Most doctors support national health insurance, new study shows

(Editors note: This article first appeared as an e-Alert from Physicians for a National Health Program, a non-profit research and education organization of over 15,000 physicians, medical students and health professionals who support single-payer national health insurance.)

Reflecting a shift in thinking over the past five years among U.S. physicians, a new study shows a solid majority of doctors—59 percent—now supports national health insurance.

Such plans typically involve a single, federally administered social insurance fund that guarantees health care coverage for everyone, much like Medicare currently does for seniors. The plans typically eliminate or substantially reduce the role of private insurance companies in the health care financing system, but still allow patients to go the doctors of their choice.

A study published in the Annals of Internal Medicine, a leading medical journal, reports that a survey conducted last year of 2,193 physicians across the United States showed 59 percent of them “support government legislation to establish national health insurance,” while 32 percent oppose it and 9 percent are neutral.

The findings reflect a leap of 10 percentage points in physician support for national health insurance (NHI) since 2002, when a similar survey was conducted. At that time, 49 percent of all physician respondents said they supported NHI and 40 percent opposed it.

Support among doctors for NHI has increased across almost all medical specialties, said Dr. Ronald T. Ackermann, associate director of the Center for Health Policy and Professionalism Research at Indiana University’s School of Medicine and co-author of the study.

“Across the board, more physicians feel that our fragmented and for-profit insurance system is obstructing good patient care, and a majority now support national insurance as the remedy,” he said.

Support for NHI is particularly strong among psychiatrists (83 percent), pediatric sub-specialists (71 percent), emergency medicine physicians (69 percent), general pediatricians (65 percent), general internists (64 percent) and family physicians (60 percent). Fifty-five percent of general surgeons support NHI, roughly doubling their level of support since 2002.

Doctors have often expressed concern about lack of patient access to care due to rising costs and patients’ insufficient levels of insurance. An estimated 47 million Americans currently lack health insurance coverage and another 50 million are believed to be underinsured. At the same time, health care costs in the United States are rising at the rate of about 7 percent a year, twice the rate of inflation.

The health care issue continues to rank high among voter concerns in the 2008 elections, placing third in a recent poll after the economy and Iraq.

The current study by the Indiana University researchers is the largest survey ever conducted among doctors on the issue of health care financing reform. It is based on a random sampling of names obtained from the American Medical Association’s master list of physicians throughout the country.

In addition to measuring attitudes toward NHI, the survey also asked doctors about their views about “more incremental reform,” often interpreted as state- or federal-based programs requiring or “mandating” that consumers buy health insurance from private insurance companies, legislative measures providing tax incentives to businesses to provide coverage for their employees, or similar steps.

Fewer physicians (55 percent) were in support of “incremental” reform. Moreover, virtually all those opposed to national health insurance also opposed incremental reform to improve access to care. In fact, only 14 percent of physicians overall oppose national health insurance but support more incremental reforms. Ironically, many medical organizations and most politicians have endorsed only incremental changes.

Dr. Aaron E. Carroll, director of Indiana University’s Center for Health Policy and Professionalism Research, and lead author of the study, commented, “Many claim to speak for physicians and reflect their views. We asked doctors directly and found that, contrary to conventional wisdom, most doctors support the government creating national health insurance.”

Other signs indicate that attitudes among doctors are changing. The nation’s largest medical specialty group, the 124,000-member American College of Physicians, endorsed a single-payer national health insurance program for the first time in December.

For more information on single payer health care visit the Physicians for a National Health Program Web site at www.pnhp.org.
House passes landmark bill on RN staffing and patient safety

The state House of Representatives has voted overwhelmingly to approve a landmark bill to guarantee safe RN staffing in all Massachusetts hospitals. The measure calls upon the Massachusetts Department of Public Health to set safe limits on nurses’ patient assignments, prohibits mandatory overtime, and includes initiatives to increase nursing faculty and nurse recruitment. The law, when enacted, will make Massachusetts only the second state in the nation to set safe staffing limits in hospitals. The House vote on May 22 was 119-35.

“The Massachusetts Nurses Association commends the House for their courage to support the Patient Safety Act,” said Beth Piknick, president of the MNA. “This bill is about patient safety. We want to thank the legislature for recognizing the need to improve patient safety for all our citizens, and we urge the Senate to vote to support the Patient Safety Act as well. Every day we wait for this bill to pass, patients are suffering, and patients are needlessly dying due to lack of appropriate nursing care.”

“We applaud the House of Representatives for its overwhelming vote in support of the Patient Safety Act,” said John McCormack, the co-chair of The Coalition to Protect Massachusetts Patients, an alliance of more than 130 of the state’s leading health care and patient advocacy groups. “When enacted, this law will improve the quality of care for all patients in our hospitals and save thousands of lives.”

The “Patient Safety Act” will now move to the Senate for consideration. The bill responds to increased concern over quality care in Massachusetts hospitals, as well as to evidence linking disease and deaths to poor patient oversight caused by nurses being forced to care for too many patients at one time. In recent years, medical errors and hospital-acquired infections have soared. Numerous studies link the rise in hospital-acquired infections and other medical complications to understaffing of nurses. Most recently, a report published in the July issue of the journal Medical Care found that safe RN staffing levels could reduce hospital-acquired infections by 68 percent.

Meanwhile, the Massachusetts hospital industry continues to fight the bill at a time when hospital-acquired infections and medical errors are sharply on the rise. The Massachusetts Coalition for the Prevention of Medical Errors, to which Massachusetts hospitals belong, reports that 2,000 people—or six per day—are dying in Massachusetts because of preventable medical errors every year.

In 2006, the House passed the same version of The Patient Safety Act, but the bill was not taken up by the Senate. Co-sponsors are Rep. Christine Canavan (D-Brockton) and Sen. Marc Pacheco (D-Taunton).

“The time has come to pass this law and to protect the patients of the commonwealth,” said Canavan. “I am so pleased that my colleagues have recognized the merits of this bill. Let’s make this the year we finally reach the governor’s desk!”

Executive Director’s Column

Retaliation at the table—a bad investment

“Well-behaved women rarely make history” —author Laurel Thatcher Ulrich

Although staffing clearly remains a critical issue which requires an enforceable regulatory solution, in the past year we have seen a number of employers become angry at the tenacity of staff nurses as they exercise their rights to pursue this much needed health policy.

A number of employers have brought that anger with them to the bargaining table and in the workplace—in essence retaliating against nurses for pursuing legislation that would protect patients.

In opposing the safe staffing bill, they claim they can’t find the nurses to meet requirements for better staffing, yet we are hearing from new graduates across the state, as well as other applicants for nursing positions that hospitals are not hiring or even returning phone calls.

Others allege the inability to find nurses, yet they are engaged in layoffs. Still others claim they can’t possibly recruit or retain nurses to meet regulatory staffing standards yet they pursue or engage in mandatory cancellation of shifts, saying they don’t have the need for staff.

It’s Alice in Wonderland time at our hospitals. These are the employers who clamor that competition is harming their bottom line and thus can’t afford safe staffing … the very same employers who championed deregulation to allow this competition. Now these employers—hospitals that never miss a public relations opportunity to champion their involvement in health reform claim health reform is harming their bottom line. And let’s not forget that a large portion of health care reform had to do with hospital reimbursement rates, which sent more money to hospitals. Strange, how these hospitals are getting more money from health care reform, yet claim it is hurting them.

Meanwhile the hospital profits for 2007 are in—that number is $1.3 billion up from the staggering figure of $1.1 billion for 2006. So the rich are getting richer and new buildings are rising with Baystate launching a $150 million expansion and MGH, a hospital with profits larger than the entire budget of the World Health Organization, is about to embark on the single largest expansion in Massachusetts history.

These are the employers who remain angry that nurses are pursuing a health policy that benefits their patients, a policy supported by more than 80 percent of the public and 90 percent of Massachusetts nurses, as well as a coalition of over 130 leading advocacy organizations.

The industry balks at safe staffing even as the research continues to mount showing that safe staffing improves patient care, saves the hospitals millions of dollars and dramatically improves the retention of nurses.

So hats off to the House of Representatives which voted 119-35 on May 22 to pass compromise legislation that would require the Department of Public Health to create enforceable standards and limits for nurse-to-patient assignments in Massachusetts hospitals.

Now we await the Senate and the governor to weigh in on the Patient Safety Act.

If you want some satisfaction against the employers who are retaliating against you at the bargaining table and in the workplace, call your senator and drop a line to the governor, asking for passage of this landmark bill that will provide the safe limits our patients deserve.
Nearly 1,000 nurses and nursing students were lauded and applauded for their contributions to quality patient care during a May 6 National Nurses Day event at the Hynes Convention Center sponsored by the MNA and featuring keynote addresses by Grammy-award winning singer Patti LaBelle and health care journalist Suzanne Gordon.

“As RNs, we are the ones on the front line; the ones who make things work,” said MNA President Beth Piknick.

“Nurses are the heart, soul and backbone of health care and the Massachusetts Nurses Association has become the true voice of patient advocacy on Beacon Hill,” said Piknick. “This is the year we will make safe patient staffing a reality for the citizens of the commonwealth.”

Entering the room to a standing ovation, LaBelle in turn applauded the packed room full of nurses and nursing students, saying she was “in the presence of unique human beings.”

“You are an admirable group; you wake up every day to make others’ lives better,” said the world-renowned entertainer and author whose advocacy has raised awareness about AIDS, Alzheimer’s disease, diabetes, cancer and foster care.

“I have had my share of experience with the health care system,” said LaBelle, who lost three sisters to cancer, her father to Alzheimer’s and mother to diabetes, a disease that she also battles daily.

“I have made it to the age of 63 and feel blessed and proud to be standing here strong,” said LaBelle. “And I’m here today to pay tribute to nurses because you don’t always get the credit, recognition and money you deserve.”

“You lift people up; you are our unsung heroes,” said LaBelle. “Do not forget how important you are and how needed you are.”

At the urging of the audience, LaBelle broke into an impromptu rendition of “Over the Rainbow” dedicating the inspiring song to “all nurses” and imploring them “to keep fighting the good fight.”

Gordon, the author of seven books on nursing, said the nursing industry has been negatively impacted since the 1990s as a result of managed care.

“I call it mangled care,” said Gordon, noting that “the only way to deal with the problem of quality patient care is through safe staffing.”

Indeed, Gordon’s latest book “Safety in Numbers: Nurse-to-Patient Ratios and the Future of Health Care” weighs the cost, benefits and effectiveness of ratios in California and the state of Victoria, Australia, the two areas where RN staffing levels have been mandated for the longest length of time.

“I believe in controlling a nurse’s work load because what you as nurses do is a matter of life and death,” said Gordon. “Work load control is a no-brainer; anyone who argues against patient limits just doesn’t get it.”

Gordon said she experienced the nursing shortage first-hand a year and a half ago when she underwent an emergency appendectomy in a Middlebury, VT hospital.

“I was dependant on nurses for everything, but there were so few nurses and they were all so busy,” she said. “People were aware that I was a health care journalist, but it didn’t matter; there simply was not enough staff to take care of everyone.”

Addressing mandated safe staffing limits in California and Victoria, Australia, Gordon said the mandates have reduced nurse burn-out, brought inactive RNs back into the workplace and increased job satisfaction.

“Safe staffing limits are not a panacea, but it is working in California and Victoria and has eliminated many issues,” she said. “Patients understand that their care depends on RNs who don’t have an overburdened work load—but it seems that hospital CEOs don’t get what nurses do.”

“We need more hospital managers and administrators to join the struggle for better nursing care,” said Gordon. “And where are the doctors … why don’t they understand the importance of safe staffing … and if they do, why don’t they say so openly?”

“People call me a nurse advocate, but I am a patient advocate,” said Gordon. “The solution to better patient care is safer nurse staffing limits—only then will patients get the care they truly need.”
Nurses from throughout the state rallied at the Statehouse on May 6 in support of the Patient Safety Act.

MNA President Beth Piknick with Patti LaBelle, keynote speaker at the National Nurses Day event held May 6 at the Hynes Convention Center.
Nursing on Beacon Hill: Legislative Update

Nurses, legislators, law enforcement officials testify in support of assault bill

H.1700 would expand current assault and battery law to include nurses

A group of MNA nurses and law enforcement officials, including Worcester County District Attorney Joseph D. Early, Jr., came to the State House on March 11 to testify before the Joint Committee on the Judiciary in support of a bill that would expand the current law regarding assault or battery on health care providers by adding registered nurses and other front-line health care delivery workers to the current statute.

H.1700, An Act Relative to Assault and Battery on Health Care Providers, sponsored by Rep. Michael Rodrigues (D-Westport), addresses a growing crisis in regard to the health and safety of RNs and other health care providers, who suffer violent assaults at a rate 12 times higher than those employed within other industries. Early, a strong supporter of the bill, testified about the violence against nurses that can be perpetrated by patients, families, friends, visitors, and even co-workers.

“Hospitals unfortunately are increasingly violent workplaces, both for employees and for patients. Workplace violence against nurses and other health care workers, which can range from verbal and emotional abuse to physical assault and homicide, is not uncommon in hospitals and other health care settings,” said Early, who continued his testimony by noting that 48 percent of all non-fatal assaults in the U.S. workplace are committed by health care patients. “Nurses are the people who show compassion for us,” said Early. “It is incumbent upon us to make sure their workplace is safe.”

Years ago, the Legislature recognized the critical need to pass a more comprehensive law regarding assault and battery on emergency medical technicians and ambulance operators which included enhanced penalties. H.1700 would extend those enhanced penalties to include assaults on nurses and other health care providers. This bill was developed by the MNA’s Workplace Violence Task Force.

A hospital should be a haven where patients go to heal and where nurses and other health care professionals can provide care in a safe environment. Unfortunately, nurses are assaulted at work on a par with police officers and prison guards, yet often times no action is taken against those who attack nurses.

Nurses attending the March 11 hearing described how they were assaulted on the patient and visitor coping skills; and an increasing number of patients with mental illness seeking services in the ED. These are all risk factors that increase the prevalence of workplace violence in my hospital,” said Metzger who reported that between May 2006 and May 2007, more than 1,000 phone calls to 911 were made from inside Brockton Hospital, translating into over three emergency calls per day.

“I have been almost strangled at the bedside with my own stethoscope,” said former trauma nurse Rep. Jennifer Callahan (D-Sutton).

Charlene Richardson, a community organizer for the MNA, a 17-year nursing veteran, and the victim of a March 2003 brutal sexual assault by a patient, testified in favor of the bill.

“I am frustrated because for some reason there is a perception that it’s okay to be assaulted on the job when you are a nurse,” said Richardson. “Well, it’s not. I’ve been destroyed by this.”

Beverly Police Officer Frank Wojick testified before the committee, speaking about his previous experience working in hospital security.

“The amount of violence I saw at the hospital is far more than I witnessed at the police department,” said Wojick.

Susan Vickory, a nurse with the Boston VA Medical Center for the past 25 years concluded the testimony by explaining that “one of the most effective actions to decrease violence toward nurses has been the prosecution of individuals who assault. When prosecution becomes the usual response, it will serve as a deterrent. All too often the ‘blame the victim’ mentality has caused nurses to not report the incidents; administration minimizes the events, and the police and the court consider this as ‘part of the job.’ We need to send a strong message to clinical staff, administration, police and court officers that violence towards healthcare workers is not part of the job.”

Nurses and activists interested in helping H.1700 move through the Legislature are encouraged to contact their legislators and ask for a favorable release from the Joint Committee on the Judiciary. To find your legislator’s contact information, visit www.capwiz.com/massnurses and enter your zip code.

For more information on this legislation or how to get involved, contact Maryanne McHugh at 781-830-5713.

VNA RNs Fay Alden, Sarah Williams, Judy Rose, Michele Erikson, Greg Pendrick and Chris Clark urged lawmakers to reverse President Bush’s decision to further cut funds from this critical health care work. Nancy Pitrowiski also provided some insight as a care manager for Harvard Pilgrim.

Judy Rose said, “This experience has encouraged me to be more politically active and to encourage other nurses to understand the importance of the political aspect of nursing.”

Mike D’Intinosanto and Chris Folsom went to D.C. to advocate for their colleagues in Unit 7 regarding the Social Security offset and windfall elimination provision. They discussed the unfair penalization of public employees upon retirement and lobbied for bills that would eliminate these practices.

Ted Kennedy: Our advocate, our ally, our friend

He was there to rally the nurses at St. Vincent’s Hospital in Worcester when they were on strike. He introduced federal legislation that would forbid hospitals from requiring nurses work mandatory overtime. He interceded during the Brockton Hospital strike, calling on management to negotiate a fair settlement. And he has been there for us countless other times throughout the years—as our advocate, our ally, our friend.

Now the Massachusetts Nurses Association stands to rally for Sen. Edward Kennedy, whose courageous battle against a malignant brain tumor has begun. The challenges may be many and the future uncertain for this quintessential public servant, but he will not be alone as he journeys down the path to hopeful wellness.

Other RNs from around the state came to discuss the issue of chronic understaffing in their facilities. Dominique Muldoon, Dee Florent, Laurie Spheekas, Lynne Starbard, Sue Mulcahy, Ellen Smith, Kathie Logan, Deb Holmes and Kathy Charette all shared what they routinely experience and observe within their work environment.

Ellen Smith said she was “thrilled to be able to join my colleagues to talk with our legislators about the need for safe RN staffing; the work we do for our patients is too important to stay silent.”

Dee Florent remarked on her first legislative advocacy experience, noting, “My trip to D.C. was an amazing, eye-opening experience. I met some wonderful people and was able to compare notes with other nurses in Massachusetts. I was initially nervous about speaking in a legislative atmosphere as it was something I had never done before. But when I began speaking to my congresswoman the nervousness disappeared because I realized I was doing this for all my future patients. I need to be their advocate and make the legislators of Massachusetts see what we see.”

Laurie Spheekas added, “This opportunity to be part of a team effort to advocate for something I feel strongly about was truly empowering…”

The group was joined by MNA President Beth Piknick and Vice President Donna Kelly-Williams, who helped to educate legislators and their staff about the work and mission of the association.

If you would like to become more involved in the MNA’s community, political and grassroots activity please contact Riley Ohlson at 781-830-5740 or at rohlson@mnarn.org.
Safe patient handling bill approved by Health Care Finance Committee

H. 2052, An Act Relating to Safe Patient Handling in Certain Health Care Facilities cleared another hurdle when the Joint Committee on Health Care Finance voted to give it a favorable report.

The bill, which was filed by Rep. Jennifer Callahan (D-Sutton) with the support of the MNA, would require hospitals and nursing homes to provide a system to assist nurses and caregivers with safe patient handling in order to avoid injury.

Skeletal injuries have costly implications for hospitals, health care providers and insurers and drives nurses away from the bedside. Patient safety is the primary concern at all facilities, and protecting nurses and other caregivers from injury is critical to safe patient care.

In addition to the personal cost to the injured worker associated with patient handling injuries, the facility costs range from workers’ compensation payments to lost productivity to retention/personnel expenses.

According to the Bureau of Labor Statistics, direct patient care RNs are injured from lifting, moving and repositioning their patients at a higher injury rate than that of laborers, movers, and truck drivers. Frequent heavy lifting and transferring of patients is causing skeletal issues that are debilitating nurses, driving them from the bedside, and exacerbating the shortage of nurses willing to work in the acute care setting. Shockingly, the cumulative weight lifted by a nurse in one typical eight-hour shift is equivalent to 1.8 tons.

This issue is gaining more and more attention across the country. Nine states including California, Hawaii, Maryland, Minnesota, New York, Ohio, Rhode Island, Texas and Washington have enacted similar legislation in the past two years.

“Safe patient handling legislation is long overdue,” said Beth Piknick, RN and president of the MNA, who became an advocate for safe patient handling legislation after experiencing a debilitating back injury resulting from moving patients.

H. 2052 calls for all health care facilities in the state to develop and implement a health care worker back injury prevention program to protect nurses and other caregivers, in addition to patients, from injury. The proposal would require providers to make available necessary patient handling equipment or lifting teams, as well as specialized training for health care workers on safe patient handling techniques and the use of handling equipment.

Update on legislation allowing diabetic students to self monitor, treat

Last March, the MNA testified against H.1139, An Act Authorizing Self Monitoring and Self Treatment for Students with Diabetes. This bill would permit families to determine whether their children can manage their insulin in school without any school nurse oversight. It would also permit unlicensed personnel to inject glucagon into children who are experiencing a serious medical emergency. The MNA, the Massachusetts School Nurse Organization and both of the state’s teachers unions oppose this legislation.

We were relieved when just weeks ago the Joint Committee on Health Care Financing voted to send the bill to a study. Late in 2007, MNA was invited by the bill’s sponsor, Rep. Louis Kafka (D-Stoughton), to meet with other parties—both pro and con—to try to find common ground. Because of the complex issues covered in the bill, the initial conversation was focused solely on the self-administration sections, with plans for further discussion at a later date on the glucagon section.

As a result of productive discussions, the bill’s proponents have agreed to table the self-management language as presently included in H.1139. In exchange, all parties agreed that parents and students need and deserve more information about their rights and responsibilities, including information about resources for resolution of challenges to the child’s independent management of their diabetes. This can be accomplished through regulation, rather than a change in the law. We are proud to have been part of the team that negotiated this compromise, which we think is good for children, schools and nurses.

The issue of emergency administration of glucagon by non-medical staff has been more difficult to resolve. The MNA, along with MSNO and the Massachusetts Teachers Association have continued discussions with the ADA on this issue, but have been unable to resolve basic differences of opinion. The MNA and MSNO continue to strongly advocate for nursing assessment as part of diabetic care for students and oppose a change to the Nurse Practice Act that would delegate nursing care, including administering glucagon. If you have questions or concerns regarding H.1139, please contact Mary Sue Howlett, RN at mhowelltn@mnarn.org or 781-830-5793.

A special thanks

A special thank you is extended to the following vendors who contributed to the success of the MNA National Nurses Day celebration May 6 at the Hynes Convention Center:


MNA President Beth Piknick and Region 3 Chair Peggy Kilroy join Rep. Sarah Peake (D-Provinctown) at a March 1 fundraiser held in her name.
Update on Level 4 biolab proposed at Boston Medical Center campus

For the past three years, MNA has worked on behalf of Roxbury neighborhood residents and Boston Medical Nurses who oppose the level 4 BSL lab being built by Boston University on the BMC campus in Boston’s South End. The laboratory was intended for research on the most dangerous agents known to man—anthrax, hemorrhagic fever viruses such as Marburg and Ebola, tularemia, etc. The primary purpose of level 4 agents is bioweapons research.

Community residents—outmanned, out-gunned and out-moneyed by BU—have nevertheless enjoyed amazing success. They are beginning to be sought as expert consultants by environmental activists across the country for their ability to fend off a biological arms lab in Boston.

According to community organizer and lead plaintiff Klare Allen, “It’s hard to be grassroots without much ‘grass’ (money)!” Despite the obvious obstacles, in December 2007 the state’s highest court, the SHC (Supreme Judicial Court) confirmed the decision of Suffolk Superior Court Judge Ralph Gants that an additional Environmental Impact Studies must be performed, upholding that the commonwealth’s previous lab approval had been “arbitrary and capricious.” At this point, BU and the National Institutes of Health (NIH) in Washington, D.C. do NOT have state approval or permits needed to open the lab.

In January the Boston Business Journal reported that Boston University’s image among the state’s business leaders plummeted from sixth to 20th place this year, while cross town rival Boston College saw its prestige rise to No. 29.5 percent. “We certainly see results from here,” said Judith Rose, an MNA member and chair of the core group, and “it’s important to continue to work to assure the level 4 lab will never open.”

If you would like to be involved in opposing the level 4 lab, there are a number of projects underway over the next three to six months:

**Volunteer opportunities**

- Join MNA’s Emergency Preparedness Task Force
- Polling neighborhood constituents is the next step in assessing the possibility of placing the lab on the 2008 (or later) election ballot. Contact: Mark Pelletier, badscientist666@yahoo.com
- Sponsoring a Safety Net and STOP the BU Bio-terror lab Coalition National Forum
- The community group is working with a national forum; the core group has met twice with the U.S. EPA concerning funding. The EPA has an environmental justice department that is interested in funding the educational workshops of the Forum. Members have been contacting and surveying other states to see if there is interest in this type of national strategic planning. There has been overwhelming response by all the states that have been contacted. Contact: Mel King, mhhking@mit.edu or Prasannan Parthasarathi, parthasa@bc.edu
- YouTube Interviews

Klare Allen is teaching at New Mission High School. Senior class students have chosen the biolab as their graduating project, and will create a brochure and post it on Stopthebiolab website. Their computer teacher will assist with websites, video and audio clips. The students are also going to video tape themselves and address their feelings concerning the issue and place it on YouTube. Help is needed to call contacts to become involved and to put names in an Excel format. Contact: Cornelia Sullivan, corneliasull@gmail.com

If you would like to be informed of these and other upcoming events or are interested in more information, contact Mary Crotty RN JD, associate director of nursing and other national group websites. Contact: Klare Allen, safetynetrox@yahoo.com

**VNA of Cape Cod’s in-home telemonitoring system benefits patients, health care professionals**

Through the use of new, in-home telemonitoring technology, patients of the Visiting Nurse Association of Cape Cod are getting a check-up daily in the comfort of their homes, allowing for early intervention when a health problem is detected and decreasing both emergency room visits and hospitalizations.

The Honeywell HomMed Health Monitoring System allows patients to check their vital signs daily, allowing irregularities to be caught before they become full-fledged problems. The daily monitoring devices helps eliminate the two or three-day gaps of information that typically occur between home visits, providing patients and their families with increased peace of mind.

Considered as part of the “standard of care” at the VNA of Cape Cod, the telemonitoring devices, about the size of an alarm clock, can collect a variety of vital signs – such as heart rate, blood pressure, oxygen saturation and body weight – in just three minutes time. The system also can be programmed to ask up to 10 “yes/no” questions in 11 languages. Data is transmitted via a telephone line for review by VNA of Cape Cod clinicians.

“We certainly see results from here,” said Judith Rose, an MNA member and chair of the bargaining unit at VNA of Cape Cod. “The impact has been significant; the reduction of patients going to the hospital is substantial.”

The VNA of Cape Cod is one of a rapidly growing network of more than 250 clinical sites in the U.S., Canada and Germany to use the Honeywell Health Monitoring System. Studies conducted by Strategic Healthcare Programs, a healthcare data services company, concluded that the HomMed-monitored patients experience fewer hospitalizations and emergency room visits than unmonitored patients.

**VNA of Cape Cod receives Award of Excellence**

The VNA of Cape Cod is one of two home health agencies in Massachusetts out of 36 to achieve an Award of Excellence for its achievement related to the MassPRO 8th Scope of Work.

The VNA of Cape Cod has significantly reduced its acute care hospitalization rate over the past three years from 32.28 percent in January 2005 to 25.77 percent in December 2007 compared with the calculated reduction of failure mode (RFR) of 29.5 percent.

“This is a remarkable accomplishment and one we are very proud of,” according to Judith Rose, MNA member and chair of the bargaining unit at the VNA of Cape Cod. “By delivering enhanced care to patients in their homes, we are seeing a reduction in the number of patients who must be hospitalized—this is our constant goal.”
Incident at Boston Medical Center alters life and career of RN

Maureen Kontrovitz earned the respect of employers and peers alike throughout her 25 years as a nurse, 20 of which were spent ministering to patients in the ICU. But that stellar career came crashing to a halt one evening in 2007 – and now this veteran RN is trying to pick up the pieces of a life and livelihood that have forever been altered in the aftermath of an on-the-job incident at Boston Medical Center.

“This is a horrific episode I will never be able to forget,” said Kontrovitz, 56, providing details of the Jan. 13, 2007 incident.

Kontrovitz was near the end of her shift in an ICU at Boston Medical Center, at the bedside of a patient who was coming out of anesthesia.

“She had been combative coming out of anesthesia, but had been sedated. She was still attached to multiple lines, but she suddenly started to sit up,” said Kontrovitz, who had worked at BMC for three years prior to the incident. “I approached her and that’s when she clamped her full set of teeth down on my left arm – she had her jaws locked on me.”

Alone in the room at the time, Kontrovitz called for assistance. Four co-workers subsequencely attempted to release the patient’s mouth from her arm when a surgeon stepped in and took dramatic action.

“He put one hand on my wrist and one on my arm and yanked with all his might – the pain I experienced was greater than I had ever had in my life,” said Kontrovitz, noting that following the surgeon’s appalling action she was seen briefly in the ER, offered one ibuprofen, given a prescription for antibiotics and told she could go back to work.

“Neither I nor the patient who bit me were tested for HIV, I was not checked for Hepatitis and given no time off from work—to this day I have not been told to finish it,” she said.

Unable to work for 10 days after what turned out to be a life and career altering episode, Kontrovitz was further disheartened when she learned that the surgeon who had ripped her arm from the patient’s mouth accepted no responsibility for the incident and was less than honest about his part in the event.

With a severely painful and weakened arm that still bore the full mouth imprint of the patient who had bit her, Kontrovitz visited the Employee Health services at BMC upon her return to work, concerned not only about her health but over her ability to perform duties as an ICU nurse.

“I was told to keep using my arm,” she recalled. “I was in continual pain and the arm was in such a weakened condition that I even kept dropping IV bags, and still I was told to keep working.”

By mid-February, with no improvement in her arm and escalated apprehension over her health and capacity to continue working in her unit, Kontrovitz “had had enough.”

At this point, she told her manager that she was experiencing a great deal of pain and weakness in her arm and would not be able to return to work until she saw a specialist.

“So I went home and there was a message on my phone asking me to come in and work extra hours,” she recalled. “I said no.”

Near the end of February, Kontrovitz, who noted that worker’s comp had accepted her case by that time, made an appointment with a doctor at BMC. After three visits the doctor essentially told Kontrovitz there was nothing he could do for her.

She was subsequently diagnosed with nerve damage by a hand specialist unrelated to Boston Medical Center.

Kontrovitz was to spend the next couple months seeking treatment and in physical therapy. During this time she contacted the MNA, after speaking with Eileen McLaughlin, the MNA representative on her floor at BMC. Over the next several months, she was to have numerous conversations and receive assistance from Chris Pontus, MNA health & safety associate director and Joe-Ann Fergus, MNA labor program associate director.

“Chris really listened and that was wonderful because up until then I had felt so totally isolated,” said Kontrovitz. “Chris was very helpful and encouraging.”

“Maureen’s situation was quite compelling from both a health and safety and labor perspective,” said Pontus, noting that “MNA is always there to help guide nurses in situations involving labor disagreements, injury and/or workers compensation.”

“I needed someone to talk to because my entire life was altered; I realized I could never be a bedside nurse again,” said Kontrovitz, who in addition to being a highly regarded nurse is also an equestrian.

In fact, she had relocated to the Massachusetts/New Hampshire area to work with a nationally noted dressage trainer in the hopes of one day opening her own barn.

“That dream has also been crushed by the Jan. 13, 2007 incident,” she said, noting that she has given up hopes of being a professional horse trainer and has had to retract her own horses to be exercised without the reins that she can no longer grasp or control.

In July, surgery was performed on the injured arm, which to this day has little strength and causes her unrelenting pain, despite months of physical therapy.

Although Kontrovitz had been cleared to return to work in a “one-handed, light-duty” job as early as April 2007, BMC declined to use her services in any capacity.

“It seems that if I wasn’t able to perform my duties as an ICU nurse they didn’t want me at all,” said Kontrovitz, who made multiple inquiries about the possibility of performing light duty assignments. Last October she received a termination form letter from BMC and one week later was summoned to a conciliation workers compensation hearing inasmuch as the hospital sought to put a stop to her workers comp payments.

“BMC sought to stop my benefits because I had been cleared for right-handed work, even though they had declined to use me in this capacity,” said Kontrovitz. “In other words, they did not want me in this condition, but they did not want to pay benefits either because I was able to work in some capacity.”

At this point, Kontrovitz looked to Joe-Ann Fergus for the guidance and support that was to help her get through the ensuing months.

“I was left to flounder and Joe-Ann was there for me,” she said.

The cold treatment doled out to Kontrovitz by BMC management also captured the
Workers’ Compensation: A brief overview

By Joe Twarog
MNA Associate Director/Division of Labor Action

The Massachusetts Workers Compensation law provides benefits for loss of wages due to work-related injury or illness, as well as payment for hospital and medical expenses. These payments are made by the facility’s insurance carrier. State law requires that work-related injuries be reported to the Massachusetts Department of Industrial Accidents. The law is the exclusive remedy for workplace injuries, protecting employers from employee lawsuits.

The Massachusetts Workmen’s Compensation Act was passed in 1911. Notably, those who strongly advocated its passage were not workers, but rather the business-supported groups who stood to gain lawsuit immunity from injured employees. This translates into a trade-off whereby workers forgo their right to sue the employer for work-related injuries or illnesses in exchange for a system of compensation benefits. The deal has proven to be a boondoggle for employers, the business community and attorneys, all at the expense of the workers.

It is important to remember this particular history as employers (and often all too many politicians and the media) portray Workers Compensation as some sort of undeserved benefit (or even vacation) that deceptive employees abuse. In "Workers Comp: A Massachusetts Guide" labor attorney Robert Schwartz states that, "Despite incessant complaints about the costs of workers’ compensation, no employer group has ever called for a repeal of the system."

The law, in fact, is not a simple one to access.

It is complex and may be amended from time to time, with the most recent overhaul occurring in 1991. Western MassCOSH (Western Massachusetts Coalition for Occupational Safety and Health) is an independent coalition of labor and community organizations, and injured workers and professionals working together to combat workplace injuries and illnesses) had identified the 1991 reform a “major setback for injured workers. Supported by employers, business groups and their insurance allies, the ‘reform’ cut benefits and hurt injured workers in other ways.” Schwartz lists the 1991 reforms as a “shameful display of blaming the victim” as the state legislature:

• Reduced the total-disability benefit rate to 60 percent of wages
• Shortened the total-disability benefit to three years
• Reduced the partial-disability rate by 10 percent
• Shortened the duration of partial-disability benefits to five years
• Eliminated payments for the first five days of disability (except for extended injuries)
• Reduced cost-of-living benefits
• Eliminated certain injuries from coverage

Despite the popular stereotype of the purportedly generous benefits of the system, the reality is this—the cash benefit does not begin until the sixth day of incapacity, and is retroactive (the first 5 days are not compensated) only if the incapacity lasts 21 days or longer. Then the total disability rate is 60 percent of one’s average weekly wage up to a maximum amount of $1,043.54 (as of Oct. 1, 07-Sept. 30, ’08) which would be equal roughly to $54,264 for a 52-week period. What is key is that when a work-related injury or illness occurs, the employer should report and document the event “as soon as practicable.” The employer then has the responsibility to notify the DIA. Often the employer will contest the worker’s comp claim and the worker will require the assistance of an attorney. Unfortunately, the worker is often treated as suspect by the employer throughout the painful process, requiring an on-going fight to get what is rightfully due the employee.

Summarizing this comprehensive law in limited space is virtually impossible; however there are several useful resources that nurses and health care professionals can access to better understand Workers’ Compensation:

• Workers’ Comp: A Massachusetts Guide, by Robert M. Schwartz
• Hurt on the Job: A Guide to the Massachusetts Workers Compensation System, by Western MassCOSH

... Kontrovitz

From Previous Page

attention of state Rep. Christine Canavan (D-Brockton). The legislator, a former nurse and a staunch advocate for nurses’ rights sent a letter to hospital CEO Elaine Ullian on Kontrovitz’s behalf. That letter, said Kontrovitz, never received the courtesy of a response.

"I’m grateful for everything Chris and Joe-Ann did for me and for Rep. Canavan stepping in—the support was important," said Kontrovitz.

"Last fall when BMC fired me and then tried to stop my workers compensation I was faced with having no income and was close to being on the street; I can’t even describe the anguish I was feeling…and this on top of the physical pain I have to this day as a result of the January 2007 incident," she said. “After a career spent helping others, there I was with no income and no insurance.”

Kontrovitz recently was awarded a lump sum workers comp settlement, one that amounts to one-third of what she was seeking and about three-quarters of what she earned annually at BMC.

Now adapting to “one-armed living” the highly experienced veteran nurse presently works in a telephone triage facility, where she earns about half of her former salary.

“The loss I have experienced is on many levels – my health and income have been compromised, yes, but so has my trust in an institution and a system I hoped would have my well-being in mind to some degree,” she said. “It pains me to say that I was not taken seriously by Boston Medical Center; it was as if the hospital felt I was shirking my duties or trying to get away with a day off.”

Kontrovitz also said the extent of her injuries might have been lessened if health care staff at the hospital was trained in measures to take when confronted with a similar incident. In addition, she pointed to the need for increased staffing.

“I loved my job and I took great pride in it,” said Kontrovitz. “It was a major portion of my identity, so to literally be ripped from it and thrown on the trash heap is devastating.”

“After all is said and done I am left with a hand that is not truly functioning, rebuilding my career from scratch,” she said. “I am left with the very uneasy knowledge that what happened to me could happen to any nurse at BMC, but I am grateful for the MNA’s support and assistance—without it this devastating episode would have been even more difficult.”
Bargaining unit updates

Anna Jacques Hospital

RNs have ratified a new three-year contract that provides wage increases of 14 to 25 percent, along with improvements to the nurses’ health insurance benefits. The contract also includes a provision to improve staffing conditions for nurses and language to protect their union rights.

Brockton Hospital

Following our OSHA inspection regarding the issues of workplace violence, the administration responded by initiating a de-authorization vote. We filed an unfair labor charge and after a thorough investigation were able to prove that this venture did come from administration. The hospital had no alternative but to settle. It must post the notice for sixty days in the cafeteria, human resources and on the hospital intranet. This was a great victory for us. We are having an issue with administration doing away with nursing positions but refusing to honor the reduction in force language. This issue has gone to arbitration and will be heard in November. We also will be preparing for the upcoming negotiations, as our contract ends in December. So, we will be back at the table soon.

Burbank Hospital

Nurses are in the process of electing new officers, revising their bylaws and preparing for upcoming contract negotiations.

Jordan Hospital

On April 11 the nurses at the Jordan Hospital underwent a RIF (reduction in force) procedure as the hospital is planning to close a unit, realign staff and better meet the needs of the community while improving the financial status of the hospital. Management worked closely with labor and we did not lay off one bedside nurse. That being said, it was a very stressful procedure for the entire hospital and we hope management recognizes that and doesn’t choose to use this method in the future except as a last resort. During the “bumping” procedure, nurses conducted themselves like the professionals they are. They remained compassionate and united and deserve many thanks.

In the coming months we will be watching the positions that open up to ensure these displaced nurses are given “recall” rights to their former positions as they become available. We will be watching for the use of per diems. Please remember per diems are only used to cover “down time.” Down time is sick or vacation time for regular bargaining unit nurses. If the per diems are working in excess of those parameters, they are working in a position that needs to be posted. Please inform your nurses’ committee of any instances of per diem misuse.

Mercy Hospital

Carrying signs that read “BE FAIR TO THOSE WHO CARE” and “FAIR WAGES RETAIN RNs,” registered nurses at Mercy Medical Center held an informational picket line on April 15 to inform the public, and their patients, about the lack of progress in their contract negotiations. The RNs have been involved in contract negotiations with management since last October. The 300 nurses make up the MNA bargaining unit at Mercy. The demonstration comes at a time when inadequate wages and staffing conditions are preventing Mercy from attracting and retaining the nursing staff needed to deliver the level of care its patients deserve. Nurses continue in mediation and were slated to return to the table on May 8.

In other news, the hospital has been ordered by an arbitrator to return a nurse to work after being fired.

Merrimack Valley Hospital

RNs have ratified a new three-year contract that provides wage increases of 22 to 33 percent, along with new contract language designed to limit the dangerous practice of mandatory overtime, limit “on call” requirements for nurses, ensure the proper assignment of nurses to patient units, prevent workplace violence and protect nurses’ union rights.

West Springfield School Nurses

An election for new offices has been held. Nurses are presently awaiting dates to negotiate their second MNA contract.

Worcester School Nurses

Nurses continue in mediation with some progress being made in the aftermath of scheduled weekly meetings.
More than 200 nurses, unit chairs, union leaders and health care professionals gathered to share ideas and plan strategies during the 6th Annual MNA Chair Summit held March 12 and 13 at the Doubletree Westborough. Kicking off with a reception on the evening of March 12, the Summit featured keynote speaker David Rosenfeld, a partner at Weinberg, Roger & Rosenfeld in Alameda, Calif., who has been practicing law on behalf of unions for 25 years.

MNA President Beth Piknick presents Summit keynote speaker David Rosenfeld, author of *Offensive Bargaining* with a true blue MNA jacket.


Melissa Krocoszka, chair of Wachusett School Nurses unit, left, and Elaine Bovaird.
OSHA outlines training requirements for first receivers of victims of mass casualty emergencies and chemically contaminated patients

Healthcare workers risk occupational exposures to chemical, biological or radiological materials when hospitals receive contaminated patients during emergency response activities with mass casualties. These hospital employees are called first receivers and generally work at health care facilities remote from the location where the emergency occurred. The health care worker’s exposures to chemical, biological or radiological materials are usually limited to what is transported to the hospital on victims’ skin, hair, clothing or personal belongings.

OSHA considers sound planning to be the first line of defense in all types of emergencies. By tailoring emergency plans to reflect the reasonably predictable “worst-case” scenario under which first receivers might work, the hospital can protect its employees. During mass casualty emergencies, hospitals can anticipate little or no warning before victims begin arriving. In addition, first receivers can anticipate that information regarding the hazardous materials would not be immediately available. Hospitals also may treat a large number of self-referred victims.

The appropriate healthcare employee training and personal protective equipment selection are defined in the OSHA standards. Each healthcare employee’s role and the hazards the employee might encounter determine the level of training that must be provided to any individual first receiver. Personal protective equipment selection must be based on a hazard assessment that carefully considers both the healthcare employee’s role and the hazards the employee might encounter, along with the steps taken to minimize the extent of the employee’s contact with hazardous substances.

Unprotected healthcare workers can be injured by secondary exposure to hazardous substances when they treat contaminated patients. Secondary exposure of healthcare workers is usually limited to a level at which chemical protective clothing (including gloves, boots, and garments with openings taped closed) and powered air purifying respirators (PAPR) will provide adequate protection from a wide range of hazardous substances to which first receivers most likely could be exposed.

The training indicated for first receivers depends on the individuals’ roles and functions and the likelihood that they will encounter contaminated patients. The OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) standard (29 CFR 1910.120) First Responder Operations Level and First Responder Awareness Level training meet the requirements for first receivers in certain roles and positions. For example, all employees with designated roles in the hospital decontamination zone including decontamination staff, clinicians, and security staff must be trained to the Operations Level including initial training and an annual refresher. For employees whose role in the hospital decontamination zone was not previously anticipated such as those who are called in incidentally (i.e. medical specialist or trade person such as an electrician), a briefing at the time of the incident will be appropriate.

Employees such as security personnel, set-up crews and patient tracking clerks who are assigned only to patient receiving areas proximate to the decontamination zone where they might encounter, but are not expected to have contact with contaminated victims or their belongings must be trained to the Awareness Level including initial training and an annual refresher. This group also includes emergency department clinicians, clerks, triage staff, and other employees associated with emergency departments who might encounter self-referred contaminated victims without receiving prior notification that such victims have been contaminated. In each case, the training must be effective. It must be provided in a manner the employee is capable of understanding.

For more information please visit the OSHA website at www.osha.gov. Specifically, the OSHA publication, OSHA Best Practices for Hospital-Based First Receivers of Victims reviews and expands upon the ideas outlined in this article and is designed to provide hospitals with practical information to assist them in developing and implementing emergency management plans that address the protection of hospital-based emergency department personnel during the receipt of contaminated victims from mass casualty incidents occurring at locations other than the hospital. Among other topics, it covers victim decontamination, personal protective equipment and employee training, and also includes several informational appendices. Additional information on emergency preparedness can also be found on the OSHA Web site under Safety and Health Topics, Emergency Preparedness and Response.

This article was developed cooperatively through the MNA – OSHA – Mass. Division of Occupational Safety Alliance.

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Congress on Nursing Practice seeks additional members

The Congress on Nursing Practice is responsible for identifying issues and practices impacting the nursing community, and it is currently working to develop a mentorship program for members and a position statement specific to the compact legislation filed by the Board of Registration in Nursing.

The Congress meets on the fourth Monday of each month, from 5:30–7:30 p.m., at MNA headquarters in Canton.

If you are interested in joining the Congress on Nursing Practice, please contact Dorothy McCabe, director of the MNA’s divisions of nursing and health and safety, at 781-830-5714 or via e-mail at dmccabe@mnarn.org.
Programs Available:

- **Workplace Violence**
  The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

- **Fragrance Free! Creating a Safe Health Care Environment**
  The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

- **Latex Allergy Program**
  The goal of this program is to provide nurses and other healthcare workers with information related to the frequency and severity of latex allergy and prevention strategies to protect themselves and their patients from allergic reactions.

- **Fatigue and Sleeplessness**
  The purpose of the program is to enable nurses and health care providers to recognize the dangers associated with sleeplessness and fatigue on their own health and safety and on that of their patients, and to utilize skills to combat fatigue.

Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the Post-Test and complete the Program Evaluation. To pass the Post-Test, you must achieve a score of 80% or above. Your certificate of completion will be available immediately, from the “My Account Page”, upon successful completion of the program.

Accreditation

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

*All programs are free of charge to MNA members and others.*
**MNA Elections**

**MNA 2008 Preliminary Ballot**

**Vice President, Labor, 1 for 2 years**  
Donna Kelly-Williams

**Treasurer, Labor**, 1 for 2 years

**Director, Labor**, 5 for 2 years (one per Region)
- Region One
- Region Two
- Region Three
- Region Four
- Region Five
- Ginny Ryan

**Director At-Large, General, 4 for 2 years**  
Gary Kellenberger

**Director At-Large, Labor, 3 for 2 years**  
Diane Michael

**Nominations Committee, 5 for 2 years (one per Region)**
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5

**Bylaws Committee (5 for 2 years) (one per Region)**
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5

**Congress on Nursing Practice (6 for 2 years)**
- Beth Amsler
- Marianne Chisholm
- Ellen Deering
- Susan Lipsett
- Marian Nudelman
- Linda Winslow

**Congress on Health Policy (6 for 2 years)**
- Terri Arthur
- Mary Bellistri
- Mary Anne Dillon
- Patti Duggan
- Sandy LeBlanc
- Gail Lenehan
- Elizabeth O’Connor
- Kathleen Sperrazza

**Center for Nursing Ethics & Human Rights**
- (2 for 2 years)

**At-Large Regional Council**
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Peggy Kilroy
- Ann-Marie Mrozinski
- Joanne Wenhold
- Gail Bean
- Mary Wignall
- Sandra Hottin
- Irene Patch
- Ellen Smith
- Dan Rec
- Donna Kelly-Williams

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program.

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**Massachusetts Nurses Association**

**The MNA Seeks an Associate Director, Division of Nursing**

Proven educator with extensive current clinical practice in acute care. Requirements for the position include knowledge of clinical practice and the regulatory issues related to nursing practice. Documented experience in planning, presenting, implementing and evaluating nursing education programs. Experience in researching and writing articles for publication related to nursing practice. Collaborative skills in working with nursing and other health related groups. Documented collaborative skills. Experience in working with direct care nurses. Accountable for carrying out activities related to the labor goals of the Association. Master’s degree in nursing required.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience. Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, 340 Turnpike St., Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.
The MNA sponsored three educational programs for senior nursing students entitled “The Real Nursing World – Transition from Student to RN” in March and April. The programs provided senior nursing students with strategies for the transition from student to professional nurse and offered an exclusive job fair for new graduate nurses.

The programs were held March 26 in Worcester, April 3 in Springfield, and April 9 in Randolph. The MNA has offered this type of program for a number of years and the response from faculty and students continues to increase annually.

The highlight of this year’s programs was the return of Don Anderson CMSRN, MSN, Ed.D. Anderson shared some of his strategies for successfully preparing and passing the NCLEX boards. A recognized leader in NCLEX preparation, Anderson is the owner of Test Preparation Specialist.

Program attendees were enthusiastic and eager to learn from the panel of recent graduates, as well. The programs were deemed a huge success by the students as reflected in their evaluations of the three events.

The programs were free of charge to all senior nursing students and instructors. Area hospitals and other healthcare facilities were invited and prior to the program discussed new-graduate orientation programs and employment opportunities. This mini job fair proved to be a successful recruitment venue for many nurse recruiters in the area.

This year’s effort made it possible for more than 550 senior nursing students to share in this exciting opportunity and take full advantage of a timely learning experience.

Plans are in the works for our 2009 transition programs to be held next April. If you would like more information about this remarkable opportunity, contact Carol Mallia RN, MSN, associate director, Department of Nursing at 781-830-5744 or cmallia@mnarn.org.

MNA membership dues deductibility for 2007:

The table below shows 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.

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<th>Region</th>
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TRAVEL TO EUROPE WITH MNA IN 2008

**British Panorama**
October 17th - 25th • $1859
This 8 night tour of England, Scotland and Wales will feature: London, Bath, Cardiff, York, York Rotherham and Edinburgh.

**Grand Tour of Sicily**
October 30th – November 7th • $1769
Tour the highlights of Sicily on this 7 night grand tour. The featured tours will include: Palermo, Segesta, Marsala, Sciacca, Agrigento, Valley of the Temples, Piazza, Armerina, Taormina, Catania, Mount Etna and Siracusa.

Prices include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early.

* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes, fuel tax and travel insurance are not included in the listed prices. Credit card purchase price is $30 higher than listed price. For more information on these great vacations and to be placed in a database to receive yearly flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing address.
MNA Continuing Education Courses
Summer & Fall 2008

Pandemic Flu: Preparations in the Workplace

Description: This program will provide nurses and others with an understanding of the complexity of influenza viruses over time. The MDPH will present the Flu Care at Home Educational Initiative. U. S. Department of Labor representatives will discuss training issues related to worker health in the event of a pandemic, particularly Respiratory Protection.

Speakers: Robert Naparstek, M.D., Caritas Good Samaritan
Ashley Barrat, MPH, Massachusetts Department of Public Health
Maryanne Medeiros, U.S. Department of Labor OSHA
Joanne Regan, U.S. Department of Labor OSHA

Date: July 30, 2008
Time: 8:30 a.m. – 3 p.m. (lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $50
*Requires $25 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Susan Clish, 781-830-5723 or 800-882-2056, x723

Basic Dysrhythmia Interpretation

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

Speakers: Mary Sue Howlett, BSN, RN, CEN
Carol Mallia, MSN, RN

Dates: September 10, 2008 – Part One
September 17, 2008 – Part Two
Time: 5 – 9 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: 6.7
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Workplace Violence and Domestic Violence

Description: This program, Workplace Violence and Domestic Violence: Similarities and Differences, is designed to provide nurses and others with information and skill to recognize and address workplace violence in the settings where they work and domestic violence that may occur to their patients, co-workers and others. Recognizing violence, reporting violent incidents, holding perpetrators accountable and assuring that post traumatic care is provided to all survivors of any violence will be addressed. Additionally, this program gives participants an opportunity to learn about prevention strategies and assist survivors of these unfortunate events.

Speakers: Jonathan Rosen, MS, CIH, New York State Professional Employees Federation; Ronald Nardi, MSN, APRN, Veterans Administration, Newington, Conn; Annie Lewis O’Connor, PhD(c), MPH, APRN; Thomas Kirkman, Assistant District Attorney, Cape & Islands District Attorney’s Office

Date: September 11, 2008
Time: 8:30 a.m. – 4 p.m. (light lunch provided)
Place: Resort and Conference Center at Hyannis, 35 Scudder Ave., Hyannis
Fee: MNA Members Free*; Others $50
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Susan Clish, 781-830-5723 or 800-882-2056, x723

Differentiating Depression, Dementia and Delirium

Description: This program, Solving the Puzzle: Differentiating Depression, Dementia and Delirium, will enable the nurse to positively impact care through an understanding of depression, dementia and delirium, including common etiologies, treatments and intervention strategies.

Speaker: Susan S. Brill, APRN, BC

Date: September 22, 2008
Time: 5 – 9 p.m. (light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $95
*Requires $25 deposit which will be returned upon attendance.
Contact Hours: 2.1
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

ACLS Certification and 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, defibrillation 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. Attendees of this course must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in the areas of acute and critical care.

Speaker: Carol Mallia, RN, MSN; Mary Sue Howlett, BSN, RN, CEN and other instructors for the clinical sessions

Dates: Oct. 8 & Oct. 15, 2008 (Certification)
Oct. 15, 2008 (Recertification)
Time: 9 a.m. – 5 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: Certification: MNA members Free*; others $250
Recertification: MNA members Free*; others $195
*Requires $75 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Holistic Nursing—The Art and Science of Care

Description: Learn how holistic nursing can help you to renew your commitment to nursing and prevent burnout. Various healing arts will be explored. Experiential sessions allow you to experience the art and science of self-care and transpersonal caring. Learn how you can become more present while experiencing increased joy and satisfaction in your nursing role and how to become a part of a healing environment where everyone benefits—you, your patients, your colleagues and your employer. Expand your vision of nursing while increasing self-awareness.

Speakers: Amanda Murphy, RN, BA, HNC, CCAP

Date: Oct. 17, 2008
Time: 8 a.m. – 4 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: TBA
Contact Hours: 6.2
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794
Diabetes 2008: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 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. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker: Ann Miller, MS, RN, CS, CDE
Date: Oct. 30, 2008
Time: 8 a.m. – 4 p.m. (*light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: 6.0
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

OSHA 10 Hour General Industry Outreach Training

Description: Health and Safety at Work: Learn about OSHA requirements for Health and Safety in your hospital. (Registration is limited to 30 participants.)

Speaker: Evie Bain, OSHA Authorized Trainer
Time: 8:30 a.m. – 3:30 p.m.
Place: MNA Headquarters, Canton
Fee: No charge to MNA members or to members of the Massachusetts Association of Occupational Health Nurses (MAAOHN) Fee for all others: $45 for the OSHA Standards Textbook
Contact Hours: 6.0 contact hours for each part; total 12.0; OSHA certificate to those who attend Parts 1 and 2
MNA Contact: Susan Clish, 781-830-5723 or 800-882-2056, x723

Interpreting Laboratory Values

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 neoplastic 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. (Class size limited to 25 participants.)

Speaker: Mary Lou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner
Date: Nov. 5, 2008
Time: 8 a.m. – 4 p.m. (*light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $195
*Requires a $50 deposit which will be returned upon attendance.
Contact Hours: 6.0
MNA Contact: Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

Advanced EKG Interpretation

Description: TBA
Speaker: Janet Eagan, RN, MS
Dates: Oct. 20, 2008 – Part 1
Oct. 27, 2008 – Part 2
Time: 5 – 9 p.m. (*light supper provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: 3.7
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Critical and Emerging Infectious Diseases

Description: This program will provide nurses with current information regarding critical infectious diseases—e.g., MRSA, C. Difficile and emerging infectious diseases—e.g., Influenza, Ebola, BSE (Diseases listed as examples are subject to change as current healthcare events dictate.) The morning session will address the epidemiology, signs/symptoms, treatment and prevention of specific diseases. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

Speakers: TBA
Date: Nov. 14, 2008
Time: 8 a.m. – 4 p.m. (*light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA Members: Free*; Others: $195
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Safe Patient Handling

Description: This program will address many of the issues and concerns as well as the current possible solutions related to the age old and ongoing problem of safe patient handling in the field of nursing.

Speakers: TBA
Date: Nov. 21, 2008
Time: 8 a.m. – 4 p.m. (*light lunch provided)
Place: Lombardo’s, Randolph, Mass.
Fee: MNA Members: Free*; Others: $50
*Requires $50 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Susan Clish, 781-830-5723 or 800-882-2056, x723

Mechanical Ventilation

Description: This program will enable the nurse to assess and manage common cardiac and respiratory emergencies.

Speakers: TBA
Date: Nov. 25, 2008
Time: 5 – 9 p.m. (*light supper provided)
Place: MNA Headquarters, Canton, MA
Fee: MNA Members: Free*; Others: $95
*Requires $25 deposit which will be returned upon attendance.
Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Registration information, more courses: next page
MNA re-accredited as a provider of continuing nursing education

The American Nurses Credentialing Center Commission on Accreditation (ANCC COA) has granted the Massachusetts Nurses Association six-year accreditation as a provider of continuing nursing education. MNA has voluntarily sought and obtained ANCC COA accreditation for many years. ANCC COA accreditation means that MNA is continually reviewed by experts in continuing nursing education to ensure that we comply with current educational and nursing standards. Last year MNA educated 6,249 program participants in face-to-face and on-line educational activities. Continuing education programs provided solely by MNA are free to members.

Addictions 2008: A Comprehensive Approach for Nurses

Description: This program will provide nurses with a comprehensive overview of Addictive Disorders. Presentations encompass current research on the etiology, pharmacological treatments and lifestyle changes required to effect positive long-term outcomes. Evidence-based interventions will be described. Presenters are advanced practice nurses, family members and leaders in the field of Addictions treatment. This unique educational offering promises to provide tangible contributions to support clinical nursing practice.

Speaker: Donna White, PhD, RN, CS, CADAC
Other presenters to be announced

Date: December 3, 2008
Time: 8:00 a.m. – 4:00 p.m. (light lunch provided)
Place: MNA Headquarters, Canton
Fee: MNA Members Free*; Others $195
*Requires $50 deposit which will be returned upon.

Contact Hours: Will be provided.
MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Basic Spanish for Health Care Professionals

Sept. 2, 9, 16, 23 and Oct. 7, 2008
5:30-8:45 p.m. at MNA Office, Canton
Light supper served at 5 p.m.

- Enrollment limited to 20 participants
- Registration on a space-available basis
- This program does not award continuing nursing education contact hours
- Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794 for further details

This 15-hour training program offers RN’s a chance to learn conversational Spanish to assist them in communicating with patients and their families.
It’s Time…

- To Utilize Your Experience
- To Make Fulfilling Career Choices
- To Help Children & Adolescents
- To Become a Leader in:

Child & Adolescent Mental Health Nursing

Northeastern University School of Nursing was awarded a HRSA grant to expand the Masters in Nursing specializing in child and adolescent mental health nursing, focusing on psychopharmacology and underserved populations. To learn more, visit: www.childpsychiatricnursing.neu.edu or contact us at 617.373.5587 or capnursing@neu.edu

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

Boston Metropolitan Area
- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeufe Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30–7:30 p.m.

• Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.
• NCare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225 Mondays, 6–7 p.m.

Northern Massachusetts
- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Teri Gouin, 978-352-2131, x15. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O’Neil, 781-979-0262. Sundays 8:30–7:30 p.m.

Southern Massachusetts
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed., 5:15 p.m. & coed at 6:30 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.

Western Massachusetts
- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.

Other Areas
- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Tuesdays, 7:30–8:00 p.m.

Just for being an MNA member, you and all household members are entitled to savings on your automobile policies, this includes newly licensed drivers!

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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 peers who understand the challenges of addiction in the health care profession.

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Automobile Savings
Discounts of 5%. Convenient fee free EFT available.

Homeowners Policy
20% discount when we write your home and automobile policy. 3% renewal credit after one year the policy has been in effect.
The MNA Labor School educates members—soup to nuts—on a variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may select any track and may attend at any location. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

For more information, contact your local Regional office or the MNA division of labor education at 781-830-5757.

### Track 3: Building the Union & Computer Skills Training

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<thead>
<tr>
<th>Week</th>
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<td>Useful for Mapping Facilities, Costing Contracts, Tracking</td>
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<td>Running Effective Union Meetings</td>
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### Track 4: Labor Laws & Special Topics

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<td>Fair Labor Standards Act</td>
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<td>Overtime Rules</td>
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<td>Labor-Management Reporting &amp; Disclosure Act (LMRDA)</td>
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<td>Union Officer Elections</td>
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<td><strong>Week 3</strong></td>
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<td>Age Discrimination in Employment Act (ADEA)</td>
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<td>The Worker Adjustment and Retraining Notification Act</td>
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<td>The NLRB and Kentucky River/Oakwood Cases</td>
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<td>Nurse Supervisor Issues, HIPAA</td>
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The MNA Labor School is expanding to six tracks. New dates for all Regions will be announced this summer.

### Labor School Locations

**Region 1, Western Mass.**
241 King Street
Northampton
413.584.4607

**Region 2, Central Mass.**
365 Shrewsbury St.
Worcester
508.756.5800

**Region 3, South Shore/Cape & Islands**
60 Route 6A
Sandwich
508.888.5774

**Region 4, North Shore**
10 First Avenue, Suite 20
Peabody
978.977.9200

**Region 5, Greater Boston**
MNA Headquarters
340 Turnpike Street, Canton
781.821.8255

For further details:
www.massnurses.org
781-830-5757
Discount Mortgage Program

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- 10% Discount On Homestead Act
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- Free Review of Purchase & Sales Agreement
- Program Available to Direct Family Members

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The Massachusetts Nurses Association has partnered with Reliant Mortgage Company to create a discounted home loan program for MNA members and their direct families. As the only MNA-endorsed mortgage lender, we provide low rates, group discounts, straight-forward advice, and quick results for MNA members and their families.

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Oil Buying Network ........................................... 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or $150 per year.

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**BROOKS BROTHERS DISCOUNT**

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Discounts can be used for both personal and business travel. (For MNA discount AWD, call 781-830-5726.)

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