

the Massachusetts

# nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 89 No. 2



ADVOCATE

## LGH Nurses Settle Winning Contract

see page 10



July 2019



Massachusetts Nurses Association

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# MNA in Pictures



Members from the mother/baby unit at UMass Memorial pose with the Red Sox's 2018 World Series Trophy at the MNA's annual Clinical Conference.



Saint Vincent Hospital RNs looking good with the Sox's 2018 trophy.



Saint Vincent Hospital nurses in Worcester at the Red Sox "Nurses Night" game!



RNs from the Wound Center at St. Elizabeth's Medical Center with Donna Kelly-Williams at "Nurses Night" at Fenway Park in May.



Donna Kelly-Williams and Donna Stern at the National Medicare for All rally in Washington, D.C. in April.



Just a few of the MNA's dedicated Unit 7 members at their State Council meeting in April.



Donna Kelly-Williams

**S**ummer! A time to shift gears, enjoy warm days, and hopefully escape to a place that lets you recharge your batteries. I cannot think of a group of people who deserve to enjoy this time of year, and the vacations that often come with it, more than nurses. You all work tirelessly for your patients, and it's my hope that you will all be able to get some R & R as the dog days of summer roll on.

For the MNA Board of Directors and staff, some of our summer activities are going to include preparing for the full-on launch of our "MNA 2025" campaign. MNA 2025 is a member-driven campaign that will result in the development of a five-year plan. When completed, this plan will map out where we want to be in the future as well as how we are going to get there. It is a powerful tool, and one that is critical to reaching the goals that you, the members, decide upon.

Many of you are already aware of the plan, because in the spring we launched a related online survey ([MassNurses.org/MyMNA/MNA-2025-survey](http://MassNurses.org/MyMNA/MNA-2025-survey)). In the last newsletter, I invited people to reach out with any related thoughts and ideas they had. Shortly thereafter, we created an email address that is being used exclusively for the MNA 2025 campaign: [mna2025@mnarn.org](mailto:mna2025@mnarn.org). Valuable feedback has already come in via that address, and we encourage you to use that email to share your suggestions as well. No suggestion is too small! No suggestion is too big! And no question is foolish! YOU are the MNA and your input counts, so please send it along.

For those of you who prefer group discussions and brainstorming to emails, we have opportunities for you as well. We

will soon be traveling across the state, meeting with members at a variety of venues and events, including at open meetings in bargaining units, CEU programs, and committee meetings. Additionally, we will be holding MNA 2025 meetings at each Region Office during the month of September:

**Region 1:** Monday, Sept. 16 @ 5:30 p.m., 241 King Street, Suite 226, Northampton

**Region 2:** Thursday, Sept. 12 (time TBA), 365 Shrewsbury Street, Worcester

**Region 3:** Tuesday, Sept. 24 @ 6 p.m., 60 Route 6A, Sandwich

**Region 4:** Wednesday, Sept. 11 @ 5 p.m., 50 Salem Street, Building A, Lynnfield

**Region 5:** Tuesday, Sept. 17 (time TBA), 340 Turnpike Street, Canton

A light dinner will be served at each meeting, and the meetings are open to all members. Simply RSVP to [rgannon@mnarn.org](mailto:rgannon@mnarn.org) and we will take care of the rest.

The MNA has engaged in five-year plans in the past, and they have led to many important decisions — small decisions that have shaped how we operate day-to-day, and enormous decisions that have led to us being recognized as the most important and influential nursing organization in the Commonwealth. I look forward to building on that work and partnering with you on what comes next for both the Massachusetts Nurses Association and the patients who have come to depend on our advocacy work. ■

*Donna Kelly-Williams, RN*

**Share your vision for MNA 2025!**

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*RSVP to [rgannon@mnarn.org](mailto:rgannon@mnarn.org); light dinner provided.*

**the Massachusetts nurse**

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# Enhanced Nursing Compact Licensure: What It Is, Why You Should Be Worried, and Why the MNA Opposes It

by Judith Parè, PhD, RN, MNA Director of Nursing;  
Mary Crotty, JD, MBA, BSN, MNA Associate Director of Nursing;  
Peg Tayler, MEd, MS, RN, MNA Associate Director of Health & Safety

## What is Enhanced Nursing Licensure Compact?

The Enhanced Nursing Licensure Compact (eNLC) is an agreement between 29 states that allows nurses to have a single nursing license and the ability to practice in any of the other participating states. To become an eNLC state, individual state governments must pass proposed legislation that changes existing local laws around nursing licensure. On its face this sounds appealing, but in practice? Not so much.

For several legislative sessions now, the Massachusetts state legislature has been trying to pass local laws that will make Massachusetts an eNLC state (also known as a “Compact state”), with the current session’s bills filed as “Nursing Interstate Compact” (SB103/HB1944).

Having thoroughly reviewed the details of Compact, including how it has affected nursing practice and patient care in other states, the Massachusetts Nurses Association is vigorously opposed to becoming an eNLC/Compact state. It is dangerous for patients and nurses alike.

## Background

The eNLC was designed to expedite the process for a nurse who is licensed in one state to practice in another state, without a time delay from filing for reciprocity between the states. For example, if Massachusetts were to join the Compact agreement, a Massachusetts registered nurse who relocates to North Carolina could begin employment as soon as she/he secured a position there or as soon as her hospital system, or temporary employment agency, needs her in another state. Currently, if that same nurse were to relocate to North Carolina, they would need to notify the North Carolina Board of Registration in Nursing in writing of their plan to relocate, request a North Carolina license, and pay the license fee.

Currently most nurses report that the wait time for an out-of-state license averages two to three weeks. This is not an undue delay for a nurse relocating to another state, because those weeks provide nurses with the time needed to prep and prepare for employment while offering the employer time to properly oversee and orient the new nurse. Further, the VALOR Act already allows for expedited licensure for military personnel and spouses.

Although the proponents of Compact claim that multistate license is simpler and faster, the realities are anything but seamless and have left nurses and their patients with far more questions.

The truth about the eNLC and its implementation is that it has failed to improve public safety and is now putting nursing practice in the various Compact states in jeopardy. Proponents of the eNLC have spread several myths regarding the current state of nursing practice in Massachusetts. The MNA wants its members to understand the realities of the eNLC in order to address these falsehoods and protect patient safety in our state.

***The Massachusetts Nurses Association is vigorously opposed to becoming an eNLC/Compact state. It is dangerous for patients and nurses alike.***

## Myths vs. Facts

**Myth #1:** *The eNLC will be the solution to the supposed nursing shortage*

Massachusetts does not have a shortage of registered nurses. In fact, the Commonwealth of Massachusetts is fortunate to have an abundance of nursing graduates. There are approximately 3,500 students enrolled in accredited nursing programs based in Massachusetts who graduate annually. During the past five years that has translated into 18,000 nursing graduates entering the workforce. These graduates are often forced to leave the Commonwealth in order to procure positions in acute care settings. Compact is a solution to a nursing shortage that, for us in Massachusetts, does not exist.

**Myth #2:** *The eNLC will bring more highly qualified nurses to patients’ bedsides*

In reality, eNLC is about removing Massachusetts RNs

from the care setting and using technology to have nurses in other Compact states be responsible for the care of patients — outsourcing nursing care to out-of-state call centers and replacing bedside nurses. The qualities that have made our nursing practice distinctive, powerful, and worthy of emulation by other states would be diluted by a flawed system that ignores the uniqueness that is defined by the Massachusetts Nurse Practice Act.

**Myth #3: Compact will Standardize Nursing Care and Nursing Education Across the United States**

Massachusetts is considered by most to be a medical mecca, offering stellar educational programs in both medicine and nursing. In 2014, the Legislature mandated continuing education for nurses in the areas of domestic and sexual assault education. In 2018, an additional mandate for Alzheimer training was passed by the Legislature. The passage of Compact leaves the mandate for these educational programs in limbo and it would give nurses from Maine, Connecticut, and Vermont the ability to cross state lines and provide care to residents within the Commonwealth without the continuing education experience and a knowledge of the nuances between the various states' Nurse Practice Acts. Once again, the eNLC is a solution to a problem that does not exist.

**Myth #4: The Nationwide Shortage of Nursing Faculty will be resolved by the eNLC**

The number of students who continue to enter our local nursing programs has further added to the issue of the real shortage of nursing faculty that exists nationwide. However, it would be inaccurate to state that this shortage can be attributed to the plethora of students. This shortage relates to many weaknesses that exist in our educational system, and these weaknesses would not be addressed by the passage of the eNLC. Currently, a mere 2% of nurses are trained at the doctoral level, and doctoral education is a requirement for most faculty positions. The bigger problem that is feeding this shortage is the pay inequity that currently exist. Nursing faculty should be paid a wage that is concurrent with their experience and level of education. The proposed eNLC (Compact) legislation does not address this issue; it would only add to the complexities of these concerns.

**Myth #5: Nurses will be able to practice solely on their eNLC Compact License**

The issue of a nurse working within their Compact privilege even though they may be a resident of a different state continues to be unanswered by the proponents of eNLC. The states' Boards of Registration in Nursing currently have no way of tracking those nurses or enforcing the home-state licensure standards. Also, the lack of an effective tracking process can have grave implications on a nurse's ability to practice in any state if they are facing a pending disciplinary action. This reality puts nurses' licensure and the safety of our patients in jeopardy.

**Myth #6: Nurses will be able to move from state to state quickly and freely without the burden of time or added costs**

The eNLC allows for immediate posting, across all Compact states, and that includes all potential disciplinary concerns, prior to a final determination. There are documented cases of nurses who have been forced to defend themselves in multiple states even when their cases had no cause or merit. These nurses have been forced to spend thousands of dollars and months/years hiring attorneys to defend them against unfounded accusations in order to regain their license to practice. Nurses must be educated on these facts and let their voices be heard in opposition to this flawed system.

**Myth #7: eNLC will empower the Board of Registration in Nursing**

The reality of Compact is that an unelected commission, created by the eNLC, gains in power each time a state approves and signs on to the legislation. If Massachusetts moves forward into the Compact agreement it would have only one vote on this national commission. Additionally, instead of our state Board of Registration in Nursing conducting appropriate licensure background checks of prospective RNs in Massachusetts, an outside third party would now rake in big revenue from taking this over. The Enhanced Nurse Licensure Compact Commission would be empowered to enact binding rules for Massachusetts RNs without oversight, all while the licensure revenue that currently stays here and funds essential state-wide nursing programs (such as SARP) is sent away to a national group.

**State vs. Federal Standards**

Currently the state's laws and standards determine nursing practice and licensure. That is how the Commonwealth came to have its highly regarded Nurse Practice Act. With eNLC in place, those laws and standards will be watered down, jeopardizing our patients and practice. Proponents of the eNLC would ask you to consider the benefits of Compact as a "national standard for licensure." However, the MNA knows that the realities of this proposed standard would result in our local nursing practice being reduced to the lowest common denominator. ■

**The MNA asks you to oppose this legislation for the protection of your practice and the safety of patient care. Call your local legislator and ask them to oppose Nursing Interstate Compact (Senate Bill 103 and House Bill 1944).**

**Need your legislator's contact information? Visit [http://bit.ly/MNA\\_LocateMyLegislator](http://bit.ly/MNA_LocateMyLegislator)**

# THE STATE OF NURSING IN MASSACHUSETTS



## Latest 'State of Nursing in Massachusetts' Survey Shows Need for Both Safe Patient Limits and Related Fact-Finding Legislation

Registered nurses throughout Massachusetts report that the quality of care in the Commonwealth's hospitals is suffering as nurses have less time to spend with patients who are getting sicker each year, according to the 2019 "State of Nursing in Massachusetts," a survey released annually during National Nurses Week.

The randomized survey of Massachusetts RNs — conducted April 2-18 by Boston-based Beacon Research — shows that almost every nurse supports legislation to independently study nursing and patient care following the Question 1 ballot campaign, in which hospital executives used multiple inappropriate political tactics to misinform voters about Safe Patient Limits.

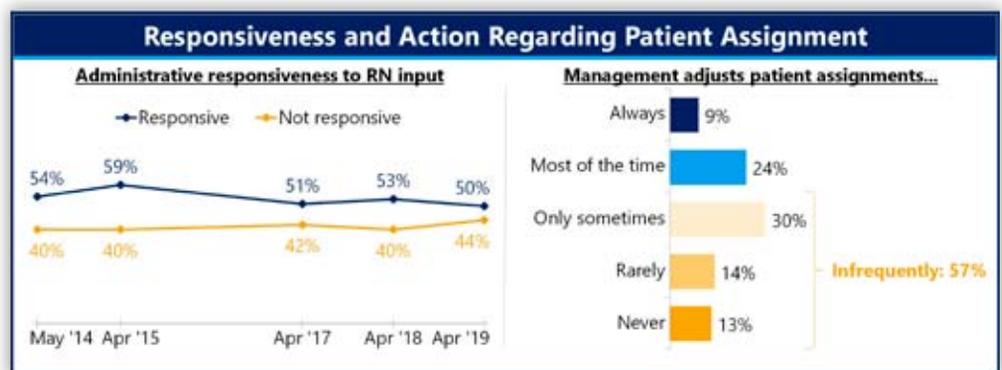
"Nurses are crying out for help to care for the sickest, most vulnerable members of our communities," said MNA President Donna Kelly-Williams. "When a nurse has too many patients too care for at one time, and hospital executives do nothing about it, the quality of care suffers."

For the first time since 2014, nearly twice as many nurses say the overall quality of care in Massachusetts hospitals has gotten worse (39%) rather than better (21%). A record-high number of nurses now believe that the quality of care is getting worse.

Nurses are also grappling with sicker patients. Nearly nine-in-ten (88%) think patients today are sicker than patients a decade ago, up seven points from last year. Fully six-in-ten nurses (61%) think patients are much sicker now.

### Patient Assignments and Hospital Non-Responsiveness

The staffing situation is not improving: a record-high 44% say staffing has gotten worse in the past four years, and a similar number say it has worsened since October. Two-thirds of nurses (65%) believe nurses at acute care hospitals are assigned too many patients to care for at one time. Just a third report that management typically adjusts patient assignments when they become unsafe.



"Patient care conditions have actually grown worse since last year, when the hospital industry pledged to address this problem after misleading the public about the evidence supporting Safe Patient Limits," Kelly-Williams said. "Executives have not only failed to follow-through on addressing unsafe staffing, they have not even requested a meeting with the nurses and other coalition members behind Question 1."

Surveyed nurses report similar inaction: A record-high 44% of nurses find that hospital administrators are not responsive to feedback from RNs regarding patient loads and nurse staffing levels. Nearly six in ten (57%) report that management does not consistently adjust patient assignments when needed.

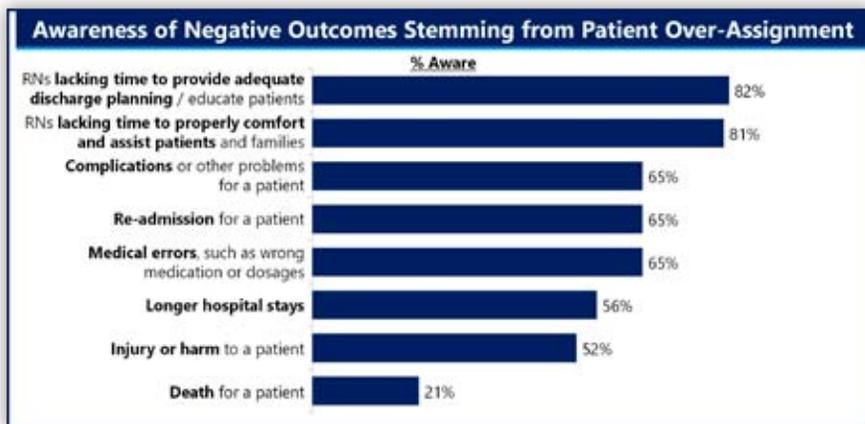
## Patients at Risk

Faced with this industry-created crisis, nurses have filed thousands of unsafe staffing reports with administrators at hospitals across Massachusetts. These reports document instances where nurses were forced to take excessive patient assignments that “pose a serious threat to the safety and well being of [my] patients.”

“Objection and Documentation of Unsafe Staffing” forms, as they are called, are used by nurses in all MNA-represented hospitals, which is 73% of acute care hospitals. They are a tool for nurses to document, in real time, any situation where they come on their shift and are given an assignment that is unsafe for their patients, and that prevents them from delivering the quality care those patients require.

“The State of Nursing in Massachusetts” survey demonstrates that registered nurses—both union and non-union—believe such unsafe staffing conditions put patients at significant risk. Six in ten feel patient over-assignment decreases the quality of care they can provide, including 50% who say unsafe patient assignments greatly decreases the quality of care.

There is widespread awareness of specific negative patient outcomes arising from unsafe patient assignments. Two-thirds of nurses have seen medical complications (65%), re-admission (65%), and medical errors (65%) stemming from unsafe patient loads.



## Hospital Industry Misinformation and a Call for Independent Fact Finding

During the 2018 campaign for Safe Patient Limits, hospital executives distributed materials opposing the initiative to patients, and also mailed opposition materials to patients’ homes. More than two-thirds of nurses (68%) feel these campaign activities were inappropriate.

“It is clear from the severity of this problem and from the misinformation spread by hospital executives why nurses who care for patients in all types of settings back legislation to provide more independent studies about our nursing work-

force and the patient care environment,” Kelly-Williams said.

Nearly all nurses (93%) support the creation of an independent legislative commission to conduct studies on the state of nursing in Massachusetts. The Workforce Development and Patient Safety Act (SB 1255/HB 2004) is sponsored by Senator Diana DiZogio and Representative Dan Ryan. The bill will:

- Examine the makeup of the current nursing workforce.
- Determine the nursing needs for the Commonwealth over the next several decades.
- Provide an independent, evidence-based analysis of issues affecting the RN workforce, including but not limited to workplace staffing, violence, injuries, and quality of life.
- Use the results of these studies to determine the path forward for setting safe patient limits in the state’s acute care hospitals to ensure optimum patient care.

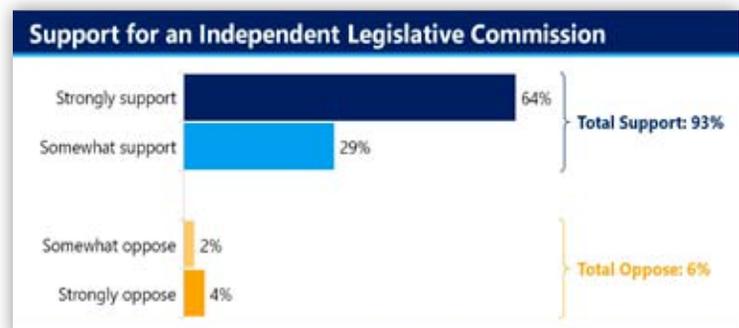
## Survey Background

“The State of Nursing in Massachusetts” was commissioned by the Massachusetts Nurses Association and conducted April 2-18, 2019 by Beacon Research. It utilized gold-standard interviewing practices as outlined by the American Association of Public Opinion Research (AAPOR).

Respondents were randomly selected from a complete file of the 100,000 nurses registered with the Massachusetts Board of Registration in Nursing, and geographic quotas were used to ensure accurate representation across all regions of the state. A total of 501 interviews were conducted on landlines and cellphones by trained, professional interviewers; the average length of a completed interview was 20 minutes. A majority (60%) of RNs interviewed were not MNA members.

To learn more about the legislation that calls for the series of independent studies, visit <http://bit.ly/2KpVSlo>.

To review an executive summary of the survey, visit <http://bit.ly/2ESFzQR>. ■



# Pointers on Ground Rules at the Bargaining Table

by Joe Twarog and Deb Sullivan, Associate Directors of Labor Ed.

Ground rules are usually one of the first items that the parties negotiate over when the bargaining process begins. The purpose of having ground rules is to expedite and facilitate the bargaining process. They should never become a hindrance or cause for a delay to the bargaining process. Ground rules can, and perhaps should, be agreed upon in short order at the first session.

## Written vs. Verbal Ground Rules

Either written or verbal ground rules may be appropriate depending on the history and culture of the bargaining unit and relationship of the parties involved. It is not necessary to always have written ground rules, but the MNA recommends if you are negotiating ground rules you put them in writing in order to diminish confusion should there be a violation.

## Ground Rule Examples

- Date(s), time(s), and place(s) where sessions will be held.
- Tentative agreements will be dated, initialed, and/or signed by both parties upon agreement.
- All initial proposals by both sides shall be on the table by a specific, agreed upon session (often the second or third session). This avoids any late surprises once bargaining begins but also may limit the union's ability to address items that arise.

Additional items that the union often proposes as a part of the ground rules are:

- Paid release time for union negotiators
- Frequency of bargaining sessions
- Setting an agenda in advance of each session

## Typical Management Impediments

It is not unusual for management to propose ground rules that intentionally inhibit the process; grant them undue control over the bargaining table; or minimize the role of the general union membership. Furthermore, an inordinate amount of time can be wasted by management's insistence on their version of ground rules. Their items might look like this:

- No communication with the membership during bargaining
- Total news and media blackout
- Only one designated person from each team may speak at negotiations
- No observers at the table or other limits on the union negotiating team

It is important to note that the union — as well as management — have the legal right to comprise their negotiating teams as they choose. Therefore, the union should never take the bait and debate whether they can have “observers” at negotiations since the union already has the legal right to determine the configuration of their bargaining team. Many MNA bargaining units have “open bargaining” — which means that anyone may attend. The “observers” should always formally be referred to as a part of the union's bargaining team. Members should be encouraged to attend even if the units' contract limits the number of members on the negotiating committee. Regardless of any such limits, members can attend the caucus and contribute to the process. It adds power to the table to have management see a lot of membership involvement and the union should never agree to limit their influence by agreeing to things like:

- Limit on the length of bargaining sessions
- Infrequent sessions
- No food or drinks in the room
- Anything that restricts, controls or frustrates the process

There is no reason that the union must agree to any of these!

## Permissive Issue

Ultimately, it is important to remember that the subject of ground rules is a permissive/voluntary subject. This means that the parties do not have to reach agreement in order to begin the bargaining process. While reaching an agreement on ground rules is usually preferred, the bargaining process can begin without a final agreement being reached on ground rules. The management team would often like the union to believe differently.

Recently, we have seen highly paid management consultants/union-busting attorneys who specialize in this shoddy behavior. Their designed purpose is to plant the seeds of frustration early around ground rules rather than attempt to reach an agreement. This is a disservice to both parties and an abuse of the process. No one should fall for this obnoxious tactic. Instead, it should be used to educate and motivate the membership into action. ■

## RNs at Steward Nashoba Valley Medical Center Cast 100% Yes Vote to Authorize a One-Day Strike

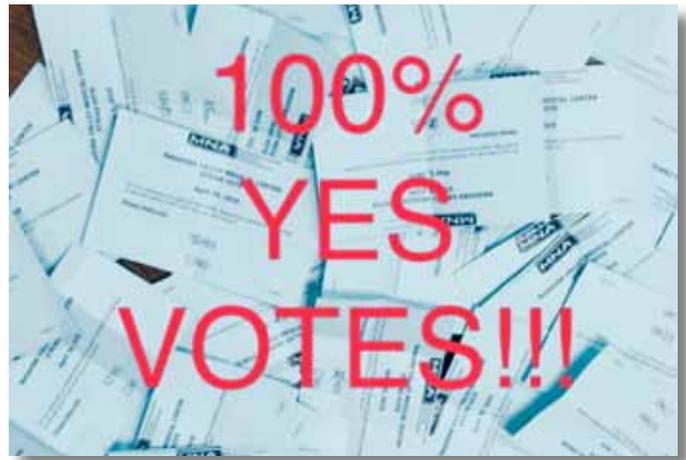
In May, the 124 registered nurses at Steward Nashoba Valley Medical Center (NVMC) in Ayer cast a 100% yes vote authorizing their local reps to call a one-day strike should hospital management fail to address several issues currently affecting nurses' ability to deliver quality care to patients.

“Our hospital has an excellent reputation in the community, and it is staffed with great, dedicated caregivers,” said Fran Karaska, co-chair of the MNA bargaining unit at NVMC. “But the hospital’s inability to recruit and retain RNs, due to a lack of competitive wages, is harming both the hospital and community.”

The RNs have been in contract talks with management since December of 2018, with 17 negotiation sessions being held to date. Throughout these sessions, the nurses have been committed to improving nurse staffing levels and making NVMC financially competitive for the benefit of nurse recruitment and retention. With improved recruitment and retention, the nurse staffing levels at NVMC will dramatically improve.

### Related Statistics on NVMC’s Nurse Staffing Crisis

- Overall turnover of the nursing staff at NVMC is more than 200% of the northeast hospital average of 16.5% annually. The current RN vacancy rate is likewise more than 200% of the national average.
- In 2018, 12 percent of the time (84 shifts out of 730) the Intensive Care Unit (ICU) was staffed with only one RN. In the first three months of 2019, 35% of the time (52 shifts out of 148) there was only one ICU RN.
- Apart from approximately three nurses, the RN staff in the geriatric psychiatric unit has turned over entirely three times in the past three years.
- Posted schedules are never close to being filled. During a six-week period in February and April, there were 93 open shifts in the ER alone.
- Patients are frequently transferred from the ER to other hospitals because there is not enough staff to care for them. ICU patients are routinely transferred from NVMC to other Steward hospitals due to a lack of appropriate nurse staffing.
- ICU beds have been closed due to the shortage of ICU RNs. In response, the hospital depends on unsafe stop-gaps: boarding ICU patients in the ER and transferring ICU patients to non-ICU floors where the nursing care is not specialized. During some shifts, management closes the ICU entirely due to a lack of RN staff.



“Management often closes the ICU entirely for portions of days, which means that any patients coming in through the ER who need ICU care have to be transported away,” said Audra Sprague, RN and bargaining unit co-chairperson. “They also regularly limit the number of open beds in the ICU to just two, because they cannot find nurses to staff the unit. All these closures and transfers put patients at risk unnecessarily. What patients really need when they arrive at our hospital is care *now* — not just an assessment and a transfer elsewhere for care that we are completely qualified to deliver here.”

“We have tried addressing these issues at the bargaining table,” added Sprague. “But after countless hours of sitting with management, it has become apparent our concerns are not being taken seriously. For the health and safety of our patients, and for the future of our hospital, we needed to take this strike authorization vote.”

A recent analysis that compared the wages of Nashoba RNs to those of RNs at 22 competing hospitals showed that NVMC nurses earn up to 21% less than some of their local counterparts. Over the course of 20 years with these wages in place, a Nashoba RN would lose out on nearly \$217,000 in wages alone, before adding in loss of comparative benefits.

Adding insult to injury, Steward NVMC recently successfully applied with the Centers for Medicare & Medicaid Services (CMS) to have its reimbursement-rate designation changed from “Central Massachusetts” to “Boston.” Steward’s rationale for this request was that its costs are like those of Boston hospitals, including labor costs. Since receiving this reclassification in 2018, RNs have not seen an increase in compensation, nor has its rate of new nurse-hires flourished.

“Whatever financial benefit the executives of this for-profit hospital have seen from reclassification, it has evidently gone into their pockets,” said Karaska, “because it has not trickled down to the people providing the care, and it has not resulted in an increase in hiring. We continue to lose staff to other hospitals, including Boston, Lawrence, and Worcester hospitals where wages are 15 to 21% higher.” ■

# At the Table



## LGH Ratification

On May 17, the 500 nurses at Lawrence General Hospital ratified a new three-year contract. The pact runs from Oct. 2, 2018 to Oct. 2, 2021 and includes a number of improvements to nurse staffing levels, including increased staffing in the hospital's emergency department; creation of a 24/7 rapid response nurse position to support nurses on inpatient units; and a charge nurse with a limited assignment on the night shift. Nurses won a 4% across-the-board pay raise (1% retroactive to Oct. 2 of 2018; 1% on Oct. 2, 2019; .5% on April 2, 2020; and 1.5% on Oct. 2, 2020), as well as a new 3.5 step for those at the top of the scale and a \$10 per hour night shift differential, the highest in the state. The agreement also includes improvement to nurses' retirement benefits, provisions for self-scheduling, and protection the nurses sought for their paid time-off benefit.

The settlement followed several successful job and public actions, including:

- An informational picket by nurses on April 11.
- A march on the boss by more than 70 nurses who delivered a petition for safe care signed by more than 80% of the nurses.
- And support from local public officials, including the state legislative delegation; Lawrence Mayor Dan Rivera; and the Lawrence City Council, headed by Council President Kendrys Vasquez.

"We are excited to have won a contract for the next three years that benefits nurses in all phases of their careers," said Travis Libman, an ED nurse and chair of the nurses' MNA bargaining unit. "From new grads to veterans, this is a contract that will enhance working conditions for nurses and improve care for our patients. Throughout these long months of negotiations, we supported each other the entire way. Our success is measured by the strength of our union."

## Nurses Ratify Contracts at Both UMass Memorial Campuses

- On May 22, the 1,380 MNA nurses at UMass Memorial's University Campus ratified a new four-year agreement that provides both pay increases and staffing improvements. Likewise, just a few weeks earlier, the 960 RNs at the hospital network's Memorial campus ratified a four-year agreement providing for similar improvements. Specific contract wins for the nurses include:
- Increases in staffing levels on specific critical care floors
- The development of awareness and training programs specific to workplace violence prevention and "violent visitor" de-escalation
- A 6.5% wage increase for nurses over the four years of the new contract: 1% increase retroactive to June of 2018; 1.5% in June of 2019; 2% in June of 2020; and 2% in June of 2021

## Who's at the Table?

- Atrius Health
- Beth Israel Deaconess Plymouth (BI/Lahey system)
- Brigham and Women's Faulkner Hospital (Partners system)
- Cape Cod VNA East (Cape Cod Healthcare system)
- Cape Cod VNA West (Cape Cod Healthcare system)
- Clinton Hospital (UMass system)
- Health Alliance Home Health and Hospice (UMass system)
- Northeast Hospital Corporation (BI/Lahey system)
- \*Steward Nashoba Valley Medical Center (Steward system)
- \*\*St. Luke's Hospital (Southcoast system)
- \*\*Trinity Health at Home (Trinity Health system)

\* see page 9 for more information

\*\* newly organized; first contract

# MNAers Stand with Stop & Shop Workers and Labor WINS!



May 29, 2019

Massachusetts Nurses Association  
340 Turnpike St  
Canton MA 02021

On behalf of the 31,000 men and women who work at Stop & Shop, I would like to sincerely thank you for the support you showed our hard-working United Food and Commercial Workers (UFCW) members across New England during their fight for a better life.

The bakers, cashiers, stockers, deli-clerks, and butchers who work at Stop & Shop are not only proud union members—they work hard and provide an important service that should and must be valued by employers. For our members, this fight was driven by two defining beliefs: that hard work should be rewarded, and that companies that make billions of dollars in profit should share that success.

Ultimately, our members' fight for economic justice was not about politics or party, it was about right and wrong. It was also about how millions of New Englanders, most of them customers and non-union members, rallied behind our members' desire for affordable healthcare, good wages, secure retirement, and a better life, because they, too, share the same economic fears and anxieties. This created a shared purpose that none of us in positions of leadership or power can or should ignore.

As cynical and divisive as our politics and society have seemingly become, the incredible act of public unity we saw across three states provides a powerful signal of the change we can accomplish when we work together and stand together. It also exemplifies the true power that working and middle-class Americans have when they are united by a shared purpose and goal.

Your support was not only appreciated, it will be remembered.

Massachusetts Nurses Association

May 29, 2019

-2-

You, and so many other honorable national, state, and local leaders tweeted to your supporters and spoke out against greed and indifference. You helped make clear that there is a positive power that comes from unity. Working together, you, our amazing UFCW members, our New England Local Unions, and the millions of customers who supported us have helped prove that when we focus on our shared values for a better life, and the fact that one good job should be enough, we can accomplish great and historic things.

Finally, I hope that the fantastic support we saw across New England serves as a reminder to all of us, and especially to those who wish to lead their communities and the country, of the importance of speaking out and not hiding out. While the path toward unity and change may not always be easy, it is during such moments that we realize we do have the power to improve the lives of hard-working people and change America for the better.

Again, I sincerely thank you for your public support of our union family, and for helping protect our Stop & Shop members' healthcare, wages, and retirement.

Together, we fought for a better life for workers, and we won.

Sincerely and fraternally,

International President



## Notice to members and non-members regarding MNA agency fee status In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:

- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA's efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy "members only" benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer –

- (3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization ... to require as a condition of employment membership therein on or after the thirtieth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made...

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made a condition of your employment under a "union security" clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 95 percent of the regular MNA

membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts. MNA has established the following procedure for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

### 1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the *MassNurse*. If an employee wishes to object to MNA's designation of chargeable expenses, he or she must do so within 30 days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within 30 days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

### 2. How to object

Objections must be received at the following address within the 30-day period set forth above:

Massachusetts Nurses Association  
Fee Objections  
340 Turnpike Street  
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:

- The objector's name
- The objector's address
- The name of the objector's employer
- The non-member's employee identifica-

tion number

- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year's information.

### 3. How to challenge MNA's accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA's accounting. Such a challenge must be filed within 30 days of receipt of MNA's accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee's address as shown in MNA's records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector's agency fee rather than provide an accounting or process a challenge. ■

### Notice of Dues Increase to Members

This notice is to inform all MNA members and Agency Fee payers that per MNA dues policy the maximum and minimum rates of dues have been reviewed. Based on this review, the current minimum monthly dues rate will remain \$69.42, and the current maximum monthly dues rate will remain \$89.62. All associated dues categories or fees will be adjusted based on these new rates. For more information, contact the MNA's Division of Member Services at 781-821-4625 or send email to [membership@mnarn.org](mailto:membership@mnarn.org).

# MNA Summer Photo Contest!



#MNASummer

Get your phones and MNA gear ready! Because this summer we are inviting all MNA members to join in our first-ever "MNA Summer Photo Contest!"



## The Concept

While you are out and about this summer — be that in your own backyard, at your summer rental, or overseas at an exotic location — be sure to snap a pic of yourself wearing your favorite item of MNA gear and post it to Facebook and/or Instagram pages along with a caption that includes your name and the name of your bargaining unit. Sharing fun facts about your location and/or adventure is encouraged but not required, as is the use of #MNASummer.

## Timeline, Process and Rules

- MNA members can post their summertime photos (taken on days off and/or vacations only please!) to our Facebook and/or Instagram pages starting July 4, 2019 through September 2, 2019
- Only MNA members can participate, although other people can be featured with you; they do not need to be in MNA gear
- Qualifying "gear" includes any clothing item or accessory that displays a visible and recognizable MNA logo
- Photos must have a caption that includes your name as listed with the MNA and your bargaining unit; use of #MNASummer not required but encouraged
- Winner will be chosen at random after the contest ends

# Prize is a \$300 gift card!

*The MNA has the right to use submitted photos as part of future promotions for similar events, promotions for this current event, or in an upcoming MassNurse newsletter and/or other materials to cover the event after it is over.*

## Do you know any RNs or Healthcare Professionals working in non-union facilities?



### If so, would you be willing to:

- Set up a phone call with them and an MNA organizer?
- Set up a meeting with them and an MNA organizer?
- Share our contact information with them?

If you answered yes to any of these questions, we invite you to contact the MNA's organizing division. This will help the MNA to provide other nurses and healthcare professionals with a chance to discuss the possibility of unionizing so that they too can be empowered to better advocate for their patients and their practice.

## Call 781-821-4625, exts. 739, 775, or 779

# Massachusetts Nurses Association 2019 General Election Ballot

## Vice-President, Labor,\* (vote for 1 for 3 years)

Marie Ritacco

## Treasurer, Labor,\* (vote for 1 for 3 years)

Nora Watts

## Director, Labor\*, (vote for 5 for 3 years - one per Region)

Region One: Mark Brodeur

Region Two: Katie Murphy

Eileen Recore

Region Three: Samantha Joseph-Erskine

Region Four: Haruna "Mali" Maliani

Brian Zahn

Region Five: Dan Rec

## Director At-Large, Labor, (vote for 3 for 3 years)

Samantha Erskine

Robin Lucia

Betty Sparks

Kathy Reardon

## Director At-Large, General\*, (vote for 4 for 3 years)

Linda Barton

Michael D'Intinosanto

Beth Piknick

Lynne Starbard

Jillian Brelsford

Karen Coughlin

Victoria Pike

## Nominations Committee, (vote for 5 for 3 years - one per Region)

Region One:

Region Two:

Region Three:

Region Four:

Region Five:

## Bylaws Committee, (vote for 5 for 3 years),

Region One:

Region Two:

Region Three: Emily Osinubi

Region Four:

Region Five:

## At-Large Position in Regional Council (vote for 2 for 3 years)

Region One:

Region Two:

Region Three:

Region Four: Brian Zahn

Haruna "Mali" Maliani

Region Five:

\*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.

## Bios of candidates for MNA office, 2019

### Vice President

#### MARIE RITACCO, RN

Auburn, MA

**Employment:** St. Vincent Hospital

**Education:** ADN, Q.C.C., 1983

**Present/Past MNA Activities:** Region 2 BOD (Past), MNA BOD (Past), Grievance Chair St. Vincent Hospital (Present)

I have been a nurse for 36 years and a dedicated MNA member for almost two decades. I remain excited about the opportunities that exist in this field to make a difference in the lives of others. Nurses continue to be amongst the most trusted of professionals, as indicated by annual polling data. We are witnessing a political transformation in our country. Nurses are poised to be significant contributors to a movement that endeavors to return the power to the people.

I am excited about the chance to continue to contribute my energy and ideas to an organization that seeks to help RNs in Massachusetts, provide the best possible care to our patients.

I firmly believe that we owe ourselves and those who come after, an opportunity to enjoy the fruits of our labor. I have a deep commitment to working to do all we can to ensure that pensions and other retiree benefits become the standard of our contracts.

Every person deserves the right to a retirement free from worries related to financial peril.

Presently, our most pressing issues revolve around staffing improvements in our acute care hospitals. Until that is achieved, we cannot rest. We must continue to fight for the safety and well being of our patients. We deserve to be able to provide nursing care to those in need in a manner that will ensure better patient outcomes. I would be honored to earn

your vote and be a part of this great adventure.

-In Unity,

### Treasurer

#### NORA WATTS, RN, BSN

Westborough, MA

**Employment:** Newton Wellesley Hospital

**Education:** BSN, Northeastern University

**Present/Past MNA Activities:** MNA Treasurer, MNA BOD, Former Local BU Co-cochair

### Director Labor

#### Region 1

#### MARK BRODEUR, BSN, RN

Pittsfield, MA

**Employment:** Berkshire Medical Center

**Education:** BS, Nursing, UMass Amherst, 2010

**Present/Past MNA Activities:** Bargaining Committee 2017-present

#### Region 2

#### KATIE MURPHY, MSN, RN, CCRN

Framingham, MA

**Employment:** Brigham & Women's Hospital

**Education:** MSN, Framingham State University, 2012; BSN, Boston University, 1982; ASN, Vermont College, 1975

**Present/Past MNA Activities:** MNA Board of Directors, MNA PAC Vice-Chair  
Healthcare makes headlines every day. Increased costs, and acuity, and we see it all. As nurses we are on the frontlines advocating for our patients, our colleagues, and our working conditions. As a Director on the MNA Board, I have been active working

with colleagues around the state to address the issues critical to nurses and patients. I am in the State House and meet with legislators: as we know, many decisions about our practice are made far from the bedside and you will find me speaking, writing, and calling to advocate on your behalf.

I am a staff nurse in the Medical ICU at the Brigham & Women's Hospital, as well as per diem at MetroWest Medical Center and serve on the Bargaining Committees of both.

I serve as the Vice-Chair of the MNA Political Action Committee as well as the Executive Committee of the Board. I was very active in the Question One Campaign, debating hospital CEOs several times a week and supporting our brothers and sisters as they presented and debated our Safe Staffing ballot initiative. I am on picket lines with MNA nurses at our hospitals and most recently, the Stop & Shop strike. I believe we show up and show our values. This is work I will continue to do.

We continue to fight for nurses and patients and I believe my experience is strong and varied to keep supporting our goals. I respectfully ask for your vote to serve on the MNA Board of Directors.

#### EILEEN RECORE, BSN, RN, CCRN

Worcester, MA

**Employment:** UMass Memorial Medical Center-University

**Education:** Certificate in progress, NNU/Rutgers-Women's Global Leadership, 2019; Bachelor of Science in Nursing, Worcester State University, 2015; Associate of Science in Nursing, Becker College, 2000

**Present/Past MNA Activities:** PAC board member 2017-present, NNU delegate 2015

I have been a nurse for almost twenty years. I've

worked in a variety of hospital settings from small, rural community hospitals; to large academic health-care institutions. Consistently throughout my career, at every hospital I worked, there was a need for strong nursing advocacy. We need to advocate for our patients, but also for ourselves. I have been an active member of our bargaining unit at UMass-Memorial Medical Center-University campus for the last ten years. As a member of the Mass Nurses Political Action Committee, I help decide which political candidates the Massachusetts Nurses Association endorses, in hopes that those candidates if elected will continue to advocate for nurses in passing legislation that helps us to better care for our patients and communities. I'm now looking to participate in a more active role in the MNA, in seeking election to the Board of Directors for Region 2. If elected, I look forward to serving all our members as an advocate by helping to ensure the goals and business of the MNA remains aligned with the goals and desires of our members. I also believe our leadership is instrumental in the education of the public, and non-members as to the mission of our organization. I believe I am a great candidate for this position, as I am passionate about both our role as advocates, and our role in educating others about how important the mission of the MNA is. I hope you will vote for me for this position.

### Region 3

#### **SAMANTHA ERSKINE, BSN, RN**

*Dartmouth, MA*

**Employment:** St. Luke's Hospital

**Education:** BSN, Kaplan University; Associates, University of Phoenix; Nursing, Sir Arthur Lewis Community College

### Region 4

#### **HARUNA "Mali" MALIANI, RN, BSN**

*Andover, MA*

**Employment:** Tewksbury Hospital

**Education:** BSN, UMass Boston; ASN, Quincy College

**Present/Past MNA Activities:** Tewksbury Hospital Chair Person

#### **BRIAN ZHAN, RN**

*Lawrence, MA*

**Employment:** MA - DPH

**Education:** ASN, Northern Essex College; Nursing, Sir Arthur Lewis Community College

**Present/Past MNA Activities:** Unit 7, E-Board I have been an active member of MNA since 1993 and a member of Regional Council IV for the past 15 years. I became involved with the Regional Council when I was serving as chair of my local bargaining unit in 1999. During this time I have had the opportunity to serve my fellow union brothers and sisters in a number of ways: I have served as the Regional Chair from 2004-2008, as Regional Vice Chair since 2008 and an At-Large regional representative since 2016. I have also held seats on multiple Regional sub-committees including education, budget and

community outreach. I have recently been elected as the Chairperson for Lemuel Shattuck Hospital-DPH as well as an elected member of the MNA-Unit 7 state employee Executive Board.

I would appreciate the consideration of your vote for the MNA Board of Directors and to continue serving as your Regional Council At-large representative.

### Region 5

#### **DAN REC, BSN, RN**

*Bridgewater, MA*

**Employment:** Brigham & Women's Faulkner Hospital

**Education:** BSN, Northeastern University, 1985

**Present/Past MNA Activities:** Board of Directors, Safe Patient Handling Committee, Finance Committee,

Treasurer of Region 5, Co-chair BWFH

As a proud member of the MNA, I am asking to be reelected to a position on the Board of Directors. During my career, I have been fortunate enough to serve on many different committees throughout the union organization. From my present responsibilities as Co-Chair of the BWFH - Faulkner Hospital bargaining unit, to a current term on the Board of Directors, as well as the various committees listed above. I have also taken advantage of attending many of the programs that MNA has offered - our annual Convention, Leadership Summits, Labor School and Labor Notes. All of these experiences have helped enrich me professionally and I feel have made me prepared to assist with the important work of the Board.

Nursing has changed over the years, and we need to not only keep up with the changes but stay ahead of them. I believe we can accomplish anything as long as we are united - whether we are collectively supporting MNA legislative bills or just caring for our patients and fellow nurses.

If reelected, I will continue to be committed to advocating for any issues that we face. I would also like to promote all that the MNA has to offer back to its members, especially our younger generation of nurses. These nurses are our future. We all have a role to play in caring for our profession, and the opportunities for us to become involved and strengthen our unity are limitless.

I respectfully ask for your vote in unity and solidarity.

### Director At Large, General

#### **LINDA BARTON, RN, BSN, CCRN**

*Stoughton, MA*

**Employment:** Norwood Hospital

**Education:** BSN, Curry College, 2007; Mass Bay Community College

**Present/Past MNA Activities:** Congress on Nursing Practice, BOD, Negotiating Comm, At Large Region 5

I am pleased to submit my name in consideration for re-election to the MNA Board of Directors, Director-At-Large, General. I am a Region 5 member,

working full-time at Norwood Hospital since 2001. I am a graduate of Mass. Bay Community College (2001) and Curry College (2007). I maintain my certification in Critical Care (CCRN). I have proudly served on the Norwood Hospital Negotiating Committee since 2002. I am a member of the MNA Congress on Nursing Practice, MNA Convention Committee, and Region 5 council, I am proud to belong to such a strong and powerful union. We must maintain a vigorous and active voice against system changes that threaten to take away our autonomy through regulation, financial constraints, technological "advancements," and constant changes in administration. The current state of our healthcare delivery system makes unhealthy demands on nurses. We have to continue to stand up and be heard.

As a member of the Congress on Nursing Practice, I strive to improve the process by which nursing delivers safe and excellent care to our patients, in an increasingly difficult environment. I am a BLS and ACLS instructor. Teaching is one of my ways of "giving back," and I enjoy the opportunity to share my experiences in a way that makes the theory more realistic, as well as to hear other's stories. The personal contact during class and the ability to connect with other nurses and direct caregivers cannot be quantified. I truly believe it is a much better way to teach than taking an on-line test and/or perform a skills check with a computer generated manikin. I ask for your vote, so that I may continue to be a voice for the varying opinions and political leanings of all members of the Massachusetts Nurses Association. We can hold different opinions and still be strong advocates for our patients, each other, and the vital work of the MNA.

#### **JILLIAN BRELSFORD, RN**

*Boston, MA*

**Employment:** Cambridge Health Alliance

**Education:** BSN, UMass Boston, 2017

**Present/Past MNA Activities:** Ballot Initiative Volunteer

When I was in nursing school and working as a part-time nanny, I brought a baby stroller to a Health Policy Commission hearing specifically because I wanted to meet the MNA. I immediately found solidarity with some of the best people I'd ever met. I joined the Stat Team and worked as a legislative intern, also supporting projects in the Divisions of Organizing and Nursing. Through elected leadership with the UMass Boston Student Nurses Association and Massachusetts Student Nurses Association, I educated generational peers about organized nursing, labor activity, and why belonging to the union is so important.

I've now been a medical-surgical staff RN at Cambridge Hospital for nearly two years, where I'm an active member of our bargaining unit. Being an MNA nurse is hands down my proudest accomplishment. We build power through strong internal organizing and labor solidarity, and we use that power to

transform our conditions of practice and heal our patients at every system level. We are an organization of practical visionaries with a powerful role to play in building the future. I'm committed to learning the skills that younger nurses need to carry this union forward, and I'm committed to trusting the mentors who've urged me to seek Board service. I've observed Board meetings, and I'm not naive to their lengthiness or the weight of the issues involved. Thank you for the opportunity to serve the union in any capacity asked of me at this time.

#### **KAREN COUGHLIN, RN, BC**

*Mansfield, MA*

**Employment:** Retired

**Education:** ADN, Massasoit College, 1984; Harvard Trade Union Program, 2017

**Present/Past MNA Activities:** MNA Vice President, Present; MNA Political Action Committee, Chair, MNA Workplace Violence Taskforce, Chair; Executive Board: Greater Boston Labor Council; MNA finance Committee; Past Executive Vice Chair, Board of Directors, Executive Chair MNA Unit 7, Executive Board; Past Chair Taunton State Hospital; MNA Delegate, NENA

I have the privilege of being your current MNA BOD Vice President. I have actively represented your interests at the local, state, and national level. I have walked with you and others on your picket and strike lines. I have met many of you at your facilities and at other events and venues across the state. I have testified on your behalf at the State House, spoken out for you in the paper, on the radio, or on TV about issues that affect our patients and our profession. I have joined with other unions from across our state and country to advocate for our communities, our families, and our workers.

I know from experience how hard it can be to work, take care of your families and be an advocate. I know that many of you are stretched to the limit in your attempts to provide care to too many assigned patients. I know that many of you, as I, have been a victim of workplace violence. As a recent retired nurse, I can no longer serve as your Vice President, but I can still be a voice for you. (I've got even more time for that now!) ☺ I will continue to speak up and to fight for our patients and for you.

I promise to work on your behalf, with everything that I have.

I am proud to stand beside you. I am honored to stand up with you. I respectfully request your vote.

#### **MICHAEL D'INTINSANTO, RN**

*Winchendon, MA*

**Employment:** Comm of Mass DDS

**Education:** Executive Certificate, Harvard Trade Union Program, 2010; BSN, Fitchburg State University, 1999; ADN, Laboure Jr College, 1984

**Present/Past MNA Activities:** MNA Board of Directors, Executive Chair MNA Unit 7

#### **VICTORIA PIKE**

*Nashua, NH*

**Employment:** Tewksbury Hospital

**Education:** MSN, River University; MS in Training, Lesley University 2017

**Present/Past MNA Activities:** Unit 7 Executive Board

I am seeking election to your MNA board of directors. I have served on the Unit 7 Executive Board nursing position for the past 5 years and in numerous other capacities in my 30 years with the MNA. I am a firm believer in standing up for your rights, your safety and your livelihood. I have served on the executive board since 2014 and represent all Unit 7 members. In addition to this I have had an active role in educating members about what is going on in the state for actions against members, other unions, and issues that affect us. While being on the executive board we have successfully negotiated our contract. Which includes increases in the shift, weekend and holiday differential, along with other language that is beneficial to the members. Recently the safe staffing issue was unfortunately defeated due to the hospital association conducting a campaign of fear. As we, as an organization and profession move forward with our mission of advocacy and safety is a priority as we lay the ground work for our fight for safe staffing.

I am requesting your vote to allow me to serve you on our MNA Board of directors, and help improve the working environment for all of us.

#### **BETH PIKNICK**

*Centerville, MA*

**Employment:** Retired Cape Cod Hospital

**Education:** BS, Lesley College, 1999; Diploma, Faulkner hospital School of Nursing, 1971

**Present/Past MNA Activities:** MNA past president, Board of Directors

Yes, I'm retired from Cape Cod Hospital after practicing for 48 years. Yes, I'm no longer at the bedside directly taking care of patients.

However, there is still much work to be done in order to strengthen our local bargaining units.

I'm not quite finished yet with my role as a patient advocate and an advocate for the nursing profession.

Before I completely retire, I would like to see new members involved in all aspects of the association. As we proceed to look to the future of MNA (MNA 2025), we need input from all registered nurses and health care professionals. I want to assist in getting that input which will benefit MNA's future.

#### **LYNNE P STARBARD**

*Worcester, MA*

**Employment:** Retired

**Education:** AS, Quinsigamond Comm College, 1977

**Present/Past MNA Activities:** BOD-Reg 2, Chairperson Region 2, Exec UP AFL/CIO

#### **Director At Large, Labor**

#### **SAMANTHA ERSKINE, BSN, RN**

*Dartmouth, MA*

**Employment:** St. Luke's Hospital

**Education:** BSN, Kaplan University; Associates, University of Phoenix; Nursing, Sir Arthur Lewis Community College

#### **ROBIN LUCIA, RN**

*Walpole, MA*

**Employment:** Brigham & Women's Hospital

**Education:** Diploma, Peter Bent Brigham School of Nursing, 1984

**Present/Past MNA Activities:** At-large Director, Labor

#### **KATHY REARDON**

*Canton, MA*

**Employment:** Norwood Hospital

**Education:** BSN, Northeastern University, 1989

**Present/Past MNA Activities:** Convention Committee, Region 5 secretary

My name is Kathy Reardon. I'm running for another term on the BOD. I graduated from Northeastern University with a BSN in 1989. I've worked at Norwood hospital for 31 yrs, the most recent 21 years I've worked in the ED.

I've been active in my bargaining unit since we voted for MNA in 1992, as a unit rep and on the negotiating team. I've been co-chair of my bargaining unit since 1998. I believe the key is to be active in one's bargaining unit and organization to be well informed. We spend countless hours at our hospital communicating with our nurses to keep them up to date and informed.

Being on the BOD, I've learned so much information and networked with our colleagues from all areas of nursing on the BOD from across the state, as to what's going on in their hospitals, and communities. Despite our monumental efforts to pass Question 1, which failed at the ballot box, our battle for safe staffing isn't over. At the end of the day on Nov 6th, the opposition acknowledged the problem, and said publicly they would work with the nurses to achieve safe staffing. They called it "Working together as one". We're holding their feet to the fire and making a place at the table for our position. I believe we can make positive changes for our patients and make staffing safer. With our strong BOD, and strengthening our BU's by intense internal organizing, we can make this happen.

#### **BETTY SPARKS, RN, ADN, CNOR**

*Norwood, MA*

**Employment:** Newton-Wellesley Hospital

**Education:** Peri Operative Certification, Northeastern University, 2005; ADN, Massasoit Community College, 1991; LPN, H.O. Peabody School, 1976

**Present/Past MNA Activities:** BOD MNA, NENA, NWH Nursing Committee

## BYLAWS COMMITTEE

### EMILY OSINUBI, BSN, RN

Avon, MA

**Employment:** DPH

**Education:** MHA, Walden, Present; BSN, UMB; ASN, Laboure

**Present/Past MNA Activities:** My name is Emily Osinubi, I have been an MNA member and employee of the Commonwealth since 2011, currently at the Pappas Rehabilitation Hospital for Children. I have worked within DYS, DMH and DPH experiencing the similarities and differences between agencies and facilities. As a union member I have felt both empowered and frustrated by our union bylaws which is why I am seeking nomination to the MNA Bylaws Committee. I would like to be involved in the implementation and emendation of the bylaws which affect our employment, work environments, physical and mental wellbeing. As nurses we inherently take care of our patients, but we need to do better at taking care our of ourselves and each other. Nursing administrators have proven too often that common courtesy, mutual respect and workplace moral are no longer representative of their leadership goals; creating a work environment

in which employees are dependent on union representation and contract bylaws. Workplace hostility is a chronic problem felt by direct care staff from administration; MNA union bylaws need to stop the misuse of administrative powers. Workplace morale is low due to inadequate staffing, denial of leave time, high turnover and delayed hiring processes, unit milieu and unresponsive administrations. If elected I will fight for the emendation of current bylaws and the implementation of new bylaws to improve the work- life balance of Massachusetts Nurses Association Unit 7 members.

## At-Large Regional Council

### Region 4

#### HARUNA "MALI" MALIANI, RN, BSN

Andover, MA

**Employment:** Tewksbury Hospital

**Education:** BSN, UMass Boston, 2010; ASN, Quincy College, 2007

**Present/Past MNA Activities:** Tewksbury Hospital Vice-chair

### BRIAN ZAHN

Lawrence, MA

**Employment:** DPH-Lemuel Shattuck Hospital

**Education:** Nursing, Northern Essex Community College, 1992

**Present/Past MNA Activities:** Unit 7, Vice Chair Regional Council IV, At-Large

I have been an member of MNA since 1993 and an active member of Regional Council IV for the past 15 years. I became involved with the Regional Council when I was serving as chair of my local bargaining unit in 1999. During this time I have had the opportunity to serve my fellow union brothers and sisters in a number of ways: I have served as the Regional Chair from 2004-2008, as Regional Vice Chair since 2008 and an At-Large regional representative since 2016. I have also held seats on multiple Regional sub-committees including education, budget and community outreach. I have recently been elected as the Chairperson for Lemuel Shattuck Hospital-DPH as well as an elected member of the MNA-Unit 7 state employee Executive Board.

I would appreciate the consideration of your vote for the MNA Board of Directors and to continue serving as your Regional Council At-large representative. Thanks for your vote! --Brian



On a regular basis, the MNA assesses the current healthcare environment and our organizational resources with members and staff for the purpose of determining a five-year plan that aligns with members' goals. This process is again underway, and we are looking for your input. Visit [massnurses.org/mymna/mna-2025-survey](http://massnurses.org/mymna/mna-2025-survey) and let us know what you have in mind for our future, or email us at [mna2025@mnarn.org](mailto:mna2025@mnarn.org).

*The following pages are dedicated to supplying you with information about our Fall continuing education classes.*





## Nursing Care and Considerations of Patients with Amyotrophic Lateral Sclerosis (ALS)

**Description:** Amyotrophic Lateral Sclerosis (ALS) is the most common form of progressive neurodegenerative motor neuron disease. Symptoms include muscle spasticity and weakness that worsen over time, eventually leading to respiratory failure. This presentation will focus on the assessment and nursing care of patients with ALS.

**Presenter:** Vincent M. Vacca, Jr., MSN, RN

**Date:** Tuesday, Oct. 8, 2019

**Time:** 4:45 – 5:30 p.m., Registration/Dinner  
5:30 – 7:45 p.m., Program

**Location:** Hilton Garden Inn Lenox Pittsfield; 1032 South St., Pittsfield; 413-448-2222; <http://bit.ly/HiltonPittsfield>

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

### Morning Session: Celiac Disease

**Description:** Celiac disease is an autoimmune disease that impacts genetically predisposed persons to a lifetime of dietary challenges. The Celiac Foundation (2019) estimates that 1 in 100 persons worldwide are living with celiac disease. This program will describe the pathology of celiac disease, common signs and symptoms and nursing considerations related to the care and management of celiac disease in persons living with this chronic illness.

**Presenter:** Laurie Higgins, MS, RD, LDN, CDE

### Afternoon Session: Current Trends in Nutrition

**Description:** Health care consumers are overwhelmed by a variety of nutrition and dietary trends that are advertised on television and social media platforms. This information is often confusing for patients who are struggling with limited knowledge and financial resources to allow them to make healthy food choices. This program will identify the current myths and realities that exist specific to healthy nutritional selections. The role of the nurse in educating patients about the most popular dietary trends will also be discussed. Topics for further discussion will include the Mediterranean diet; the DASH diet; the Flexitarian diet; the WW diet; and the Mayo Clinic diet.

**Presenter:** Nicole Masler, RDN, LDN

**Date:** Thursday, Nov. 7, 2019

**Time:** 8:30 – 9 a.m., Registration  
9 – 11:45 a.m., Program  
11:45 a.m. – 12:45 p.m., Lunch  
12:45 – 3 p.m., Program

**Location:** Hadley Farms Meeting House, 41 Russell Street, Hadley; 413-387-0811; [hadleyfarmsmeetinghouse.com](http://hadleyfarmsmeetinghouse.com)

**Fee:** Member/Associate Member, free\*; Non-Members, \$195. \*Requires a \$50 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

### Breaking Bad: Disrupting the Trajectory of ACE to Illness

**Description:** Nurses are ideally positioned to provide education and support to individuals who have been affected by Adverse Childhood Experiences (ACEs), regardless of their age or circumstances. The focus of this program will be understanding ACEs and their correlation to risk behaviors such as smoking, eating disorders, and alcohol and substance abuse, all of which can lead to significant health consequences. Current research on building resilience will be discussed, as this is showing promise and may help deter some of the possible negative behaviors for persons who have been affected by ACEs.

**Presenter:** Ginny Chandler, PhD, RN

**Date:** Tuesday, Dec. 3, 2019

**Time:** 4:45 – 5:30 p.m. Registration/Dinner  
5:30 – 7:45 p.m. Program

**Location:** Delaney House, 3 Country Club Road, Holyoke; 413-532-1800; [delaneyhouse.com](http://delaneyhouse.com)

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

**To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in. For questions, please contact Region 1 at 413-584-4607 or email [region1@mnarn.org](mailto:region1@mnarn.org).



## Celiac Disease & Non-Celiac Gluten Sensitivity: What Does it All Mean for the Nurse?

**Description:** Celiac disease is an autoimmune disease that impacts genetically predisposed persons to a lifetime of dietary challenges. The Celiac Foundation (2019) estimates that 1 in 100 persons worldwide are living with celiac disease. This program will describe the pathology of celiac disease, common signs and symptoms and nursing considerations related to the care and management of celiac disease in persons living with this chronic illness.

**Presenter:** Laurie A. Higgins, MS, RD, LDN, CDE

**Date:** Monday, Sept. 23, 2019

**Time:** 5:30 – 6 p.m., Registration/Dinner  
6 – 8 p.m., Program

**Location:** The Beechwood Hotel, 363 Plantation Street, Worcester; 508-754-5789; [beechwoodhotel.com](http://beechwoodhotel.com)

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

## Migraine: Enhance Your Nursing Knowledge

**Description:** A migraine is a chronic disorder that presents significant challenges due to its unpredictable onset, episodic pattern, intensity, and duration. In addition to intense headaches that can last from four to 72 hours, migraines can also be associated with nausea, vomiting, photophobia, and phonophobia. This talk will focus on "classic" migraines but will also touch on migraine variants such as hemiplegic migraine, retinal migraine, and abdominal migraine.

**Presenter:** Vincent M. Vacca, Jr., MSN, RN

**Date:** Tuesday, Oct. 29, 2019

**Time:** 5:30 – 6 p.m., Registration/Dinner  
6 – 8 p.m., Program

**Location:** The Manor, 42 W. Boylston Street, West Boylston; 508-835-4722; [ourmanor.com](http://ourmanor.com)

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

## Nursing Considerations in the Management of Patients with Antibiotic Resistant Infections

**Description:** The increased use of antibiotics has created instances of antimicrobial resistance with a resultant impact on patient care. Nurses

play a key role in addressing this ongoing problem. This session will address the prevention and management of antimicrobial resistance in nursing practice and the nurse's role in antimicrobial stewardship.

**Presenter:** Alfred DeMaria, Jr., M.D.

**Date:** Tuesday, Nov. 19, 2019

**Time:** 5:30 – 6 p.m., Registration/Dinner  
6 – 8:15 p.m., Program

**Location:** Doubletree by Hilton Hotel Westborough, 5400 Computer Drive, Westborough; <https://bit.ly/2TreeWestborough>

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact hours:** Will be provided

**To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in. For questions, please contact Region 2 at 508-756-5800 ext. 100 or email [region2@mnarn.org](mailto:region2@mnarn.org).

## REGION 3



### Deb Walsh 14th Annual Obstetrical Nursing Program

#### Morning Session: Neonatal Abstinence Syndrome: Current Best Practice Recommendations

**Description:** This program will include an overview of current best practice recommendations for the care of the opioid-exposed newborns with Neonatal Abstinence Syndrome (NAS), including assessment, non-pharmacologic and pharmacologic treatments and discharge preparation. The recommended care of pregnant woman with opioid use disorder and breastfeeding recommendations will also be reviewed.

**Presenter:** Jill Brady, APRN, NNP-BC

#### Afternoon Session: Recognition and Management of Pre-Eclampsia/Eclampsia: Antenatal, Intrapartum and Postpartum

**Description:** This program will discuss the perinatal complication of pre-eclampsia and eclampsia, including incidence and prevalence. Maternal, fetal, and neonatal pathophysiology will be described. Recognition of risks and early clinical signs, as well as best practice standards for clinical surveillance, will be explored. Clinical manifestations, monitoring, and nursing interventions will be described. Program will conclude with case study/video simulation review of the best practices related to nursing management of pre-eclampsia/eclampsia.

**Presenters:** Bonnell W. Glass, MN, RN

**Date:** Wednesday, Sept. 18, 2019

**Time:** 8:15 – 9 a.m., Registration/Continental Breakfast  
9 a.m. – 12 p.m., Morning Program  
12 – 1 p.m., Lunch  
1 – 4 p.m., Afternoon Program

**Location:** Holiday Inn Taunton, 700 Myles Standish Blvd., Taunton; 508-823-0430; [holidayinn.com/hi-tauntonma](http://holidayinn.com/hi-tauntonma)

**Fee:** Member/Associate Member\*, free. Non-Members, \$195. \*Requires a \$50 placeholder fee which will be returned upon attendance.

**Contact Hours:** Will be provided.

### The Nurse's Role in Suicide Prevention: Shifting the Perspective from Despair to Hope

**Description:** This program will cover the scope of the problem of suicide with attention to the recent shocking upward trend. The presenter will review the history and range of suicidality — from “romantic” and “noble,” through active versus passive — and examine the profile of the high-risk person and what is described by some survivors and in some suicide notes as “triggers.” For the young, is it a result of bullying? For older adults, does it reflect discouragement about the state of the world,

or their health? How about well-off celebrities who seemingly have it all? This presentation will address the phenomenon of suicide as a public health emergency. It will address the antecedents to suicide, describe warning signs, and propose interventions that are within the scope of nursing practice.

**Presenter:** Mary Linda O'Reilly, MS, APRN, BC

**Date:** Wednesday, Oct. 30, 2019

**Time:** 5:30 – 6 p.m., Registration/Dinner  
6 – 8 p.m., Program

**Location:** Massachusetts Maritime Academy, Bay State Conference Center, 101 Academy Drive, Buzzards Bay; 508-830-5000. Drive onto campus and head toward the distant end of campus. The Bay State Conference Center is located directly across from the large MMA ship (not the red tugboat). There is a small parking lot adjacent to the conference center and additional parking is located along the canal edge.

**Fee:** Member/Associate Member\*, free; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

## Diabetes Management for Nurses

**Description:** This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. Oral pharmacological management and insulin therapy will be included. Risk factors and barriers to disease management will also be discussed, including the rising cost of medication for diabetic patients.

**Presenter:** Amber McGregor Fowler, BSN, RN, CDE

**Date:** Wednesday, Nov. 13, 2019

**Time:** 5:30 – 6 p.m., Registration/Dinner  
6 – 8:15 p.m., Program

**Location:** Massachusetts Maritime Academy, Bay State Conference Center, 101 Academy Drive, Buzzards Bay; 508-830-5000. Drive onto campus and head toward the distant end of campus. The Bay State Conference Center is located directly across from the large MMA ship (not the red tugboat). There is a small parking lot adjacent to the conference center and additional parking is located along the canal edge.

**Fee:** Member/Associate Member\*, free; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

**To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in. For questions, please contact Region 3 at 508-888-5774 or email [region3@mnarn.org](mailto:region3@mnarn.org).

## REGION 4



### Medication Assisted Treatment for Opioid Use Disorder

**Description:** This introduction to Medication Assisted Treatment (MAT) for Opioid Use Disorder is designed to enhance your professional knowledge and build the skills related to educating patients about MAT. The role of medications in treatment and recovery will be explained and FDA-approved medications used to treat Opioid Use Disorder will be discussed.

**Presenter:** Allison Burns, PharmD, RPh

**Date:** Thursday, Sept. 26, 2019

**Time:** 5 – 6 p.m., Registration/Light Dinner  
6 – 8:15 p.m., Program

**Location:** Danversport Yacht Club, 161 Elliot Street, Danvers; 978-774-8620, [danversport.com](http://danversport.com)

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires

a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

### **Nursing Considerations in the Management of Patients with Antibiotic Resistant Infections**

**Description:** The increased use of antibiotics has created instances of antimicrobial resistance with a resultant impact on patient care. Nurses play a key role in addressing this ongoing problem. This session will address the prevention and management of antimicrobial resistance in nursing practice and the nurse's role in antimicrobial stewardship.

**Presenter:** Alfred DeMaria, Jr, M.D.

**Date:** Tuesday, Oct. 29, 2019

**Time:** 5 – 6 p.m., Registration/Dinner  
6 – 8:15 p.m., Program

**Location:** Danversport Yacht Club, 161 Elliot Street, Danvers; 978-774-8620; danversport.com

**Fee:** Member/Associate Member\*, free; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

### **Nursing Considerations in the Face of Escalating Healthcare Violence**

**Description:** Occurrences of active shooter incidents in healthcare settings almost doubled during 2006-2011 from the previous five years. Having a plan to know: your environment, facility policies and actions to utilize in potentially, or actual, volatile situations can optimize safety for everyone. This program is designed to provide nurses and other healthcare staff skills to recognize situations that may threaten harm to staff, patients and others.

**Presenters:** Peg Tayler, MEd, MS, RN, and other presenter(s) TBA

**Date:** Tuesday, Nov. 19, 2019

**Time:** 5 – 6 p.m., Registration/Light Dinner  
6 – 8:15 p.m., Program

**Location:** Danversport Yacht Club, 161 Elliot Street, Danvers; 978-774-8620; danversport.com

**Fee:** Member/Associate Member\*, free; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

**To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in. For questions, please contact Region 4 at 781-584-8012 or email [region4@mnarn.org](mailto:region4@mnarn.org).

## **REGION 5**



### **Cannabis (“Medical Marijuana”) and the Endocannabinoid System: What Every Nurse Needs to Know**

**Description:** Massachusetts voters approved cannabis for medical use (layman's term for medical marijuana) in 2012 and for recreational use in 2016. The Commonwealth's Cannabis Control Commission is charged with the safe regulation of cannabis. This program will review the human endocannabinoid system, its function in health and disease, and how cannabis complements the body's system. Nursing implications and administration of the plant medicine will also be presented.

**Presenter:** Elizabeth G. Dost, RN

**Date:** Tuesday, Sept. 24, 2019

**Time:** 5 – 5:30 p.m., Registration/Light Dinner  
5:30 – 7:30 p.m., Program

**Location:** MNA Headquarters; 340 Turnpike Street, Canton; 781-821-8255; massnurses.org

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

### **Nursing Care and Considerations of Patients with Amyotrophic Lateral Sclerosis (ALS)**

**Description:** Amyotrophic Lateral Sclerosis (ALS) is the most common form of progressive neurodegenerative motor neuron disease. Symptoms include muscle spasticity and weakness that worsen over time, eventually leading to respiratory failure. This presentation will focus on the assessment and nursing care of patients with ALS.

**Presenter:** Vincent M. Vacca, Jr., MSN, RN

**Date:** Thursday, Oct. 10, 2019

**Time:** 5 – 5:30 p.m., Registration/Light Dinner  
5:30 – 7:30 p.m., Program

**Location:** MNA Headquarters; 340 Turnpike Street, Canton; 781-821-8255; massnurses.org

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

### **Parkinson's Disease: A Nursing Perspective**

**Description:** Parkinson's disease (PD) is the second most common neurodegenerative disorder worldwide. While rare in people under 50, prevalence of PD increases with age. The current worldwide prevalence of PD is approximately 7 million people and is expected to double in the next 20 years. PD is characterized by both motor and non-motor symptoms. Recognition, diagnosis, and treatment of motor symptoms associated with PD will be the focus of this presentation.

**Presenter:** Vincent M. Vacca, Jr., MSN, RN

**Date:** Wednesday, Nov. 20, 2019

**Time:** 5 – 5:30 p.m., Registration/Light Dinner  
5:30 – 7:45 p.m., Program

**Location:** MNA Headquarters; 340 Turnpike St., Canton; 781-821-8255; massnurses.org

**Fee:** Member/Associate Member, free\*; Non-Members, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance at program. Mail in registration with check only; online registration with credit card.

**Contact Hours:** Will be provided

**To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in. For questions, please contact Region 5 at 781-821-8255 or email [region5@mnarn.org](mailto:region5@mnarn.org).

# MNA HEADQUARTERS

## The Ongoing Crisis of Sexual Harassment in Healthcare

**Description:** This program is designed to meet the needs of nurses and other healthcare professionals who may be struggling with issues related to sexual harassment in healthcare settings. The content of this program will focus on the legal definition of sexual harassment; the physical, emotional, and spiritual stressors that are experienced by victims of sexual harassment; and specific steps to reporting, managing, and surviving sexual harassment. The program will include case studies of nurses and healthcare professionals who have reported issues related to harassment and empowering strategies to implement if you are experiencing issues related to sexual harassment or if you know someone who is!

**Presenters:** Experts in the field of sexual harassment in healthcare

**Date:** Wednesday, Oct. 2, 2019

**Time:** 8:30 – 9 a.m., Registration and Continental Breakfast  
9 a.m. – 4 p.m., Program and Hot Buffet Lunch

**Location:** Lombardo's, 6 Billings Street, Randolph; 781-986-5000; lombardos.com

**Fee:** Member/Associate Member, free\*; Non-Member, \$195. \*Requires a \$50 placeholder fee which will be returned upon attendance at program.

**Contact Hours:** Will be provided

**MNA Contact:** Susan Clish, 781-830-5723

## Advanced Cardiac Life Support (ACLS): Certification and Recertification

**Description:** This AHA course will provide information on the clinical management of medical emergencies through a case study approach. This is a two-day certification and a one-day recertification course. *This challenging course is best suited for nurses working in acute or critical care areas. Attendees must be proficient in dysrhythmia interpretation.*

**Presenters:** Carol Mallia, MSN, RN; Mary Sue Howlett, PhD, RN/FNP-BC, CEN; Charlene L. Richardson, MSN, RN, CEN, LNC; other instructors

tors for the clinical sessions

**Dates:** Monday, Oct. 21, 2019 and Monday, Oct. 28, 2019 (Certification)  
Monday, Oct. 28, 2019 (Recertification only)

**Time:** 8:30 – 9 a.m., Registration

9 a.m. – 5 p.m., Program (light lunch provided for both days)

**Location:** MNA Headquarters, 340 Turnpike St., Canton, MA

**Fee:** Certification: MNA Members/Associate Members, free\*; Non-Member, \$250. Recertification: MNA Members/Associate Members, free\*; Non-Member, \$195

**\*Requires \$100 placeholder fee which will be returned upon attendance. There is a non-refundable cost of \$50 for the workbook.**

**Contact Hours:** Contact hours will **NOT** be awarded for this program.

**MNA Contact:** Liz Chmielinski, 781-830-5719

## Best Practices in the Nursing Care of Stroke Patients

**Description:** Evidence-based nursing care interventions for patients with acute, evolving strokes require the competence of highly skilled stroke teams, of which nurses are essential members. This program will identify three signs and symptoms consistent with an acute evolving stroke. In addition, the program content will highlight four evidence-based nursing interventions vital to the care of patients experiencing an acute, evolving stroke.

**Presenter:** Vincent M. Vacca, Jr., MSN, RN

**Date:** Wednesday, Oct. 23, 2019

**Time:** 5 – 5:30 p.m., Registration/Light Dinner  
5:30 – 8:15 p.m., Program

**Location:** MNA Headquarters, 340 Turnpike Street, Canton

**Fee:** Member/Associate Member, free\*; Non-Member, \$95. \*Requires a \$25 placeholder fee which will be returned upon attendance at program.

**Contact Hours:** Will be provided

**MNA Contact:** Donna Olson, 781-830-5794

**MNA Headquarters Course Registration: To register:** Visit <https://www.massnurses.org/CEregistration>; see instructions on pg. 21 if you need help with online registration. Downloaded/printable registration forms also available via same link; forms can then be mailed in.

# Fall CEs!

## Register Online Now!



- Visit [www.massnurses.org/CEregistration](https://www.massnurses.org/CEregistration); scroll down the page past the “MNA Upcoming Events” subhead.
- Continue scrolling to find your preferred course; they are listed in calendar order. Click on your preferred course.
- Underneath the course description and related details, you will see two buttons:

**REGISTER ONLINE! Choose below.**

**MEMBERS REGISTER HERE**

**NON-MEMBERS REGISTER HERE**

- Click the button specific to your membership status.
- Follow the login prompts for you MNA account. Having trouble? See the options under the login area.
- Follow the registration prompts for your preferred course.
- You will receive an email confirmation after registering for your course.

**Prefer paper registration?** Download the “Program Brochure” (PDF) that is available at the bottom of each course listing; follow instructions and return via mail.

# MNA in Pictures



What do you get when you combined Nurses Week with an MNA Day with a new Labor AD? A fun time filled up with food, fun, and swag. Here Ann Taft, a nurse at the Holyoke Soldiers Home, shows off one of the two cakes that was brought in for the day's festivities.



May 20 was a perfect day for the MNF's annual Rosemary Smith Memorial Golf Tournament, held this year at the Blue Hills Country Club in Canton. Shown here, left to right, are Ellen Farley, Unit 7 member and MNA board secretary; David Wylie; Mike D'Intinosanto, Unit 7 executive chairperson and MNA Board member; and Karen Coughlin, retired Unit 7 executive vice chairperson and MNA Board vice president.



Lawrence Genreal RNs turned out in huge numbers for an informational picket in April that helped to pave the way to an impressive contract settlement (see page 10).

## Enjoy Your Retirement Eileen Norton!



With mixed emotions, the MNA recently celebrated Eileen Norton, the MNA's longtime director of organizing, as she headed into a well-deserved retirement. During her 23 years with the MNA, Eileen had an enormous influence on the lives of nurses in the Commonwealth — from helping nurses establish MNA bargaining units in their hospitals, to rallying outside of the Statehouse with nurses in support of timely social justice issues. Among a long list of other facilities, she led the way in organizing Saint Vincent Hospital, UMass Memorial, Northeast Health System, and Boston Med Flight. She also helped to negotiate Saint Vincent's first contract; established the MNA's STAT Team; and was a past president and active member of the Labor Guild. But beyond the items that you would have seen on Eileen's resume, she was — to the core — a true union supporter, someone who was entirely committed to fighting for the rights of working people in the hopes of building a better society for all. Shown here in photo one: Eileen, in red, with friends (left to right) Julie Pinkham, Beth Pickett, and Alan McDonald. In photo two, Rep. Denise Garlick, on behalf of the House of Representatives, presents Eileen with a certificate of congratulations and recognition for her "unwavering commitment to social justice and the practice of nursing."

# DOUBLE DOWN FOR PATIENT SAFETY



# CONVENTION 2019



Massachusetts  
Nurses  
Association

October 17-18

MGM Casino

One MGM Way, Springfield, MA 01103

## SCHEDULE

### Wednesday, October 16

6:30-9 p.m. Reception/Entertainment

### Thursday, October 17

7:30-8:15 a.m. Breakfast, registration, exhibits & silent auction opens

8:15-8:30 a.m. MNA Announcements and Updates, Donna Kelly-Williams, RN

8:30-9:30 a.m. Keynote Speaker: Judy Sheridan-González, RN, President, New York State Nurses Association - "Nurses United to Protect Patients' Health & Safety"

9:30-9:40 a.m. Unite Here; Union Representative, MGM Grand

9:40-10:30 a.m. Bargaining Unit Reports

10:30-11 a.m. Break, exhibits, and silent auction

11 a.m.-12:30 p.m. "Stories from the Bedside: Learning from Our Past to Strengthen Our Future"

12:30-2 p.m. Lunch, exhibits, silent auction

12:30-2 p.m. Unit 7 Annual Meeting and lunch

2-4:30 p.m. Business Meeting - MNA 2025

5 p.m. Job Action; wear your MNA blues

6:30-9 p.m. Awards Dinner

9-11 p.m. Nurses' Fun Night: Bowling & MGM venue activities

### Friday, October 18

7-8:30 a.m. Registration, breakfast

8:30 a.m. Silent auction closes

8-9 a.m. MNA PAC Meeting

8-9 a.m. Massachusetts Student Nurses Association Meeting

9-9:15 a.m. MNA announcements & speaker introduction, Donna Kelly-Williams, RN

9:15-10:45 a.m. "Building Solidarity Within & Beyond Our Nursing Workforce" Barbara Madeloni, PhD, Education Coordinator/Labor Notes, & Past President/Massachusetts Teachers Association

10:45-11 a.m. Break

11 a.m.-12:30 p.m. "Bet Your Bottom Dollar: We Can Win This Battle" Donna White, RN, PhD, CADAC-II, LADC-I, Addiction Specialist

## INFORMATION:

### Hotel Accommodations at MGM

The reduced room rate of \$149 per night, plus tax, and \$10.00 resort fee is available until September 16, 2019. Please call 413-273-5000 and mention the MNA Fall Convention or book online at: <https://book.passkey.com/go/SMAS1016SP>.

### Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the 2019 MNA Convention. Scents may trigger responses in those with chemical sensitivities.

### Contact Hours

Contact hours will be provided for four of the educational sessions for this two-day conference (Nurses United to Protect Patients' Health, Stories from the Bedside, Building Solidarity Within & Beyond Our Nursing Workforce and Bet Your Bottom Dollar: We Can Win This Battle). These programs meet the requirements of the Massachusetts Board of Registration in Nursing for a total of 6.2 contact hours for relicensure. In terms of specialty certification, these programs will provide a total of 5.1 contact hours. MNA is accredited, as a provider of nursing education by the American Nurses' Credentialing Center's Commission on Accreditation.

To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session, and 3) complete the evaluation.

**Questions: Call MNA's Division of Nursing at: 800-882-2056 x727.**

**REGISTER ONLINE: [www.MassNurses.org/Convention2019](http://www.MassNurses.org/Convention2019)**

Registrations can also be made by phone. Call Theresa at 781-830-5727.



Massachusetts  
Nurses  
Association

# DOUBLE DOWN

FOR

# PATIENT SAFETY

HOSPITALS ARE GAMBLING WITH YOUR HEALTH



**Register Now:** [www.MassNurses.org/Convention2019](http://www.MassNurses.org/Convention2019)

# CONVENTION 2019

# OCTOBER 17-18

MGM Casino • Springfield, MA