

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 93 No. 1



ADVOCATE



**Brigham and Women's
RNs Take Action!**

page 4

March 2023



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MNA BOARD OF DIRECTORS HIGHLIGHTS February 16, 2023

- Felicia Daly and Tanya Reynolds, two of Brockton Hospital's MNA Tri-Chairs, attended the meeting and updated the BOD on status of the hospital. The hospital has been closed since an electrical transformer fire on Tuesday, February 7th. The Committee is meeting with MNA and management of the hospital to determine the timeline for reopening. MNA is looking at options to disperse nurses to other MNA facilities. The BOD praised the nurses and other first responders for successfully evacuating more the 160 patients during this horrific event.
- St. Elizabeth's ratified their tentative agreement securing major improvements in staffing and wage increases. Beth Israel Plymouth reached a mid-contract settlement on wages in exchange for a one year contract extension. Leominster Hospital reached a tentative agreement significantly improving wages and also settling a number of grievances on charge nurse with an assignment by awarding double time any time a nurse has an assignment plus a further settlement agreement if the hospital continues to violate the contract language.
- The BOD updated the September 2021 COVID-19 position statement to reflect where we are at with the virus and the current vaccine/booster. Considering recent evidence, the MNA can no longer recommend mandatory vaccination of its members, particularly those who have experienced negative side effects following previous COVID-19 vaccinations/boosters. Given that research now shows that the vaccine does not prevent the new variants from being transmitted or causing infection and the originally more deadly variants are no longer the endemic or pandemic variants of concern, we recommend amnesty for staff that lost their employment.
- It was announced that Judy Pare will be rejoining the MNA staff as the Director of Nursing/Health and Safety/Labor Education in June.
- The BOD appointed Withza Jean Pierre Louis to the vacant Region 5 seat on the Bylaws Committee.
- **MNA COMMITTEE VACANCIES:** There are vacancies on the MNA Board of Directors for a Region 4 Director, two Director At-Large General seats and a Labor Program Member seat (HCP). There are also vacancies on the Bylaws Committee (Regions 1 and 3); Nominations & Elections (Regions 1 and 3) and the MNA Finance Committee (At-Large Member from collective bargaining). If you are interested in any of these positions, please contact Robin Gannon for a consent to serve form at 781-830-5724 or rgannon@mnarn.org.
- **LABOR SUMMIT:** Thursday, March 16th from 9am-4pm at the Four Points Sheraton in Norwood with a social March 15th from 6-9pm. Register now at <https://www.surveymonkey.com/r/mnalbrsummit2023>.
Note: MNA discounted hotel rooms are sold out.
- **SAVE THE DATE:** The 2023 MNA Convention will be held at the Quincy Marriott on Wednesday and Thursday, October 11th and 12th.

Thank you,
MNA Board of Directors

**MNA Board Highlights are posted
monthly at massnurses.org**

President's Column



Katie Murphy

I introduced my last MassNurse column with a quote by labor activist Delores Huerta. This month I'll start with a phrase we have heard so many times that it almost fails to resonate sometimes:

Many decisions regarding our practice take place far from the bedside.

We all experience this every day ...

A desk-bound bean counter determines that we can provide high-quality care with fewer syringes or one less aide.

Or a grid on a piece of paper can account for complicated nursing care in our unit.

Both as individuals and as bargaining units, we push back on this corporatization of healthcare. I salute every nurse in every setting who advocates for patients on an ongoing basis in this insane world of profit-driven healthcare..

Another avenue open to us is legislation. We see that intransigent administrators refuse to staff appropriately. We watch the numbers of workplace violence assaults on nurses and healthcare

workers increase (page 10). We see our colleagues suffer career-ending injuries due to a lack of safe patient-handling tools and techniques (page 5).

In January 2023, the 193rd session of the Massachusetts Legislature opened. We have filed 20 bills that you and our team have identified as addressing our most pressing issues.

These are detailed in this issue (pages 8-9).

In the last issue of MassNurse, I urged every member to increase activism. I have seen many members on picket lines. I have seen you at CE programs and national webinars (pages 12-13). I know everyone is extremely busy. But now is the time to use our voice. We remain at the top of the Gallup Poll as the most trusted and ethical profession (page 6). It is incumbent upon us to use this recognition to continue to effect real change in our workplace, our profession, and in society at large.

When we advocate for specific safety measures such as safe staffing and efforts to decrease violence in our workplaces, we do so from a place of strength. Let us each "do one thing." Call your state rep-

resentative and senator and urge them to support our bills (page 9). They are hearing from the hospital executives, believe me! As I have noted but feel it's worth repeating: A conversation with a nurse speaking from the heart is the most eloquent discussion I have ever heard.

Let's flex our nursing and union muscles and keep our issues in front of everyone. I look forward to working with everyone this year!

In solidarity,

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On your first visit to AmazonSmile (smile.amazon.com), select Massachusetts Nurses Foundation Inc. as your charitable organization. They will remember your selection, and then every eligible purchase you make at smile.amazon.com will result in a donation of 0.5% of the purchase price.

the Massachusetts nurse

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MNA Nurses Hold Feb. 1st Picket Outside Brigham and Women's Hospital as Patient Care and Working Conditions Suffer

The RNs of Brigham and Women's Hospital held a tremendously well-attended and successful informational picket on Wednesday, February 1. The action was not part of contract negotiations, but was instead aimed at shining a spotlight on worsening patient care and working conditions during a visit from representatives of the national nursing Magnet Recognition Program.

"Patients, nurses, and all frontline staff at Brigham and Women's Hospital desperately need changes that will make conditions safer and more respectful," said Kelly Morgan, a labor and delivery nurse and BWH MNA chairperson. "We picketed to hold Mass General Brigham accountable for throwing its corporate weight around and worsening the effects of the COVID-19 pandemic. Rather than collaborate with nurses on how to overcome a staffing crisis, the hospital has been making unilateral decisions that disrupt our lives and ability to provide quality care."

In 2022, Brigham nurses filed 519 unsafe staffing reports documenting times when patient safety was jeopardized because there were not enough RNs or support staff available. The impact has been felt throughout the hospital, and especially in the emergency department, where dozens of patients who need a hospital bed wait for hours or days because there are not enough staff to care for them.

Despite the differences between hospital management and nurses, and the extreme pressure nurses have been under during the pandemic, they reached a contract agreement last year that Brigham nurses ratified in overwhelming numbers. Unfortunately, since that ratification, conditions inside the hospital

have only gotten worse. And rather than work with nurses to address these problems, the hospital has chosen to undermine the MNA union.

Key Issues That Brought RNs to the Picket Line

- Chronic unsafe staffing throughout the hospital.
- Unilateral decisions and refusal to bargain with all the elected nurses of the BWH MNA committee.
- Focusing on Magnet Recognition Program status when nurses' voices are not being heard and patient care is suffering. The Magnet program is a controversial process where hospitals pay an agency to evaluate their nursing program and provide them with a designation that purports to show they value nurses — a recognition that would ring hollow given the concerns nurses raised with this picket.
- Bringing in an HR executive with a background in union busting.
- Changing long-established scheduling practices to maximize profits at the expense of nurses' personal time.

"We see a for-profit, corporate mindset infecting the Brigham, its labor relations, and the quality of our patient care conditions," said Jim McCarthy, a PACU nurse and BWH MNA vice chairperson. "With its constant expansion and ever-rising executive compensation, MGB is failing to prioritize patients and frontline staff. Our nurses are infuriated by these changes and will always stand up for patients and fight for what is right!"

More at bit.ly/BrighamInfoPicketFeb2



New Federal Protections for Pregnant & Breastfeeding Workers

A new federal law — the Providing Urgent Maternal Protections for Nursing Mothers Act (known as the PUMP Act) — was enacted into law in early January as part of the 2023 Omnibus Spending Bill. The PUMP Act requires employers with 50 or more workers to provide break time and a private space (other than a bathroom) for nursing mothers to express breast milk during the first year of the child's life. Time spent expressing breast milk, moreover, must be considered time worked if the employee is also working while expressing milk. There are exceptions for certain transportation employees.

The federal Pregnant Workers Fairness Act, which will take effect in June, will require employers with 15 or more workers to provide reasonable accommodations for medical conditions related to pregnancy and childbirth. The law also will prohibit employers from discriminating against pregnant applicants or employees because of their need for a reasonable accommodation. The law essentially mirrors the reasonable accommodation requirements for disabled workers under the Americans with Disabilities Act (ADA), but for pregnant workers and on a temporary basis. ■

SPHM Spotlight: *Did you know that ...*

“Nursing is an occupation most at risk from lower back pain (LBP), with rates exceeding heavy industry workforces.”*

The MNA's **Congress on Health & Safety** and **Safe Patient Handling & Mobility Task Force** are here to help with your workplace health and safety concerns. Reach them at: 781-821-4625 and by asking for the Division of Nursing.

*Tariq RA, George JS, Ampat G, et al. Back Safety. [Updated 2022 Oct 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519066/>



Anna Jacques RNs in Action!

Featured to the right: The RNs at Anna Jacques Hospital in Newburyport just prior to their petition delivery on February 2. The petition, which was signed by 80% of all the hospital's RNs, was delivered directly to the corporate offices of hospital management, although — as is frequently the case — no managers were personally available to receive the delivery. The petition called on hospital management to improve patient safety and nurse staffing by doing all it takes to recruit and retain RNs. The nurses went on to hold a very successful informational picket outside of the hospital on March 9.



MNF scholarship applications for 2023 are now available!



The deadline is June 1, 2023; all application materials are accessible following the QR code.

Questions? Please contact Cindy Messia at cmessia@mnarn.org or 781-830-5720.



Gallup 2023 Survey Shows Nurses Trusted as Most Honest, Ethical for 22nd Straight Year

For the 22nd consecutive year, Americans say they trust nurses more than any other profession, according to an annual Gallup survey released on January 10.

Nurses are viewed as having "very high" or "high" ethical and honesty standards by 79% of the public, a full 15 points higher than any other profession and significantly higher than professionals such as business executives, who are highly trusted by just 12% of Americans.

"Nurses have earned the trust of the American people by putting patient safety above all else," said Katie Murphy, a practicing ICU nurse, and president of the Massachusetts Nurses Association. "The public has seen nurses give everything to their patients during the COVID-19 pandemic while fiercely advocating for improvements to care quality and access."

"It is past time that hospital executives show nurses the same respect and trust as the public," Murphy added. "The public trusts that they will receive the care they need in their most vulnerable moments. To provide that care, nurses need hospital executives to prioritize bedside staffing and resources above corporate profits."

Even as nurses feel the public's trust and stand once again as the nation's most ethical profession, they face enormous challenges doing their job. According to the 2022 State of Nursing in Massachusetts survey, more than 8 in 10 registered nurses said the quality of patient care in hospitals had gotten significantly worse over the previous two years as they described being emotionally exhausted, increasingly disengaged, and more likely to leave the profession or reduce their hours.

- 33% of nurses in the Spring 2022 survey reported planning to leave nursing sooner than originally planned. Among newer nurses with 0 to 5 years of experience, 37% were planning to leave sooner – the highest percentage of any group.
- 82% of Massachusetts nurses who will leave nursing sooner because of the pandemic report not having enough time with their patients, according to the survey.
- 69% of nurses say their biggest obstacle to care is understaffing/having too many patients.

In December, the MNA issued a statement detailing four critical priorities for the Healey Administration, including protecting healthcare access, addressing the hospital staffing crisis, investing in public healthcare services, and eliminating healthcare inequities.

"The COVID-19 pandemic has exposed the existing faultlines in our broken healthcare system," Murphy said. "With the public's full support of nurses, now is the time to make lasting, structural improvements that will benefit patients, caregivers, and our communities."

Gallup notes that since nurses were added to the survey in 1999, they have topped the list of most trusted professions every year except in 2001, when firefighters were recognized shortly after the Sept. 11, 2001, terrorist attacks for their heroism and bravery.

"Nurses continue to garner the highest ethics rating from Americans among a diverse list of professions, a distinction they have held for more than two decades," Gallup said in its release. "The 79% of U.S. adults who now say nurses have 'very high' or 'high' honesty and ethical standards is far more than any of the other 17 professions rated." ■

Union Solidarity Before, During, and After the Brockton Hospital Fire



From one of the RN chairs at Brockton Hospital: "So happy to welcome a new era of firefighters to the family at the academy dinner [photo above]. We were able to extend our most sincere thanks to the firefighters of Brockton who were imperative in keeping all staff and patients safe. From the command center down the street to those actually in the building ❤️❤️"



Top fan

Marie Ritacco

Amazing work at Brockton Hospital. Everyone out safely. Firefighters and Nurses Working together for the safety of our communities! ❤️❤️❤️



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MNA to Launch New App and Related Web Platform for Members and Their Bargaining Units

Rollout to begin this spring; will continue as new features are added



Have you ever asked

- “I wonder what the current status is of my MNA dues?”
- “Where can I find out how many CEUs I earned for attending that MNA program last year?”
- “What’s the easiest way for me to access a searchable, digital copy of my current contract?”
- “How can I get text message reminders from MNA staff about important meetings and job actions?”

These are just a few of the questions that have found their way to Canton headquarters in recent years, which prompted the MNA to explore upgrading its membership database system and associated tools. What was the MNA looking for at the start of this process? A web-based tool that would allow for the streamlining of business functions while offering members a “one-stop shopping” experience for all things union, nursing, and professional development.

After an extensive analysis of what union-enhancing tools MNA members would need in 2023 and beyond, the MNA — under the leadership of its Board of Directors — entered into an agreement with a new-to-us tech company known as iMIS.

iMIS is the world's leading union and membership-management platform, and it is purpose-built to meet an organization's unique needs and to support the growth of its membership. This translates into a streamlined, web-based system that will allow MNA members to find everything they need specific to their union, their contract, their bargaining unit, and their professional development all in one place and through a single portal.

This includes:

- Maintaining and reviewing your individual membership information
- Registering for MNA events
- Streamlining communication with your bargaining unit sisters and brothers and your MNA staff team
- Accessing a searchable copy of your contract
- Developing and organizing events for your bargaining unit
- Staying in tune with and/or asking questions about your dues status
- Accessing digital publications, including The MassNurse newsletter
- Tracking the CEUs you earn at MNA-sponsored CE programs
- And much more

All these tools will be accessible to you via a single point of entry on either your web browser, on a new MNA app that we greatly encourage you to use, or both.

When will this transition begin and what will it look like?

The MNA is very close to unveiling the first of its new iMIS tools, with access to the app slated for mid-to-late spring. So please watch for news and updates on when that becomes available.

A mid-to-late spring launch is also anticipated on the web browser side. Once available, members will continue to log in to the “MyMNA” area at massnurses.org. However, after entering the MyMNA portal, your virtual membership experience will look and feel different, as that is where you will encounter and use many of the new features previously outlined.

It is important to note that not all the new tools and features will be immediately available. The MNA will be continuously expanding this database system as staff and members grow to use and master phase one of the launch. And because the iMIS system allows for so much personalization and diversification, the MNA is excited to say that this new system will be growing right alongside its membership for many years to come.

In the meantime

For members who have been faithful users of the MyMNA area of the MNA's website, we know that access has been unavailable for some time. Unfortunately, the software supporting the MNA's older database platform created browser compatibility problems that have prevented most members from accessing the members-only side of the website for some time.

Once the new platform is in place, this issue will resolve. ■

Please note:

Because of this extensive technology upgrade, the MNA has retired (as of 8/31/22) all MNA-issued email addresses. Moving forward, the MNA is asking members to access its new apps and features using a personal email address of their choice.

Please send us your preferred personal email address by following the QR code.

Questions?

Email membership@mnarn.org.





2023 – 2024 Legislative Agenda

The Massachusetts Nurses Association recently filed its 2023 - 2024 legislative agenda focusing on improving patient safety, enhancing workplace safety, and protecting healthcare access. This agenda was developed with input from our members and approved by the MNA Board of Directors. Here we highlight three priority pieces of legislation. The entire MNA legislative agenda can be found on the MNA website using the QR code to the right.



An Act Promoting Patient Safety and Equitable Access to Care (SD 1660/HD 2491)

Senator Lydia Edwards/Representative Natalie Higgins

Massachusetts nurses are still caring for too many patients at one time. Over 70% of Massachusetts nurses surveyed in 2022 reported having inadequate time with patients, an 11-point jump from 2021. This leads to poor patient care, adverse patient outcomes, and nurses leaving the bedside. We are currently in the midst of a nursing crisis, but we did not get here overnight. Chronic understaffing, misplaced financial priorities, and an unwillingness to listen to frontline staff brought about this crisis — the pandemic simply accelerated it.

Nurses across the country and around the globe are calling for safe limits on the number of patients they are assigned to care for. Just last year, Massachusetts nurses at 73% of the state’s acute care hospitals filed over 8,000 unsafe staffing forms. And 82% of Massachusetts nurses who reported leaving nursing sooner because of the pandemic said they did not have enough time with their patients.

The benefits of safe patient limits were well known before the pandemic and today there is even more research and nursing experience to support this legislation.

- A study published in December 2022 by professors at the University of Pennsylvania School of Nursing demonstrated that hospitals that were better staffed before the pandemic had better outcomes during the pandemic.
- Researchers concluded in a study in Lancet in May 2021 that, “Minimum nurse-to-patient ratio policies are a feasible approach to improve nurse staffing and patient outcomes with good return on investment.”
- In 2020 and 2021, the New York Times reported nurse staffing levels were a predictor of Covid-19 outcomes in city hospitals, reporting that “when hospitals are understaffed people die.”

Hospitals have had the opportunity to act independently and address this problem, but they have chosen not to. As a result, the Legislature must act.

What this bill does: This bill would require the Department of Public Health to set limits on the number of patients a nurse can care for at one time. Limits would be set by hospital unit. A series of public hearings would be held to provide an opportunity for stakeholder input. Successful passage would both improve patient care and nurse retention.

An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (SD 580/HD 1835)

Senator Joan Lovely/Representative Denise Garlick

Violence against healthcare workers continues to be a serious problem. In 2021, Massachusetts General Hospital reported its own internal data showing that, on average, two to three nurses at the facility are assaulted daily. Institutions that were once considered safe havens are now confronting “steadily increasing rates of crime, including violent crimes such as assault, rape, and homicide.” Violence against health care workers accounts for nearly as many injuries as in all other industries combined.

According to US Bureau of Labor Statistics, the incidence of violence related to healthcare worker injuries has increased by 67%, from 6.4 per 10 000 full-time workers in 2011 to 10.7 per 10 000 in 2018. And a survey released by the Massachusetts Nurses Association in 2021 shows that out of 500 nurses polled, 57% reported “personally encountering at least one instance of workplace violence or abuse” since 2019. This is yet another reason we see nurses leaving direct patient care.

What this bill does: Effective workplace violence legislation must be meaningful, measurable, and enforceable. This bill would require healthcare employers to perform an annual safety risk assessment and, based on those findings, develop, and implement programs to minimize the danger of workplace violence to employees and patients. It would also provide time off for healthcare workers assaulted on the job to address legal issues and require semi-annual reporting of assaults on healthcare employees.

An Act Relative to the Closing of Hospital Essential Services (SD 379/HD 267)

Senator Julian Cyr/Representative Ed Coppinger

The loss of essential services in communities across the Commonwealth is a crisis. Over the past decade, nearly 40 units, services or facilities have closed leaving communities without these essential health services. Behavioral health units, pediatric units, emergency departments (EDs) and in some cases, full scale hospitals have closed — reducing access and putting a strain on remaining services and providers.

These closures have happened over the objections of the communities and, in most cases, despite the determination of the Department of Public Health (DPH) that the maintenance of the services is necessary for preserving access and health status

within the service area, leaving pockets of the state without access to basic health services like maternity care and inpatient behavioral health care.

- **Behavioral Health:** In 2020 Providence Hospital in Holyoke closed the *only* youth and adolescent in-patient behavioral health beds in Western Massachusetts. Meanwhile, in 2021 the Massachusetts College of Emergency Physicians (MACEP) released survey data showing average boarding time of 59 hours for pediatric behavioral health patients in the state's emergency departments.
- **Pediatrics:** In July 2022, Tufts Floating Hospital for Children was closed after over 100 years of operation. Once again, this closure was in opposition to the findings of the DPH. By October 2022, Massachusetts hospitals were having to transfer pediatric patients out of state due to a lack of available beds.
- **Maternity:** Since 2010, we have seen the closure of maternity and birth-related services at eight hospitals. These closures have been clustered in western Massachusetts and southeastern Massachusetts, creating service deserts and forcing women to travel for miles to access basic maternity care. In the meantime, over 50,000 women a year in the United States experience severe pregnancy complications or maternal morbidity. Researchers have identified factors that contribute to pregnancy-related deaths, including limited access to transportation; lack of appropriate personnel or services; lack of continuity of care; and lack of access to care. All these factors are present in the wake of a closure.

What this bill does: This bill would extend the official notice period to the Department of Public Health (DPH) in advance of a closure or discontinuation of health services and require any hospital proposing closure or discontinuation of health services to provide evidence of having notified and provided the opportunity for comment from affected municipalities before the notification period begins. The bill would also instruct the attorney general to seek an injunction to maintain the essential services for the duration of the notice period and require the attorney general to sign on any closure or discontinuation of services deemed "essential" by the DPH. Additionally, it would prohibit the hospital from eligibility for an application for licensure or expansion for a period of three years from the date the service is discontinued, or until the essential health service is restored, or until such time as DPH is satisfied with a modified plan. It would also prohibit the closure of beds, units or facilities during any declared public health state-of-emergency.

CALL TO ACTION: Your elected officials need to hear from you that these issues are important. Reach out to your state representative and state senator and ask them to support these important bills by co-sponsoring them. Tell them about your own experiences caring for too many patients, encountering violence in the workforce, or seeing services and facilities close. Use this QR code to identify and contact your legislators:



The number of patients a nurse cares for should be based on patient needs, ***not hospital profits.***

Research and nursing experience should set patient limits, ***not industry executives.***



Learn more: www.massnurses.org/safelimits



Workplace Violence: What Can We Do About It?

I've been a victim of and a witness to workplace violence (WPV) incidents, and I know that too many of you have also been there. The first thing I'd like to let you know is that **you are not alone, and this is not part of your job.** Here are some startling and sobering numbers:

- In the MNA's 2022 "The State of Nursing in Massachusetts" survey, nurses said they were increasingly concerned about workplace violence. There was an 11-point uptick in nurses calling the violence a "major challenge" from 2021 to 2022, and a 16-point increase from 2019. 38% of nurses said workplace violence was such a challenge that it would impact their decision to leave the profession sooner.
- According to the U.S. Bureau of Labor Statistics, although employees in healthcare and social assistance sectors account for 12.2% of the working population, nearly 75% of workplace assaults occurred in a healthcare setting.
- Healthcare company Press Ganey reported that on average two nurses are assaulted every hour. That equates to ~ 57 assaults per day, 1,739 assaults per month, 5,217 assaults per quarter, and 20,868 assaults per year.

So, what's being done to address this crisis?

The MNA has been at the forefront for over 20 years in educating, informing, and identifying workplace violence issues and solutions.

WPV Education

The MNA has published numerous articles on workplace violence. We have CEU programs both online and in person. Individual bargaining units that have dedicated MNA Facebook pages have a post once a month on how to report workplace violence and actions to utilize if an assault occurs.

Our website features our workplace violence (WPV) reporting form. Additional WPV resources, including a guide called "The Actions You Should Take if Assaulted at Work (massnurses.org/health-and-safety/articles/workplace-violence).

The MNA's Workplace Violence & Abuse Prevention Task Force has developed and shared "gold standard" contract language to address WPV. This information can be used as needed by bargaining units to enhance or replace current language, or to assist in defining the needs that are specific to each collective bargaining agreement.

WPV Legislation

The MNA has a number of bills filed this legislative session. Below are two of our bills that are related to WPV and minimizing the risk to our workers:

- An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence, filed by Senator Joan Lovely and Representative Denise Garlick (SD 580/HD 1835). This bill would require healthcare

employers to perform an annual safety risk assessment and, based on those findings, develop, and implement programs to minimize the danger of workplace violence to employees and patients. It would also provide time off for healthcare workers assaulted on the job to address legal issues and require semi-annual reporting of assaults on healthcare employees.

- An Act Promoting Patient Safety and Equitable Access to Care, filed by Senator Lydia Edwards and Representative Natalie Higgins (SD 1660/HD 2491). This bill would require the Department of Public Health to set limits on the number of patients a nurse can care for at one time. Limits would be set by hospital unit. A series of public hearings would be held to provide an opportunity for stakeholder input. We know that having too many patients to care for at one time can increase the risk of WPV incidents.

Judiciary/Law Enforcement

The MNA has met and has on-going conversations with the Massachusetts' Attorney General's Office, Massachusetts district attorneys, and both state and local police regarding WPV incidents within their jurisdictions. Ongoing education and information sharing with those involved in the legal process surrounding WPV incidents is important to addressing the issue.

WPV Awareness for the Public

Our members are continuously working with the media to educate the public about workplace violence. This includes working with journalists; writing letters to the editor, speaking at public hearings, and advocating for WPV protections via social media, television, and radio.

Your Employer

The MNA believes that employers have a responsibility to provide safe and healthful working conditions. The Joint Commission has new and revised standards regarding workplace violence, effective Jan. 1, 2022. The high incidence of workplace violence prompted the creation of new accreditation requirements. They include standards to develop a WPV prevention program along with an annual worksite analysis, data collection, education, and training. MNA bargaining units and their members should know these standards in order to hold their employers' feet to the fire. You can find the standards at <https://bit.ly/JointCommissionWPVstandards>.

We encourage you to participate in any of these opportunities to educate and inform others about WPV. Contact the MNA's Legislative & Government Affairs Division at 781-830-5740 if you would like to help. As healthcare professionals, we have always taken care of others. In advancing this agenda to address workplace violence we continue to not only take care of others, but in addition, we are taking care of ourselves. We can, and will, get this done.

Together, in unity,

Karen Coughlin RN, PMH-BC

Chair, MNA Workplace Violence & Abuse Prevention Task Force



The following CNE programs are now available online:

- Acute Respiratory Distress Syndrome (ARDS): Etiology, Pathophysiology, Clinical Presentation, and Treatment Management
- An Introduction to Gender-Affirming Care
- Back to Basics: Lab Values and Implications for Nursing Care
- Be the Leader You Would Follow: Ten Tips to Leadership Success
- Budding Evidence for Cannabis and Its Implications in Perioperative and Acute Care Setting
- Cardiac Pharmacology: Oral Agents
- Care of the Patient with PTSD
- Conflict in the Workplace: A Nursing Perspective
- Did You Really Document That? Tips and Strategies for Effective Documentation
- Environmental Justice and Health Equity: Understanding the Cumulative Impacts of Local Environmental Hazards and Social Determinants of Health In Massachusetts
- Finding Your Inner Strength: Balancing Grit and Resilience
- Intergenerational Stressors: How Do We Communicate?
- Kids Eat the Darndest Things: Pediatric Toxicological Emergencies
- Where Do You Fit in? A Primer on Malpractice Trends and Claims for Nursing Professionals
- Migraine Headache Attacks: Enhancing Nursing Knowledge
- Nursing Resiliency: Surviving and Thriving Through and After a Pandemic
- Pandemic Aftershocks: Managing the Personal and Professional Impacts
- Pediatric Endocrine Emergencies
- Pediatric Vomiting and Dehydration
- Parkinson's Disease (PD): A Nursing Perspective
- Racism and Social Injustice in Nursing Practice and Healthcare
- The Complexity of the Endocannabinoid System and Understanding Cannabis Treatment, Part I
- The Complexity of the Endocannabinoid System and Understanding Cannabis Treatment, Part II
- The Nurse's Role in Suicide Prevention
- Total Hip Arthroplasty
- Total Knee Arthroplasty
- Type 2 Diabetes: Diagnosis, Management, and Prevention in the Adult Patient
- Understanding and Treating High-functioning Clients with Alcohol and Substance Use Disorders
- Understanding the Complexities of Substance Use in the Workplace
- Vaping 101.3: Old Vices, New Devices ... and a Pandemic
- Weather or Not: How the Environment Affects Patient Care and What You Need to Know
- When Today Is All You Have - The Nurse's Role in Dementia Care **This program meets the 2022 requirement for relicensure
- Where Do You Fit In? A Primer on Malpractice Trends and Claims for Nursing Professionals
- Zip Code Matters

To access, go to
the CNE online
portal from the
MNA website.



CNE

continuing nursing education

Due to COVID-19, masks are required at all in-person CE programs.

To register for these classes, please use the following QR codes or weblinks.

IN-PERSON OFFERINGS:

REGION 1

Trauma Responses, Moral Distress and the Current Healthcare Environment

Description: Nurses and healthcare providers experience multiple stressors and competing responsibilities every day. This workshop will explore the landscape of stress responses as well as the experience of moral distress that can occur when nurses are unable to provide comprehensive quality care. Moving beyond the individualized self-care approach to resolving the suffering experienced, we will learn from each other about practices and habits that are helpful as well as discuss the concept of collective or community care.

Presenter: Jessica Kuttner, LICSW

Date: Wednesday, May 10, 2023

Time: 5-5:30 p.m., Registration/Dinner
5:30-7:30 p.m., Program

Location: Delaney House, 3 Country Club Road, Holyoke; www.delaney-house.com

Fee: Member/Associate Member, free*. However, a \$25 placeholder fee which will be returned upon attendance - is required to complete registration.

Non-Members, \$95 charge is required to complete registration.

Fee: Member/Associate Member, free. However, a \$25 placeholder fee which will be returned upon attendance, is required to complete registration.

Non-Members, \$95 charge is required to complete registration.

Contact hours: Will be provided

<https://www.surveymonkey.com/r/trmarespdistress>



REGION 2

Post-Traumatic Stress Disorder: Trauma and Survival

Description: Trauma affects many people and in a variety of different ways. Why do some people seem to be able to cope with seemingly unbearable events, while others define themselves by a single moment? This presentation will look at the ways in which trauma is defined, explore the physiological, psychological and spiritual aspects of trauma, and address treatment modalities, both pharmacologic and interpersonal, by which the individual with trauma can be assisted in seeking healing and wholeness. Nursing interventions appropriate for the person experiencing the sequelae of a traumatic event will also be reviewed.

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

Date: Thursday, May 18, 2023

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

Location: The Beechwood Hotel, 363 Plantation Street, Worcester; www.beechwoodhotel.com

Fee: Member/Associate Member, free. However, a \$25 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$95 charge is required to complete registration.

Contact hours: Will be provided

<https://www.surveymonkey.com/r/traumasurvival>



REGION 5

Do I Have the PPE to Sustain Resilience When Every Day in Nursing is Stressful?

Description: This program will present the factors that often lead to stress in the workplace. Variable stressors increase the demand on the human body and may lead to physical and emotional ailments that can lead to a loss of purpose in one's life. The presentation is geared towards a reinvigoration of career choices and healthy patterns in the navigation of life stressors. Mindfulness techniques and self-care strategies will be discussed.

Presenter: Donna White, RN, PhD, CNS, LADC I, CARN

Date: Thursday, May 25, 2023

Time: 5-5:30 p.m., Registration/Dinner; 5:30-8 p.m., Program

Location: MNA Headquarters, 340 Turnpike Street, Canton, MA 02021

Fee: Member/Associate Member, free. However, a \$25 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$95 charge is required to complete registration.

Contact hours: Will be provided

<https://www.surveymonkey.com/r/PPERESILIENCE>



The Impact of Substance Use Diseases and Addiction on Patients, Family, and the Community

Description: The purpose of this program is to educate nurses on the public health dilemma of the drug crisis and the impact on the medical profession, patients, families, and the community. This program will include the pathophysiology of addiction, nursing considerations in caring for patients suffering from the disease of addiction, perspectives of the family and victim, and the stressors/challenges that can create a pathway to substance use and addiction. This program will also discuss the stigma associated with the disease of substance use disorder and addiction.

Presenters: Charlene Verga, MSN, RN, CEN, LNC; Carol Mallia, MSN, RN; Adam Barrett, MSN, RN

Date: Thursday, August 31, 2023

Time: 8:30-9 a.m., Registration
9 a.m.-4 p.m., Program (includes light lunch)

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

Fee: Member/Associate Member, free. However, a \$50 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$195 charge is required to complete registration.

Contact hours: Will be provided

<https://www.surveymonkey.com/r/ADDICTIONIMPACT>



REGION 3 VIRTUAL OFFERING:

Celiac Disease and 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 chronic illness.

Presenter: Laurie A. Higgins, MS, RDN, LDN, CDCES
Date: Wednesday, May 10, 2023
Time: Pre-Program Log-on, 5:30-6 p.m. Program, 6-8 p.m.
Location: This program is a Live Virtual Continuing Educational Program offered on the Zoom Platform.
Fee: Member/Associate Member, free. However, a \$25 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$95 charge is required to complete registration.
Contact hours: Will be provided
<https://www.surveymonkey.com/r/CELIACGLUTEN>



REGION 4 VIRTUAL OFFERING:

Legal Update: Top 5 Issues Facing Nurses

Description: This program will address the five legal topics that nurses face regularly — some that nurses face in practice, and some that nurses encounter outside of clinical care. General suggestions and best practices will be addressed. Key considerations in documentation and some actions to avoid when interacting on social media will be discussed.
Presenter: Joanne Gulliford Hoban, JD
Date: Wednesday, May 24, 2023
Time: Pre-Program Log-on, 5:30-6 p.m. Program, 6-8:15 p.m.
Location: This program is a Live Virtual Continuing Educational Program offered on the Zoom Platform.
Fee: Member/Associate Member, free. However, a \$25 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$95 charge is required to complete registration.
Contact hours: Will be provided
<https://www.surveymonkey.com/r/LEGALUPDATE>



GENERAL CE VIRTUAL OFFERINGS:

Diversity Webinar

Disparate Care, Disparate Outcomes: How Embedded Bias Affects Maternal Childcare Outcomes

Description: Despite decades of discussion and millions of dollars spent on creating policies and initiatives to eliminate disparities in healthcare, research continues to highlight the existence and persistence of inequities in healthcare delivery and outcomes. This program will explore how underlying systemic, institutional, and human factors contribute to and in many cases perpetuate disparities in healthcare through the lens of disparities in maternal-child care outcomes.
Presenters: Candice Belanoff, ScD, MPH; Lucinda Canty, PhD, CNM, FACNM; Tiffany Michelle Vassell, RN; Merline Sylvain-Williams; Emilee Regan
Date: Tuesday, April 25, 2023
Time: Pre-Program Log-on, 9:30-10 a.m. Program, 10 a.m.-2 p.m.
Location: This program is a Live Virtual Continuing Educational Program offered on the Zoom Platform.
Fee: Member/Associate Member, free. However, a \$50 placeholder fee which will be returned upon attendance, is required to complete registration. Non-Members, \$195 charge is required to complete registration.
Contact hours: Will be provided
<https://www.surveymonkey.com/r/DISPARATECARE>




Are you a nurse in recovery and would like to assist a colleague in need?

The MNA Peer Assistance Program is a free and confidential peer support program available to all nurses in Massachusetts. We offer confidential peer support to nurses seeking recovery support. Our program is completely separate from the Mass Board of Nursing and Substance Abuse Rehabilitation Program.

We are seeking volunteer nurses, in recovery for at least three years, to lend support to nurses seeking recovery. For more information, please contact Carol Mallia RN, MSN at 781-830-5755 or cmallia@mnarn.org or view the MNA Peer Assistance Program website at www.peerassistance.com



SAVE *the* DATE

Safe Patient Handling & Mobility Conference

Wednesday, September 13, 2023

Four Points Sheraton Hotel in Norwood



Photo Courtesy of HoverTech International

Event agenda and registration details are forthcoming; watch our **Facebook** page and website for updates.



Monday, July 24, 2023

Blue Hill Country Club • 23 Pecunit Street, Canton, MA

Continental Breakfast/Registration from 8:30-10 a.m.

Shotgun Start at 10 a.m.

to benefit scholarships for
Nurses & Healthcare Professionals



About the Massachusetts Nurses Foundation

The Massachusetts Nurses Foundation is a 501(c)(3) non-profit organization, established in 1981, whose mission is to support scholarship & research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses and healthcare professionals. The MNF raises funds and dispenses scholarships to qualified recipients who have applied for assistance to further their careers.

Register online at: <https://www.massnurses.org/mnf/golf-tournament>

Or mail registration & payment to: Massachusetts Nurses Foundation • 340 Turnpike Street • Canton, MA 02021

Contact: Cindy Messia at 781-821-4625 X720 or cmessia@mnarn.org

The MNASM to EUROPE & BEYOND Traveler 2023

in collaboration with



HIGHLIGHTS OF TUSCANY AND ROME

May 27th to June 5th, 2023

Trip price is \$4229 per person, double occupancy if paying via check. Price will be reduced if the group size is over 25 passengers.



GRAND TOUR OF PORTUGAL

Featuring the Douro River Valley and the Portuguese Riviera

September 8th to 18th, 2023

Trip price \$4729 per person, double occupancy if paying via check. Price will be reduced if the group size is over 30 passengers

Tours above include: air from Boston, departure taxes & fees, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast on MNA tours. Click on the QR code to sign up to receive the trip details once they become available as well as periodic travel announcements. For questions, contact Carol Mallia at cmallia@mnarn.org.



Call for Nomination/Consent to Serve for the 2023 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"/> Labor Program*, (1 for 3 years) [non-RN] |
| <input type="checkbox"/> Secretary, Labor*, 1 for 3 years | <input type="checkbox"/> At-Large Position in Regional Council
(3-year term; 2 per Region) |
| <input type="checkbox"/> Director, Labor*, (5 for three years) [1 per Region] | <input type="checkbox"/> Nominations Committee, (5 for 3 years) [1 per region] |
| <input type="checkbox"/> Director At-Large, General*, (3 for 3 years) | <input type="checkbox"/> Bylaws Committee, (5 for 3 years) |
| <input type="checkbox"/> Director At-Large, Labor*, (4 for 3 years) | <input type="checkbox"/> NENA Delegate, Labor (9 for 3 years term) |

*"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 _____ Non-work email: _____

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 26, 2023.

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 26, 2023.

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

- Application must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee. Candidate statements must be emailed to mnaelections@mnarn.org.
- Acknowledgment of receipt of your submission will be emailed to your non-work email account within 48 hours of receipt.
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms.





Massachusetts
Nurses
Association

SAVE *the*
DATES



..... **May 5, 2023**

Clinical Conference

Four Points by Sheraton Norwood

..... **October 11 - 12, 2023**

MNA Convention & Business Meeting

Quincy Marriott Hotel

We look forward to seeing you there!