A loud, visible voice for nursing

Boston: Calling on Romney to be ‘fair to those who care’

Hundreds of state-employed RNs and health care professionals (Unit 7 members) rallied in front of the State House on Oct. 26 to tell Governor Romney that it’s time to “be fair to those who care.”

The call to Romney came on the 849th day that Unit 7 members had been working without a contract, and they came out in force—making a strong showing in support of a fair contract that would improve the recruitment and retention of the professional staff needed to properly care for the state’s most vulnerable residents, including disabled veterans and the mentally ill and retarded.

As the sprawling picket line curled its way back and fourth on the Beacon Hill sidewalk, supporters waved signs telling Romney to bring an end to the stalled contract talks and chanted “Hey! Ho! Romney’s got to go!”

The Oct. 26 rally was the second event of its kind in as many months, and it was part of an ongoing effort by state-employed RNs and health professionals to achieve a fair contract. “The MNA is committed to stepping up efforts to pressure the Romney administration to do the right thing,” said Bill Fyle, RN and president of MNA’s Unit 7. “Governor Romney needs to negotiate a fair contract for our union now. The safety net that’s been in place for the state’s most vulnerable patients is deteriorating under these conditions and patients are suffering as a result.”

Other Unit 7 members were quick to expand on Fyle’s key points. “We have continued to work under difficult conditions, and have proven we are dedicated to doing everything we can to provide our patients with excellent care—including asking for the adequate resources to improve that care,” said Karen Coughlin, an RN at Taunton State Hospital and a member of both the MNA and Unit 7 Boards. “It is time for Governor Romney and Lieutenant Governor Healey to acknowledge that budget cuts and the delay in providing us with a contract have resulted in their inability to provide safe and adequate staffing in their facilities. Their support is needed now.”

See Unit 7, Page 4

Worcester: Picketing a sham symposium

Hundreds of Unit 7 members and supporters picketed in front of the State House on Oct. 26 to say that 849 days without a contract has been enough.

The MNA, along with nearly 100 nurses, community leaders and labor members from throughout central Massachusetts, conducted an Oct. 28 demonstration outside what was billed as a “symposium” on competing measures to deal with the state’s in-hospital nursing crisis.

The event was co-sponsored by state Sen. Richard Moore (D-Uxbridge) and Worcester-based Becker College. The MNA was originally invited by both parties to participate in the “nurse workforce symposium,” but it rejected the invitation to participate—calling it a “sham” created by Moore, the Massachusetts Hospital Association and UMass Memorial Health Care as part of their campaign to derail legislation that would require hospitals to provide safe RN-to-patient ratios as a means of protecting patients and improving the quality of patient care in the state’s hospitals.

In a letter to Becker College President Kenneth Zirkle, Julie Pinkham, RN and the MNA’s executive director, wrote, “Instead of participating in the event inside the college, members and supporters of the MNA will picket the event and hold a rally on the street.”

See Symposium, Page 5

The two-question quiz every RN needs to take

Your license might depend on it

By Dorothy McCabe, RN, MS, M.Ed
MNA’s Director of Nursing

Question 1: Do you have your own individual professional liability insurance?
Yes ☐ No ☐

Question 2: Do you really need individual professional liability insurance?
Yes ☐ No ☐

If you answered yes to the first question, congratulations are in order. You’re on the right path to protecting yourself, your livelihood and your license.

If you answered no to either of these questions, the remainder of this article should be mandatory reading.

Mandatory quiz: why now?

Over the past month—that’s a mere 30 days—five MNA members were reported to the Board of Nursing for an adverse medical event. That may not be enough reports in a short enough amount of time to label the occurrences a trend, but it was enough to get the attention of the MNA.

As a result, it was decided that a crash-course in individual, professional liability insurance would go a long way for MNA members.

You’re reported: now what?

In responding to a nurse who has had a complaint against her license, the first question the MNA will ask is “Do you have malpractice insurance?” Depending on the answer, the next statement won’t be specific to the details of the incident, but rather, “You need to obtain legal counsel now.” Here’s why:

1. Legal counsel will assist you in preparing the documents that are requested by the Board of Nursing.
2. Legal counsel will help you negotiate the steps that will be taken by the Board of Nursing following the complaint.

See Quiz, Page 10

Attention Unit 7!

We’re turning up the heat on our contract negotiations with the state.

Check your mailbox soon for a hard-hitting petition that can be used to garner public support for Unit 7’s fight. For up-to-the-minute information on negotiations, visit www.savestateservices.com

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

November/December 2005

Inside...

Single-payer health care: One RN’s journey through the years of health care changes .....2

President’s column: Class-blind health care ..........3

MNA on Beacon Hill: Leading the way in health care advocacy ..........5

Mass Nurses PAC .................5

Labor Education: Internet monitoring ..........6

Bargaining unit updates ..........7

MNA annual award winners .....8-9

Health & Safety: MassCOSH guide .............10

Needlestick injuries .............10

MNA Convention photos ........12

Travel with MNA ...............13

Continuing education ..........14-15

Member discounts ...............16

Medical mission wish list ..........17

Peer group support ...............17

See Quiz, Page 10
The following testimony was presented by Sandy Eaton at a recent congressional hearing at Faneuil Hall in Boston that was part of a country-wide series called for by Congressman John Conyers (D-MI) and the single-payer caucus. The aim of the series was to receive testimony on the state of health care in the country and to build support for HR.676—the Medicare for All—bill in preparation for the 2006 congressional elections.

There were three panels of testifiers, each on access, cost and quality. This testimony was given as part of the panel on quality.

My name is Sandy Eaton. I reside in Quincy, Mass., and I work as a staff nurse in critical care at the Quincy Medical Center. I've been a registered nurse since 1981, and I’ve worked at the bedside in one capacity or another for over 40 years. I’ve seen it all, at least in the acute care sector here in Massachusetts.

I also happen to be the secretary of the Massachusetts Nurses Association; the chair of MASS-CARE, the Massachusetts Campaign for Medical Safety; and the treasurer of the former Ad Hoc Committee to Defend Health Care, a regional group which is now experiencing its third lifeline in ten years.

Formerly the Ad Hoc Committee to Defend Health Care was an expression of nurses and other concerned citizens in Massachusetts to block mandatory overtime. In 1994, we launched the Statewide Campaign for Safe Care, alerting our colleagues and the public of the pattern of devastation that was emerging everywhere. We formulated a legislative package, the centerpiece of which was our attempt to legislate safe staffing norms. Even this first mild piece of legislation was sneeringly referred to by legislators and trade journal editors as "ad hoc." No one thought that care should be random or disorganized, but care increasingly became managed by bean counters and profit-oriented hospitals—which were with their acute and critical-care services and emergency departures—hadn’t.

On Dec. 7, 1993 the first of the mega-mergers took place with the announcement of the formation of Partners Healthcare, which brought Brigham & Women’s Hospital and Massachusetts General Hospital together. In 1995 for-profit, acute-care hospital chains finally found who was in charge of us, even when we had to tell them about their disease processes, tests, treatments, medications; and when we had to tell them what to expect and what to do at home.

In 2003, however, the Institute of Medicine reported to Congress and the public that 98,000 people die each year of medical errors in the nation’s hospitals. Far more people die from medical mistakes each year than they do from highway accidents, breast cancer or AIDS.

That same year the Massachusetts Department of Public Health reported a 76 percent increase over the prior seven years in the number of medical errors, patient falls, complications and complaints by Massachusetts hospital patients, with the majority of complaints related to the quality of nursing care.

Today you take your life in your hands when you gain access to this dysfunctional health care system. You’re no longer a person, but a widget on an assembly line. Why? You may rightly ask, has happened to let things get so bad? In order to cut labor costs in 1988, Boston University Medical Center and Quincy City Hospital (QCH) brought in job reengineering consultants, who redefined nursing as a laundry list of tasks to be performed—many of which could be delegated to unlicensed personnel. QCH experienced a massive layoff in 1989 and, when the dust settled, the typical nurse on a medical/surgical unit wound up caring for at least eight patients, assisted by a nursing technician. This became a statewide, and nation-wide, trend.

Also in the late ’80s, the privatization of state health care facilities began during the Dukakis administration. This trend toward privatization reached a fever pitch under Governors Weld and Cellucci, extending to county and municipal facilities as well. The newly rebuild Boston City Hospital was privatized in 1996 and turned over to the BU Medical Center to form the Boston Medical Center. Most county hospitals were sold to for-profit specialty chains.

It all started with patients who had been sent out of rehab and found nowhere to go. We found out later, having been sent to another hospital with facilities to care for her properly. Later I was spoken to, both by my supervisor for daring to call the MD and by the infection control nurse for being careless in getting stuck. My patient turned out to be negative for hepatitis and HIV, but the added stress was welcoming. Too many of my colleagues have been infected under such circumstances.

As the system began to unravel in the early ’90s, nursing administrators were fond of telling us to “shift our paradigm,” to adapt to the brave new world of managed care and competition for market share. We were assured that there were many roles for us to play in the managed care bureaucracy, or perhaps in advanced practice roles or in “lead ership” if we went on for graduate degrees. Organized nursing in Massachusetts did not shift its paradigm. We fought back.

In June 1993, RNs, LPNs and student nurses held the first of many rallies for patient safety on the steps of the State House in Boston. In September 1994, we launched the Statewide Campaign for Safe Care, alerting our colleagues and the public of the pattern of devastation that was emerging everywhere. We formulated a legislative package, the centerpiece of which was our attempt to legislate safe staffing norms. Even this first mild piece of legislation was sneeringly referred to by representatives of the industry as “the full employment act for nurses.” How dare we moonlight in our house, in our role as patient advocates, to try to improve the system of care delivered to our patients.

We also pushed for safe staffing across the bargaining table and in the streets. In 2000 the newly organized MNA bargaining unit at Saint Vincent’s Hospital in Worcester went on strike for 49 days against the Tenet Corporation—the second-largest for-profit chain in the world—to block mandatory overtime. In 2001, the nurses of Brockton Hospital went on strike for 103 days because the CEO refused to allow language in the contract promising a good-faith effort to staff safely, thus blowing a $6 million surplus and a chance to become a regional heart center. The Ad Hoc Committee and MNA were with them right from the start.

And we vigorously support S.755, An Act to Establish the Massachusetts Health Care Trust, as the way to realize the right to quality health care for all who reside here. Although the frontline nurses of Massachusetts have been reengineered, laid off, sped up, deregulated, privatized, merged and managed, we remain unwounded and committed to the fundamental change we all cry out for. In the fall of 1993, the motion to adopt a single-payer universal healthcare system lost by two votes at convention, amid calls to unite around the Clinton fiasco. In the fall of 1994, the motion to support single-payer won almost by acclamation. The Massachusetts Nurses Association has supplied cadre and cash to MASS-CARE ever since.

When, in 1997, many physicians finally felt enough pressure by organized patient advocacy to urge unregulated hospital and managed care bureaucrats which rendered them unable to follow their best clinical judgment in caring for their patients, their rebellion took the form of a reenactment of the Boston Tea Party with the jettisoning of insurance forms into Boston Harbor; the publishing in the Journal of the American Medical Association of the “Call to Action: For Our Patients, Not for Profits,” and a stirring teach-in on the evils of market medicine right here in Faneuil Hall.

Nurses were with them right from the start at this birth of the Ad Hoc Committee to Defend Health Care, in all disciplines and our patients needed to be involved in any winning movement for change.

This impetus continued into the 2000 General Election, with the placement on the ballot of Question 5, which aimed to establish a bill of rights for patients and providers, to set a date certain by which the legislature must establish a universal health care system in the commonwealth (that date being July 1, 2002), and to set a moratorium on any further conversions of health care entities into for-profits until the universal system was established.

Organized nursing in Massachusetts stayed the course with Question 5, which came within four percentage points of winning, being outspent 5-to-1, even after the coalition split over the legislature’s partial enactment of its demands.

The Ad Hoc Committee and MNA were the first two groups to endorse the campaign to amend the Massachusetts constitution in order to make health care a right for all residents. We see a universal system of health care as the best matrix in which to eliminate disparities in care and in which to win the fight for a safe patient environment. But we realize that we cannot wait for that universal system in order to fight for equality of access and for patient safety.

MNA and over 90 other patient advocacy groups are vigorously pushing for the passage of H.2663, which will create a flexible system of enforceable, minimum RN-to-patient ratios in all acute-care hospital settings, with a standard acuity system for improving staffing as patient conditions warrant, without reducing vital support staff, without mandatory overtime, and without floating into unfamiliar territory.

And we vigorously support S.755, An Act to Establish the Massachusetts Health Care Trust, as the way to realize the right to quality health care for all who reside here.
President’s column

Illness is class blind, and so too should be our health care system

By Beth Piknick, RN
MNA president

The following article was submitted to the Boston Globe in early November as an opinion editorial.

It is encouraging to see the effort and focus of the current legislative debate to expand health insurance coverage. Clearly, the reality of citizens falling through the cracks of our increasingly dysfunctional health care system must be addressed.

As an organization that represents over 23,000 front-line nurses, our members understand the true and devastating cost we pay as a society when we allow more than half a million of our fellow residents to go without health care coverage. We see the patients flooding our emergency departments because they have no access to adequate primary care. We also see the devastating effects on the underinsured, with patients spending days in the hospital for preventable complications of their condition simply because they couldn’t afford the medicines or treatments needed to control their illness. Why? Because those treatments are not covered by their insurance.

As a union representing employees of the health care industry, we watch as more of our members’ compensation goes toward maintaining health coverage.

As nurses, we are committed to working with and supporting any process that expands access to health care for all of our citizens. The work being done now on Beacon Hill is important and commendable, yet it must be seen for what it is: an expansion of an already dysfunctional health care system.

The current proposals only expand the current dysfunctional health insurance labyrinth where how much you make, your employment status and how many hours you work are the criteria used to place you in one of the many different forms of health coverage. There is no doubt that the proposals being debated now would be beneficial in the short term to those most in need of health services who, without immediate action, will continue to fall through the cracks. Yet we must admit that while the current proposals are laudable, they will only expand the current dysfunctional health insurance labyrinth where how much you make, your employment status, and how many hours you work are the criteria used to place you in one of the many different forms of health coverage—each of which has its own set of rules on how you may access the health system, as well as the amount of out-of-pocket expenses you are required to pay.

Any solution to this crisis that relies on maintaining a variety of different plans with different criteria for access and coverage will only further exacerbate a system bloated with administrative bureaucracy—a system that needlessly squanders nearly one-third of every health care dollar on administration.

But the fact is that illness has no respect for your employment status. Whether you are employed and how “well” you are employed are not fair or just determinants of whether you and your family can access appropriate, comprehensive health care.

That is why the Massachusetts Nurses Association is a strong supporter of a campaign to enact a pending constitutional amendment that would make access to comprehensive health care the right of every citizen in the commonwealth. Passage of this amendment will help ensure that any legislative gains that are to be made on this issue in the coming months will be secured, while also calling upon the Legislature to continue the real work to assure equal, affordable access to comprehensive health care for everyone in our state. Because as illness is blind to class, so too should be our health care system.

MNA, colleagues mourn passing of Newton nurse Kathleen Berman

Kathleen Berman, an active MNA member and an outstanding public health nurse with the city of Newton, passed away unexpectedly on Sept. 22 from a brain aneurysm. She was 51.

Mrs. Berman graduated from the University of Massachusetts at Amherst in 1976 and earned a master’s degree in psychiatric nursing from Boston College in 1978. Shortly thereafter, she began a career in nursing. She spent about 25 years at Beth Israel Hospital, where she eventually became nurse-manager of the hospital’s psychiatric unit.

In recent years, Mrs. Berman worked as a nurse at the Ward Elementary School in Newton. She was instrumental in helping her MNA bargaining unit, the Newton Public Health nurses, negotiate and settle their 2002 contract with the city’s health department.

Mrs. Berman’s contributions to nursing, the MNA and the city of Newton were invaluable. Those who knew her and had the opportunity to work with her will celebrate those contributions in honor of her joyful and purpose-filled life.

MNA HOODED SWEATSHIRTS NOW ON SALE

New MNA hooded sweatshirts are now available.

Gray, hooded sweatshirts of cotton/poly blend are excellent quality and feature the MNA logo on the chest and across the back.
Nursing on Beacon Hill: Legislative Update

...Unit 7

From Page 1
decisions have left us unable to provide the care that we so desperately try to give to our clients.”

Sens. Marc Pacheco (D-Taunton) and Edward Augustus (D-Worcester), as well as Rep. Peter Koutoujian (D-Waltham), also attended the rally. Each vowed to support the Unit 7 members in their fight for a fair contract.

Attention Unit 7!

We're turning up the heat on our contract negotiations with the state.

Check your mailboxes soon for a hard-hitting petition that can be used to garner public support for Unit 7's fight. For up-to-the-minute information on negotiations, visit www.savestateservices.com

Following the rally, the group moved inside the State House for an impromptu meeting with Romney—although a staff member from his office quickly informed the burgeoning group that they would need to follow the proper procedures in order to secure a meeting.

The crowd remained outside of Romney’s office for about 20 minutes chanting, “Be fair to those who care,” and “Shame on you Mitt.”

As the stalled talks extended beyond 850 days, the MNA said it was committed to stepping up efforts to pressure the Romney administration to do the right thing and negotiate a fair contract.

Lindemann pickets for fair contract

Unit 7 members and friends at the E. Lindemann Mental Health Center in Boston recently picketed in front of the facility in order to call attention to the fact that they've been without a contract for more than 800 days. From left: Fidel Jones, Weymouth Atkinson, Cecil Pryce, Vincent Sweeney and Paul Pereira.

Rep. Ed Augustus (D-Worcester) walked the line and promised his support to Unit 7 members.

Rep. Peter Koutoujian (D-Waltham), chairman of the Joint Committee on Public Health, addresses the rally.

Karen Coughlin, an RN at Taunton State Hospital and a member of both the MNA and Unit 7 Board of Directors.
MNA president testifies at State House on safe patient handling bill

With three key hearings in one week, MNA again leads way in health care advocacy

The week of Oct. 31 proved to be an important one for MNA members, nurses and other health care advocates, as it gave them a key opportunity to educate state legislators on three issues that are of critical importance to nurses and the citizens of the commonwealth.

Assault on health care providers
On Nov. 1 the Joint Committee on Judiciary heard testimony on H. 684, An Act Relative to Assault and Battery on Health Care Providers. Currently only EMTs and ambulance drivers are covered under such a law, despite the fact that RNs are assaulted on the job at the same rate as police officers and prison guards.

This bill, sponsored by Rep. Michael Rodrigues (D-Westport) aims to make it a crime, punishable by up to two-and-a-half years in prison, to assault a registered nurse and/or other front-line health care professionals. The MNA filed this bill after one nurse member, who had been viciously attacked and beaten by a patient, was told by a court official that such treatment was “part of her job.”

Safe patient handling
On Nov. 2 the Joint Committee on Public Health heard testimony on H. 2662, An Act Relating to Safe Patient Handling in Certain Health Care Facilities. This bill, also filed by the MNA and sponsored by Rep. Jennifer Callahan (D-Sutton), would require hospitals to provide a system to assist nurses with safe patient handling in order to avoid injury. Recent studies show that nursing is the profession most associated with work-related muscular skeletal injuries, and that nearly 12 out of every 100 hospital-based nurses report work-related injuries (particularly back injuries). One-third of these nurses also reported that their injuries were directly connected to moving or lifting patients.

Beth Piknick, RN and president of the MNA, was among those who testified in the State House’s Gardner Auditorium. Piknick is also a victim of a debilitating back injury. “As an ICU nurse, I suffered a career-altering back injury,” said Piknick. “Two decades of lifting, transferring and moving patients resulted in major spinal fusion surgery to repair three discs in my back. The simple love of my profession was not enough to allow me to continue the type of bedside nursing I used to do.”

She went on to say that instituting a policy specific to this problem, as called for in H. 2662, is the key to protecting nurses and to reducing the system-wide costs that are spent on treating nurses who are debilitated by otherwise preventable muscular skeletal injuries.

Piknick has led the MNA’s efforts to address this issue in order to protect nurses throughout the commonwealth, and she has been personally involved in the process of moving H. 2662 through the State House.

The issue of safe patient handling has gained significant attention in recent months and years. Currently, four states—New York, Ohio, Texas and California—have enacted similar legislation.

Help for essential hospitals
On Nov. 2 the Joint Committee on Public Health also heard testimony on H. 2666, An Act Further Regulating Hospitals.

This bill, filed by Rep. Jim Marzilli (D-Arlington) and supported by the MNA, would give the state the legal authority to intervene and save any hospital that is deemed essential to the health of the community it serves.

The bill was proposed in response to a growing crisis in Massachusetts—where free-market, cut-throat competition endorsed and perpetrated by the hospital industry through deregulation over the last 15 years has led to the closure of more than 30 facilities. Sadly, many—if not most—of those facilities were deemed essential to the health of their communities.

Currently, hospitals slated for closure are only required to give notice to the public. DPH and, by extension, the state have no authority to intervene and protect the facility.

A case in point was the recent closure of Waltham Hospital. After notice was given of its pending closure, the DPH held public hearings and deemed the facility an essential service to the greater Waltham community. While the community rallied to keep it open, competing hospitals eventually worked to undermine the weakened facility and forced it to close.

Residents of Gloucester are in the midst of a similar fight as they work to keep open Addison Gilbert Hospital, which has been struggling to survive in the face of numerous attempts by its corporate owner to gut its services and force its closure. Under the terms proposed in H. 2666, Massachusetts would have legal authority to intervene and save Addison Gilbert Hospital if it found that is essential to the health of the greater Gloucester community.

...Symposium

From Page 1

outside the college in order to tell the public what ‘real nurses’ know is true: that there must be a limit to the number of patients a nurse is assigned at one time.”

According to the MNA, “The Becker symposium was neither unbiased nor balanced. Instead, it was a forum aimed at supporting and disseminating the hospital industry’s position on this issue. Your co-sponsor and keynote speaker, Senator Richard Moore, serves as the lead sponsor and chief proponent of legislation filed by the hospital industry in opposition to RN-to-patient ratios.”

Central to the MNA’s criticism of the event was its highlighting of a controversial report generated by UMass Medical School at the request of Moore.

UMass Medical School is closely aligned with one of the state’s largest hospital networks—the UMass Memorial Health Care system, which includes the UMass Medical Center, UMass Memorial Hospital, and UMass Marlborough—all affiliates of the Massachusetts Hospital Association. According to the MNA this connection, along with Moore’s sponsorship of MHA’s legislation, created a clear conflict of interest and obviated any claim of objectivity by the study’s authors. “Regrettably, the report is a sham,” expanded Pinkham. “It contains glaring inaccuracies, and it lacks substantive data collection. It reads as though it was written by the MHA, as, in effect, it was.”

The MNA’s presence outside of Becker College on the morning of the symposium was strong, and for more than two hours a growing crowd of nurses and supporters walked the picket line that ran in front of the symposium’s entrance—many of them carrying signs that read, “No MOORE Stalling! Safe Ratios Now.” Members from other local unions and organizations also showed their support, including those from the Central Massachusetts Labor Council, the APW and the Steel Workers.

“We are here today to expose the cynical tactics of the hospital industry to maintain the dangerous status quo,” said MNA president Beth Piknick at the demonstration. “We call upon Senator Moore and all interested parties to stop the stalling and to begin negotiations on meaningful legislation to protect the safety of patients in our hospitals.”

Have a positive effect on the legislative policies that shape nursing

Join the Massachusetts Nurses PAC Board of Directors

The Massachusetts Nurses PAC is the political action committee for the Massachusetts Nurses Association.

• It allows nurses to become more involved and to have a stronger voice in shaping public policies that affect them.
• It helps to elect pro-nurse legislators, and to educate and mobilize the membership on political action.

The PAC has several vacancies for at-large members. You must be an MNA member in good standing to sit on the PAC Board of Directors in an at-large seat.

For a consent-to-serve form, please contact Martha Campbell at 781-830-5725 or via email at mcampbell@mnarn.org.
Internet monitoring at work and employee privacy

By Joe Twarog

Imagine this . . .

Mail that is addressed to you at work and marked “Confidential” is picked up by your supervisor. The nurse manager proceeds to open the letter and read the contents, then calls you into her office and disciplines you for sending the confidential letter about herself and the employer.

Sounds outrageous and improbable? It shouldn’t, because this—in effect—is what many employers are doing to employee’s electronic mail via electronic monitoring software. In fact, the marketing of spyware has become a burgeoning industry in itself. An International Data Corporation study predicts that corporations worldwide will spend $561 million in 2005 on internet filtering and monitoring software. New software products allow companies to monitor absolutely everything passing over their network, from emails to web site searches to instant messages, in any language without the end user’s knowledge.

In March 2005, the Boeing Co. board of directors fired its chief executive, Harry Stonecipher, after snooping through his email and discovering that he was having an affair with an employee of the company. His behavior was a direct violation of the rules of conduct that he himself had promoted, and that ironically cost him his job. However, it raises the basic issue of privacy at work. If a Fortune 500 company monitors the email of its own chief executive, you can be sure that such surveillance occurs in a workplace near you.

A few years ago, the New York Times Co. fired 22 employees in its Virginia business office for distributing potentially offensive email messages. And the Xerox Corp. fired 40 workers for surfing pornographic and shopping sites during work. Email has also been subpoenaed in court. The Enron investigation is an example of how email ended up in court, and as part of a congressional investigation.

Another twist in the employer’s justification for internet monitoring appeared in a recent article in BusinessWeek Online (“Don’t Be an Every Minute Manager,” by Liz Ryan, Sept. 15, 2005). Ryan pointed out that one of the current major obsessions of employers is employee internet usage. The focus of this article though was on the employer’s monitoring of how employee time is spent. She states that, “It’s not just the general appropriateness of your internet usage that’s an issue now. It’s where you spend every single online minute . . .”

So the electronic snooping seems to have added another excuse for what Ryan calls “the laziest way to manage”—that is, micro-managing time instead of understanding the nature of work and how to “lead the team to greatness.”

Big brother goes to work

Electronic surveillance is now the norm and not the exception. Stonecipher’s firing is a graphic reminder that one’s email at work is an open book. There is no secrecy for anyone who sends email or conducts internet searches while using a computer at work. A recent survey conducted by the American Management Association of 840 companies revealed that almost 63 percent use some sort of software to monitor employees’ email, both incoming and outgoing. That figure is up from 52 percent in 2003. Over 10 percent of these same companies also monitor instant messaging. Furthermore, the types of companies that are most likely to monitor email are financial institutions and health care providers.

The monitoring software is designed to look for specific words in emails that are considered to be red flags. Such software can also be customized for the particular type of business. Examples of the types of words that are such red flags include: porn, sex, easy money, boss, medication, patient record, meds, SSN, ID number and client file. Workers therefore, and especially nurses, should assume that their email is being monitored.

Moreover, email is very difficult to destroy. Simply “deleting” the document does not mean that it is gone forever. In fact, most electronic documents are backed up and are recoverable. Also, it is valuable to note that the use of a password does not protect in any way the “confidentiality” of internet usage, since spyware easily works around these. Remember, the employer has access to all of the passwords.

Little legal protection

There is not a great deal of law that directly addresses the issue of email and internet privacy. It is still in the evolving stages. Only two states, Connecticut and Delaware, have requirements that obligate employers to notify employees that their email is being monitored. Many Americans assume that the U.S. Constitution guarantees a right to privacy. However, those privacy rights found in the Bill of Rights only apply when the government is involved. Therefore, employees have no real right to privacy with their electronic communications in the workplace.

Employers’ views vs. employees’ rights

Employers, and hospitals in particular, will argue that the reason they monitor electronic communications is because of legal liability concerns and patient confidentiality, especially in light of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Companies also argue that it is a way to keep proprietary information from going out of the office electronically.

Yet employees assume that their private phone conversations and communications will not be monitored by the employer or anyone else. This is referred to as an employee’s “expectation of privacy.” However, the courts have generally held that employees should have no reasonable expectation of privacy where email messages are concerned. The law tends to the view that the employer owns the computer network and terminals and therefore is free to monitor how the equipment is used.

Courts have started to view the concept of the “reasonableness” of the monitoring as it pertains to the employer’s business as a determinant of its permissible behavior. In other words, did the employer have a reason to conduct internet monitoring that related to its work and its policies and/or was it investigating potentially illegal activity or suspected misconduct.

Therefore, employees have to be on-guard with all internet usage. Even sending innocuous jokes can be dangerous, because everyone does not share the same sense of humor.

The role of the union and possible contractual protections

Given all of the above, the union is once again the prime advocate and defender of workers’ rights and should demand to bargain over internet-monitoring policies. In addition, the National Labor Relations Board (NLRB) has been suggesting that the computer network is a “work area.” The NLRB has ruled that an employee’s email communication is “protected, concerted activity” in a case where the employer fired a worker for sending an email critical of the company’s vacation policy to other employees (Timekeeping Systems Inc. vs. Lemnower).

Some issues that a union could pursue through collective bargaining include:
• Annual (or bi-annual, or quarterly) notices to employees explaining the employer’s electronic-monitoring practices.
• An explanation on the type, purpose, location and provisions of data collection.
• The use of a “signal” to the employee to inform them that they are being monitored.
• Employee access to all personal data collected, with the right to dispute and delete inaccurate data.
• A ban on data collected that is unrelated to work.
• A limit on the monitoring to a “reasonableness standard” with specific work related reasons (patient privacy, investigation of potential misconduct or illegal activity).
• A right for the employee to act against the employer for invasion of their privacy as mutually defined.

Ignoring the issue will not make it go away. We will inevitably be faced with cases where this will be an issue of discipline and litigation. But if the union decides to pursue the issue at the bargaining table, it cannot simply drop it to achieve an agreement on other items. We need to get the employer off the hook and free to establish a policy on its own.
The MNA thanks you for your hurricane relief donations

The Massachusetts Nurses Association would like to thank all of those who have contributed supplies and/or monetary donations to aid our colleagues in the Gulf area following the recent natural disasters.

To date we have shipped well over 40 boxes of supplies, including scrubs, underwear, socks, toiletries, BP cuffs and stethoscopes, to Louisiana and Mississippi. The response from our bargaining units, regional councils, staff members and others has been exceptional and we thank you for your generosity.

The Louisiana State Nurses Association (LSNA) has asked that we hold off on sending more relief supplies until they can further assess the needs of their nurses affected by Katrina. We continue to be in contact with the LSNA and we plan to respond as needed to their supply requests.

In addition, we are working closely with an MNA member and Addison Gilbert ER nurse, Jeanine Burns, who has been volunteering in the Gulf area since early September. Burns is currently working in a Mississippi clinic in one of the areas hardest hit by Katrina. She will keep us informed of the supplies needed there and we will do our best to get them to her at the clinic.

Please monitor the MNA’s Web site at www.massnurses.org for updates on the hurricane relief efforts.

We would like to thank the following groups for their contributions to the MNA’s hurricane relief efforts:

- Beth Israel/Deaconess-OR nurses, West Campus
- Brockton Hospital nurses
- Carney nurses
- Chelmsford Board of Health nurses
- Faulkner nurses
- Nantucket Cottage Hospital nurses
- New England Medical Center nurses
- North Shore Medical Center nurses
- Massachusetts Association of Nurse Anesthetists
- Region 2 nurses
- Region 4 nurses
- Somerville Hospital nurses
- St. Elizabeth’s nurses
- St. Vincent’s nurses
- UMass Memorial
- UMass-University Campus

When they’re in a dangerous/emergency situation, and that is to call the Danvers Police Department. Bargaining unit representatives are currently looking into the possibility of involving OSHA.

Merrimack Valley Hospital

The MNA nurses have settled a two-year contract. Merrimack Valley Hospital. The emphasis was to get the appropriate step for experienced/senior nurses. In some instances, nurses with 25 years or more were improperly at steps six and seven of the schedule. Some nurses will receive five or six steps in this contract, plus two three-percent across-the-board increases. There are other benefits that were negotiated, including a procedure to challenge the step on which individual nurses were placed.

Security ~ Protection ~ Peace of Mind
Short-term disability for those working at least 20 hours per week

ISI NEW ENGLAND is the sponsored provider of short term disability insurance programs for the MNA. Coverage is now available for MNA members, and member spouses, who work 20 hours or more a week.

To receive information on this valuable benefit call ISI at 1-888-ISI-1959.
MNA annual awards: celebrating the work and dedication of nurses

ELAINE COONEY LABOR RELATIONS AWARD
Beth Amsler, Karen Coughlin, Carolyn Moore, Kathleen Reardon, Marilyn Rouette, Judith Smith-Goguen, Stephanie Stevens

The Elaine Cooney Labor Relations Award recognizes a labor relations program member who has made significant contributions to the professional, economic, and general welfare of nursing.

Beth Amsler is a staff nurse and nurse preceptor in the special care nursery at Baystate Medical Center Hospital, where she has been an active member of her MNA bargaining unit and negotiations committee. Amsler is considered a strong advocate for her peers in the workplace and her professional organization. She has outstanding neonatal clinical skills and is recognized for her expertise in managing neonatal nursing. She serves on the MNA's Congress on Nursing Practice and political action committee. Her superb communication skills and ability to listen not only enhance her effectiveness working with peers, patients and families, but are also highly instrumental in helping promote the work of these committees and their bargaining unit.

Karen Coughlin currently practices nursing in the Statewide Forensic Evaluation Unit at Taunton State Hospital, where she has worked for twenty-one years in a variety of positions and has served as an active member of her MNA collective bargaining unit. Coughlin has exhibited a strong commitment to the labor relations program as a member of the local labor management agreement committee; as secretary/treasurer of her local unit; and at the Unit 7 statewide level, as a nursing representative on the executive board and chairperson of its newsletter committee. She is an effective professional role model and a tireless advocate for patients and safe staffing. Her voice has been raised in the news media by speaking to advocacy groups and to government officials, as well as by articulating the need for safe staffing. Coughlin’s passion and unwavering commitment to nursing and patients has made an enormous difference at Taunton State Hospital.

Carolyn Moore is a staff nurse at Saint Vincent’s Hospital, where she is an active member of the collective bargaining unit. As co-chair she has enabled her bargaining unit to evolve to a higher level, achieving what she describes as “dramatic and positive change.” Her organizational skills are described as phenomenal and her effective style in dealing with her Hospital has been highly valued by both her colleagues and administration. She is committed to empowering her colleagues, encouraging members to take charge of issues affecting them. Her extraordinary ability to communicate with other health care providers and management is an important component of her effective leadership and strong presence felt throughout the hospital. Moore is politically active and advocates for patients and nurses.

Kathleen Reardon is a clinical leader in Caritas Norwood Hospital’s Emergency Department, where she has been an active member of her collective bargaining unit. Reardon played an important role in organizing the drive to bring MNA to Norwood Hospital in 1992, has been a member of the negotiating team since then, and was elected co-chair of the bargaining unit in 2001. During the 2002 contract negotiations, her dynamic leadership mobilized nurses to strategize and forcefully negotiate to achieve important gains for nurses and their families. She is an excellent clinical practitioner, skilled facilitator and effective communicator who is well respected by both colleagues and workers. Committed to moving nursing forward, she encourages and mentors new nurse members of the nurses’ committee at Norwood.

Marilyn Rouette has practiced nursing in the emergency center of Cape Cod Hospital for the past 10 years. She has been an active member in the collective bargaining unit since her employment at Cape Cod Hospital in 1984, serving on the negotiating team, as co-chair and for the past 10 years as chairperson. She has been stalwart in her support of nurses and collective bargaining efforts, engaging with three different administrations during her leadership, upholding the integrity of the contract and bringing forth new and important issues. Fearless in her belief that nursing is the most important element in patient care and safety, she has stood firm against any decisions that could potentially compromise patient care. Rouette serves on the MNA’s Regional Council 3 Board of Directors and has participated in the MNA’s activities to promote safe staffing.

Judith Smith-Goguen is a psychiatric staff nurse at the UMass Memorial Medical Center’s Adult Psychiatric Treatment Center. As an active member of the collective bargaining unit, she provides timely updates and education to members and has advocated for sick-time banks for nurses with catastrophic illness. She was appointed program chair of the supplemental time donation committee and enabled the reinstatement of a bank that included vacation and all accrued time. Smith-Goguen helped develop workplace violence task force establish an emergency protocol. She has the ability to listen to all reasons and logic and analyze without bias and prejudice. She was a strong advocate on the collective bargaining team and language that was acquired on workplace violence, staffing and restoration of a sick bank. Smith-Goguen was instrumental in helping the Central Massachusetts Labor Council obtain funds from UMMCC bargaining units for needy union families.

Stephanie Stevens, whose nursing career has spanned 34 years as an operating room nurse at Jordan Hospital. She has been active in the collective bargaining unit and instrumental as a labor leader in several capacities, including negotiator, chair and liaison to MNA’s cabinet on labor relations and Board of Directors. She has been involved in state wide and nationally in promoting union and nursing issues and her effectiveness is achieved through her tireless efforts, innovative nursing skills and strong advocacy. Stevens has served on the MNA’s Board of Directors; the Region 3 Board of Directors; the Massachusetts Nurses Foundation board; and currently is chairperson of the nominations and elections committee and the board’s policy committee. She has been an integral part of implementing the vision of the ‘new’ MNA. As an advocate for staff nurses and their patients, she has helped steer the organization into its staff nursing course. Stevens’ contributions to her bargaining unit and the MNA are real, significant, lasting and inspirational.

THE FRANK M. HYNES AWARD

The Frank M. Hynes Award recognizes the contributions of a deserving Massachusetts freshman state legislator or municipal official who clearly demonstrates exceptional contributions to nursing and health care.

Sen. Ed Augustus represents the 2nd Worcester District. He serves as chair of the Joint Election and Laws Committee and is a member of the Senate Ways and Means Committee. Augustus holds a master’s degree in government from Johns Hopkins University. He is a former official in the U.S. Department of Education in the Clinton administration, and he has a long history in advocating for nursing and health care issues. He assisted MNA members during the sale of St. Vincent’s Hospital and has been a resource for nurses engaged in contract negotiations at the UMass Medical Center. He is a co-sponsor of MNA’s safe staffing legislation.

State Rep. Jennifer Flanagan represents the 4th Worcester District. She holds a master’s degree in mental health counseling from Fitchburg State College. Flanagan is a member of the Joint Committees on Mental Health and Substance Abuse, Public Health and Labor and Workforce Development. She is described by her nominator as an advocate for school nurses in her district and throughout the Commonwealth on issues of health care, health care coverage and has testified many times on legislation supporting school nurses. She has become a resource for nurses and her fellow legislators on these issues and the importance of school nurses.

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

Mary Turner has served as the school nurse at the Silvio Conte Elementary School for 14 years. This is a Title I school with a 45 percent ethnicity: Twenty-seven percent of students have English as a second language, 92 percent are special education students and 88.6 percent are from low-income families. Turner’s nominator cites her unselfish desire to serve and protect the physical and emotional health of her at-risk students, many of whom have a variety of chronic health conditions. Her nursing interventions have been instrumental in decreasing absenteeism and improving academic success. Her proficiency in pediatric, public health and mental health nursing has been appreciated as she works with faculty, parents, physicians and community agencies in coordinating health care services. Her principal and school/community coordinators attest that “Nurse Turner” is beloved by students and staff alike and that through her expertise and calm approach she has helped hundreds and hundreds of young children with illnesses, accidents and emotional needs. Turner has been involved for many years in coordinating the successful “Pencils for Patients” fund drive for childhood leukemia research. She has made a positive difference in the lives of the highly diverse student population for whom she cares and has contributed to making her school a “kind and caring community.”

THE MARY HIGGINS AWARD
Karen Higgins, Mary Ling

The Mary Higgins Award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.

Karen Higgins, former president of the MNA, has been a working staff nurse and member of the MNA for the past 27 years. She has held the positions of chair and secretary on the MNA’s former cabinet on labor relations. Higgins, first and foremost, is a nurse—a caring, compassionate and patient-driven advocate who has worked tirelessly to promote nursing to

Elaine Cooney Labor Relations Award

Karen Coughlin

Marilyn Rouette

Judith Smith-Goguen

Stephanie Stevens

Kathleen Reardon

MNA Human Needs Service Award

Mary Turner

MNA Image of the Professional Nurse Award

Karen Higgins, Mary Ling
Behold the turtle, and ‘How got involved in the union’

An acceptance speech by Karen Coughlin
Recipient of a 2005 Elaine Conney Relations Award

A quote: “Behold the turtle. He only makes progress when he sticks his neck out.”

Karen Coughlin
Turtle A

Karen Coughlin's mother's maiden name is Patsy Turtle—an Irish girl from Cambridge. Can you imagine trying to grow up with that name? I think it had a great deal to do with her character, her humor and what she taught me when I was growing up. “You're a Turtle,” she'd say, “so stand up for others; do what you know in your heart is right; never forget where you came from; and work hard at whatever you do.”

Others have often asked me, “How did you get involved in the union?” And then since I've been taking an informal survey (union people are good at that) as to what the two most common responses have been. Here they are:

1. “I got tricked into it.” This goes along with the familiar saying, “It’s only one day a month,” (and now refer back to beginning, the trickery thing).
2. “I was angry about something.”

Well, it was a while ago, but I think I got tricked initially and then I got mad about something… and then I got mad about something else… and it soon became what my mother taught me all those years ago: stand up for others; do what your heart is right; never forget where you come from; and work hard at whatever you do.

I thank you for this award, but it’s really not mine alone. It is a symbol of all the hard work and support of those who stand with me on the issues that I fight for. It belongs to my husband and kids, who graciously accept my absences. It belongs to my fellow officers and co-workers at Taunton State Hospital. And it also belongs to my wonderful Unit 7 executive board colleagues and the MNA staff. Together, we've learned that we can accomplish great things.

I am a fan of famous quotes. I’ve always liked one from Mahatma Gandhi that says, “It’s the action, not the fruit of the action, that’s important. You have to do the right thing. It may not be in your power, may not be in your time, that there’ll be any fruit. But that doesn’t mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.”

In other words, be a turtle. Stick your neck out!

From previous page
the public. She has been a frequent spokes-
person for nursing in both the print and
broadcast media. Higgins is recognized as a
nursing leader locally, regionally, state-wide, nationally and
beyond. Her credibility and reputation emanate from her life’s—caring for
patients. She knows the problems nurses face in the delivery of patient care because she is on
the front line of patient care.

May Ling has prac-
ticed medical/surgical
nursing at Brockton Hos-
pital for the past 25 years. Her community involve-
ment as a professional
nurse is broad. She is the
current chair and former
president of the Chinese
American Nurses Asso-
ciation of New England. Her volunteer work as a
nurse has included service in a hospital in
Panama City; Army community service in
Panama; instructor for first aid in Bogotá; and as a
member of a health development team in
the Dominican Republic. She has lectured
on health issues at Beijing University and has
trained “bare-foot” doctors in Burma. Ling has advocated for a severely burned Chinese
boy and opened her home to the boy and his mother during his care at the Shirley Burn Hospital. The MNA has been privileged to
benefit from her continuing contributions as a member of its diversity and convention committees. Her outstanding contributions
to patients, nursing and communities, at both the local and international levels, have
indeed enhanced the image of the
professional nurse.

MNA Kathryn McGinn-Cutler
Advocate for Health and Safety Award
CHARLENE RICHARDSON, JONATHAN ROSEN
The MNA Kathryn McGinn-Cutler Advocate for Health and Safety Award recognizes an individual or group that has performed outstanding service for the betterment of health and safety and for the protection of nurses and other health care workers.

Charlene Richardson is a staff nurse in the post-anesthesia care unit at Beverly Hospital. Tragically, in 2003 she was the victim of a horrific assault in the emergency room, which required three corrective surgeries, a nurse, two patients and a visitor to extinguish her from her violent attacker. Her attacker was sub-
sequently convicted of indecent assault and battery and sentenced to prison. Despite the utter chaos and inner turmoil Richard-
son suffered, she made the decision to pursue safety in the emergency room for all nurses. She has exhibited great courage and dedication in advocating for a workplace environment where abuse of nurses by patients, families and others is unacceptable. She has worked with law enforcement in speaking publicly about emergency room violence and her message has also been published in public and profes-
sional publications. Richardson has been a forceful leader in the effort to provide a safer working environment for emergency room nurses at her hospital and throughout the state.

Jonathan Rosen is director of the Health and Safety Program of the New York State Professional Employ-
ers Federation and holds an adjunct faculty position at the Cor-
nell School of Industry and Labor Relations. Rosen’s groundbreaking and innovative use of
technology to disseminate information through an email-distribution list that he has
developed brings worker health and safety information from national and inter-
national newspapers, journals and texts to a cadre of workers from across the country. This conduit of information has enabled the MNA to act in a timely manner on impor-
tant issues. When the federal government issued a mandate that health care provid-
ers be immunized against smallpox, Rosen’s email messages immediately apprised the MNA of the mandate and provided factual information about the dangers associated
with it, thus enabling the MNA to quickly alert nurses and other health care provid-
ers you know in your heart is right; never forget where you come from; and work hard at whatever you do.

I am a fan of famous quotes. I’ve always liked one from
Mahatma Gandhi that says, “It’s the action, not the fruit
of the action, that’s important. You have to do the right thing. It may not be in your power, may not be in your time, that there’ll be any fruit. But that doesn’t mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.”

In other words, be a turtle. Stick your neck out!

...Awards

From previous page

MNA Legislator of the Year Award

Rep. Peter Kocot, Sen. Marian Walsh

The MNA Legislator of the Year Award recognizes the contributions of a senior Massachusetts state legislator or federal legislator who has clearly demonstrated exceptional contributions to nursing and health care.

Rep. Peter Kocot rep-
resents the 1st Hampshir-
ne County. He is a member of the Committees on Environment, Natural Resources and Acul-
ture; Financial Services; and Economic Devel-
opment and Emerging Technologies. He holds a degree in political sci-
cence, with a concentration in American security policy from Brown Uni-
versity. Kocot has been a significant voice for the development and support of technology to disseminate information through an email-distribution list that he has
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Health Care Recruiting
MassCOSH guide aids clinicians in preventing workplace injuries and illnesses

The MNA is happy to help the Massachusetts Coalition for Occupational Safety and Health spread the word about the following guide for primary care providers. MassCOSH and the many organizations that are its members and associates, do valuable work related to protecting workers in all industrial and professional sectors, including health care and education. We thank them for their hard work and their accomplishments. Regardless of who is providing your care following a work-related injury or illness, suggesting that they have a copy of this guide available for reference would be a benefit to you and to other patients.

If you are hurt on the job due to an exposure to an environmental hazard, your primary care provider may not recognize this as the source of your problem. MassCOSH and the Greater Boston Physicians for Social Responsibility want to change that.

Together, the two organizations recently unveiled a new guide that aims to help community health providers recognize symptoms and serve patients who are suffering from work-related injuries and illnesses.

“Many of our patients come to the health center each day with job-related illnesses and injuries,” said Davida Andelman, director of community health. “This guide will be a very helpful tool for our providers, so our patients not only get appropriate treatment but also the resources they need so they don’t return to the same unsafe working conditions.”

The guide, entitled Addressing Work-related Injuries and Illnesses: A Guide for Primary Care Providers, offers clinicians practical advice for raising awareness of common occupational and environmental hazards. It can also assist providers in referring patients to sources of support for addressing underlying causes of injury and disease.

Recognizing that occupational and environmental exposures and conditions may affect health can help primary care physicians prevent the onset and progression of illness and potential disability in their patients, as well as help protect others in the same workplace or environment. Patients may be exposed to hazardous materials in the workplace, school, home, or other settings (e.g., while traveling or during recreational activities). An occupational/environmental history and assessment should consider each of these. In many cases significant exposures may occur without symptoms or recognition of the hazard. As in most clinical matters, the more a physician knows about the patient’s life experience, the easier it is to identify relevant hazardous exposures.

Included in the guide are:

• A sample questionnaire regarding occupational and environmental health history
• A series of occupational profiles for occupations common among low-wage or immigrant workers
• A series of health effects profiles for potentially work-related health problems commonly seen in the primary care setting
• Fact sheets including information on workers compensation, prevention tools and employer interactions, mandatory reporting requirements, and other resources
• Patient handouts on workers compensation, workers rights and more

To obtain a copy of the guide, call Manuel Mariano at 617-825-7233, ext. 3 or Marcy Goldstein-Gelb at 617-825-7233, ext. 15.

Needlestick injuries continue despite 2000 rewrite of OSHA standard

By Evie Bain

Reports to the Massachusetts Department of Public Health related to needlestick injuries in Massachusetts hospitals reveal that in 2002 more than 50 percent of injuries from hollow bore/hydermic needles were from needles that did not have a safety component designed to prevent injuries.

The MNA’s health and safety division believes unsafe devices, including hydermic needle, are still being used in many work settings.

Hydermic needles are the most readily available of all engineered safety devices. Insulin and TB syringes with attached needles, as well as lancets, are all available with safety features.

According to the OSHA Bloodborne Pathogens Standard, the employer must:

• Document annually consideration and implementation of appropriate commercially available and effective medical devices designed to eliminate or minimize occupational exposure; and
• Establish an Exposure Control Plan and shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification and work-practice controls and shall document the solicitation in the Exposure Control Plan.

Are unsafe hypodermic needles still being used in your hospital or work setting?

If so, obtain the information requested and fax to 781-821-4445 or mail it to the MNA’s health and safety division, 340 Turnpike Street, Canton, MA 02021. The information will be forwarded to the appropriate OSHA office to ask for an investigation as to why—five years after safer devices were re-emphasized by OSHA—this travesty continues. Be sure to include your name and phone number in case there are questions. Your confidentiality will be maintained.

You can get most of the necessary information needed to identify the device by simply looking at the device’s packaging. It is essential to correctly identify the standard (unsafe) device being used so that it can be identified when OSHA is notified of this violation.

Please identify the following for the standard (unsafe) needle report: date of use; hospital name & floor/specialty unit; what the device is used for; device type; and brand and model.

If you know of an injury that has occurred as a result of using this device, please include the particulars of that injury—including whether or not the injury was reported.

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
  eviebain@mnam.org

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

Liability insurance explained

In addition to coverage for professional liability if you are the defendant, a typical liability policy would provide the following coverage:

1. Up to $10,000 per proceeding for your defense of disciplinary charges arising out of a covered license protection incident are covered.
2. Up to $2,500 per deposition is covered.
3. Up to $10,000 for defendant expense reimbursement.
4. Up to $1,000,000 for personal liability per case; $6,000,000 aggregate.
5. Up to $25,000 protection if you are assaulted at work or while commut

Quiz

From Page 1

3. Legal counsel will represent you during the hearing before the Board of Nursing when it reviews the complaint and recommends action.

Getting back to the five nurses mentioned earlier, here’s a scenario: one nurse out of the five had her own professional liability insurance. That means that four of your fellow MNA members will go into their meetings with the Board of Nursing without the services described above.

Would you want to be one of those four nurses?
Does your employer provide enough liability insurance coverage? Why you need to know and how to fix it

“The need for nurses to carry their own individual professional liability insurance policy is imperative,” says Dorothy McCabe RN, MS, M.Ed., and director of nursing and career services for the MNA. Since 1996, the MNA has endorsed the individual professional liability insurance policy administered through the Nurses Service Organization (NSO) and underwritten by American Casualty and the New England Mutual Life Insurance Company of Providence.

Hospitals and clinics have been downsizing, forcing a reduction in their nursing staffs and potentially leaving a nurse practicing in a dangerous environment with too many patients and increased responsibilities as a result.

“Whether you are relying on your employer’s coverage or have no coverage at all, you should ask yourself some very important questions,” adds McCabe, an NSO policy holder. “First off, ask yourself if you should purchase your own policy rather than depend on your employer. Unlike employer’s group policies where there is a third party carrier, the NSO—which is accessible to nurses and nurse practitioners nationwide—will provide you with license protection for your defense of disciplinary charges in addition to defendant expenses.

According to McCabe, other questions that nurses should be asking as they consider the issue of professional liability insurance include the following:

Do I have enough coverage?

All professional liability insurance policies include limits of liability that consist of an amount of coverage per claim and a total amount of coverage (aggregate) for all incidents during a specific time period. But remember, if your employer’s policy covers you, then it likely covers other employees as well. This means that other defendants may share your liability limits and the money available to pay malpractice awards may be divided if they are also named in a lawsuit.

If you are named in a malpractice lawsuit and the total costs surpass the limits of your employer’s coverage, you may be required to pay the difference out-of-pocket. With the price of a suit running through the NSO, you are covered for up to $1 million each claim and up to $6 million aggregate, and the policy is your own.

What expenses are covered?

If you’re a defendant in a lawsuit, you may face many unexpected expenses. If your employer’s insurance only covers liability settlements, defending yourself could cost thousands of dollars in lost wages and other out-of-pocket expenses—even if you win. The policy offered by the NSO covers you beyond the malpractice awards because the policy includes additional coverages, like legal defense, defense representation for covered claims and additional coverages (explained below) at no extra cost.

How are attorney costs managed?

While most, if not all, individual malpractice insurance policies will provide you with an attorney to defend you against allegations of malpractice, some policies may deduct these defense costs from your limit of liability. A good practice is to have an attorney that knows your case to a claims consultant; promptly contact your state licensing board for a complaint; and, if necessary, supercede your lawyer’s representation—all while keeping you informed every step of the way. Legal fees will be paid for covered claims in addition to your limits of liability, regardless of whether you win or lose in a lawsuit, or if it even goes to trial.

As the program administrator, the NSO manages all processing of the initial notice of an incident or claim from its customers. NSO also handles the marketing and customer service for the nurse’s professional liability insurance program. CNA, being the underwriter of the policy (or the insurance carrier), assumes the liability when a claim is filed.

What if I’m deposed?

In almost all cases, there will be court proceedings prior to the actual malpractice trial. A deposition, also known as “discovery,” is a court-sanctioned hearing in which all parties participate in a formal question-and-answer session to find out information relevant to the lawsuit. If you have been named in a covered lawsuit as a defendant, CNA will ensure that you are prepared for the discovery phase of the suit.

The need for nurses to carry their own individual professional liability insurance policy is imperative. Let’s consider the issue of professional liability insurance, and the need to use one’s own policy rather than rely on an employer policy.

There may be a situation where you are not named in a lawsuit but you are deposed for a suit against your employer or a co-worker. If you are required to appear at a deposition that arises out of professional services, the policy available through NSO will reimburse you up to $5,000 aggregate, up to $2,500 per deposition for attorney’s fees.

What about lost wages?

If sued or deposed, you will be attending both pre-trial proceedings and your actual case in court. This could involve you taking time off from work and traveling to wherever your case is being adjudicated. The policy offered through NSO reimburses you up to $10,000 aggregate for lost pay for covered expenses incurred while you attend a required trial, hearing or proceeding as a defendant in a covered claim.

Is my license protected?

Another significant risk that nurses could face is the suspension or withdrawal of their license. Without your license, you lose your ability to work. Because any medically related complaints must be investigated by your state licensing board, coverage will provide you with a means to secure experienced legal representation and reimbursement of out-of-pocket expenses is a vital benefit to have. Employers rarely provide license protection.

With the coverage available through the NSO, license protection coverage is included. This coverage reimburses you up to $25,000 aggregate, up to $500 per incident, for damage caused accidentally to you by the property of others at your residence or workplace.

Assault coverage: Covers your medical expenses or reimburses you for damage to your property up to $25,000 aggregate, up to $10,000 per incident, if you are assaulted at work or while commuting to and from your workplace.

First aid benefit: Reimburses you up to $2,500 aggregate for expenses you incur in rendering first aid to others. Not all malpractice policies are created equal. Your employer’s policy may not cover you for all things related to your job and certainly may not provide coverage for incidents that occur away from work. If you are currently covered by another policy, compare your benefits with those listed above to see what’s missing. You may be surprised by how policies differ from each other.

The most compelling reason for protecting yourself with your own individual professional liability insurance policy is the peace of mind that comes with knowing your best interests will be served if you are ever sued.

One of the many benefits available to members of the MNA is free membership in Mass Buying Power (MBP), a referral service that has been serving New England consumers since 1986.

With more than 1 million members in New England, Mass Buying Power can provide significant pre-negotiated discounts and or value-added incentives for the purchase of major consumer goods and services to its group members (including the relatives of those members) through its network of more than 1,000 preferred, quality vendors.

In addition to the MNA, MBP counts among its membership more than 1,200 corporations, associations, clubs, credit unions and municipalities, as well as many New England-based state and federal agencies.

As a member of the MNA, you are automatically entitled as a member of Mass Buying Power. There is nothing else you have to do in order to participate in this free buying service. Your membership is completely free and extends to all the members of your family over the age of 18, regardless of where they live.

How it works

Most MBP members access Mass Buying Power via the internet, although you can call toll-free 1-866-271-2196 and a MBP member services representative will assist you.

To access MBP via the Web, visit www.massbuy.com and then:

• Log in as a “Group Member”
• Sign in Name: BP
• Password: MB

This will bring you to the Mass Buying Power home page, where you will find a number of MBP on-line stores.

Click on the “store” that is most likely to offer the products or service you are shopping for. For example:

• “The Automobile Store” for the many makes and models of new and pre-owned automobiles.
• “The Home Store” for appliances, kitchen cabinets, home heating oil, central air conditioning services, home security systems, replacement windows and doors, vinyl siding, carpeting, roofing, decking, and more.
• “The Travel Store” for MBP’s full-service travel agency that can meet your national and international travel needs, even on short notice.

Shop and compare, and you’ll find that Mass Buying Power offers you savings on a wide range of goods and services. Once you have located the product or service you are looking for, follow the prompts to “generate a certificate,” complete the required information and then click “submit.”

The Mass Buying Power referral certificate will list the name, address and phone number of the vendor you are to contact. The vendor will also receive a copy of this certificate and may give you a courtesy call. You are not obligated in any way to purchase this product or service because of the certificate or related courtesy phone calls.

If you have any questions before or after you have generated your referral certificate, please call Mass Buying Power at 781-289-4900, or toll free at 1-866-271-2196.

The MNA is pleased to provide this free membership to Mass Buying Power as one of its many member benefits.

Happy shopping!
Beth Piknick, the MNA’s newly-elected president, poses with the Boston Red Sox’s 2004 World Series trophy. Right, Barbara “Cookie” Cook and her sister, Janet DeMorranville. The trophy was at convention as part of the team’s ongoing efforts to let fans throughout New England see some of Sox history up close and personal.

The Board of Directors gives Karen Higgins a standing ovation as her term comes to an end.

Members laugh and listen during a presentation entitled, “Why working with you is driving me nuts.”

Suzanne Gordon, author and nursing advocate, signs copies of her book.

Bill Fyfe, president of Unit 7, thanks Andrea Fox, an associate director in the MNA’s division of labor action, for her work with the state’s unionized health professionals.

From left, Carol Mallia, May Ling, Karen Higgins, Sharon McCollum, Joe-Ann Fergus, Tina Russell and Sandy Eaton at the awards ceremony.
The Massachusetts Nurses Association joins MITSS in providing support to nurses involved with an adverse medical event.

“To Support Healing & Restore Hope”

Program Mission/Philosophy

- We believe that nurses have a professional responsibility to support colleagues who have been affected by unexplained medical outcomes or adverse patient events.
- We believe that early support can lessen the emotional effects on the nurse clinician provider.
- Are you a nurse who has been impacted emotionally by an experience associated with an adverse medical outcome?
- Would you like to talk confidentially to a MITSS therapist?
- Would you like to join in a peer-led support group?
- Would you like to join or participate in a structured support group led by an experienced psychologist?

Medically Induced Trauma Support Services (MITSS), Inc. is a non-profit organization that supports, educates, trains, and offers assistance to individuals affected by medically induced trauma.

MITSS supports clinicians using the following resources:

- One-on-one interaction via phone
- Group sessions led by a professional facilitator
- Training for fellow survivors who would like to help others

MITSS Toll-Free Number 888-36-MITSS
MNA MITSS Referral Line 781-821-4625, x.770
MITSS Web Site http://mitss.org

This service is available to any RN in Massachusetts.

MNA membership dues deductibility 2004

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.

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Regions</td>
<td>$16.63</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

*Prices listed are per person, double occupancy based on credit card purchase. Applicable departure taxes are not included. Check purchase price is $30 lower than the price listed.

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Greece, with a Three-Night Greek Island Cruise

$1,869* outside cabin or $1,799* inside cabin
Oct. 24 – Nov. 1, 2006

We are offering this spectacular nine-day/seven-night tour to Greece and the Greek Isles at a beautiful time of year for the area. While in Greece, we will be staying in Athens and touring the local sites of the ancient capital. We will also tour key sites outside of Athens in Delphi and Corinth. This trip will include a three-night cruise aboard the Louis Cruises’ Perla. While onboard we’ll visit the following Greek Islands: Mykonos, Rhodes and Patmos as well as the Turkish Island of Kusadasi. This trip includes round trip air from Boston and transfers to and from the hotel. Almost all meals are included (three lunches are on your own) as well as daily tours. This trip is sure to fill quickly, so reserve soon.

Florence, Venice and Rome

$1,729*
Nov 6-14, 2006

Join this wonderful nine-day/seven-night tour featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will include four nights in the beautiful Spa town of Montecatini (just outside of Florence). From there you will have day trips to Florence, Venice, Siena and San Gimignano. On the day we travel south to Rome, we will visit the picturesque city of Assisi. The remaining three nights will be in Rome where we will have a full-day tour of the Colosseum, the Parthenon, the Spanish Steps, the Trevi Fountain and much more. The other day in Rome will include a tour of Vatican City. This trip includes round trip air from Boston and transfers to and from the hotel. Breakfast and dinner daily is included as well as one lunch. Don’t miss this grand tour of Italy’s key cities.

Reserve Early – Space is Limited

To receive more information and a flyer on these great vacations, contact Carol Mallia, RN, MSN at 781-830-5744. Leave your mailing address on the message or email requests to cmallia@mnarn.org.

MNA is pleased to announce we are promoting these trips.
### MNA Continuing Education Courses
#### Winter/Spring 2006 Courses

<table>
<thead>
<tr>
<th>Description</th>
<th>Basic Dysrhythmia Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker</td>
<td>Carol Mallia, RN, MSN</td>
</tr>
<tr>
<td>Date</td>
<td>January 31 – Part One</td>
</tr>
<tr>
<td>Time</td>
<td>February 7 – Part Two</td>
</tr>
<tr>
<td>Place</td>
<td>February 13 – Snow Date</td>
</tr>
<tr>
<td>Fee</td>
<td>MNA members $90; others $125</td>
</tr>
<tr>
<td>Contact Hours*</td>
<td>9.0</td>
</tr>
<tr>
<td>MNA Contact</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

### Disaster Preparedness: An All-Hazards Approach for Nurses

| Description | This three-part program provides an overview of the “All-Hazards Approach” to disaster management geared to the special role of nurses. The development of approaches and capacity to deal with common natural and technological disasters (hurricanes, floods, forest fires, earthquakes, flu outbreaks, power outages, natural gas explosions) as well as with chemical, biological, radiological and nuclear threats and the role nurses can play in responding to disasters will be discussed. This approach calls for developing adaptable plans to deal with a variety of hazards and disasters, including terrorism. Part 1) All hazards approach overview; Part 2) Community, family, self; disaster planning, nurse involvement; Part 3) Psychosocial affects of disaster, nursing management. Participants may elect to attend any or all three parts. |
| Date        | February 1 – Part 1               |
| Time        | February 8 – Part 2               |
| Place       | February 15 – Part 3              |
| Fee         | Will be provided                  |
| Contact Hours* | Will be provided                |
| MNA Contact | Susan Clish, 781-830-5723 or 800-882-2056, x723 |

### OSHA 10-Hour General Industry Outreach Training

| Description | This two-part course is designed for registered nurses and others who are interested in protecting the health and safety of nurses and other workers in the health care industry. The course focuses on descriptions and discussions of OSHA standards and guidelines that apply to hospitals and other health care settings. |
| Speaker     | Evelyn Bain, MEd, RN, COHN-S      |
| Dates       | February 7 – Part One             |
| Time        | March 7 – Part Two                |
| Place       | April 4 – Snow Date               |
| Fee         | MNA members $0; others $45        |
| Contact Hours* | 6.0 contact hours awarded for each session and OSHA certificate for those who complete both sessions |
| MNA Contact | Susan Clish, 781-830-5723 or 800-882-2056, x723 |

### Diabetes 2006: What Nurses Need to Know

| Description | This program will discuss the pathophysiology and classification of diabetes Type 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed diabetic patient, both complications and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school settings will be discussed. |
| Speaker     | Ann Miller, MS, RN, CS, CDE       |
| Date        | March 2 – Snow Date               |
| Time        | 8:30 a.m. – 4 p.m. (light lunch provided) |
| Place       | MNA headquarters, Canton          |
| Fee         | MNA members $125; others $150     |
| Contact Hours* | 7.2                              |
| MNA Contact | Liz Chmielinski, 781-830-5719 or 800-882-2056, x719 |

### Oncology for Nurses

| Description | This program will increase knowledge in oncology nursing. The content will include an overview of cancer management; tumor physiology and staging; relevant laboratory testing and treatment strategies; and safe handling of novel agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of hospice care. |
| Speaker     | Marylou Gregory-Lee, RN, NP, Adult Nurse Practitioner |
| Date        | March 8                                            |
| Time        | 8:30 a.m. – 4 p.m. (light lunch provided)          |
| Place       | MNA headquarters, Canton                           |
| Fee         | MNA members $125; others $150                      |

### Managing Conflict: The Verbal Solution

| Description | This program will provide nurses with an understanding of the management of conflict in the workplace and skills necessary to its effective management. |
| Speaker     | Joe-Ann Fergus, BSN, RN                         |
| Date        | March 16                                          |
| Time        | 5:30 – 9 p.m. (light supper provided)            |
| Place       | MNA headquarters, Canton                         |
| Fee         | MNA members $45; others $65                       |
| Contact Hours* | 3.0                                         |
| MNA Contact | Liz Chmielinski, 781-830-5719 or 800-882-2056, x719 |

### Workplace Violence Prevention

| Description | This course is designed for registered nurses and others in the health care industry who are affected by workplace violence and/or are developing workplace violence prevention programs. |
| Speaker     | Liz Chmielinski, 781-830-5723 or 800-882-2056, x723 |

### The Real Nursing World: Transition from Student to RN

| Description | Don’t miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations and political action, and career counseling. Representatives from area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities. |
| Facilitator | Carol Mallia, RN, MSN                           |
| Panel       | TBA                                              |
| Date        | March 28 – Springfield Marriott, Springfield    |
| Time        | 5:30 – 9:30 p.m. (light supper provided)        |
| Place       | (see above)                                      |
| Fee         | Free to senior nursing students and faculty     |
| MNA Contact | Theresa Yannetty, 781-830-5727 or 800-882-2056, x727 |

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**All MNA programs are free of charge to Region 5 members**
**Nurse Protect Thyself…Tools to Minimize Your Legal Exposure**

**Description**
This program will provide nurses with a tool kit of information to minimize liability in nursing practice situations. The elements of negligence and how nurses are accountable through regulations, scope of practice and standards of care will be addressed. Documentation and its uses in litigation will be discussed and strategies provided to protect your nursing practice.

**Speakers**
Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants

**MNA Contact**
Liz Chmielinski, 781-830-5719 or 800-882-2056, x719.

**Advanced Cardiac Life Support: Certification & Recertification**

**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, defbrillation and pharmacological interventions. This is a two-day certification and a one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

**Speaker**
Carol Mallia, RN, MSN and other instructors for the clinical sessions.

**MNA Contact**
Liz Chmielinski, 781-830-5719 or 800-882-2056, x719.

**Chemical and Pulmonary Emergencies**

**Description**
This program is designed to educate registered nurses and others about the most current information regarding emerging infectious diseases such as avian flu, Marburg virus, and other diseases. The morning portion of the course will address specific diseases and their associated processes, treatments and preventions. The afternoon portion of the course will address protecting nurses and others from disease exposures through the use of environmental and work-practice controls, as well as personal protective equipment.

**Speaker**
Evelyn Bain, Med, RN, COHN-S

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

**Emergency Infectious Diseases**

**Description**
This three-part program provides an overview of the “All-Hazards Approach” to disaster management geared to the special role of nurses. The development of approaches and capacity to deal with common natural and technological disasters (hurricanes, floods, forest fires, earthquakes, flu outbreaks, power outages, natural gas explosions) as well as with chemical, biological, radiological and nuclear threats and the role nurses can play in responding to disasters will be discussed. This approach calls for developing adaptable plans to deal with a variety of hazards and disasters, including terrorism. Part 1) All hazards approach overview; Part 2) Community, family, self; disaster planning, nurse involvement; Part 3) Psychosocial affects of disaster, nursing management.

**Speakers**
TBA

**Contact Hours**
Will be provided.

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

**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, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Tumpike 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 due to extenuating circumstances. In case of inclement weather, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

**Contact Hours**
Continuing education contact hours for all programs except “Advanced Cardiac Life Support” 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” 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
3) Complete and submit the evaluation

**Chemical Sensitivity**
Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.
MNA Member Discounts Save You Money

Personal & Financial Services

**PORTABLE HEALTH INSURANCE**

ELLEN KAPLAN, GROUP HEALTH SPECIALIST.................................................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 800,000 health care professionals insured.

**CREDIT CARD PROGRAM**

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

**TERM LIFE INSURANCE**

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Term life insurance offered at special cost discounts.

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Flexible and comprehensive long-term care insurance at discount rates.

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

**DISCOUNT TAX PREPARATION SERVICE**

TAXMAN INC.....................................................................................................800-77TAXMAN
20% discount on tax preparation services.

**HOME MORTGAGE DISCOUNTS**

RELIANT MORTGAGE COMPANY.................................................................877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive discounts off mortgage applications for home purchase, refinance and debt consolidation loans. Inquire into no points/no closing costs programs and reduced documentation programs. Receive free mortgage pre-approvals.

**TAX REVIEW SERVICE**

MAHER TAX RECOVERY................................................................................508-340-0240
Experts in recovering overpaid taxes.

**LIFE & ESTATE PLANNING**

LAW OFFICE OF DACMAR M. POLLEX................................................................781-535-6490
10-20% discount on personalized life & estate planning.

**PRODUCTS & SERVICES**

**AUTO/HOMEWINDERS INSURANCE**

COLONIAL INSURANCE SERVICES, INC.........................................................800-571-7773 or 508-339-3047
MNA member discount is available for all household members. No service changes when choosing convenient EFT payment plan. Prices competitive with AAA. For a no obligation quote visit www.colonialinsuranceervices.com.

**CELLULAR TELEPHONE SERVICE**

CIRCULAR WIRELESS.......................................................................................781-690-5368
Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.

T-MOBILE...........................................................................................................781-888-0021
Get more of the wireless products and services that keep mobile professionals connected. T-Mobile is offering MNA members and their families a free phone with activation, free nationwide long distance and roaming and free nights and weekends (on specific plans). International rates also available. No activation fee is required for members.

VERIZON WIRELESS.......................................................................................617-571-4626
Receive an 8 percent discount on plans priced $34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

Take advantage of these special discounts specifically designed for MNA members.
For more information, contact the representative listed or call member discounts at the MNA, 800-882-2056, x726.
All discounts are subject to change.
Medical Mission: Dominican Republic, April 2006

The MNA Diversity Committee is seeking donations of medicines and other items that will make a difference in the lives of Dominican citizens. These items will be delivered to the Dominican Republic next April during a medical missions trip. Below is a list of items that are needed. All donations will be appreciated.

**Donation Wish List**

- Infant and pediatric Tylenol, liquid and tabs
- Pediatric Motrin
- Infant and pediatric decongestant
- Adult Motrin, Naprosyn and Tylenol
- Adult cold and cough remedies
- Adult vitamins
- School supplies
- Shoes and socks
- Toothbrushes
- Bar soaps; hotel soaps are great
- Reading glasses—insurmountable
- Spanish-language children’s books
- Popsicle sticks and yarn
- Cash donations—to help people in need of medical treatments/interventions
- Please, no candy or balloons

Please make sure all expiration dates are at least one year out.

Send donations to MNA, Attn: Medical Missions, 340 Turnpike St., Canton, MA 02021.

For information—including how to join the medical missions team—contact Carol Mallia at 781-830-5744 or via email at cmallia@mnarn.org.

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**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 others who understand the challenges of addiction in the healthcare profession.

**Boston Metropolitan Area**
- Bournenwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMammefte 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, 781-964-9546. Meets: Tuesdays & Wednesdays, 5:15 p.m. & coed Wednesdays, 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O’Flaherty, 508-559-8897.

**Central Massachusetts**
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

**Northern Massachusetts**
- Baldwin Hospital, Bungalow 1, Baldwin Park Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 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.

**Southern Massachusetts**
- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- 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. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

**Other Areas**
- Maguire Road Group, for those employed at private health care systems. Contact: John Williams, 508-834-7036. Meets: Mondays.
- Nurses Recovery Group, VA Hospital, 5th Floor Lounge, Manchester, N.H. Contacts: Dieke M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m.
Colonial Insurance Services, Inc.

Just for being a MNA member, you and all household members are entitled to savings on your Automobile Policies. This includes all household members, including Young Drivers!

Call Colonial Insurance Services today for a no-obligation cost comparison 1-800-571-7773 or check out our website at www.colonialinsuranceservices.com

Automobile Savings
Automobile discount of 6%. Convenient fee free EFT available.

Homeowners Policy
12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.

TUFTS UNIVERSITY SCHOOL OF MEDICINE
Master of Science in Pain Research, Education and Policy & Certificate of Advanced Study in Pain Topics

Setting the Standard for Pain Education

Tufts University School of Medicine Master of Science in Pain Research, Education and Policy and Certificate of Advanced Study in Pain Topics is meeting the pressing need of practicing health care professionals to provide optimal pain management. Tufts offers a unique, interdisciplinary postgraduate education in pain topics.

FOR MORE INFORMATION:
http://www.tufts.edu/med/prep
CONTACT:
jeanne.connolly@tufts.edu
CALL:
617-636-3631

Mercy Ships

Team members needed for short-term medical missions trip to Dominican Republic

The MNA's diversity committee is sponsoring a week-long medical missions trip to the Dominican Republic from April 19 – 26—and it needs a few good men, women, nurses and/or caring souls to join in.

If you meet these criteria and you're interested in learning more, contact Carol Mallia at 781-830-5744 or via email at cmallia@mnarn.org . . . and rediscover what led you to nursing to begin with.

Massachusetts Nurse November/December 2005

Benefits Corner

Life and estate planning services

The law office of Dagmar M. Pollex provides complete personalized life and estate planning solutions. We use innovative and practical strategies to make sure clients achieve their goal of maintaining control over their assets and their lives.

We take the time to learn what's important to our clients so that together we can design a plan that is suitable for their goals. We also provide planning for families who have children with special needs and those who need expert help with long-term care and Medicaid planning.

For more information or to schedule an introductory meeting, call 781-535-6490 or 800-756-7992.

Nursing Skills, Legal Skills—A Winning Career Combination

You have always thought about it... now do it!

When you combine your nursing degree with a legal education, you're opening new doors to opportunity—in hospital administration or in the practice of law where your medical knowledge can help people in new and different ways.

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Tel: (978) 681-0800

Call or email us now for a school catalog. email: mslaw@mslaw.edu

Visit our website at:
www.mslaw.edu

MNA Baseball Caps

Adjustable baseball caps featuring the MNA logo are $4.99 each, plus $3.95 shipping and handling if mailed

For more information or to order, contact the MNA’s Division of Membership, 781-830-5726, or send checks to: MNA Division of Membership, Attn: MNA baseball hats, 340 Turnpike Street, Canton, MA 02021.
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:

- Purchases & Refinances
- Home Equity Loans
- 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.

Call The MNA Answer Line for program rates and details:

1.877.662.6623
1.877.MNA.MNA3

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.
My Child has to go to the Hospital and I’m Concerned for his Safety

Nurses are being forced to care for too many patients

When my child is in day care, there is a limit to the number of children a caregiver is assigned. It’s regulated by law. That’s not true in the hospital. When my child goes to the hospital, there is no limit to the number of patients assigned to his nurse.

What’s wrong with this picture?

Nurses know there’s a lot wrong with this picture and they want to change it. Nurses are sponsoring House Bill 2663 to set a limit on the number of patients a nurse is assigned to care for at one time. But hospital administrators want no limit.

YOU CAN HELP
Please, call 617-722-2000 and ask your legislators to support the nurses’ bill, House 2663… to protect and keep patients safe in the hospital.

Hospitals care about profits. Nurses care about patients.

Protect your children and all patients. Please call 617-722-2000 and ask your legislator to support the nurses’ bill, House 2663.