

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE



**Leominster RNs
Fight to Keep Safe
Staffing, page 10**

March 2020



Massachusetts
Nurses
Association

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New Mandatory Alzheimer's Disease/Dementia CE 2022 Massachusetts RN Licensure Requirement



Massachusetts nursing licenses must be renewed every two years on your birthday, and 2020 is a biennial renewal year. The Massachusetts Board of Registration in Nursing (BORN) is the licensing entity.

As of November 1, 2019, BORN began accepting online renewals for 2020. It is important to remember that the BORN no longer sends out

license renewal notices, so be sure to remember to renew your RN license this year if you have not yet done so.

New CE Requirement

There is a new CE requirement for licensees to complete a one-time course in Alzheimer's/dementia/cognitive impairment care. This is required per Massachusetts law (Chapter 220 of the Acts of 2018).¹ **RNs must complete the course prior to November 7 of 2022**, which is the *next* renewal cycle.

Nurses who renew online are asked on the BORN website to indicate whether they have completed a one-time course of training and education in the diagnosis, treatment, and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia. With this

question is a "yes" or "no" box to check. You can answer yes if you have completed a course; otherwise answer no. If you are unsure, answer no. Again, you have until November 7 of 2022 — two years from now — to complete a course.

The new CE requirement is one-time only, so you may take a course now and it will fulfill the state's new rule. There is no prescribed course or number of education hours for this training. If you received any training or education in your academic nursing program — whether through professional staff development; conferences; seminars; or continuing education in the diagnosis, treatment and care of patients with cognitive impairments including, but not limited to, Alzheimer's disease and dementia — at any time then you meet the requirements of the training. Just be sure to save that documentation, as you may be required to show you took the class.

The MNA will be offering a dementia/Alzheimer's course in its various Regions throughout the year. Details and dates will be posted on the MNA website and in upcoming editions of the *MassNurse Advocate* newsletter.

If you have any questions, please call the MNA's division of nursing at 781-830-5719. ■

¹ See the BORN website at <https://www.mass.gov/news/alzheimers-training-notice>

Pursuant to chapter 220 of the acts of 2018, as of November 7, 2018, applicants for initial licensure must complete a one-time course of training and education in the diagnosis, treatment and care of patients with cognitive impairments, including, but not limited to, Alzheimer's disease and dementia. Licensees applying to renew a license must complete the required course by November 7, 2022.



President's Column New Season, New Opportunities to be Part of the MNA



Donna Kelly-Williams

It is about halfway through March, and we can finally see spring just on the horizon! With this welcome change in season come new opportunities for MNA members. These new opportunities run the gambit: from furthering your education and running for a position on the MNA's Board of Directors, to attending our annual Clinical Nursing Conference and playing the back nine with three of your best friends. The opportunities are limitless!

Run for a Board Position. The MNA is a one-member/one-vote democratic organization where the members set the agenda. An elected Board of Directors (BOD) is made up of frontline nurses and healthcare professionals from across our membership. In their roles as elected BOD leaders, our members have the opportunity to address local issues and influence change within their own communities through five Regional Councils, with offices and staff serving Western Mass., the North Shore, the South Shore/Cape & Islands, Central Mass., and Greater Boston. NENA, or the New England Nurses Association, our regional partner organization, also depends on elected leaders for its agenda setting and governance. If you have ever considered becoming an active participant in the governance of the MNA and/or NENA, now is the time to jump in! Our nomination/consent to serve form for the 2020 MNA general and NENA delegate elections is now available (see page 14). I hope you will consider running for an open position; we are always grateful for the energy and enthusiasm new members bring to the BOD.

Scholarship Opportunities. For those of you who are working on another nursing or healthcare degree, please know that the Massachusetts Nurses Foundation (MNF) is now accepting applications for its 2020 scholarship program. Each year, the MNF gives away

more than \$50,000 in scholarship awards to MNA members, or to the children of members, who have chosen to further their careers or study clinical issues that are essential to the improvement of healthcare. Applications for this year's scholarships are available at massnurses.org/mnf/scholarships. If you have questions, I encourage you to contact the MNF at 781-830-5745.

Fore! One of the ways the MNF funds its scholarship programs is through its annual golf tournament, which is scheduled for May 18 this year and will be held at the Blue Hill Country Club in Canton. The tournament always draws a wonderful crowd of MNAers and MNA supporters, and includes a continental breakfast, a full sit-down hot lunch, a raffle, and prizes for the winners. Registration for this fun and important annual event is now open. Visit massnurses.org/mnf/golf-tournament to learn more.

CEs, CE's, and More CE's ... All Free. The opportunities to earn free CE's through the MNA this spring are boundless. In addition to launching our spring CE sessions at MNA headquarters and throughout our five Regions, there is also our 15th Annual Clinical Nursing Conference on May 1. This free event offers nurses and healthcare professionals as many as ten CE classes to choose from, which can put nearly six CE's in the pockets of attendees. To review all of our available CE classes, including the conference, visit massnurses.org/CEregistration.

Additional opportunities to take part in the day-to-day life of the MNA will continue to unfold as the weather gets warmer. We will be sure to highlight them all in future editions of the *MassNurse Advocate*, but I encourage you to visit us online, on Facebook, and/or on Twitter for all the latest MNA news. ■

Donna Kelly-Williams, RN



Massachusetts Nurses Foundation

2020 Scholarship applications are available through the Massachusetts Nurses Foundation - **DEADLINE IS JUNE 1, 2020**

Previous scholarship winner: Lisa Lopes



Scholarship Eligibility:

- Be an MNA member in good standing
- Be a child of an MNA member in good standing
- Must be accepted into a degree program in nursing or healthcare field which includes Microbiologist, Dietitian, Social Worker, Pharmacist, Speech Therapist, Physical Therapist, Occupational Therapist

For more information visit www.massnurses.org/mnf or call Cindy Messia at 781-830-5720 or cmessia@mnarn.org.

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What's New in Safe Patient Handling and Mobility?

by Peg Tayler, MS, MEd, RN, Associate Director of Health and Safety

Did you notice the addition of the word “mobility” to the headline above? It has recently been added to the MNA’s original “Safe Patient Handling” initiative name because, over the years, research has highlighted the connection of ambulating a patient to the activities associated with safe patient handling. It makes sense: Ambulating a patient, and the possible risks of detrimental outcomes when assisting that patient, are very similar to those of lifting, transferring, and repositioning a patient. Likewise, safe patient handling and early ambulation of a patient have been associated with speedier recovery and better outcomes.

The benefits to patients of early mobility/mobilization speak for themselves. Early ambulation stimulates a wide array of benefits attributed to improved circulation, including helping to prevent blood clots; distributing oxygen throughout the body; assisting in speedier wound healing; and aiding in maintaining normal breathing. Walking also strengthens and tones muscles and improves functioning of the gastrointestinal, genitourinary, and pulmonary systems. All of these factors are associated with improved outcomes and decreased lengths of hospital stays.

Yet, as we all know, lifting, transferring, and repositioning patients has risks for nurses and patients alike.

Nurses are prone to:

- Incurring back injuries and other musculoskeletal disorders, many of which can be life altering and/or career ending. This is especially true when injuries reoccur and accumulate over time.

Patients are prone to:

- Experiencing skin-related complications, such as skin tears, abrasions, contusions, pressure ulcers, and lacerations.
- Experiencing fall-related complications, such as sprains, strains, dislocations, fractures, concussions, and bleeding.
- Suffering medical consequences, including venous stasis; edema; DVT; pneumonia; pulmonary embolism; constipation; impaction; urine retention; urinary tract infections; bone/calcium loss; joint stiffness; joint pain; etc.

Survey Results: Past and Present

In both 2011 and 2019 the Massachusetts Nurses Association surveyed nurses regarding safe patient handling programs/practices in their work environments. Promising information gained from the 2019 survey affirmed that 47% of the facilities had implemented safe patient handling policies or programs, and 26% responded that their facilities discouraged the manual lifting of patients.

The only question on the survey that demonstrated a negative statistical difference was specific to lifting-device education. While annual training essentially remained unchanged from the original survey at 49% in 2019, only 16% reported lifting-device education when hired compared to 32% in 2011. The MNA considers this a significant change. Another disconcerting finding was that 21% reported never having *any* education.

In 2011 the Occupational Safety and Health Administration (OSHA) reported 25% of workers’ compensation claims from the hospital industry were for patient handling injuries, and that patient handling injuries are among the most expensive types of hospital worker injuries¹. During 2016-2017, the average costs of all workers’ compensation claims combined was \$40,051.²

Safe Patient Handling & Mobility Initiatives: Here and Beyond

Successful safe patient handling programs have contributed to reduced injuries; decreases in lost time and worker compensation claims; increased productivity; higher quality of work life and worker satisfaction; staff retention; and improved patient care and patient satisfaction.³ Nationally, 11 states have enacted safe patient handling legislation. Those include California, Illinois, Maryland, Minnesota, Missouri, New Jersey, New York, Ohio, Rhode Island, Texas, and Washington.

The MNA has been advocating for 16 years to pass safe patient handling legislation (S.1213, H.3487 An Act Relative to Safe Patient Handling in Certain Health Facilities) at the State House. Senator Harriet Chandler and Representative Claire Cronin are sponsors of the current bill. In November of 2019, the chairperson of the MNA’s Safe Patient Han-



dling and Mobility Task Force, Beth Piknick, and Task Force member Dan Rec, along with supporters, attended a State House hearing on the bill and testified in support of the legislation before the Joint Committee on Public Health. The bill is currently being reviewed by that committee, with an April 1 deadline extension tied to it.

Many factors influence the success of a safe patient handling and mobility initiative. First and foremost, in the state of Massachusetts, is the MNA's campaign for safe nurse-to-patient limits. Without adequate staffing, successfully implementing a safe patient handling and mobility program is a challenge. Other components associated with the success of a safe patient handling and mobility initiative include, but are not limited to:

- Management support
- Staff involvement in developing and implementing a program
- Performing a worksite assessment of the environment to identify patients, as well as the types of movements and transfers necessary
- Analyzing data (i.e., worker injury rates, costs to the organization, etc.)
- Identification of the equipment that would best serve the needs of the patients and facility
- Training staff and educating the patient population
- Evaluating the program and incorporating findings into new prevention strategies
- If goals are not achieved, then re-evaluating the program and determining appropriate corrective measures⁴

Resources

If your facility does not have a safe patient handling and mobility policy or program and you would like additional information on the topic, please contact Peg Tayler, associate director of Health & Safety at the MNA, at ptayler@mnarn.org.

In addition, the MNA will be offering an all-day "Safe Patient Handling and Mobility" CE program on September 24, 2020 at Lombardo's in Randolph. Everyone is encouraged to attend to hear national and local experts and speakers. Lifting-device vendors will also be in attendance, so you will have the chance to see and experience the trending assistive equipment that is available to improve both your safety and the safety of your patients. ■

References:

¹Occupational Safety and Health Administration. Safe patient handling programs: Effectiveness and cost savings. Retrieved from https://www.osha.gov/dsg/hospitals/documents/3.5_SPH_effectiveness_508.pdf

²National Safety Council. Injury Facts: Workers' Compensation Costs. Retrieved from <https://injuryfacts.nsc.org/work/costs/workers-compensation-costs/>

³Occupational Safety and Health Administration. Safe patient handling programs: Busting the myths. Retrieved from https://www.osha.gov/dsg/hospitals/documents/3.1_Mythbusters_508.pdf

MNA Remembers Former Roxbury City Councilor Charles (Chuck) Turner, a hero to Boston's most marginalized residents

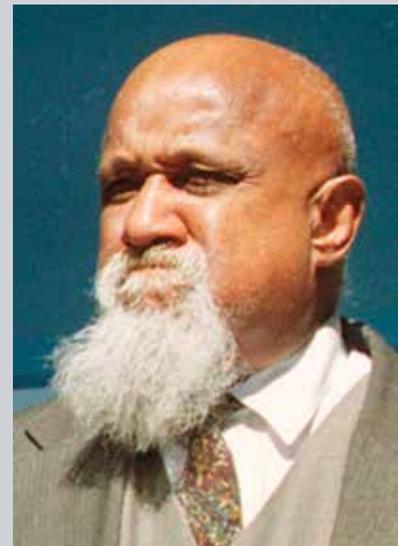
At a memorial service attended by hundreds at Roxbury Community College on January 9, Chuck Turner, who passed away on December 25, 2019, was remembered for his boundless energy and the extensive work he did over the course of his life in pursuit of economic and social justice.

A native of Cincinnati, Chuck graduated from Harvard University with a B.A. in government in 1963. He began to use his organizing skills and courage as a community organizer in Boston's South End in 1966, becoming an advocate for affordable public housing. He later founded the Boston Jobs Council, which pressed to reserve a portion of public jobs in Boston for Boston residents, a bid to increase the number of black and Latino construction workers in the city. He was also eulogized for his organizing work with the Chinese community in Boston.

At his memorial service, Chuck was also remembered for fighting against the construction of a potentially lethal "Level 4" lab on the campus of Boston Medical Center. During that fight he worked closely with the MNA, the Boston Medical Center nurses, the Roxbury and South End communities, and many world-renowned scientists, all of whom opposed building such a facility in one of the city's most densely populated areas. Nevertheless, Boston University pursued construction of the lab which ultimately — after a 14-year battle — won federal, state, and city approval for research on pathogens that are primarily used for biowarfare.

The MNA continues to hold a formal position in opposition to the lab and has negotiated agreements with some of the hospitals whose staff it represents to provide appropriate training and equipment to manage Ebola or similarly contagious, highly lethal infections.

Chuck was a leader in the fight to block the Boston lab, as he was in so many other battles he undertook for equity and fairness. May he rest in peace. ■



AP Photo/Angela Rowlings

Consequences of Moral Distress as Experienced by School Nurses

By Judith Parè, PhD, RN, MNA Director of Nursing

The Massachusetts Nurses Association is widely known for its history of meeting the needs of bedside nurses who work in acute care settings throughout the commonwealth, and the MNA is proud to be a voice for those professionals who are caring for our most vulnerable patient populations. Our support does not stop in the acute-care settings, however. Currently our organization represents several hundred nurses working in school settings throughout the state of Massachusetts.

School nurses are a unique group of MNA members. These highly trained nurses are ideally positioned to positively influence the health, well-being, and academic achievements of today's youth given how much time children spend in school settings (National Association of School Nurses ([NASN]), 2016). Today's school nurses are often challenged by caring for hundreds of children with growing complexities of medical and psychosocial needs. They are often isolated in their roles and struggle to cope with limited support staff and growing mounds of paperwork that pose barriers to doing their jobs.

"My stress is the result of struggling every day to care for children in the way that I have been trained so that they have the most ideal outcome. Consequently, I often feel like I am drowning in paperwork and documentation that fails to serve the needs of the children or their family members. By the end of the day I feel like a glass half-empty." (Powell, Engelke, & Swanson, 2018).

School nurses, who, in Massachusetts, must also be licensed by the Department of Elementary and Secondary Education, are required to navigate the rules, policies, and procedures that exist in school settings, while complying with the regulations outlined in The Nurse Practice Act. The conflict between care needs and policy restrictions can lead school nurses into an abyss of moral distress. Rarely do we stop and acknowledge these highly specialized nurses and examine the physical, emotional, and moral costs of practicing as a school nurse in our state.



What is Moral Distress?

Moral distress is defined as a dilemma that arises when a person has an ethical or moral judgment about care that differs from that of others in positions of authority (Jameton, 1984). The inability to provide adequate care to students with chronic and complex illnesses is the most common source of distress experienced by school nurses in our state and beyond. School nurses who are forced to split their

time between multiple locations or large caseloads have also experienced moral distress, and this may lead to illness, mental health issues, and moral dilemmas that result in nurses leaving these vitally important positions.

The MNA stands with the school nurses of our state to advocate for their ability to deliver safe, quality nursing care to children in our school systems. The acknowl-

edgement of moral distress in school nurses by employers, funding agencies, and professional organizations can lead to the development of support strategies for school nurses who may feel isolated, distressed, and conflicted.

The MNA wants school nurses to know that they are not alone, and we challenge those in leadership positions to join the MNA in supporting their practice needs. We support the development of focus groups to examine the challenges and opportunities that school nurses must overcome in their daily practice. We believe that the outcome of these groups could inspire strategies to recruit, retain, and support school nurses.

Please contact the MNA's division of nursing at 781-821-4625 if you have questions, concerns, or if you want to share your story. We will continue to stand with you and advocate for your needs and rights so that you may continue to care for the children of Massachusetts. ■

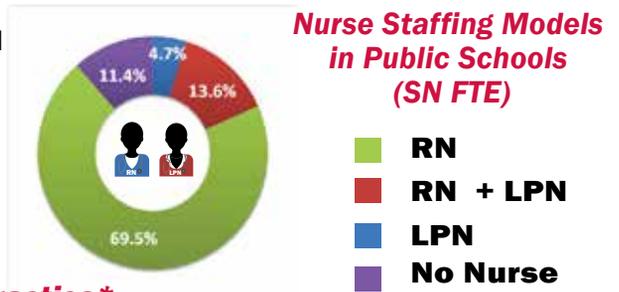
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- Jameton, A. (1984). Nursing practice: The ethical issues. Englewood Cliffs, NJ: Prentice Hall.
- National Association of School Nurses (2016). The role of the 21st century school nurse (Position Statement). Silver Spring MD. Retrieved from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/Role-of-the-School-Nurse-Revised-2011>.
- Powell, S. B., Engelke, M. K. & Swanson, M. S. (2018). Moral distress among school nurses. The Journal of School Nursing, 34(5). 390-395. doi: 10.1177/1059840517704965.

School Nursing Practice in US Public Schools

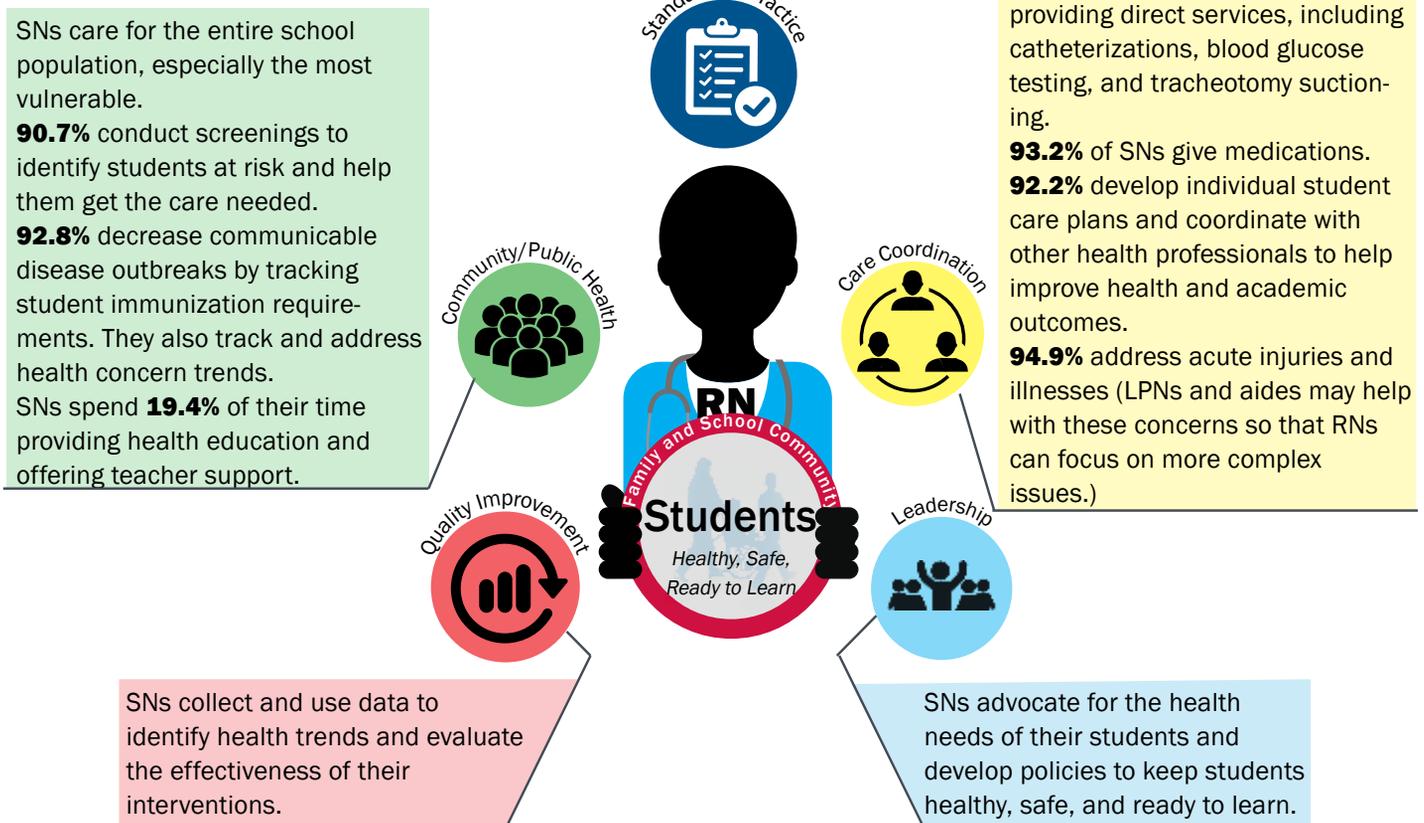
School nurses (SNs) are professional, licensed nurses who work in public and private schools to promote individual and population-based student health, provide care coordination, advocate for quality student-centered care, and advance academic success.

NASN recommends a full-time baccalaureate-prepared registered nurse (RN) to serve as the school nurse. Licensed practical/vocational nurses (LPNs) are employed in some areas of the US to provide specific duties. LPNs do not have the needed licensure to perform all the duties of an RN.



School Nursing Practice*

The number of students with complex physical and mental health conditions, along with the number of students at risk for health concerns, and students who are affected by societal issues, such as living in poverty, necessitates SNs to use critical thinking and provide highly skilled, evidence-based practice that meet the needs of students, families and school communities.



*Data reflect activities by nurses in public schools.

Rev. 5/18

Use of these data must be cited. Recommended citation for this infographic: Willgerodt, M.A., Brock, D. M., & Maughan, E.M. (2018). Public School Nursing Practice in the United States. *Journal of School Nursing*, 34(3), 232-244.



RNs at Steward Holy Family Hospital in Methuen Settle Three-Year Contract

Wage and differential improvements include:

- First pay period of 2020, a 2.5% increase except a 3.0% for the top step
- First pay period of 2021, a 2.0% increase except a 2.5% for the top step
- January of 2021, the employer will pay a 1% bonus on all hours paid over the prior 12 months to all who have worked 30 or more years as an RN at HFH as of January 1, 2021
- First pay period of 2022, a 2% increase except a 2.5% for the top step
- First pay period of 2023, a 2.75% increase
- RNs can now cash out up to 80 hours a year in 8-hour increments during any pay period
- Employees will be paid a maximum of \$160 for all hours of unused accrued PTO upon separation from employment
- Extra Shift Bonus: \$12/hour bonus for picking up extra shifts after the final schedule for the given unit is posted
- Evening Diff.: 1/1/2021, \$1.65 and 1/1/2022, \$2
- Night Diff.: 7/1/2021, \$7.50 and 7/1/2022, \$8
- Weekend Diff.: 1/1/2021, \$2.50 and 1/1/2022, \$3
- New float pool differential of \$3 per hour
- Case managers will now be paid for extra shifts

Staffing Improvements:

- Grid improvements overall, including adding an ED grid to the contract
- Clinical Support RN will be staffed 24/7 and will not be considered part of the staffing grids
- The hospital shall post and recruit to fill positions that are necessary for the hospital to meet its contractual obligations, at all times during the life of the contract

Who's at the Table?

Baystate Home Health (Baystate system); Baystate Noble (Baystate system); Boston Medical Center; *Boston VNA, Healthcare Professionals; Cape Cod VNA, East and West (Cape Cod Healthcare system); Cooley Dickinson Hospital (Partners system); Holy Family Hospital, Haverhill (Steward system); Leominster Hospital (UMass system); Morton Hospital (Steward system); Saint Vincent Hospital (Tenet system); *St. Luke's Hospital (Southcoast system); and Tobey Hospital (Southcoast system).

* *newly organized; first contract*

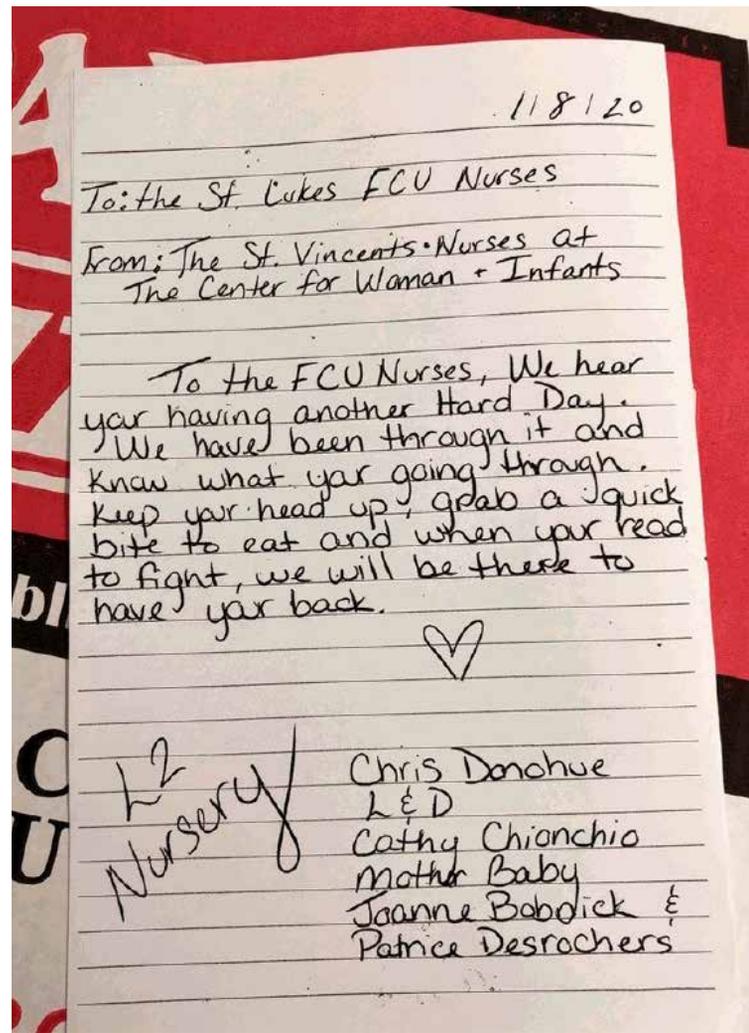
At the Table

When MNAers From Across the State Have Your Back

The newly organized nurses at St. Luke's Hospital in New Bedford have drawn inspiration from the Saint Vincent Hospital nurses during their effort to secure a first contract. Along with Tobey Hospital and others, Saint Vincent in Worcester has been a model of excellent contract language for the St. Luke's nurses.

The nurses' bond deepened recently amid difficult times in the St. Luke's Family Center Unit. Hospital owner Southcoast Health closed Tobey's maternity unit at the end of 2019 despite enormous community opposition and the Department of Public Health deeming the unit an essential service. The closure immediately impacted the working environment and patient care conditions at St. Luke's. Unsurprisingly, the census spiked. St. Luke's management did not adequately staff in anticipation of the influx of patients. They began to put pressure on nurses to work more overtime and discharge mothers and babies before the nurses felt they were ready, all while preparing to start construction on two new delivery rooms and a triage area.

Hearing about the chaos, nurses at Saint Vincent's Center for Women and Infants sent pizzas to the St. Luke's nurses on January 8. "We hear you are having another hard day," an accompanying note read. "We have been through it and know what you're going through. Keep your head up, grab a quick bite to eat and when you're ready to fight we will be there to have your back." ■



Members at Mercy Medical Center/Trinity Tell Bosses, "The Time is Always Right to Do What Is Right"

When Mercy Medical Center/Trinity managers tried to implement mid-contract changes to the holiday time-off process by arbitrarily scheduling members to work on MLK Jr. Day in violation of the contract and without notifying the bargaining unit, the MNA leadership and members quickly responded.

Management initially refused to discuss the issue, claiming they had the "right" to change the time-off policy, but the bargaining unit leadership offered to bargain over the impact and effects even though the MNA position was that we were not obliged to.

When that offer from the MNA leadership was rebuffed by management, the bargaining unit organized and turned out more than two dozen affected members for their January labor/management meeting, which was about a week ahead of the MLK holiday. At that meeting, members donned stickers with Dr. King's famous and apropos quote: "The time is always right to do what is right."

Many of the members who attended that meeting were long-term employees of the system, and they passionately and eloquently voiced their dissatisfaction with and opposition to management's disrespectful and unilateral actions.

Management, for its part, remained unmoved and continued to hold their position that they had the "right" to impose the changes. In response, the MNA leadership filed unfair labor practice charges against the employer.

Later, hospital representatives contacted the MNA leadership and offered to bargain over the proposed changes. Management agreed that those members who were to work on the holiday would receive an additional float holiday, and they also re-committed to following the contract's provisions regarding seniority and holiday scheduling.

Bargaining unit co-chairs Jaime Dorunda and Alex Wright expressed that the action was a success because it demonstrated the strength the unit has if everyone just works together for their common goals and interests. ■

**THE
TIME IS
ALWAYS RIGHT
TO DO WHAT
IS RIGHT**

MLK, Jr.

MNA



Leominster Hospital RNs Redouble Standout Efforts, Launch Public Petition Campaign to Send Clear Message to UMass Memorial Management: “Your Staffing Cuts Will Endanger Our Patients!”

The RNs at Leominster Hospital have been holding ongoing public standouts throughout both Leominster and Fitchburg for the last eight weeks to draw public attention to their continuing fight to keep safe nurse-staffing levels in place at the hospital.

In late 2019, and as part of the nurses’ current contract talks, hospital management made several dangerous proposals that stand to harm patient safety. Their proposals would *increase* the number of patients each RN must care for at one time, while also *eliminating* important patient-care resources that the nurses won during their contract negotiations five years ago, including STAT nurses and charge nurses without an assignment.

“Fanning out across the Twin Cities like this, standing at key intersections and high-traffic areas, hasn’t just resulted

in a stream of honks, waves, and thumbs up,” said Natalie M. Pereira, a Leominster Hospital RN and chairperson of its MNA bargaining unit. “Our presence has also been a conversation starter everywhere we go. At the coffee shop, at the grocery store, at kids’ sporting events, and of course inside of the hospital. When people see us, they are stopping us and asking, ‘What’s going on with staffing at the hospital, and how can I help?’”

In addition to the ongoing standouts, the nurses launched a public petition campaign in February that resulted in over 1,400 signatures in its first four days alone. They are continuing to gather signatures from citizens who want to see that safe nurse staffing levels remain at Leominster Hospital. The petition is accessible online at www.massnurses.org/LeominsterRN. ■



Nurse Licensure Compact is a BAD Idea for Massachusetts

The MNA continues to strongly oppose the Enhanced Nurse Licensure Compact SECTION 111. This has been filed as a bill for several sessions but has never advanced through the process, and it should not advance in this current legislative session either. As part of its efforts to prevent Enhanced Nurse Licensure Compact from becoming law, the MNA, along with out-of-state nurses who have seen patient care and nursing practice suffer under Compact when it was implemented elsewhere, testified against the proposed legislation at a State House hearing in January. What follows are highlights from that day's testimony.

Massachusetts has some of the highest nursing standards, making Compact a terrible idea for our state

- By putting our licensure in with other states, it will reduce quality to the lowest common denominator of states with weak standards.
- Some of these other states do not require continuing education, and have lower standards and weak penalty systems in place. Some states have less stringent requirements than Massachusetts to maintain an RN license in good standing.

Compact is a dangerous idea

- It interferes with the timely oversight of the safety and quality of nursing practice, and it gives control to an unelected out-of-state entity.
- It is virtually impossible for a state to leave the Compact once it enters.

Compact removes care from the bedside

Nurse Licensure Compact is really about removing Massachusetts RNs from the care setting and using technology to have an RN in Texas, Mississippi, or Oklahoma be responsible for the care of patients, outsourcing nursing care to out-of-state call centers, and replacing bedside nurses.

Compact decreases RN licensing standards

Massachusetts has high standards for nursing licensure. We should not weaken those standards by unilaterally rubber stamping licensure for RNs from states that have lower licensing standards and little to no continuing education requirements.

Compact results in lost state revenue

Massachusetts would lose RN licensing revenue to the administrators of Compact.

It cedes control

Instead of our state Board of Registration in Nursing (BORN) conducting appropriate licensure background checks of prospective RNs in Massachusetts, an outside third-party would now rake in big revenue from taking this over. Additionally, the Enhanced Nurse Licensure Compact Commission would be empowered to enact binding rules for Massachusetts RNs without oversight.

It allows bad nurses to keep working

There are many cases in which RNs with penalties and red flags against them have been able to move from state to state under Compact.

★ ★ ★ Current Status of Relevant Legislative Bills ★ ★ ★

Favorable reports out of Committee:

- S.1163/H.1719 - An Act Relative to Creating Intensive Stabilization and Treatment Units within DMH
- S.1164/H.1720 - An Act Creating a Pilot Program to Transfer High Acuity Behavioral Health & Dual Diagnosis Patients Away from Crowded Emergency Rooms

Sent to Study (no further action will be taken this session)

- H.688 - An Act Improving Fiscal Transparency
- S.838/H.1578 - An Act Strengthening the Penalties for Assault
- S.1340/H.1888 - An Act Relative to Liability Protection for Disaster Volunteers
- H.2311 - An Act Relative to Credible Service for School Nurses

Extension Orders Filed (meaning committees have more time to make a final decision)

- S.1255/H.2004 - The Workforce Development and Patient Safety Act (ext. until 4/1)
- S.1427/H.1416 - An Act Requiring Health Care Employers to Develop & Implement Programs to Prevent Workplace Violence (ext. until 5/1)

- S.1213/H.3487 - An Act Providing for Safe Patient Handling (ext. until 4/1)
- S.1328/H.1866 - An Act Ensuring Safe Medication Administration (ext. until 4/1)

***Health Care Financing has a later Joint Rule 10 Date - March 25th.** So these bills before that Committee have had no action taken:

- S.714/H.1144 - The Hospital Profit Transparency & Fairness Act
- S.672/H.1139 - An Act Relative to the Closing of Hospital Essential Services

Non-MNA bills of note:

- The House version of Nurse Licensure compact got an extension order
- The Senate version of Nurse Licensure Compact looks like it is being discharged to Public Health (which has the House version; see above)
- Unlicensed personnel bill got a favorable report out of the Public Health Committee.

CE

continuing education

Save the dates for Spring 2020

Contact Hours are provided for all programs, pre-registration is required

For full program details and registration information go to www.massnurses.org

The Complexity of the Endocannabinoid System and Understanding Cannabis (Medical Marijuana) Treatment

Date: Tuesday, April 14, 2020

Time: 5 – 8:30 p.m. (dinner provided)

Location: Lombardo's, Randolph, MA

Advanced Cardiac Life Support (ACLS): Certification and Recertification

Dates: Thursday, April 23 and Thursday, April 30, 2020 (Certification) and Thursday, April 30, 2020 (Recertification only)

Time: 8:30 a.m. – 5 p.m. (lunch provided)

Location: MNA headquarters, Canton, MA

Migraine: Enhance Your Nursing Knowledge

Date: Tuesday, April 28, 2020

Time: 5 – 8 p.m. (dinner provided)

Location: Danversport Yacht Club, Danvers, MA

Migraine: Enhance Your Nursing Knowledge

Date: Wednesday, April 29, 2020

Time: 5:30 – 8 p.m. (dinner provided)

Location: Mass. Maritime Academy, Buzzards Bay, MA.

Nursing Considerations in Preparing for the Crisis in Healthcare Violence

Date: Tuesday, May 5, 2020

Time: 5 – 8:30 p.m. (dinner provided)

Location: MNA headquarters, Canton, MA

The ABCs of Cardiac Medications

Date: Thursday, May 7, 2020

Time: 4:45 – 8 p.m. (dinner provided)

Location: Hilton Garden Inn Lenox-Pittsfield, Pittsfield, MA

Conflict Resolution in the Workplace

Date: Wednesday, May 13, 2020

Time: 5:30 – 8:15 p.m. (dinner provided)

Location: Mass. Maritime Academy, Buzzards Bay, MA.

The ABCs of Cardiac Medications

Date: Monday, May 18, 2020

Time: 5:30 – 8:30 p.m. (dinner provided)

Location: The Beechwood Hotel, Worcester, MA

Considerations in the Risk Factors and Dangers of Vaping

Date: Tuesday, May 19, 2020

Time: 5 – 8 p.m. (dinner provided)

Location: MNA headquarters, Canton, MA

The Growing Use of Antidepressant Medications: A Global Update

Date: Wednesday, May 20, 2020

Time: 5 – 8:15 p.m. (dinner provided)

Location: Danversport Yacht Club, Danvers, MA

Old Vices, New Devices: Vaping 101

Date: Monday, June 8, 2020

Time: 5:30 – 8:15 p.m. (dinner provided)

Location: Doubletree by Hilton Hotel Westborough, Westborough, MA

Strategies for Addressing the Drug Crisis Epidemic: What Nurses Should Know

Date: Tuesday, June 9, 2020

Time: 8:30 a.m. – 4 p.m., (light breakfast & lunch provided)

Location: Lombardo's, Randolph, MA

Advanced Cardiac Life Support (ACLS): Certification and Recertification

Dates: Tuesday, August 4 and Tuesday, August 11, 2020 (Certification) and Tuesday, August 11, 2020 (Recertification only)

Time: 8:30 a.m. – 5 p.m. (lunch provided)

Location: MNA headquarters, Canton, MA

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Prices include airfare and Departure Taxes & Fees

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~~Grand Tour of Sardinia - March 12 - 20th, 2020: Priced at \$3179 per person (which will be reduced if the group size is over 30 passengers)~~

Sorry you missed this one. Wish you were here!



~~Calabria/Puglia, Italy - September 18 - 27, 2020: Priced at \$3319 per person (which will be reduced if the group size is over 30 passengers)~~



~~Boston to Bermuda Cruise on the Norwegian Cruise line, Gem, May 22 - 29, 2020: Prices start at \$1299 per person and includes your choice of one booking incentive (such as Ultimate Beverage Package, Specialty Dining Package, Free Wi-Fi or Excursion credit)~~



~~Christmas Markets on the Danube River Cruise aboard AMA Waterway's Serena - December 3 - 11, 2020: Prices start at \$4239 per person~~

The Europe trips include air from Boston, transfers, hotel, all tours and most meals. The Bermuda Cruise departs Boston Black Falcon Terminal. A fabulous value! Space fills fast, reserve early. *Prices listed are per person, double occupancy based on *check* purchase. Applicable departure taxes *are* included in the listed prices (subject to change). Credit card purchase price is slightly higher than listed price. For more information on these great vacations and/or to sign up to receive email notifications of specials and yearly program flyers, contact Carol Mallia at cmallia@mnarn.org with your mailing and email address. **Text "TRAVELFUN" to #42828.**



MNF
Rosemary Smith RN
Memorial Golf Tournament

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Monday • May 18, 2020
Blue Hill Country Club • Canton

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Visit www.massnurses.org or call to register at 781-830-5720

Thank you to our past sponsors:

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Call for Nomination/Consent to Serve for the 2020 MNA General & NENA Delegate Elections

I am interested in active participation in:

MNA General and NENA Delegate Election

<input type="checkbox"/> President, Labor* , 1 for 3 years <input type="checkbox"/> Secretary, Labor* , 1 for 3 years <input type="checkbox"/> Director, Labor* , (5 for three years) [1 per Region] <input type="checkbox"/> Director At-Large, General* , (3 for 3 years) <input type="checkbox"/> Director At-Large, Labor* , (4 for 3 years)	<input type="checkbox"/> Labor Program* , (1 for 3 years) [non-RN] <input type="checkbox"/> At-Large Position in Regional Council (3-year term; 2 per Region) <input type="checkbox"/> Nominations Committee , (5 for 3 years) [1 per region] <input type="checkbox"/> Bylaws Committee , (5 for 3 years) <input type="checkbox"/> NENA Delegate, Labor (9 for 3 years term)
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*“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 collective bargaining unit member. “Labor Program Member” means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print - Do not abbreviate

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

Work Title _____ **Employer** _____

MNA Membership Number _____ **MNA Region** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Educational Preparation

School	Degree	Year

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) *Past 5 years only.*

MNA Offices	Regional Council Offices

Candidates may submit an **emailed** statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to **mnaelections@mnarn.org**, subject: elections-no later than May 29, 2020.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms and candidate statements must be received by 4:30 p.m. on May 29, 2020.

**Return To: Nominations and Elections Committee
 Massachusetts Nurses Association
 340 Turnpike Street, Canton, MA 02021
 fax: 781-821-4445/ email: mnaelections@mnarn.org**

<ul style="list-style-type: none"> Application must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee. <u>Candidate statements must be emailed to mnaelections@mnarn.org.</u> If you need assistance accessing your MNA webmail contact jmarshall@mnarn.org. Acknowledgment of receipt of your submission will be emailed to your MNA webmail account within 48 hours of receipt. 	<ul style="list-style-type: none"> Retain a copy of this form for your records. Form also available on MNA Web site: www.massnurses.org, under applications and forms.
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Massachusetts Nurses Association

Massachusetts Nurses Association

Full member (75 percent) of applicable dues rate

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any healthcare professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other healthcare professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for the 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30.



Application for Minimum Hours Reduced Dues Category

Please print clearly and application needs to be received by **April 1** to the Membership Division of MNA

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

at the following MNA facility(s) of employment for the year of application (*list each MNA facility separately*):

1. _____
2. _____
3. _____

Signed _____

Date _____

Personal Email Address: _____

**Eligibility for the Reduction is verified by MNA with each Employer
Confirmation of receipt of this application will be emailed
to your MNA email account within 72 hours of receipt.**

MNA will set up your email to be forwarded to your home email.

Contact Division of Membership, 781-821-4625, if you need assistance accessing your member email.



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Nurses
Association

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15th annual



Clinical Nursing Conference

May 1, 2020

Four Points by Sheraton - Norwood
1125 Boston-Providence Turnpike
Norwood, MA

FREE
to MNA members
Enrollment limited
to 750!



Schedule

7 – 8 a.m. Registration & Continental Breakfast

8 – 8:30 a.m. Welcome and Opening Remarks
Donna Kelly-Williams, RN, President of the MNA

8:30 – 10 a.m. Keynote Address

Drug Story Theater

Dr. Joseph Shrand

Drug Story Theater is an innovative, evidence-based, peer-to-peer treatment and prevention program. Surveys show that after seeing this 40-minute play, the audience overwhelmingly believes marijuana is addictive, and that drugs and alcohol have an adverse effect on relationships and the ability to succeed in school. In the talk back portion of a show, one of the main points Dr. Joseph Shrand (the creator of Drug Story Theater and a leading expert in adolescent addiction) addresses is how marijuana is a gateway drug to opioids.

10 – 10:15 a.m. Break

10:15 – 11:45 a.m. Concurrent Sessions:

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

Laurie Higgins, MS, RD, LDN, CDE

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.

The Diet Debacle-Unravel the Myths

Nicole Frank-Maslar, RDN, LDN

Healthcare 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. A Registered Dietitian will provide evidence-based information allowing nurses to help their patients decrease disease risk and improve disease states. Educating patients about the most popular dietary trends will also be discussed.

Cosmetic and Plastic Surgery

Edward Malin, MD

This program will explore the latest options in cosmetic surgery. The advances of plastic surgery and the related nursing implications will be described. Program will conclude with a discussion of the specific patient considerations for surgical options.

Weather or Not: How the Environment Impacts Patient Care and What You Need to Know

Joseph S. Blansfield, MS, NP, TCRN

This session will address the impact of weather extremes (heat and cold) on the human body and key elements of nursing assessment and intervention. Considerations of the unique environmental challenges created for nurses in both planning for and providing care in disasters such as floods, hurricanes/tornados, and the volcanos will be discussed, including the myth vs. fact of lunar cycle and human behavior.

11:45 a.m. – 12:45 p.m. Lunch

12:45 – 2:15 p.m. Concurrent Sessions:

Nursing Care for Patients Undergoing Revision and Secondary Bariatric Surgery

Renee Waite, RNFA

This program will discuss the selection process for revision and secondary bariatric surgery. The risk and benefits, both short-term and long-term, will be explored. Key patient educational needs will be described for this population.

Migraine: Enhance Your Nursing Knowledge

Vincent M. Vacca, Jr., MSN, RN

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.

Music Therapy and Medicine: Harmony in Healing

Channing Shippen, MA, MT-BC

An introduction to the field of music therapy and its applications in today's medical facilities. Learn how music therapy works together with nursing and care teams to provide collaborative care, increasing patient compliance, alleviating patient experiences of anxiety and pain, and providing caregiver support.

DPH Characterization of the Patterns of Use, Methods of Consumption and Types of Cannabis Products Used by Consumers in Massachusetts

Marc A. Nascarella, MS, PhD, CPH

This session will address the work at DPH to evaluate the various types of medical marijuana products, patterns of use, methods of consumption, and some general perceptions of marijuana. DPH Marijuana Baseline Health Study findings related to impaired driving and hospitalization related to marijuana use, as well as economic and fiscal aspects of the industry will also be discussed.

2:30 – 4 p.m. Closing Session

The Crazy Game: Understanding the Complexities of Addiction and Mental Health and the Impact on the Family

Clint and Joanie Malarchuk

Former NHL Goalie Clint Malarchuk opens up about his struggles with mental illness, depression, suicide and recovery in this raw and emotional talk. Malarchuk is most notably known for an on-ice accident while tending the goal for the Buffalo Sabers. Clint's jugular vein was severed by a skate and he almost died on the ice. Following the accident, Clint lived with severe Post Traumatic Stress Disorder and depression; he later survived a suicide attempt that finally led him to treatment and recovery. Clint's book *The Crazy Game: How I Survived the Crease and Beyond* was just the beginning of his Mental Health Advocacy and charity work. Clint and his wife Joanie speak around North America on mental health, PTSD, depression, suicide, and his personal struggles with mental illness and how it affects an individual and the family.

4 – 4:15 p.m. Evaluations and Closing Remarks

For online registrations go to www.massnurses.org and click on **Nursing Resources** then **Continuing Education**.