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

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 highly 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 organization 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.

For the latest developments impacting nurses, visit the MNA Web site, www.massnurses.org
A single-payer system: what’s in it for the business community

By Alan Dieffenbach
Vermont Citizens Campaign for Health

Back in 1980, Lee Iacocca, then head of Chrysler Corp., testified before a congressio-
nal 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, basi-
cally meaning employee medical expenses
out of company revenues at considerable admin-
istrative 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 fundamen-
tal 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
Leswin 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 spend-
ing 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’ compen-
sation:** Since the medical costs of workers
injured on the job would already be covered
by the single-payer plan, workers compensa-
tion premiums would be substantially reduced.

**Reduced labor-management strife:** Re-
search 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 com-
panies 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 improve-
ment 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 contrac-
tors” 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 cur-
rent arrangements, costs to the health care
system which result from providing uncompen-
sated 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 expendi-
tures, 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.

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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 mes-
 sage 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 disabili-
ties 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 con-
tain 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
interest 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 grass-
roots groups.

**Medicare program core principles**

**Guaranteed benefits:** Medicare success-
fully 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 beneficia-
tories a voucher to buy health coverage from
private insurance companies. Privatization
would mean the end of Medicare’s guaran-
teed 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 dis-
abilities—including the need for long-term
community services and coordination of
services.
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 budget are common, but they are not cheap and do not improve patient care.
- 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 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 you 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 URGI Center 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

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 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 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 protecting the health care system. And as a result, we must continuously work towards maintaining programs that foster prevention of illness and basic care to our citizens. 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 applauded 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 Prescription 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 are unable to pay the 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 of 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 vacancies on the site—whether they are members or not because they are seeing the advantage of a one-stop shopping experience for their job seekers,” explained Schildmeier. “But there will always be a level of cost that people are willing to pay, 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 Schildmeier. 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.masses.org and send your Web-specific feedback to webmaster@mnarn.org.
By Charles Stefani
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 representatives.

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

...statives. 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 exacerbated, 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 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 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.

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.wholedoctortema.com/billmyelectioninfo.php. For your legislators’ contact information, visit www.state.ma.us/legis/legis.html.

An interview with state Rep. Patricia A. 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 25 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 learning about difficult health care issues, but it is also a very vital committee.

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.

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.

Haddad: 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.
Dozens of legislators testified before the Health Care Committee on June 18, as well as provided written testimony in support of the Massachusetts Safe Patient Care/Safe Staffing Legislation, H.1282. Please take the time to call them and thank them for their support 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 Faunce, Peabody
Rep. David Flynn, Bridgewater
Rep. Lida Hawks, Needham
Rep. Louis Kafka, Sharon
Rep. Rachel Kaprielian, Watertown
Rep. Brian Knuuttila, Gardner
Rep. Peter Kocot, Northampton
Rep. Robert Koczera, New Bedford
Rep. Susan Pope, Wayland
Rep. Michael Rush, West Roxbury
Rep. Frank Smitz, Brookline
Rep. Ellen Story, Ambvent
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 Timothy, Milton

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

Massachusetts RNs appreciate the support.

Legislative sponsors of H.1282

Senators
Robert A. Antonioni, D-Leominster
Stephen Bajour, 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 T. 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
Demetrios Atsals, D-Barnstable
Ruth Balser, D-Newton
John J. Biniecki, 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-Holliston
Shirley Gomes, R-Harwich
Mary Grant, D-beaverly
Lida E. Hawks, 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 Knuuttila, D-Gardener
Peter Kocot, D-Northampton
Robert M. Koczera, D-New Bedford
Peter Koutoulouan, D-Newton
Paul Kujawski, D-Webster
Barbara L’Italien, D-Andover
James B. Leary, D-Worcester
David P. Linsky, D-Newton
Paul Loscocco, R-Holliston
Elizabeth Mallia, D-Boston
Ronald Mariano, D-Quincy
Jim Marzilli, D-Arlington
Robert Nyman, D-Hanover
Thomas J. O’Brien, D-Kingston
Mary Parente, D-Milford
Annie 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 Smitz, D-Brookline
Robert Spillane, D-Worcester
Joyce Spiliotis, D-Peabody
Karen Spili, D-Ashland
Thomas Stanley, D-Waltham
Ellen Story, D-Amherst
Benjamin Swan, D-Springfield
Kathleen Teahan, D-Whitman
Walter Timothy, D-Milton
Timothy Toomey, D-Cambridge
Philip Travis, D-Rehoboth
James Vallely, D-Franklin
Anthony Verga, D-Gloucester
Joseph Wagner, D-Chicopee
Martin Walsh, D-Boston
Steven Walsh, D-Lynn
Alice Wolf, D-Cambridge

Stand Up For Safe Staffing
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 approximately 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 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.

The tentative agreement between the MNA and Nantucket Hospital in Cambridge was settled on June 26. 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.

At 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 nurses will be credited with their years of experience for purposes of step placement. As of September 2003, 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.

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 a new wage- inequity adjustment that advances close to half of the permanent nurses in the bargaining unit across theizard scale based on years of service and experience, however they will no longer be restricted from the top step of the scale. 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 a new wage-equity adjustment that advances close to half of the permanent nurses in the bargaining unit across the board increases for the three years of the contract, their years of experience for purposes of step placement. As of September 2003, the salary range for full-time midwives is $63,128 to $102,447 annually.

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 diem 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. Overtime 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

The tentative agreement between the MNA and 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 vacations, 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.

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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
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
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.

**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  

☐ Non-Member  

☐ Student/Unemployed/Retired  

☒ 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

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

<table>
<thead>
<tr>
<th>Package Description</th>
<th>Date</th>
<th>Price</th>
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</thead>
<tbody>
<tr>
<td><strong>Full Two-Day Convention Package — Thursday and Friday:</strong></td>
<td></td>
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</tr>
<tr>
<td>MNA Members $75</td>
<td></td>
<td>$75</td>
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<tr>
<td>All Others $100</td>
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<td>$100</td>
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<tr>
<td>Reduced Members* $70</td>
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<td>$70</td>
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<tr>
<td>Please register below if you plan to attend these Thursday events:</td>
<td></td>
<td></td>
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<tr>
<td>Unit 7 Business Meeting/Luncheon</td>
<td>12:30 p.m.</td>
<td>n/c</td>
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<tr>
<td>District 5 Annual Meeting/Luncheon</td>
<td>12:30 p.m.</td>
<td>n/c</td>
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| **Thursday-Only Package:** | |       |
| Includes ALL events on Thursday (excluding Improv Boston and Friday). | |       |
| MNA Members $35 | All Others $45 | Reduced Members* $30 | $35 |

| **Friday-Only Package:** | |       |
| Includes ALL events on Friday (keynote, two plenary sessions, NursePLAN Breakfast, all meals, exhibits, auction). | |       |
| MNA Members $40 | All Others $50 | Reduced Members* $35 | $40 |

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### Optional Ticketed Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards Banquet</td>
<td>Wednesday, October 15</td>
<td>$40</td>
</tr>
<tr>
<td>Improv Boston Dinner</td>
<td>Thursday, October 16</td>
<td>$55</td>
</tr>
<tr>
<td>Theater</td>
<td>7:30 p.m.</td>
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</tr>
</tbody>
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(Advance tickets available)

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### Total Convention Fees

$ _______________________

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### Payment

Please mail this completed form with check 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.

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For Office Use Only:

Charge Code: ____________ Date: ____________ Chk: ____________ Sl. Date: ____________ Initi: ____________ V/M/C: ____________

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### 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
- 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 Public Health Nurses
- Mass. Breast Cancer Coalition
- Mass. Coalition of Nurse Practitioners
- Mass. Federation of Teachers
- Mass. Human Services Coalition
- Mass. Immigration 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
- Mass. Human Services Coalition
- MSSPIRG
- 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 Patient 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
Sensitivity to personal fragrances often a concern for visitors, patients, staff

By Evelyn I. Bain, MEd, 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 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.

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

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 manufacturer:

- Aventis, 800-822-2463
- General Injectable and Vaccine (Medeva), 800-521-7468
- Medicare has nearly doubled the reimbursement rate for the administration of flu and pneumococcal vaccines 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. Focus groups will be held during the fall at the MNA’s Canton office and at other locations around the state. Focus groups will be held during the fall at the MNA’s Canton office and at other locations around the state. Focus groups will be held during the fall at the MNA’s Canton office and at other locations around the state.

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.

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.
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 obvious: 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 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 health care workers who were responsible for giving 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 palate. 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 to the OB office by a foreigner. The boy’s name was Cheng Zhen. He will arrive with his mother from Henan province, south of Beijing. Two years earlier, a gas explosion severely burned his face, head, arms and one thigh. Miraculously, he survived and received some poorly corrective surgeries.

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  
✓ Craft Items  
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✓ Memorabilia & Collectibles  
✓ Works of Art  
✓ 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

**F. Article VIII – Elections**

**Current**

Section 1: Schedule of Elections

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.

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.

d. The Nominations and Elections Committee shall:

   1. Publish a list of incumbent officers and members of the Board of Directors and Congresses, with their respective districts and a statement as to which are eligible for re-election.
   2. 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.
   3. Actively solicit and receive nominations from all constituent districts.

**Proposed**

Section 1:

a. Strike “five district Directors, Labor” and insert a Director from each region, Labor. Strike “representing each District” and insert representing each region. If adopted, will read:

   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.

   b. Strike “five district Directors, Labor” and insert a Director from each region, Labor. Strike “representing each District” and insert representing each region. If adopted, will read:

      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 even year.

   c. Strike “representing each District” and insert representing each region.

   d. (1) Actively solicit and receive nominations from all constituent districts and a statement as to which are eligible for re-election.

**Rationale**

Consistent with proposed amendment of Article IV—Constituent Districts.

Proposed by Districts II, III and 5.

**G. Article IX – Networks**

**Current**

Section 2: Designation

There shall be a District Leaders Network and Member Networks.

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.

b. The Member Networks shall be composed of 10 members consisting of two representative leaders selected from each district.

**Proposed**

Section 2: Strike “District Leaders Network” and insert Regional Leaders Network. If adopted, will read:

There will be a Regional Leaders Network and Member Networks.

a. Strike “District Leaders Network” and insert Regional Leaders Network. Strike “Districts” and insert Regions. Strike “districts” and insert regions. If adopted, the first sentence will read:

   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.

b. Strike “district” and insert region.

**Rationale**

Consistent with proposed amendment of Article IV—Constituent Districts.

Proposed by Districts II, III and 5.

Section 3: Composition

a. The District Leaders Network shall be composed of 10 members consisting of two representative leaders selected from each district.

b. The Member Networks shall be composed of 10 members consisting of two representatives selected from each district.

**Rationale**

Consistent with proposed amendment of Article IV—Constituent Districts.
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**

LENNON INSURANCE AGENCY, 781-937-0050
Term life insurance offered at special cost discounts.

**LONG TERM CARE INSURANCE**

JAMES L. CONNEY INSURANCE AGENCY, 978 459-0505
ROBERT S. CLARK INSURANCE AGENCY, 800-660-0168
COLONIAL INSURANCE SERVICES, 800-571-7773 or 508-339-3047
MANSFIELD AUTO/HOMEOWNERS INSURANCE
AMERICAN GENERAL FINANCIAL GROUP/VALIC, 800-448-2542
LEAD BROKERAGE GROUP, 800-842-0804

**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**

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

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Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

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COLONIAL INSURANCE SERVICES, 800-571-7773 or 508-339-3047
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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
TUNNERS FALLS
MURRAY & MACDONALD INSURANCE SERVICES, 800-800-8990

**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.

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

**CELLULAR TELEPHONE SERVICE**

CIRCULAR 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.

**KEY 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, 781-929-4900
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 Vision 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 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 CD#181147.

**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

**CINCO 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 #008152. Membership in Guest Privileges Frequent Traveler Program.

**DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS**

EXECUTIVE TOUR & TRAVEL SERVICE, 800-272-4707 (RESERVATIONS)

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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@universalorlando.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.
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.

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 F. 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

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 balance, 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, BSN, 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
Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner
Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist
Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

Date
Oct. 1 & 2

Recertification:
Oct. 8 only

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

Place
MNA Headquarters, Canton

Fee
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, OCN, LNCC; Tammy J. Murphy, RN, LINC; Kelly W. Shanley, RN, LINC; Jane Mihalich, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LINC

Date
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

Date
Oct. 21, 28 & Nov. 4

Time
5:00 – 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

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. Fersazani
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.
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*

<table>
<thead>
<tr>
<th><strong>Specific RN-to-Patient Ratios Called for by H.1282</strong></th>
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<tr>
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<tr>
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<td>Under Anesthesia .......................................</td>
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<tr>
<td>Post Anesthesia Care Unit ............................</td>
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<tr>
<td>Under Anesthesia .......................................</td>
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<tr>
<td>Post Anesthesia .........................................</td>
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<tr>
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<td>Emergency Trauma ........................................</td>
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<td>Postpartum (three couplets) ............................</td>
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<td>Intermediate Care Nursery ................................</td>
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<td>Well-baby Nursery .......................................</td>
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<td>Pediatrics ...............................................</td>
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<tr>
<td>Rehabilitation Unit ....................................</td>
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</tr>
<tr>
<td>Specialty Care Unit: any unit not otherwise listed above shall be considered a specialty care unit ........................................</td>
<td>1:4</td>
</tr>
</tbody>
</table>

*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.