Care for All
Independent Living Center of North Shore and Cape Ann, Inc.
Jobs with Justice
Jonathan M. Cole Mental Health Consumer Resource Center
Latin American Health Institute
League of Women Voters of Mass.
Lynn Health Task Force
Mass. Asian AIDS Prevention Project
Mass. Association of Councils on Aging | Mass. Association of Nurse Anesthetists
Mass. Association of Older Americans
Mass. Association of Public Health Nurses
Mass. Brain Injury Association
Mass. Breast Cancer Coalition
Mass. Coalition of Nurse Practitioners
Mass. Federation of Teachers
Mass. Human Services Coalition
Mass. Immigrant and Refugee Advocacy Coalition
Massachusetts Nurses Association
Mass. School Nurse Organization
Mass. Senior Action Council
Mass. Society of Eye Physicians and Surgeons
Sister Rosellen Gallogly of Market Ministries, Inc.
Mass NOW (National Organization for Women)
Massachusetts Spina Bifida Association
MASSPIRG
Mental Health Association, Inc.
MetroWest AIDS Program
MetroWest Latin American Center
National Association of Social Workers — Massachusetts Chapter
National Kidney Foundation of Mass., RI, NH, Vermont, Inc.
Neighbor-to-Neighbor
New England Coalition for Cancer Survivorship
New England Patients Rights Group, Inc.
Search For A Cure
The Abortion Access Project
The Consortium for Psychotherapy
The Episcopal Diocese of Western Mass.
Victory Programs, Boston
Vineyard Health Care Access Program |
|---|---|

So you think it's safe at work? Notes from the Congress on Health and Safety

Sensitivity to personal fragrances often a concern for visitors, patients, staff

By Evelyn I. Bain, MD, RN, COHN-S
Associate Director/Coordinator, Occupational
Safety and Health Specialist

Betty Bridges is a member of Health Care Without Harm and has worked extensively on education and awareness issues related to exposure to personal fragrances and pesticides. The following is a note Betty sent while her son was hospitalized following an auto accident. It is reproduced here, with permission, to promote awareness among readers on how personal fragrances and various chemicals can affect people.

As some of you already know, my 19-year-old son was seriously injured in an auto accident on May 16. This has given me a different kind of up-close experience with fragrance use and exposure in the hospital setting.

My own severe respiratory sensitivity to a specific fragrance chemical makes me acutely aware of the presence of fragrance, and the

chemical I am sensitive to is a known skin sensitizer that can cause skin allergies. Because of this, my son's ICU chart was flagged to indicate that no scented products were to be provided as part of his patient-care kit. The in-hospital body wash, deodorant and baby powder, which were not a part of the patient-care kit, were also scented and it was my plan to provide unscented toiletries in place of these.

While helping with my son's bath one morning—before I had an opportunity to bring in my own unscented products—I used the Dial soap that the hospital provided. Dial generally causes me no problems, but when I washed my son's face he commented that his lungs felt uncomfortable. Generally he has no sensitivity to fragrance, but because he had been on a ventilator for almost five days, and because his left lung was bruised in the accident, the soap seemed to have a

direct effect on his condition.

When my son was moved to a regular room, the patient-care kits and body wash were the same as those used in the ICU. But despite the fact that his chart was still flagged to indicate that no scented products be used, there were several scented products in his room and many had already been used. I also noticed that the unit secretary wore a very strong perfume and I saw air freshener being sprayed in the halls to cover odors.

My son later moved to a spinal rehabilitation unit that seemed to be almost entirely fragrance free. I do know, however, that products to clean the unit's floors and surfaces did contain fragrance, because they triggered my respiratory symptoms despite the fact that they seemed to have little inherent odor. The purpose of the fragrance was probably to mask odors rather than to

impart a scent, but even products without a strong odor still seemed contain fragrance chemicals—including skin sensitizers. Many hand-washing products used by the staff also contained fragrance.

As my son continued through his treatments and rehabilitation, I was able to learn, first-hand, several important things about chemical sensitivities and in-hospital chemical use: flagging a patient's chart does not ensure that scented products will not be used on and around the patient; scented products containing known skin sensitizers are routinely used; most patient-care items are scented; scented products are frequently used by staff on their person; most cleaning products are scented; and scented products can be a problem for those with compromised lung function due to injury as well as for those with asthma and respiratory diseases. ■

Health & Safety Notes

State-supplied flu vaccine will be limited next season

Due to funding reductions, the amount of influenza vaccine available through the Massachusetts Department of Public Health for this coming influenza season has been reduced. State-supplied influenza vaccine is being prioritized to high-risk children, long-term care facilities and public provider sites (i.e. local boards of health, visiting nurse associations and community health centers).

Unfortunately, DPH will not be able to supply influenza vaccine for adults seen at private provider offices. However, flu vaccine is available for purchase from the following manufacturers:

- Aventis, 800-822-2463
- General Injectable and Vaccine (Medeva), 800-521-7468

If you have questions, contact the DPH Vaccine Management Unit at 617-983-6828.

Medicare has nearly doubled the reimbursement rate for the administration of flu and pneumococcal vaccine over 2002 rates. The new rates for 2003-04 are: \$9.41 per dose in metropolitan Boston and \$8.60 per dose elsewhere in Massachusetts.

For more information on roster billing, please contact Cheryl Cipolla at 781-741-3256. ■

Study of workplace health & safety

Researchers at the University of Massachusetts Lowell, in partnership with the MNA and selected healthcare institutions, will be conducting a study of workplace health and safety called PHASE in Healthcare. Nurses working in the hospital environment are invited to participate in focus groups concentrating on a variety of health and safety issues. Focus groups will be held during the fall at the MNA's Canton office and at other locations around the state. Participation will be confidential.

For more information or to sign up to participate, please contact Kathy Sperrazza, nurse research consultant, at 781-239-0485 or via e-mail at kathysper@aol.com. ■

Work-related asthma is a reportable health condition in Mass.

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Health's Occupational Safety and Health Program. A specific form is required for reporting and it can be obtained by calling the MNA's Health and Safety Program at 781-821-4625.

The purpose of reporting is to identify chemical or other agents in the workplace that can cause or aggravate asthma so that exposures can be eliminated or controlled through engineering interventions. Your employer is required by law to provide a safe and healthful work environment that is free from recognized hazards. ■

Benefits Corner

brought to you by... 

Save on Six Flags New England tickets

The MNA is offering discount admission tickets to the Six Flags New England Amusement Park in Agawam. Members can purchase tickets directly from the MNA for \$22 per person, a savings of \$17.99 for every ticket. This is the lowest individual admission price offered for any operating day during the 2003 season. In addition, purchasing tickets ahead of time means there is no waiting in line at the front gate.

Tickets can be purchased at the MNA's Canton office or by calling Chris Stetkiewicz, 781-830-5726. Quantities are limited, so passes are available on a first-come basis. ■

Exciting MNA Group Trips to Italy

Still available: Montecatini Spa, Tuscany, Italy: \$1469* (Oct. 21 – 29, 2003)

This all-inclusive trip to the Tuscany region of Italy includes tours of Florence, Venice, Pisa, Siena and San Gimignano while staying in the world-famous spa city of Montecatini. Air, transfers, hotel, all meals and full sightseeing tours included.

Coming in 2004

Northern Italy lakes tour: \$1,599* (May 19 – 27, or May 26 – June 3, 2004)

Taormina, Sicily tour: 1,759* (Oct. 27 – Nov. 4, or Oct. 29 – Nov. 6, 2004)

*Prices listed are per person, double occupancy based on check purchase. Departure taxes not included.

For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mna.org.

Unit 7 Consent To Serve

Statewide Election—Unit 7 State Chapter Health Care Professionals Consent to Serve for the Executive Board

I am interested in active participation in State Chapter, Health Care Professionals.

If elected by the Unit 7 membership, I am willing to serve as (check one) :

- | | | |
|------------------|---|---|
| Officers | <input type="checkbox"/> President | <input type="checkbox"/> Treasurer |
| Directors | <input type="checkbox"/> Nursing (4 to be elected) | <input type="checkbox"/> Physical Therapy (1 to be elected) |
| | <input type="checkbox"/> Medicine (1 to be elected) | |

*All Unit 7 members are eligible to run for president or treasurer. Only members of each discipline may serve as a director representing that discipline. All terms are for 2 years.

Please type or print — Do not abbreviate.

Name _____
Address _____
City/State/Zip _____ Length of time in Unit 7: ____ years
Phone (Home) _____ (Work) _____
Present Employment Dept. DMH DPH DMR Other (specify): _____
Work Site _____ Title _____
Present Offices/Association Activities/Local Unit Activities: _____

Past Offices/Association Activities/Local Unit Activities — *past 5 years only.*

Signature of Member: _____

Return Deadline: September 1, 2003

Return to: MNA, Unit 7, State Chapter Nominating Committee, 340 Turnpike Street, Canton, MA 02021

Reaching out to the special people of Beijing

By May Ling, RN

Member, MNA diversity committee

Beijing, the capital city of China, is well known for its tourist attractions and my husband and I have been fortunate to visit this amazing city on several occasions. Our first trip was in 1979, shortly after President Nixon's historic visit. At that time, the people of China were noticeably subdued—even depressed. We saw quarrelling in the streets, and we only heard whispered discussions about the cultural revolution.

But in 1997, we briefly visited Beijing again. The changes in the Chinese people were obvi-

ous: they were clearly much more at ease, as well as being more lively and happy. Last November, my husband and I visited Beijing for a third time and stayed with our son

Horace and his family for four weeks. This time around though, we wanted to be more than just tourists.

Horace works with Operation Blessing (OB), a non-profit, charitable organization registered with the government to carry out humanitarian projects in China. OB staff members pay regular visits to homes for the elderly and orphanages; promote educational programs; and help victims of disasters. They also manage medical clinics in China's impoverished areas—arranging surgeries for people who suffer from crippling or life-threatening conditions.

During our month-long stay in Beijing, we worked closely with OB: helping with translations and visiting elderly homes and orphanages. I trained OB's volunteers on health care issues relating to the elderly and children, and also accompanied them on their weekly outreach efforts.

Operation Blessing has 15 full-time staff members and many part-time volunteers. Two regular staffers are in charge of the elderly visitation program, and they arrange programs to help meet the needs of each particular nursing home. For example, there were two homes that had a special need for thermal underwear during the cold winter season. These residents wore layers of clothes because the temperature inside was just above freezing during the day. The rooms of the elderly residents living in this home were, for the most part, sparsely furnished—usually housing just a bed and a night stand. The entrance to each room was either covered with a thick plastic



MNA member May Ling, front row fourth from left, with staff and volunteers from Operation Blessing on a visit to China.

sheet and a blanket or a poorly constructed wooden door. The heating system usually consisted of a pipe running along the wall, and this was only operational from 5 a.m. to 11 p.m.—sometimes until midnight if it was extremely cold.

A few of the homes we visited had healthcare workers who were responsible for giving medicine, injections, immunizations and IV fluids when needed—but, although these workers were trained, they were not licensed healthcare professionals.

The Chinese volunteers we traveled with when we visited the elderly were lively and engaging people. In one instance, a group of retirees went with us to the Furong home to perform, dance and to sing for the residents there—many of who had physical or mental disabilities. There was a paralyzed man who was being taught how to exercise using the healthy side of his body in order to help his weak side, and there was a woman with dementia who was encouraged to dance. We all watched with a sense of joy as she twirled, waltzed and pranced around the room.

We also had the opportunity to visit an orphanage where virtually all of the children were either physically or mentally impaired. As soon as we entered the front yard, a 13-year-old boy ran over to the OB staff member, hugged her and wouldn't let her go. The force nearly knocked her over, and it was truly a heartwarming sight.

The children at this particular orphanage were all there because their parents had abandoned them at birth due to their congenital defects. The youngest orphan on the day we visited was a baby girl who was only four days old. Her parents abandoned her because she had a severe harelip and cleft pallet. But other than that surgically repairable condition, she was a beautiful healthy baby and Operation Blessing was planning to arrange corrective surgery for her just as soon as she was old enough. There was also a 1-year-old girl who was said to have heart problems when she arrived and was incapable of sitting up on her own, but on that day she was sitting up in a stroller made of bamboo and looking quite healthy and rosy-cheeked.

A week before we left Beijing, a boy was brought in to the OB office by a foreigner. The boy's name was Cheng Zhen and he was from Henan province, south of Beijing. Two years earlier, a gasoline explosion severely burned his face, head, arms and one thigh. Miraculously, he survived and received some poorly



A 1-year-old orphan in a bamboo stroller.

done skin grafts to keep infection out. He had no ears, and he couldn't properly open his eyes or mouth. He had been begging in the streets to support himself and his mother, but the foreigner hired his mother to work for him and kindly took the boy into his home. It was clear that Cheng Zhen would need much plastic surgery to correct his deformities.

Because it was close to Christmas, the OB staff asked Cheng Zhen what he wanted for a gift. He surprised everyone by saying he wanted an education. As it turned out though, no school would accept him because his disfigurement was so shocking and school officials were concerned that he would be a distraction to the other students. He could not go to a school for the mentally handicapped either, because he was mentally competent. But the staff at Operation Blessing still managed to give Cheng Zhen his gift: they arranged for volunteer students from Beijing University to tutor him three and a half hours a day, three days a week. Hopefully OB will be able to find donors and medical organizations to fund proper corrective surgeries Cheng Zhen.

My husband and I are so thankful for our most recent trip to Beijing, and we often think back on what we experienced during that month-long visit. We are so thankful that God works through so many faithful people to give help to the helpless and hope to the hopeless.

For more information on Operation Blessing, visit www.obchina.org.

Special note: The burn center at Shriners Hospital in Boston has kindly offered to help Cheng Zhen. He will arrive with his mother in Boston this September for additional corrective surgeries. ■



ous: they were clearly much more at ease, as well as being more lively and happy. Last November, my husband and I visited Beijing for a third time and stayed with our son

Donations needed for MNF Annual Auction!

We Need Your Help

The Massachusetts Nurses Foundation is preparing for its 20th Annual Silent & Live Auction to be held at the MNA Convention in October. Donations are needed to make this fundraising event a big success! Your tax-deductible donation helps the foundation raise funds to support nursing scholarships & research.

Your support is appreciated:
 Jeanine Williams, MNF President
 Patricia Healey, MNF Secretary
 Liz Joubert, MNF Treasurer

- ✓ Valuable Personal Items
 - ✓ Gift Certificates
 - ✓ Works of Art
 - ✓ Craft Items
 - ✓ Memorabilia & Collectibles
 - ✓ Vacation Packages
- ✓ All donations will be appreciated!

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.

Proposed MNA Bylaw Amendments

<p>d. The Nominations and Elections Committee shall:</p> <p>(1) Publish a list of incumbent officers and members of the Board of Directors and Congresses, with their respective constituent districts and a statement as to which are eligible for re-election.</p> <p>(3) Actively solicit and receive nominations from all constituent districts, Congresses, Networks, Standing Committees and individual members. All nominations must be accompanied by a written consent-to-serve form.</p>	<p>d.</p> <p>d.(1) Strike “constituent districts” and insert <i>regions</i>. If adopted, will read:</p> <p>d.(1) Publish a list of incumbent members of the Board of Directors and Congresses, with their respective regions and a statement as to which are eligible for re-election.</p> <p>d.(3) In first sentence, strike “constituent districts” and insert <i>regional councils</i>. If adopted, first sentence will read:</p> <p>d. (3) Actively solicit and receive nominations from all regional councils, Congresses, Networks, Standing Committees and individual members.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p> <p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>
--	---	---

Proposed by Districts II, III and 5.

F. Article VIII – Elections

Current	Proposed	Rationale
<p>Section 1: Schedule of Elections</p> <p>a. The President, General; Secretary, General; five district Directors, Labor; four At-Large Directors, Labor; three At-Large Directors, General; one Labor Program Member who is a non-RN Health-care Professional; five members of the Nominations and Elections Committee representing each District; five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the odd year.</p>	<p>Section 1:</p> <p>a. Strike “five district Directors, Labor” and insert <i>a Director from each region, Labor</i>. Strike “representing each District” and insert <i>representing each region</i>. If adopted, will read:</p> <p>a. The President, General; Secretary, General; a Director from each region, Labor; four At-Large Directors, Labor; three At-Large Directors, General; one Labor Program member who is a non-RN Health-care Professional; five members of the Nominations and Elections Committee representing each region; five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the odd year.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>
<p>b. The Vice President, Labor; the Treasurer, Labor; five District Directors, Labor; three At-Large Directors, Labor; four At-Large Directors, General; five members of the Committee on Nominations and Elections representing each District; five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the even year.</p>	<p>b. Strike “five district Directors, Labor” and insert <i>a Director from each region, Labor</i>. Strike “representing each District” and insert <i>representing each region</i>. If adopted, will read:</p> <p>b. The Vice President, Labor; The Treasurer, Labor; a Director from each region, Labor; three At-Large Directors, Labor; four At-Large Directors, General; five members of the Committee on Nominations and Elections representing each region, five members of the Bylaws Committee; six members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the even year.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>

Proposed by Districts II, III and 5.

G. Article IX – Networks

Current	Proposed	Rationale
<p>Section 2: Designation There shall be a District Leaders Network and Member Networks.</p>	<p>Section 2: Strike “District Leaders Network” and insert <i>Regional Leaders Network</i>. If adopted, will read: There will be a Regional Leaders Network and Member Networks.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>
<p>a. The District Leaders Network will be made up of the leaders of the Districts. Their work will be to discuss issues of membership and improved ways of providing leadership within the organization. They will seek to understand District issues of interest to their membership, identify commonalities and differences and determine better ways to serve the districts.</p>	<p>a. In first sentence strike “District Leaders Network” and insert <i>Regional Leaders Network</i>. Strike “Districts” and insert <i>Regions</i>. In third sentence strike “District issues” and insert <i>Regional issues</i>. Strike “districts” and insert <i>regions</i>. If adopted, the first sentence will read:</p> <p>a. The Regional Leaders Network will be made up of the leaders of the Regions. The third sentence will read: They will seek to understand Regional issues of interest to their membership, identify commonalities and differences and determine better ways to serve the regions.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>
<p>Section 3: Composition</p> <p>a. The District Leaders Network shall be composed of 10 members consisting of two representative leaders selected from each district.</p>	<p>Section 3:</p> <p>a. Strike “District Leaders Network” and insert <i>Regional Leaders Network</i>. Strike “10 members consisting of” Strike “district” and insert <i>region</i>. If adopted will read:</p> <p>a. The Regional Leaders Network shall be composed of two representative leaders selected from each region.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>
<p>b. The Member Networks shall be composed of 10 members consisting of two representatives selected from each district.</p>	<p>b. Strike “10 members consisting of.” Strike “district” and insert <i>region</i>.</p>	<p>Consistent with proposed amendment of Article IV—Constituent Districts.</p>

MNA Member Benefits Save You Money

Personal & Financial Services

PORTABLE HEALTH INSURANCE

ELLEN KAPLAN, GROUP HEALTH SPECIALISTS 800-604-3303 OR 508-875-3288
 Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION 800-247-1500 (8:00 a.m. to 6:00 p.m.)
 Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

CREDIT CARD PROGRAM

MBNA AMERICA 800-847-7378
 Exceptional credit card at a competitive rate.

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
 Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE

WILLIAM CLIFFORD 800-878-9921, x110
 Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE

NEW ENGLAND INSURANCE SPECIALIST LLC 800-959-9931 OR 617-242-0909
 Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
 Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP /VALIC 800-448-2542
 Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC. 800-7TAXMAN
 20% discount on tax preparation services.

Products & Services

AUTO/HOMEOWNERS INSURANCE

MANSFIELD
 COLONIAL INSURANCE SERVICES 800-571-7773 OR 508-339-3047
 WEST SPRINGFIELD
 BATES FULLAM INSURANCE AGENCY 413-737-3539
 BOSTON
 ROBERT S. CLARK INSURANCE AGENCY 800-660-0168
 LOWELL
 JAMES L. CONNEY INSURANCE AGENCY 978 459-0505
 WOBURN
 LENNON INSURANCE AGENCY 781-937-0050
 FALMOUTH & POCASSET
 MURRAY & MACDONALD INSURANCE SERVICES 800-800-8990
 TURNERS FALLS
 PARTRIDGE ZCHAU INSURANCE AGENCY 413-863-4331
 Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP 800-308-0374
 Best benefits—a healthcare savings plan that cuts the cost of healthcare expenses. Discounts on dental, eyecare and chiropractic expenses.

DIGITAL PAGERS

INTERNET PAGING 800-977-1997
 Discount digital pager program.

LONG DISTANCE TELEPHONE SERVICE

ALLIANCE SERVICES 888-922-SAVE
 4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service—7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS 800-894-5500
 Lowest rate possible \$8.95/month plus \$.37/minute off peak with free nights (7:00 p.m. to 6:59 a.m.—an MNA exclusive) & free weekends.

JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER 781-829-4900
 A consumer referral service offering super savings on products & services. Visit their Web site at www.massbuy.com (Password MBP)

DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS 800-232-0872 OR 781-828-4555
 Home electronics & appliances available at discount prices for MNA members.

OIL NETWORK DISCOUNT

COMFORT CRAFTED OIL BUYING NETWORK 800-649-7473
 Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

Simply present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT 800-WORKNGEAR (FOR STORE LOCATIONS)
 Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card at any Massachusetts Work 'n Gear store.

Travel & Leisure

HERTZ CAR RENTAL DISCOUNT

HERTZ 800-654-2200
 MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

SIX FLAGS NEW ENGLAND DISCOUNT PASSES

MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
 Purchase discount admission tickets for Six Flags New England (\$22 per person).

DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM) 800-258-2847
 20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE 800-272-4707 (RESERVATIONS)
 4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at www.exectourtravel.com. Mention MNA group number 15187.

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER 877-406-4836
 Discount admission to Orlando area attractions.

UNIVERSAL STUDIOS MEMBER EXTRAS

Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices or e-mail member.extras@universolorlando.com for information.

MNA's premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on any of our discount programs, contact the specific representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.

For more information, call the MNA, 800-882-2056, x726.

MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

Verbal Self Defense for Nurses

Description This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

Speaker Joe-Ann Fergus, RN, BSN

Date Sept. 4

Time 6:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 3.3

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Interpreting Laboratory Values

Description This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed

Speaker Carol Mallia, RN, MSN

Date Sept. 9

Time 5:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.1

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

Description The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

Speakers Anthony Fucaloro, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MED, COHN-S

Dates Sept. 10

Time 9:00 a.m. – 5:00 p.m. (*Lunch provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 6.9

Special notes Class limited to 25.

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Basic Dysrhythmia Interpretation

Description This course is designed for registered nurses in acute, sub acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book, calipers and require study between sessions one and two.

Speaker Carol Mallia, RN, MSN

Dates Sept. 16 & 23

Time 5:00–9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$90; all others, \$125

Contact hours* 9.0

Special notes Class limited to 40.

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Peripheral I.V. Therapy Program

Description This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. **Clinical experience will not be provided.**

Speakers Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

Date Sept. 25

Time 5:00 – 8:30 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$65; all others, \$95

Special notes Certificate of attendance will be awarded

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Advanced Cardiac Life Support

Description This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

Speakers Carol Mallia, RN, MSN, and other instructors for the clinical sessions

Dates Certification: Oct. 1 & 8
Recertification: Oct. 8 only

Time 9:00 a.m. – 5:00 p.m. (*Lunch provided*)

Place MNA Headquarters, Canton

Fee Certification: MNA members, \$155; all others, \$195
Recertification: MNA members, \$125; all others, \$165

Contact hours* 16 for certification. No contact hours awarded for recertification.

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Anatomy of a Legal Nurse Consultant

Description This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role and its multifaceted components will be discussed, including: practice environments, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations. Professional certification will also be addressed.

Speakers Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalich, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC

Dates Oct. 9

Time 5:30- 8:30 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA or AALNC members, \$65; all others, \$95

Contact hours* 3.2

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Oncology Series for Nurses

Description A three-part series for nurses to increase their knowledge in oncology nursing. Session one series include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Session two will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session three will include pain and symptom management, palliative care and an overview of hospice care.

Speaker Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

Dates Oct. 21, 28 & Nov. 4

Time 5:30- 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton


Fee Series: MNA members, \$175; all others, \$225
Each session: MNA members, \$65; all others, \$95

Contact hours* 3.6 per program. Total for series: 10.8

Special note Completion of Session 1 is required for attendance at Session 2

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Diabetes 2003: What Nurses Need to Know

Description  **Session 1:** This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents. **Session 2:** This session is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker Ann Miller, MS, RN, CS, CDE

Dates **Session 1:** Oct. 23
Session 2: Oct. 30

Time 5:30 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$65 all others, \$95 (Each session)

Contact hours* 3.6 per session

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Compassion Fatigue

Description This program will discuss the occupational risk factors and the stressors associated with the helping profession. A profile of the health care professional prone to compassion fatigue will be identified, with specific application for nurses. The program will conclude with a discussion about various methodologies that can be used to reduce occupational stress.

Speaker Donna White, RN, MSN, CADAC-II, CARN, NCCDN

Dates Nov. 6

Time 5:00 – 9:00 p.m. (*Light supper provided*)


Place MNA Headquarters, Canton

Fee MNA members, \$65; all others, \$95

Contact hours* Will be awarded

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Nursing Management of Central Lines

Description  This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

Speakers Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

Date Nov. 13

Time 5:30 – 8:30 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton


Fee MNA members, \$65 all others, \$95

Contact hours* 3.0

Special notes Class limited to 20.

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Advanced Dysrhythmia Interpretation

Description  This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarction, the EKG abnormalities associated with toxic drug levels and electrolyte imbalances. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

Speaker Carol Mallia, RN, MSN

Dates November 18

Time 5:00- 9:00 p.m. (*Light supper provided*)


Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 3.2

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

Cardiac and Pulmonary Pharmacology

Description  This program will provide nurses from all clinical practice settings a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

Speaker Carol Mallia, RN, MSN

Dates Dec. 2

Time 5:00- 9:00 p.m. (*Light supper provided*)


Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.2

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Emergency Medical Response to Hazardous Materials and Acts of Terrorism

Description  The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

Speakers Anthony Fucaloro, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MEd, COHN-S

Dates Dec. 3

Time 9:00 a.m. – 5:00 p.m. (*Lunch provided*)

Place MNA Headquarters, Canton


Fee MNA members, \$45; all others, \$65

Contact hours* 6.9

Special notes Class limited to 25.

MNA contact Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Wound Care—Dressing for Success

Description  This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.

Speaker Carol Mallia, RN, MSN, CWOCN

Date Dec. 9

Time 5:00 – 9:00 p.m. (*Light supper provided*)

Place MNA Headquarters, Canton

Fee MNA members, \$45; all others, \$65

Contact hours* 4.5

MNA contact Susan Clish, 781-830-5723 or 800-882-2056, x723

IMPORTANT INFORMATION FOR ALL COURSES

- Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.
- Payment** Payment may be made with MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021
- Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.
- Program Cancellation** MNA reserves the right to change speakers or cancel programs when registration is insufficient.
- *Contact Hours** Continuing Education Contact Hours are provided for all programs except "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" and "Anatomy of a Legal Nurse Consultant" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
To successfully complete a program and receive contact hours or a certificate of attendance, you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.
- Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.



H.1282: Mandatory RN-to-Patient Ratios for Every Unit and Every Shift

The Key to Protecting Your Patients and Your Nursing Practice



Currently, there is no law in place to ensure patients receive a level of nursing care that is based on accepted standards of nursing practice or on patients' actual need for care. Instead, nurse staffing is left to individual facilities to determine—and too often those staffing decisions are driven by financial factors. This has resulted in dramatic cuts in nurse staffing levels and an increase in the number of patients each nurse is expected to care for.

House Bill 1282, An Act Ensuring Quality Patient Care and Safe RN Staffing, will reverse these trends by mandating that nurse staffing be sufficient to care for the planned and unplanned needs of patients.

H.1282 is based upon significant nursing research and experience, including research documented in a 2002 edition of the *Journal of the American Medical Association (JAMA)*. According to JAMA, the higher the RN-to-patient ratio in a hospital, the more likely there will be patient deaths or complications after surgery. In addition, it was reported that each additional patient per nurse was associated with a 7 percent increase in mortality. The difference between four to six and four to eight patients per nurse would be accompanied by 14 and 31 percent increases in mortality.

Under H.1282:

- ✓ Specific minimum ratios in place that are the same for every shift
- ✓ Specific minimum ratios in place for every type of unit/department
- ✓ All acute care hospitals required to adhere to minimum RN-to-patient ratios as a condition of licensure by the DPH
- ✓ No mandatory overtime or mandatory on call as a means of meeting ratios
- ✓ No floating of nurses without proper orientation as a means of meeting ratios
- ✓ Clear and strong language defining the role of the licensed nurse
- ✓ Hospitals prevented from delegating to unlicensed personnel duties that demand the expertise of a licensed nurse
- ✓ A prominent, public posting of the daily RN-to-patient ratios in each unit
- ✓ All facilities to provide patients/families with a toll-free number for the Division of Health Care Quality at DPH that can be used to report inadequate nurse staffing
- ✓ Standardized acuity system to adjust to increased patient needs*

Specific RN-to-Patient Ratios Called for by H.1282

Intensive Care Unit	1:2
Critical Care Unit	1:2
Neo-natal Intensive Care	1:2
Burn Unit	1:2
Step-down/Intermediate Care	1:3
Operating Room	
♦ Under Anesthesia	1:1
♦ Post Anesthesia	1:2
Post Anesthesia Care Unit	
♦ Under Anesthesia	1:1
♦ Post Anesthesia	1:2
Emergency Department 1:3*	
♦ Emergency Critical Care	1:2*
♦ Emergency Trauma	1:1*
* triage, radio or other specialty registered nurse shall not be counted as part of this number.	
Labor and Delivery	
♦ Active Labor	1:1
♦ Immediate Postpartum (one couplet)	1:2
♦ Postpartum (three couplets)	1:6
♦ Intermediate Care Nursery	1:4
♦ Well-baby Nursery	1:6
Pediatrics	1:4
Psychiatric	1:4
Medical and Surgical	1:4
Telemetry	1:4
Observational/Outpatient treatment	1:4
Transitional Care	1:5
Rehabilitation Unit	1:5
Specialty Care Unit: any unit not otherwise listed above shall be considered a specialty care unit.....	1:4

*Staffing ratios must be adjusted based on patient acuity. The patient assignments specified under these ratios represent the maximum number of patients a nurse would be assigned. For example, if this law passes, no medical/ surgical nurse in Massachusetts will ever be expected to care for more than four patients. However, to account for patient assignments with a higher acuity, the law also requires that DPH develop a standardized patient classification system—or acuity scale—that will be used by all hospitals to measure acuity and, when necessary, require hospitals to reduce a nurse's assignment based on the needs of those patients.



Supported by the *Coalition to Protect Massachusetts Patients*
(as listed on Page 9)