

MASSACHUSETTS NURSE

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Results annihilate hospital industry's arguments

Survey shows part-time RNs will meet demand for nurses when safe ratios become law

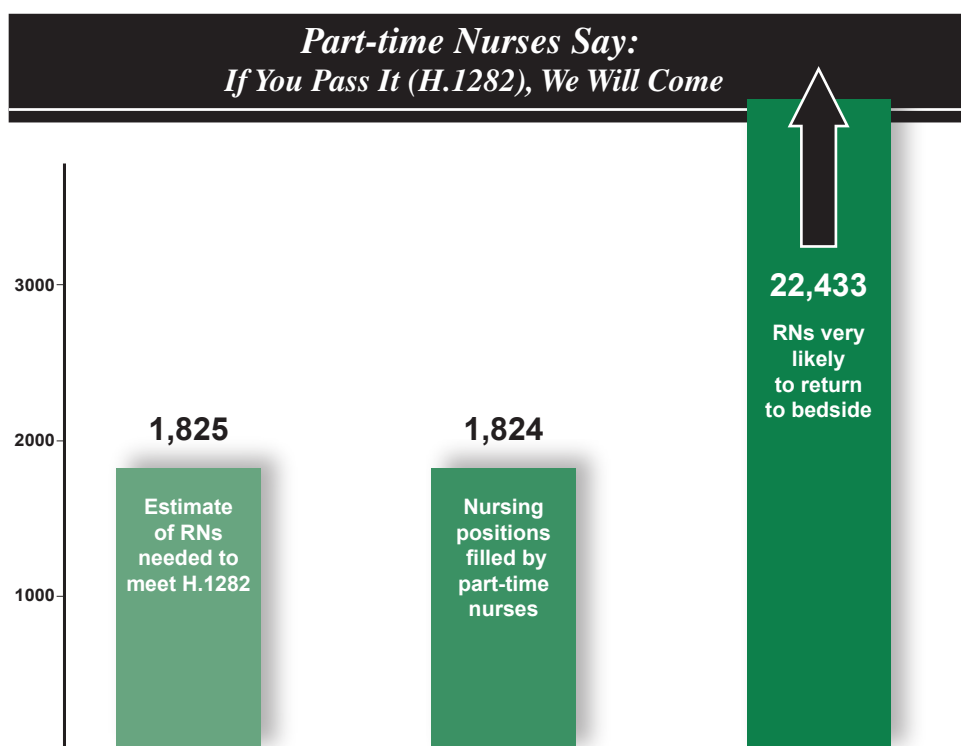
A recently completed survey of acute-care RNs who work part time shows that more than a third of them will work additional hours once the safe-staffing bill becomes law. By the most conservative estimates, this would translate into at least 1,824 full-time RN positions—more than enough to meet the bill's staffing requirements without having to depend on new hires.

H.1282, the MNA's safe staffing bill, which was approved by the Legislature's Health Care Committee and is now before the Ways and Means Committee, sets flexible minimum RN-to-patient ratios in Massachusetts hospitals. The measure will dramatically improve the quality and safety of patient care in Massachusetts hospitals. According to the Massachusetts Department of Public Health (DPH), the current staffing levels that exist have resulted in a 76 percent increase in the rate of injuries, medication errors and complaints by patients in the last seven years.

The statewide survey of part-time hospital RNs was conducted in March by the respected Cambridge-based polling firm, Opinion Dynamics Corp. (ODC). Survey administrators found that 33 percent of all RNs working part time in acute-care settings will consider working more hours once the safe-staffing bill is passed. Among those who would consider taking more hours, 47 percent said they would consider an additional eight hours a week; 23 percent said they would consider nine to 24 additional hours a week; and 11 percent said they would consider an additional 24 hours a week. In addition, 17 percent of respondents said they would consider an additional seven or fewer hours a week.

"The results of this survey completely and convincingly dismantle one of the key arguments of the hospital industry in opposing this bill, which is, 'we can't find the nurses to provide this level of care.' We have long known that Massachusetts has the highest per capita population of nurses in the nation—there has never been a nursing shortage here. Now we know that the nurses we need are already working in our hospitals and are more than willing to increase their hours, provided they are guaranteed a safe work environment and the ability to provide proper care for their patients," said Karen Higgins, president of the MNA. The MNA is a leader of the Coalition to Protect Massachusetts Patients, an alliance of 65 health care and consumer groups working for enactment of H.1282.

According to Julie Pinkham, RN and executive director of MNA, the survey results



This graph shows that demand for RNs following H.1282's implementation can be met entirely by nurses who now work part-time.

mean that patients would benefit from receiving care by experienced nurses who already are familiar with procedures at the hospital. "It is clear that the immediate solution to the hospital staffing crisis is to focus on retaining existing personnel. Every survey of nurses

we'll end up spending the taxpayers' dollars to recruit nurses into hospitals who will just turn around and walk out a year later."

She noted that a new study published last month in the scholarly journal *Health Care Management Review* on the high cost of

"Now we know that the nurses we need are already working in our hospitals and are more than willing to increase their hours, provided they are guaranteed a safe work environment and the ability to provide proper care for their patients."

— Karen Higgins, MNA president

nationally and here in Massachusetts shows that the current staffing crisis is being caused by poor staffing conditions that are driving experienced nurses away from the hospital bedside. It's not an issue of recruiting new nurses, it's an issue of keeping the nurses we have."

Pinkham said the recruitment-focused legislation backed by the Massachusetts Hospital Association and sponsored by Sen. Richard T. Moore (D-Uxbridge) simply won't work. "Without fixing the staffing conditions,

RN turnover found the cost for advertising, training and loss in productivity associated with recruiting new nurses to a facility is \$37,000 per nurse at minimum and can add as much as 5 percent to a hospital's annual budget. The study concludes that improving working/staffing conditions is a primary strategy for hospitals that can generate significant cost savings. "Not only is the MNA's safe staffing bill more effective than Moore's proposal," Pinkham said, "it is more fiscally

See Survey, Page 3

Get involved with MNA

Share your ideas, your visions and your energy

MNA members in good standing are encouraged to run for office in the 2004 MNA General Election. There are a number of seats still available on the MNA ballot: vice-president; treasurer; director, labor from each Region; director, at-large labor; director at-large, general; Nominations & Elections Committee; Bylaws Committee; Congress on Nursing Practice; Congress on Health Policy & Legislation; Congress on Health & Safety; Center for Nursing Ethics & Human Rights. See Page 8 for a consent-to-serve form and complete details.

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

MNA on Beacon Hill



PUSH!

Contacting your legislators is key to passing safe RN staffing legislation

With just a few short months left in the legislative session (remember, it ends in July!), nurses must continue to contact their legislators in support of H.1282, the safe RN staffing bill. If you've written or called already, write or call again. At this time in the legislative session, everyone is running around trying to get their particular bill passed. In order for your issue to cut through the clutter, legislators need to hear from their constituents. The work you have done so far is making a tremendous impact, but this is the last real chance we have to push.

We recognize the time demands you have with work and family, so whatever time you have left over for safe RN staffing we need you to make the most of it.

Thank you again for your continued sup-

If you have...	You can...
1 hour	Visit your local state legislator at their regularly scheduled office hours in the community.
20 minutes	Write a letter to your state senator and state representative.
10 minutes	Log onto www.massnurses.org and e-mail a letter to your state senator and state representative.
5 minutes	Call your state senator and state representative.

port. With your help, we know that safe RN-to-patient ratios will become a reality for all nurses and patients in the state of Massachusetts. ■

Nurses decry Romney budget cuts to health care services

MNA testifies before House Budget Hospital Task Force

The Massachusetts Nurses Association recently provided testimony before the House of Representatives FY 2005 Budget Task Force on Hospitals, where it used the opportunity to decry the governor's proposed cuts in funding for the Mass Health program and the Uncompensated Care Pool, while also calling for greater legislative scrutiny of hospital industry finances and for the comprehensive reform of the health care system.

Julie Pinkham, MNA executive director and RN, testified that "the governor's cuts are shortsighted, misguided and devastating. Not only are these cuts harmful in their impact on the citizens of the Commonwealth, they are economically wasteful, ultimately resulting in patients receiving more costly care in already overcrowded emergency rooms."

According to the MNA, "From the perspective of nurses who work on the front lines and spend more time with patients and their families than any other provider group, the Massachusetts health care and hospital system needs an overhaul and real reform: it deprives access to those who need services and delivers inadequate to unsafe care to those who manage to obtain access."

MNA faulted the lack of regulation of the hospital industry and the existing free market system of open competition, where over-bloated hospital networks imperil and/or close smaller community hospitals, as the major cause of the current crisis.

"As we look back over the transformation of the hospital industry since deregulation, we find the formation of large networks designed to leverage insurers and close weaker hospitals," Pinkham said. "The vast networks of large bureaucracies such as Partners and CareGroup have created a thick layer of costs to our health care system with none of these dollars providing patient care and who pays? Nurses will tell you who is truly paying: it's the patient. As all these millions of dollars are being diverted to lawyers and business planners and executive offices, patients are

pushing a call button and waiting, and waiting and waiting—sometimes to the point of death for care that is not being provided. We have nurses at UMass Memorial Health Care who have the worst staffing ratios in the state and can't get a blanket for a patient or a bed that works, yet that system paid over \$2 million in severance to two failed CEOs, one of whom left in disgrace for lying on his resume."

The MNA called upon the legislature to

expand scrutiny of hospital finances and practices; to pass pending legislation to prevent further closings of hospitals; to pass legislation to establish minimum RN staffing ratios to protect patients from harm; and to engage in comprehensive reform through implementation of a single payer system of health care financing.

For a complete copy of the testimony that was provided, visit www.massnurses.org/News/2004/03/testify.htm. ■

MNA stands proudly with Sen. Kerry



MNA members took time out for a photo opportunity with presidential candidate Sen. John Kerry at a recent town-meeting style event that was held in Brighton on April 12. The MNA crew, which included Karen Higgins, Mary Marengo, Irene Patch and Sandy Ellis, participated in the day's activities to show Kerry that the MNA is fully supporting his White House run and that his past and continued support of nurses in Massachusetts has not gone unnoticed. In addition, the MNAers were also on hand to help out with a campaign commercial that was taped on site.

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MNA
 MASSACHUSETTS NURSES ASSOCIATION



President's column

The time has come — our patients deserve a vote — Pass H.1282 now!

By Karen Higgins, RN
MNA Presidents

The time for safe staffing has come. We have waited long enough, and our patients have waited long enough. Now we are pushing the call button and it's the legislature that needs to answer that call and save the quality and safety of patient care in Massachusetts. To help deliver that message, more than 1,000 nurses and patients will be flooding the State House on May 11 to make sure our legislators hear our plea. If you get this issue of the *Massachusetts Nurse* before May 11—and you can get the time off or have the time off—you need to be part of the crowd at the Statehouse. You need to be one of the multitude who are joining together to make sure, once and for all, the legislature acts and acts now to pass H. 1282, our safe RN staffing bill.

May 6 through 12 is Nurses Week and

our message to our administrators, to the legislature, to the media, to the public and to anyone who will listen is, "If you want to pay tribute to nurses, then grant us the right to practice conditions that will allow us to deliver the care we were educated to deliver. Stop the delay; we want a vote on H.1282 by the end of Nurses Week! We've waited for six years for this issue to be dealt with. We've answered every question. We've proven our case. It's time for a vote."



Karen Higgins

The MNA and the Coalition to Protect Massachusetts Patients is pulling out all the stops to make safe staffing a reality. In late April, with the support of Jennifer Callahan and 49 other state representatives, an amendment mirroring our bill was filed to be included in the state budget. This is another way of making safe staffing become law and raising awareness. We have nurses calling legislators, e-mailing them and sending in postcards and hand-written letters—and we have nurses roaming the halls of the Statehouse making personal visits.

We have until July 31 to make this happen. We have a coalition of 65 organizations behind us; we have more than 102 legislators signed on as co-sponsors; we have 80 percent of the voting public behind this measure. Now is the time to act. Now is the time for all of us, no matter how tired we feel, to

We've waited for six years for this issue to be dealt with. We've answered every question. We've proven our case. It's time for a vote."

take the time to do our parts to change our profession and to protect our patients. History will judge us for the actions we take in the next few months. Let's act now to make this a history we will be proud to claim as our legacy to the future of nursing! ■

Hospital	Registered Nurses			
	Full-time (36-40 hours)	Part-time / Per Diem Causal (<35 hours)	Total (Direct Care)	Percent Working Part-time
Boston Medical Center	293	324	617	52.50
Brigham & Womens Hospital	1,257 (40 = 608; 36 = 649)	1,101	2,358	46.70
Cape Cod	135	492	627	78.50
Cambridge Hospital (36 hours/week)	196	153	349	43.80
Coolley Dickenson Hospital	80	201	281	71.50
Falmouth Hospital	55	219	274	79.90
Faulkner	143	177	320	55.30
Franklin Medical Center	47	211	258	81.80
Hale (Merrimack Valley)	79	80	159	50.30
Heywood Hospital	21	191	212	90.10
Marlborough Hospital	23	134	157	85.40
Morton Hospital	45	270	315	85.70
New England Medical Center	586	762	1,348	56.50
Newton Wellsley Hospital	148	547	695	78.70
Somerville Hospital (40 hours/week)	70	90	160	56.20
St. Elizabeth's Medical Center	258	483	741	65.20
St. Vincent Medical Center	184	519	703	73.80
UMass Memorial	189	663	852	77.80
Whidden Hospital	56	140	196	71.40

A review of 19 Massachusetts hospitals shows that the number of RNs working part-time often exceeds 60 percent.

...Survey

From Page 1

responsible."

Judith Sacks of Lynnfield, a nurse at Faulkner Hospital, is one of the nurses who is willing to increase her hours if safe staffing legislation becomes law. "I am now working part time in a gastrointestinal unit, leaving a job I loved working nights in the Intensive Care Unit (ICU). I just couldn't take the conditions and was tired of feeling like I couldn't take proper care of my patients. But if this bill passes, I would definitely go back to the ICU because that's the type of nursing I love most. I just need to know I can do it safely."

Beth Hulett of Lowell, who works nights on a busy medical surgical floor at St. Elizabeth's Medical Center, is another nurse who is waiting in the wings. "I have been struggling for years to provide good care to patients, with staffing ratios that are too often unacceptable. Working part time is the only way I can deal with these conditions. With a guarantee of a safe RN-to-patient ratio, I would definitely increase my hours."

These additional work hours would result in adding the equivalent of 1,824 full-time RN positions. The numbers used are conservative figures based on independent sources. When the MNA did a spot check of actual payroll records at 19 Massachusetts hospitals, the percentage of part-timers—and the potential pool of those willing to work additional shifts—was substantially higher, exceeding 60 percent at several facilities.

Based on projections from the actual experience in California, where a similar law went into effect this year, H.1282 would require a maximum of 1,800 additional full-time positions. Moreover, another ODC poll of RNs in June 2003 found that 42 percent of RNs who have left bedside nursing said that if the law passes, they will be "much more likely" to return to hospital work if the safe staffing bill is enacted—resulting in a pool of 22,433 potential additional hospital nurses.

In addition to this pool of nurses, the Board of Registration in Nursing reports an increase in enrollment to Massachusetts nursing schools and projects a graduating class of nearly 2,000 students this year. Nearly all schools are currently full with long waiting lists of candidates waiting to get into the profession. ■

Nurses at St. E's show their solidarity



After months of negotiating with the management team at St. Elizabeth's Medical Center, RNs in the hospital's MNA bargaining unit ratified a two-year contract that provides salary increases and pension benefits. But the agreement wasn't reached until after the nurses held a well-attended informational picket in front of the hospital and several hard-core negotiation sessions (see photos). For a complete story on the nurses' success at St. E's, see Page 5.



Labor Relations News

RNs at St. E's Medical Center ratify new two-year contract

After nine months of negotiations with management, RNs at St. Elizabeth's Medical Center (SEMC) voted to ratify a new two-year contract that includes salary increases averaging more than 20 percent for most of the nurses. The contract also includes increases in shift differentials for nurses who work evenings and weekends, provides pension enhancements for more senior nurses and places limits on the use of mandatory overtime—a practice employed by hospital management in the past to compensate for inadequate staffing at the facility.

There are 650 registered nurses represented by the MNA at SEMC. The tentative agreement was reached on April 2 following a full day of negotiations before a federal mediator and a March 25 informational picket that brought hundreds of nurses to the curbs outside of SEMC.

"We are very pleased to have reached an agreement on our contract that will provide important protections for nurses to prevent the use of mandatory overtime at our facility, a wage increase that will allow us to retain

our existing staff and recruit the nurses we need to provide optimal patient care, and improvements in our pension plan to protect this benefit for our most senior nurses," said Cece Buckley, RN and co-chair of the nurses' bargaining unit. "However, we are disappointed that we were unable to convince hospital management to negotiate adequate language to guarantee safe staffing ratios for our patients. But we intend to address this problem through mobilizing our membership to advocate for passage of H.1282, legislation that would establish safe, minimum RN-to-patient ratios in all hospitals in Massachusetts."

"It was clear that management would not grant language that held them accountable for staffing standards, and if we were to achieve that language, we would be forced to wage a strike," Buckley explained. "We felt that it was not in the best interest of the community, the hospital or our patients to conduct a strike, especially when we have an opportunity to address this issue for all nurses and all patients at the Statehouse."

Right to refuse mandatory overtime

The contract provides that no nurse in the facility will be forced to work more than 12 hours, and every nurse has the right to refuse overtime any time he or she feels too tired to provide safe patient care. This is language that has been negotiated in a number of MNA contracts, and it is an important provision at SEMC where forced overtime has been used as an alternative to providing appropriate staffing at the facility.

Competitive wages

The contract also includes significant salary increases that were needed to bring the SEMC nurses in line with other hospitals in the region, a problem that was resulting in the loss of nurses to other better paying facilities.

This was accomplished by a combination of restructuring the wage scale, granting across the board salary increases in each year of the contract, and by adding a number of new steps to the nurses' salary ladder, including

Language specific to pay increases and limits to mandatory overtime included, but RNs disappointed with lack of movement on safe staffing

at the top of the pay scale, where the majority of the nurses were placed. Increases average over 20 percent for most nurses over the two years of the agreement.

"We are proud of the gains that we have made, and we believe this agreement will give us the ability to compete for nurses, and to retain our more experienced nurses so that we can provide the quality of care patients deserve," Buckley concluded. ■

Unit at UMMS wins arbitration award granting same wages to all RNs

RNs in the bargaining unit at the University of Massachusetts Medical School (UMMS) recently won an important arbitration award granting the same wages to all RNs despite the UMMS bid to treat adolescent psychiatric RNs differently by paying them significantly less than their colleagues.

After the merger of the University of Massachusetts Medical Center (UMMC) with Memorial, RNs either were employed directly by the new private entity UMass/Memorial; employed by UMMS and leased to UMass/Memorial; or employed by UMMS and assigned to adolescent psychiatric units operated by UMMS. Since the date of that merger, UMMS has sought to treat the adolescent psychiatric RNs separately from all others affected by the merger. This arbitration award granted all RNs the same wages, and stated that these RNs could not be split off from their colleges until at least 2008

when the legislation facilitating the merger sunsets.

During the first post-merger contract negotiations the MNA sought to negotiate for all RNs, either employed by UMMS and UMass/Memorial, at the same negotiations. Only after the MNA filed a prohibited practice charge against UMMS at the Massachusetts Labor Relations Commission (MLRC) for failure to negotiate did the MNA prevail and win the same contract benefits and wages for all RNs.

In early 2002, the MNA sent notice to UMMS and UMass/Memorial of its intent to negotiate for all RNs at the same negotiations as allowed by the merger enabling legislation. UMMS refused to negotiate with the MNA at the same negotiation sessions scheduled with UMass/Memorial. As allowed by law, UMMS forced the MNA to negotiate separately for RNs employed by UMass/Memorial and

UMMS. In addition, UMMS stated that it wanted to pay its RNs less than those employed by UMass/Memorial despite the facts that historically these RNs had the same contract and that many UMMS RNs worked in the same setting as their UMass/Memorial colleagues.

After months of negotiations the MNA and UMass/Memorial reached an agreement. However, UMMS still demanded that its RNs accept lower wages than the RNs at UMass/Memorial. The UMMS only offered 3 percent over two years with no retroactive wage payments. The MNA held firm that the UMMS RNs deserved the same wage increases as their colleagues at UMass/Memorial—6 percent across-the-board over two years and two new steps each worth 6.8 percent. UMMS offered this wage package to the RNs employed by UMMS and leased to UMass/Memorial to work at the medical

center, but the UMMS would not offer that wage package to the adolescent psychiatric RNs.

Since the UMMS bargaining unit must operate under state laws governing public sector collective bargaining, the RNs could not strike. The bargaining unit decided to accept an offer that the MNA and UMMS arbitrate its wage dispute. Under the arbitration rules agreed to by the parties, the arbitrator would review the last offer of each side and, after hearing justification for the respective offers, select the offer the arbitrator deemed proper.

The MNA was confident that when a neutral, third-party heard the justification for the MNA position from the RNs the MNA position would prevail. As expected, the arbitrator selected the MNA offer and all RNs employed by UMMS and UMass/Memorial now have the same wage scale. ■

Honor your peers with a nomination for 2004 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses strive daily to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who, by their commitment and outstanding achievements, have honored us all. These are often ordinary nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA Department of Nursing, 781-830-5719 or toll free, 800-882-2056, x719.

Elaine Cooney Labor Relations Award: Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Judith Shindul Rothschild Leadership Award: Recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

MNA Advocate for Nursing Award: Recognizes the contributions of an individual—who is not a nurse—to nurses and the nursing profession.

MNA Human Needs Service Award: Recognizes an individual who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

MNA Image of the Professional Nurse Award: Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

MNA Excellence in Nursing Practice Award: Recognizes a member who is a role model by contributing innovative,

progressive ideas that serve to improve and enhance clinical nursing practice, including precepting students or new staff nurses.

MNA Research Award: Recognizes a member or group of members who have conducted research in their practice or who have provided exemplary leadership to assist others in nursing research.

Kathryn McGinn Cutler Advocate for Health & Safety Award: This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

Frank M. Hynes Award: This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

MNA Legislator of the Year Award: This award recognizes a senior state legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is June 15, 2004. ■

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

Employers' response to bloodborne-pathogen exposures varies widely

By Evie Bain

Recently, two bloodborne exposures/critical incidents were brought to the attention of the health and safety team at the MNA—and the staff members here found it particularly interesting and informative to learn of the varied responses that members received after informing their employers of the incidents.

The accompanying chart details the experiences of the two nurses who were involved in these critical incidents. Nurse 1 received excellent attention and medical treatment following OSHA requirements and CDC protocols with a strong measure of employer concern and empathy. Nurse 2 did not receive treatment according to OSHA or the CDC, and there was very little concern or empathy demonstrated by her employer.

Nurse 1 was comfortable and satisfied with the treatment she received. Her incident came to the attention of the MNA in a discussion of safe needle devices and how hospitals were addressing device selection.

MNA responds to inappropriate treatment and follow-up

Nurse 2 did not believe there was anything that could be done to make her situation better a few days after the incident, but she was highly concerned that the treatment she had received was lacking. During her call to the MNA, it was suggested that bringing this issue to members of her bargaining unit and to management during a labor/management meeting might prevent nurses and others from receiving such a poor care in the future.

The labor/management meeting resulted in the following commitments from the employer of Nurse 2:

- Confirm that documentation regarding Blood Borne Pathogens/Critical Exposure Protocols is up to date and available in all departments, including the ER.
- Review the incident with infection control physicians and employee health medical director regarding appropriate treatment options, as well as clarification of their respon-

sibilities in order to better manage care if treatment is recommended and provided.

- Re-education of the ER staff regarding critical exposure protocols and how to access information regarding recommended treatment; confirm responsibility of managers and house supervisors to arrange for prompt coverage of affected staff; counsel employee health staff about the need

to demonstrate the appropriate level of care and concern for exposed staff in a timely manner.

The MNA's health and safety team sincerely thanks these two nurses for sharing their experiences in order to help other nurses learn the difference between appropriate and inappropriate responses to a critical incident. All MNA members are encouraged to call the health and safety team with concerns and comments related to working conditions and

work-related injuries and illnesses (*see contact information lower corner of Page 9*). By comparing appropriate and inappropriate responses to health and safety incidents, we can begin to build a network of best practices that we can all learn from.

Note: See the graphic on Page 7 for information ("What should nurses know and do before and after a needle stick injury?") to become familiar with the correct procedures related to critical incidents/bloodborne pathogen exposures. ■

A tale of two nurses, two hospitals

	Nurse 1	Nurse 2
Description of the incident	<ul style="list-style-type: none"> • De-accessing a medi-port, Huber needle (no training on use of this device). The nurse was working the day shift on a weekend. • Patient was known to be HIV positive. 	<ul style="list-style-type: none"> • While talking with a patient who had excess saliva, the patient's saliva landed in her eye. The nurse was working an overnight shift. • Patient was known to be HIV/HCV positive.
Nurses' immediate response	<ul style="list-style-type: none"> • "Oh my God! I got stuck, and this patient is HIV positive." • The nurses removed vinyl gloves, washed hands, expressed blood from finger, talked to colleague and called supervisor. 	<ul style="list-style-type: none"> • "Oh my God! It went right in my eye." • The nurse rinsed out the eye, talked with colleagues, called supervisor and filled out incident report.
Employers response	<ul style="list-style-type: none"> • Supervisor activated the needlestick-response protocol. Nurse went to the ER. 	<ul style="list-style-type: none"> • Supervisor said you must get to ER within one hour, but stated, "There was no one to cover her shift." She was the only nurse on a psych unit and was working with just two mental-health aides. Nurse 2 called her nurse manager at home at 2:30 a.m. Nurse manager felt that Nurse 2 could wait till morning, but Nurse 2 was insistent and the manager came into the hospital to relieve her at 3:15 a.m. Nurse 2 went to ER.
Initial treatment	<ul style="list-style-type: none"> • Seen immediately in ER and started on Post Exposure Protocol (PEP) medications; immediate dose given. • Advised to go home following treatment. • Nurse returned to unit, completed her charting and went home. Time off was arranged thru employee health. She was give two to three days off to make sure she was able to tolerate the PEP medications. Time off was paid by Workers' Compensation. 	<ul style="list-style-type: none"> • ER staff was not supportive and did not want to draw her blood for HIV, HCV, HBV testing. Nurse 2 was insistent and they drew the bloods. ER staff did not offer PEP and suggested there was no point in getting it.
Follow-up treatment	<ul style="list-style-type: none"> • An occupational health nurse (OHN) came in to see Nurse 1 before she went home. Provided post-exposure counseling and a referral to an infectious-disease doctor. Provided script for continuation of PEP medications. • All meds were covered by hospital pharmacy and were readily available. A doctor also called her at home to answer her questions and concerns. She made one visit to her doctor for evaluation of rash attributed to the PEP meds. 	<ul style="list-style-type: none"> • Nurse 2 went home and called her primary care physician (PCP) in the a.m. Her PCP felt that PEP meds were indicated and that if Occupational Health Department (OHD) would not order them, he would. • OHD said PEP should have been started within one hour, but agreed to give her three days of meds. Nurse 2 overheard OHD personnel complaining about the cost of PEP. • Contact with a local infectious-disease doctor was arranged, and she was provided with a specific protocol of meds—as he knew the source patient and that patient's HIV issues. Nurse 2 had difficulty getting meds and was sent from one OHD office to another in an effort to secure them.
Continuous evaluation	<ul style="list-style-type: none"> • Has had six-week blood draw for follow-up testing for HIV and HCV. Has been advised she will be followed for one year. 	
Additional concerns	<ul style="list-style-type: none"> • The employer is looking into replacing the device that was involved in the injury, since Nurse 1 was the second person injured while using this device. • In the interim, all nurses using the device have been taught proper use via an in-service program. 	<ul style="list-style-type: none"> • Nurse 2 called the MNA to discuss her situation, including the difference in what she was taught would be provided to her under such circumstances and what actually happened/was provided. Nurse 2 also detailed the actual treatment she received. • Nurse 2 said that she felt that if she had not been extremely assertive, she would not have received post-exposure treatment and follow-up. She also said that she did not feel supported by her colleagues when she became the patient. • As a result, the issue of failure to follow-up with expected Critical Incident Response was addressed at a labor/management meeting in her facility.

One nurse received excellent attention and medical treatment with a strong measure of employer concern and empathy. The second nurse did not receive treatment according to OSHA rules or CDC protocol, and there was little concern or empathy demonstrated by her employer.

PROTECT YOURSELF

What should nurses know and do before and after a needle stick injury?

Understand recommended OSHA guidelines:

- ◆ Your employer is obligated under federal law to provide safety equipment:
 - Eye protection
 - Sharps with engineered sharps injury protections
 - Gloves
 - Sharps disposal containers
 - Face shields or masks
- ◆ Employers must provide free hepatitis B vaccination to workers at risk of exposure.
- ◆ Employers must provide immediate confidential testing, follow-up, treatment and prophylaxis when medically indicated, as recommended by the U.S. Public Health Service, after occupational exposures. (Employees are covered for occupational injuries or exposures under Workers' Compensation Law.)
- ◆ If you report an occupational exposure and your employer is unwilling to provide appropriate care or cover the cost of your care, contact the Massachusetts Department of Industrial Accidents in Boston (617) 727-4900.
- ◆ If you believe that your employer is not meeting its obligations, you have the right to file a complaint with the regional Occupational Safety and Health Administration (OSHA) office (617-565-9860 or 800-321-OSHA). You can call OSHA at any time to talk about your concerns confidentially, without filing a formal report.
- ◆ If you have ever had an occupational exposure and were not tested for hepatitis C, consider being tested now.

If an exposure to bloodborne pathogens occurs:

- ◆ Clean the wound thoroughly with soap and water.
- ◆ Report your injury to your supervisor immediately.
- ◆ Go to the area designated for emergency care and evaluation.
- ◆ Complete an employee exposure form with as much detail as possible.
- ◆ Avoid attributing blame.
- ◆ Post-exposure prophylaxis (PEP) for HIV should be administered as soon as possible. CDC recommends a two- or three-drug combination. Be sure to complete the entire recommended course.
- ◆ If a source patient is identified, your supervisor or other designated agent should be responsible for seeking the patient's consent to be tested for HIV and hepatitis.
- ◆ Be aware of your employer's policy for baseline testing after exposure. The decision to be tested is yours.
- ◆ CDC recommends follow-up counseling and testing at 6 weeks, 12 weeks, and 6 months. If a source patient is found to be both HIV positive and hepatitis C positive, follow-up testing might be extended over a 12-month period.
- ◆ Consider seeking professional counseling for stress management.

OSHA standard (29 CFR 1910.1030)

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis (MMWR June 29, 2001 / Vol. 50 / No. RR-11)

Health & Safety Briefs

Bombs: dirty and clean lecture

The MNA's Emergency Preparedness Task Force (EPTF), in collaboration with the Mass. Department of Public Health, has scheduled a clinical lecture on explosives, their use as terrorist tools and how to best care for bomb victims for June 22 at MNA headquarters in Canton from 6-8 p.m.

Dr. J. Burstein, medical director with the Massachusetts State Emergency Medical Services (EMS) and the lecture's featured speaker, will touch on issues related to explosives, including: blast injuries, crush injuries, improvised radiological devices (dirty bombs), as well as the triage and treatment of victims of explosions.

The lecture is open to both members and non-members. To register, call Susan Clish at 781-830-5723. If you have additional questions or if you're interested in learning more about the EPTF, contact Chris Pontus. ■

Work-related asthma is reportable health condition in Massachusetts

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Public 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 781-830-5723.

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. ■

Incident command for health care providers program on June 2

"Incident Command System for Health Care Providers" will be presented June 2 at the MNA headquarters, 340 Turnpike Street, Canton, from 9 a.m. until 3:30 p.m. Lunch will not be provided.

The program is designed for hospital employees including nurses, nurse managers, physicians, staff educators, safety directors, department heads and administrators. The course is offered free of charge. ■

Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

■ **Evie Bain, MEd, RN, COHN-S**
Associate Director/Coordinator,
Health & Safety
781-830-5776
ebain@mnarn.org

■ **Christine Pontus, MS, RN, COHN-S/CCM**
Associate Director, Health & Safety
781-830-5754
cpontus@mnarn.org

MNA

Get involved now—election deadline approaching

Submit your consent-to-serve form today

I am interested in active participation in the Massachusetts Nurses Association

MNA Election	
<input type="checkbox"/> Vice President, Labor* (1 for 2 years) <input type="checkbox"/> Treasurer, Labor* (1 for 2 years) <input type="checkbox"/> Director from each Region, Labor* (5 for two years) [1 per regional council] <input type="checkbox"/> Director At-Large, Labor* (3 for 2 years) <input type="checkbox"/> Director At-Large, General* (4 for 2 years)	<input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per region] <input type="checkbox"/> Congress on Nursing Practice (6 for 2 years) <input type="checkbox"/> Congress on Health Policy & Legislation (6 for 2 years) <input type="checkbox"/> Congress on Health & Safety (6 for 2 years) <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years)
<small>*General means an MNA member in good standing and does not have to be a member of the labor program Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Health care Professional who is a member in good standing of the labor program.</small>	

Please type or print — Do not abbreviate

Name & credentials _____
(as you wish them to appear in candidate biography)

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

MNA Offices	Regional Council Offices

Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit a typed statement not to exceed 250 words. Briefly state your personal views on nursing, health care, and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

2004 MNA election dates

- June 15:** Deadline for consent-to-serve forms for final ballot (postmarked)
- Aug. 10:** Ballots to be mailed
- Sept. 7:** Deadline for ballot return (postmarked)
- Sept. 21:** Ballots to be counted

- Return to:** Nominations & Elections Committee
 Massachusetts Nurses Association
 340 Turnpike Street, Canton, MA 02021
- Hand delivery of material must be to the MNA staff person for Nominations & Elections Committee only
 - Expect a letter of acknowledgment (*call by June 30 if none is received*)
 - Retain a copy of this form for your records
 - Form also available at www.massnurses.org

Now is the time to get involved in the MNA!

Share your ideas, your visions and your energy

The MNA Nominations & Elections Committee would like to encourage all members in good standing to run for office in the 2004 MNA General Election. There are a number of seats still available on the MNA ballot, and MNA members can submit a consent-to-serve form (at left) to run for any position. The following positions are available:



- Vice-president
- Treasurer
- Director, Labor from each Region
- Director, At-Large Labor*
- Director At-Large, General*
- Nominations & Elections Committee
- Bylaws Committee
- Congress on Nursing Practice
- Congress on Health Policy & Legislation
- Congress on Health & Safety
- Center for Nursing Ethics & Human Rights.

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member.

Please note the following corrections to the election dates:

- Deadline for names of candidates to appear on ballot: June 15
- Ballots will be mailed: August 10
- Ballots must be returned no later than 5 p.m. on Sept. 7
- Ballots will be counted on Sept. 21 ■

Corrected information regarding '04 Congress on Nursing Practice

In the March 2004 issue of the *Massachusetts Nurse*, incorrect names were listed for the incumbent office holders for the 2004 Congress on Nursing Practice. The correct names are:

- Mary Amsler (2001–2004)
- Karen A. Carpenter (2004–2006)
- Marianne Chisholm (2002–2004)
- Philip W. Donohue (2003–2005)
- Ann Marie Goucher (2003–2005)
- Ann M. Mullen (2002–2004)
- Doug L. Townsend (2004–2006)
- Margaret M. Wiley (2002–2004)
- Linda A. Winslow (2003–2005)

We apologize for any inconvenience that this may have caused. ■

Important message regarding Regional Council elections

With the adoption of the bylaw changes last October, Regional Councils were established to replace Districts. Article IV of the revised bylaws states in part:

The governing body within each Region will consist of:

- a. (1) A Chairperson, or designee, for each MNA bargaining unit.
- (2) Seven at-large elected positions. General members*, labor members** and labor program members*** are eligible to run for these at-large positions.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election.
- c. Each Regional Council's governing body shall, from among its Council members, appoint its officers, the term of office being specified by the Regional Council.

All members, general, labor and labor program members in good standing now have the opportunity to become involved at the grass-roots level of the Association. Sign up now by completing the consent-to-serve form that is included below and forward it to the Nominations and Elections Committee at the MNA, 340 Turnpike Street, Canton, MA 02021. Or forward your form via fax at 1-800-821-4445.

Each Region will be mailed a ballot. The general MNA election will be on one side and the particular Region will be on the other side for each Region to vote for its own at-large positions.

* General member means an MNA member in good standing and does not have to be a member of the Labor Program.

** Labor member means an MNA member in good standing who is also a Labor Program member.

*** Labor Program Member means a non-RN healthcare professional who is a member in good standing of the Labor Program. ■

MNA preliminary ballot for 2004

The following positions are available for the MNA's 2004 election cycle:

- Vice President, Labor—1 for 2 years
- Treasurer, Labor—1 for 2 years
- Director, Region, Labor—5 for 2 years (one per Region)
- Director At-Large, Labor—3 for 2 years
- Director At-Large, General—4 for 2 years
- Nominations Committee—5 for 2 years (one per Region)
- Bylaws Committee—5 for 2 years (one per Region)
- Congress on Nursing Practice—6 for 2 years
- Congress on Health Policy & Legislation—6 for 2 years
- Congress on Health & Safety—6 for 2 years
- Center for Nursing Ethics & Human Rights—2 for 2 years

To run for an available position, see the consent-to-serve form on Page 8. ■

Consent-to-serve for the MNA Regional Council

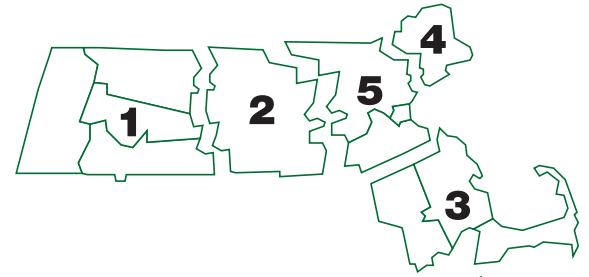
I am interested in active participation in the MNA Regional Council

At-large position in Regional Council

I am a member of Regional Council

Region 1 Region 2 Region 3 Region 4 Region 5

General members, labor members and labor program members are eligible to run. General means an MNA member in good standing & does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN healthcare professional who is a member in good standing of the labor program



Please type or print — Do not abbreviate

Name & credentials _____
(as you wish them to appear in candidate biography)

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)

MNA Offices	Regional Council Offices

Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Final Ballot: June 15

Return completed forms to the president of your specific Regional Council:

Region 1: Patricia Healey, MNA Region 1, 243 King Street, Northampton, MA 01060

Region 2: Jeannine Williams, MNA Region 2, 193 Boylston Street, Suite E, West Boylston, MA 01583

Region 3: Beth Piknick, 449 Route 130, Sandwich, MA 02563

Region 4: Catherine Evlog, 16 Dow Street, Saugus, MA 01906

Region 5: Cecilia Buckley, MNA Region 5, 340 Turnpike Street, Canton, MA 02021



MNA CONTINUING EDUCATION COURSES

Your source for career training and advancement

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.

Date May 18, 2004

Time 5–9 p.m.

Speaker Carol Mallia RN, MSN

Place Crowne Plaza Hotel, Pittsfield

Contact To register, call Jamie Jenkins, 413-584-4607

Psychophysiology of Mind/Body Healing

Description This program, “Psychophysiology of Mind/Body Healing: Placebos and Miracles,” will provide nurses with evidence-based knowledge, in-depth information and insight into the whole person, based on a whole-health concept that is relationship centered.

Date May 19, 2004

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

Speaker Georgianna Donadio, D.C., M.Sc., Ph.D.; Founder and Director, The New England School of Whole Health Education

Contact hours* TBA

MNA contact Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

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

Date June 8, 2004

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 Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Managing Cardiac & Respiratory Emergencies



Description This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation, ABG interpretation and clinical management of respiratory distress will also be discussed.

Speaker Carol Mallia, RN, MSN

Date June 15, 2004

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

Place MNA Headquarters, Canton

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

Contact hours* 4.0

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

Interpreting Laboratory Values



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

Speaker Carol Mallia, RN, MSN

Date June 22, 2004

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

Acute Care Nursing: 3-Program Series



Acute Care Nursing: 3-Program Series: The MNA has grouped together the following courses at a significantly reduced rate: Wound Care—Dressing for Success (June 8); Managing Cardiac and Respiratory Emergencies (June 15); and Interpreting Laboratory Values (June 22). **Register for this three-program series and save \$20.** See course descriptions as listed above for details.

CONTINUING EDUCATION COURSE INFORMATION

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 the MNA contact person for the program 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. **In case of inclement weather**, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.

***Contact Hours** Continuing Education Contact Hours for all programs except “Advanced Cardiac Life Support” and “Anatomy of a Legal Nurse Consultant” are provided 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 and submit the evaluation.

Chemical Sensitivity Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

MNA

MASSACHUSETTS NURSES ASSOCIATION

Benefits Corner

Get more from life: Take advantage of T-Mobile

Exclusive to MNA members and their families! There are a wide variety of plans to choose from. All plans include one free month; T-Zones: 1Mb wireless Internet service; T-Zones service \$2.99/month; access to e-mail, stock quotes, the Yellow Pages, sports scores, downloads and more.

- Free activation (\$35 value)
- Free phones (each phone includes a hands-free ear piece and wall charger)
- All plans include free nationwide long distance and roaming, caller ID, call waiting, call forwarding, conference calling, built-in paging and voice mail
- Family-time pooling plans are available, with unlimited mobile-to-mobile
- Most plans also have nationwide "whenever" minutes, unlimited weekends and free nights.

For more information, call Patti at 508-369-2200. ■

MNA membership dues deductibility 2003

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

District	Amount	Percent
Region 1	\$17.20	4.9%
Region 2/3	\$17.20	5.0%
Region 4	\$17.20	4.8%
Region 5	\$17.20	4.7%
State Chapter	\$19.34	5.2%



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

- ✓ **Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**
- ✓ **Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**
- ✓ **Would you appreciate the aid of a nurse who understands recovery and wants to help?**

**CALL THE MNA
PEER ASSISTANCE PROGRAM**

ALL INFORMATION IS CONFIDENTIAL
781-821-4625, EXT. 755
OR 800-882-2056 (IN MASS ONLY)
WWW.PEERASSISTANCE.COM

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

BOSTON METROPOLITAN AREA

- Bournwood Hospital: Health Care Professionals Support Group
300 South St., Brookline
Contact: Donna White or Gail Shaw, 617-469-0300, x305
Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital
DeMarmeffe Building, Room 116
Contact: LeRoy Kelly, 508-881-3192
Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy
1354 Hancock Street, Suite 209, Quincy
Contact: Terri O'Brien, 781-340-0405
Meets: Tuesdays, 5:30 p.m., Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Health care Professional Support Group
Caritas Norwood Hospital, Norwood
Contact: Jacqueline Sitte, 781-341-2100
Meets: Thursdays, 7–8:30 p.m.

CENTRAL MASSACHUSETTS

- Professional Nurses Group
University of Massachusetts Medical Center
107 Lincoln Street, Worcester
Contacts: Laurie, 508-853-0517
Carole, 978-568-1995
Meets: Mondays, 6–7 p.m.

NORTHERN MASSACHUSETTS

- Baldpate Hospital
Bungalow 1, Baldpate Road, Georgetown
Facilitator: Joyce Arlen, 978-352-2131, x19
Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group
Center for Addiction Behavior
27 Salem Street, Salem
Contact: Jacqueline Lyons, 978-697-2733
Meets: Mondays, 6–7 p.m.
- Partnership Recovery Services
121 Myrtle Street, Melrose
Contact: Jay O'Neil, 781-979-0262
Meets: Sundays 6:30–7:30 p.m.

WESTERN MASSACHUSETTS

- Professionals in Recovery
Baystate VNAH/EAP Building, Room 135
50 Maple St., Springfield
Contact: Marge Babkiewicz, 413-794-4354
Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
Franklin Hospital Lecture Room A, Greenfield
Contacts: Wayne Gavryck, 413-774-2351
Elliott Smolensky, 413-774-2871
Meets: Wednesdays, 7–8 p.m.

SOUTHERN MASSACHUSETTS

- PRN Group
Pembroke Hospital
199 Oak Street, Staff Dining Room, Pembroke
Contact: Sharon Day, 508-375-6227
Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group
St. Luke's Hospital, New Bedford
88 Faunce Corner Road
Meets: Thursdays, 7–8:30 p.m.

OTHER AREAS

- Maguire Road Group
For those employed at Private Health Care Systems
Contact: John William, 508-834-7036
Meets: Mondays
- Nurses for Nurses Group
Hartford, Conn.
Contacts: Joan, 203-623-3261
Debbie, 203-871-906
Rick, 203-237-1199
Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group
Ray Conference Center,
345 Blackstone Blvd., Providence, R.I.
Contact: Sharon Goldstein, 800-445-1195
Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group
Veteran's Administration Hospital
5th Floor Lounge (take a right off of the elevators)
Manchester, N.H.
Contacts: Diede M., 603-647-8852
Sandy, 603-666-6482
Meets: Tuesdays, 7–8:30 p.m.

For additional Peer Assistance and help call The MNA Peer Assistance Program

All information is confidential
781-821-4625 or 800-882-2056 (in Mass. only)
www.peerassistance.com



MNA

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

MNF announces June 1 deadline for nursing scholarships

The Massachusetts Nurses Foundation (MNF) is a non-profit organization whose mission is to support scholarship and research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses, and it provides scholarships and grants to nurses and nursing students in an effort to meet this goal.

This year's MNF scholarship opportunities include:

Carol Flyzik Scholarship

This new \$1,000 scholarship was established by the Hale Hospital Professional Nurses Unit in memory of Carol Flyzik, RN, former Hale Hospital Emergency Room Nurse and MNA member, who was a victim of the tragic events of September 11.

The \$1,000 scholarship will be awarded to a student—entry level or practicing RN—who is pursuing an associate's degree or bachelor's degree in nursing. Preference will be given first to students living or working in the *Merrimack Valley area, and then to other areas of MNA's Region 4. If the applicant is a practicing RN who is pursuing a bachelor's degree, she/he must be an MNA member. In the event that no applicants meet the geographic criteria listed above, the scholarship will be awarded to a deserving candidate who meets all other criteria as determined by the MNF scholarship committee.

*The Merrimack Valley consists of Lawrence, Haverhill, Bradford, Georgetown, Groveland, Methuen, Merrimac, Andover and North Andover.

Janet Dunphy Scholarship

This scholarship is given annually to an MNA member who is active in Region 5 and who is pursuing a B.S., M.S. or doctoral degree. Awards include:

- One \$2,000 scholarship for an active member in Region 5 pursuing a B.S. in nursing
- One \$1,500 scholarship for an active member in Region 5 pursuing a M.S. in nursing
- One \$1,500 scholarship for an active member in Region 5 pursuing a doctoral degree

Region 5 Scholarship

Funded by Region 5, \$5,000 in scholarship monies will be given to active MNA members from the same region. Awards include:

- Two \$1,000 scholarships for students who are pursuing nursing degrees and who are also sons or daughters of Region 5 members
- One \$1,000 scholarship for a Region 5 members' significant other/spouse who is pursuing a nursing degree
- Two \$1,000 scholarships for students who are pursuing a higher education degree and who are also sons or daughters of a Region 5 member

Region 4 Scholarship

Funded by Region 4, this \$500 scholarship is given to an active Region 4 MNA member to assist with his/her studies for a bachelor's, master's or doctoral degree in nursing.

Region 3 Scholarship

Funded by Region 3, \$10,000 in scholarship money is being offered to an MNA member active in Region 3.

Region 2 Scholarship

Funded by Region 2, one \$1,000 scholarship is being offered to a family member of an active MNA member in Region 2 who is attending nursing school.

Labor Relations Scholarship

Two \$1,000 scholarships are funded annually by a grant established by the MNA. This scholarship is for an RN or health care professional who is also an MNA member. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field.

Unit 7 Scholarship

Funded by Unit 7, two \$1,000 scholarships are being offered to members of the Unit 7 State Chapter of Health Care Professionals who are pursuing degrees in higher education. One scholarship will be awarded to a registered nurse, and the other will be awarded to a health care professional.

Worcester City Hospital Aid Society Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Faulkner Hospital School of Nursing Alumni Association Scholarship

This scholarship may be available for the 2004 scholarship season; details to be announced.

Scholarship details and deadlines

For more information or to request a scholarship application, call the MNF at 781-830-5745. Please be sure to mention which scholarship you are applying for.

Applications also can be downloaded from the MNA's Web site at www.massnurses.org/oppor/awards/scholarpage.htm.

Scholarship applications must be post-marked no later than June 1 and should be sent to: Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. All scholarships, unless otherwise noted, will be awarded at the MNA's annual awards banquet in October. ■

Donations needed for MNF Annual Auction!

The Massachusetts Nurses Foundation is preparing for its 21st 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.

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

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Join the 2004 MNA Convention Committee

MNA members who are interested in helping plan a dynamic annual meeting for the membership are invited to serve on the organization's 2004 Convention Committee

Criteria for joining the committee:

- Must be an MNA member
- Must be able to attend approximately five group meetings per year (generally held between 5:30 and 7:30 p.m. at MNA headquarters)

For more information, contact Dorothy McCabe at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

Wellness Nurses

Health Promotion Affiliates needs per diem nurses throughout the state to conduct wellness screenings and flu clinics at corporations. M-F, during the workday. Average clinic is 2-4 hours. Ideal for nurses who need flexibility and enjoy low stress work with healthy employees. Looking for dependable, punctual, and pleasant individuals. Supplies are picked-up at Needham office.

Call Richard Rotondo
781-449-2233

Join the Bargaining Unit Challenge MNF Golf Tournament Brookmeadow Country Club Thursday, JUNE 24 Canton, Massachusetts

- ◎ Compete in the Bargaining Unit Challenge - an award will be given to the unit with the best score!
- ◎ Cash Awards & Prizes for Men's, Women's & Mixed.
- ◎ Hole-In-One Prizes!
- ◎ Raffle and Awards!

FOR MORE INFORMATION OR
TO REGISTER A FOURSOME
781-830-5745

A great way
to raise funds
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MNA Member Benefits Save You Money

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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.

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LOWELL: JAMES L. CONNEY INSURANCE AGENCY978 459-0505
WOBURN: LENNON INSURANCE AGENCY781-937-0050
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Save up to 6 percent on Massachusetts auto rates; 12 percent account credit for homeowners when we write your auto policy.

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MNA members receive free phone with activation, free nationwide long distance & roaming and free nights & weekends (on specific plans). No activation fee for MNA members.

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Obtain an MNA Discount card to receive 15% discount on automobile products & services.

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MASS BUYING POWER.....866-271-2196
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit www.massbuy.com for any new products and services. Log in as a group member (sign-in name: MBP, 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.

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COMFORT CRAFTED OIL BUYING NETWORK800-649-7473
Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS

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.

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MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

HEALTH CARE APPAREL

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

Travel & Leisure

SIX FLAGS NEW ENGLAND

MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Save \$18 per ticket by purchasing discount admission tickets to Six Flags in Agawam ahead of time directly from MNA. Tickets are only \$22 and can be used throughout the 2004 season. Offer is good while supplies last.

HERTZ CAR RENTAL DISCOUNT

HERTZ800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

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MNA MEMBERSHIP DEPARTMENT800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

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

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

CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

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Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

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 our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726. All benefits and discounts are subject to change.

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

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- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
- Single & Multifamily Homes
- Second Homes
- Condos
- No money down
- Investment Properties

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

MNA
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CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3



*It's not too late!***Join the MNA's tour of Northern Italy—May 26 to June 3**

The MNA, in partnership with Durgan Travel, is offering a five-star, affordable tour of Northern Italy during the week of May 26 to June 3—and it isn't too late to join in the adventure!

Priced at \$1,599 per person, this all-inclusive trip includes air, transfers, hotel and all meals, as well as daily guided excursions to world-famous destinations. There are a limited number of seats still available, so anyone interested in relaxing in this resort area should sign up quickly. Travelers do not need to be MNA members or nurses to join the tour.

This spectacular vacation will take you to one of the most beautiful regions of Italy. The town of Limone on Lake Garda will be your home-away-from-home for the week, and you will stay in a mountain-side hotel overlooking the lake and mountain range of the Italian Alps. With three pools, garden terraces and breath-taking views, you are sure to forget about all of the stresses that you left behind in the States.

From the moment you step on the plane, your needs will be anticipated and carefully planned for so that you can focus your attention on enjoying the beautiful countryside of Northern Italy. As one of our former passengers stated, "Nurses work so hard, it is nice to treat ourselves to a vacation where someone else has planned out all the details."

People traveling on this tour will stay at one hotel for the entire week and then take daily trips out to various destinations. Daily tours will include: an excursion around Lake Garda, the largest lake in Italy; a visit to Desenzano, a picturesque small town on the south west portion of the lake known as a navigational port because of its protected harbor; and a tour to the peninsula town of Sirmione where you'll take a speed boat to the Scaligero Castle.

The city of Milan, the world's fashion capital, will be another highlight of the trip. You will enjoy a narrated, panoramic tour of the city and will stop to visit the Duomo—the largest Gothic Cathedral in Italy and the

Church of Santa Maria Della Grazie, the 15th century renaissance church that houses Da Vinci's "The Last Supper."

If Venice is on your list of places to see, then this trip is for you. This unique metropolis was built on 118 small islands, and countless canals and bridges connect this one-of-a-kind destination. After a boat trip along the Grand Canal you will meet your local guide in St. Marks Square, the heart of Venice. You'll enjoy lunch in an open café, and be escorted to your next adventure—a traditional gondola boat trip through the narrow canals of Venice.

Innsbruck, Austria will be another one of your exciting destinations on this trip. After an early start one morning, you will head through the Adige Valley and the Isarco Valley to see the spectacular Brenner Pass. You will tour the Imperial Palace, and after some free time for shopping you will board the motor coach and head back to Lake Gardato to tour the Dolomites. En route to your hotel, you will visit the quaint ski village of Ortisei.

Another amazing destination on your tour will be Verona, the setting of Shakespeare's "Romeo and Juliet." A local guide will point out all of Verona's famous sights and will explain the area's history. After some free time for exploring, you will re-board the motor coach and head to the city of Padua to visit the Basilica of St. Anthony.

If you would like to be part of this MNA/Durgan Travel tours, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org. ■



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**Joslin
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MNA announces

More Exciting Group Travel Trips

Northern Italy lakes tour: \$1,599*

May 26–June 3, 2004

Back by popular demand, the MNA is offering this nine day/seven night, all-inclusive tour of Italy. This trip will feature Innsbruck Austria and the Italian cities of Venice, Trento, Milan, Verona, and Padua as well as the wonderful village towns in the famous Lake Garda Region. During this tour we will visit the Imperial Palace in Innsbruck, the Dolomites, the Brenner Pass, the Duomo in Milan, and see Leonardo da Vinci's famous painting of the "Last Supper." You will also tour the Grand Canal to St. Marks Square in Venice, visit the setting for Shakespeare's "Romeo and Juliet" and tour the university city of Padua. Air, transfers, hotel and all meals are included in this wonderful tour.



Taormina, Sicily tour: \$1,569*

Oct. 27–Nov. 4, or Oct. 28–Nov. 5, 2004

Taormina—a world class resort area situated on the east coast of Sicily—was rated by a *Travel and Leisure* magazine readers' poll to be the number one destination in Europe. This nine day/seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east coast of Sicily to Messina. Air, transfers, hotel and all meals are included in this wonderful tour.



Reserve Early, Space is Limited

*Prices listed are per person, double occupancy based on check purchase.

Applicable departure taxes are not included in the listed prices above.

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

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the Safe RN Staffing Bill**

