

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 89 No. 3



ADVOCATE

Goodbye Summer ...

**Hello Fall Convention, Fall CE,
and Fall Labor News**

September 2019



Massachusetts
Nurses
Association

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On the web: massnurses.org



MEMBERSHIP BENEFIT\$



MNASM

As an MNA member, you are entitled to receive substantial group discounts on valuable programs and services. Below is a partial listing of our discount programs that can help aid in improving the quality of your personal and professional life, as well as provide you with great cost savings. Combined, these savings directly offset the cost of your union membership.

Learn more at <https://www.massnurses.org/member-services> and by logging into your MNA account.



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- Cruises Only
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- Orlando Vacations
- VBT Biking and Walking Tours
- Endless Vacation Rentals Discounts
- DCU Center - Worcester
- Disney World & More
- Edaville Railroad
- Movie Passes
- MNA Traveler
- Red Roof Inn
- Six Flags New England
- Universal Studios Fan Club
- Water Country
- Working Advantage
- Zipcar

Want to be part of the MNA? Join us as an Associate Member!



The MNA has an exciting opportunity for non-unionized RNs working in the commonwealth. Our "associate membership" option, which is available at a reduced rate, opens the door for you to become involved with the MNA and its 23,000+ members. Joining as an associate member also provides you with access to the discounts, benefits, and resources that MNA union nurses enjoy daily, including full access to the organization's free CE programs.

To learn more, email membership@mnarn.org.

**Please note that joining as an associate member does not provide you with voting rights or the right to serve on the MNA's board of directors, nor does it provide you with the workplace protections and benefits that are contained within MNA contracts.*

President's Column



Donna Kelly-Williams

To my unionized MNA friends out there, how often have you heard this kind of statement from non-unionized colleagues, "I don't really understand what your union membership gets for you that I don't already have?"

We here at the MNA have heard it too often in recent years, especially from younger nurses who grew up in a time when union membership among the general population had been shrinking. As a result, we wanted to include a detailed article that highlights the most important benefits that come with union membership. This article can be found on pages 8 and 9, and it really showcases all that the MNA can do for you, for your practice, and for your patients. And, likely of the greatest interest to readers, is a complete summary — by Region, and by hospital — of the 2019 wages that MNA nurses will be receiving.

In addition to the wage summary, this article also features statistics on who is

now joining unions and why, as well as insights from current MNA nurses, who once worked at non-MNA hospitals, about why their union membership matters so much to them. It is a valuable article, and one worth reading.

Other Not-To-Be Missed Items

- A tool to help in your clinical evaluations (pg. 4)
- A little-known benefit that allows all Mass. employees to take incremental time away from work (pg. 10)
- Updates on recent contract wins (pg. 7)
- News on our latest bills (pg. 12)
- A rundown of our remaining Fall CE classes (pg. 13)
- Information about our annual convention (pg. 13)

Enjoy this edition! And, as always, please reach out if you have any thoughts, ideas, or suggestions about the MNA overall or about how to become a member: mnainfo@marn.org. ■

Donna Kelly-Williams, RN



Many Thanks to Our Guest Photographer!

We wanted to give credit where credit is due and thank **Sandy Keenan**, a Tufts nurse, for allowing us to use her beautiful photo on the front of this month's edition of the *Mass-Nurse Advocate*. This photo showed up in her Facebook newsfeed right around the time she submitted her photo to the #MNASummer photo contest (see page 14), so we can only assume that the beautiful views during her recent Maine vacation inspired her. Thank you for the photos Sandy, and thanks too for your commitment to both the MNA and your local bargaining unit.



TRUTH: Nurse-to-patient limits have been in place for all ICUs since 2014!

Since the fall of 2014, and thanks to the MNA, a Massachusetts law has been in place requiring that ICU staff nurses be assigned only one patient at a time, with the option of accepting a second patient ONLY if the nurse has assessed that BOTH patients are stable enough, and only if the nurse has the skills and resources to allow for a two-patient assignment.

The law and the regulations apply to all private and public acute care hospitals in the state and to ALL manner of ICUs as defined by the Department of Public Health, including NICUs, PICUs, CCUs, SICUs, MICUs, burn units, etc.

No matter what your managers or administrators tell you, the law is real and the law has long been in effect. Additionally, this law covers both unionized and nonunionized nurses, hospitals, and ICUs.

Your license to practice nursing in the Commonwealth obligates you to follow this law, and you can be held personally accountable for anything untoward that happens to your patients while you are working outside the dictates of the law.

For complete information on the law, including how to report a violation of the law, visit <http://bit.ly/ICULawDetails> or call the MNA at 781-821-4625. ■

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MNA Massachusetts Nurses Association

The Impact of Adverse Childhood Experiences (ACEs) on Future Generations of Adults

Information for Nurses Working in all Practice Areas

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

In 1998, researchers from CDC-Kaiser first described the effects of Adverse Childhood Experiences (ACEs) in relation to quality of life and health outcomes. The long-term study analyzed the connection between childhood trauma and social and health consequences later in life and it produced compelling evidence that certain health, social and economic risks result from childhood trauma. According to the Data Resource Center for Child and Adolescent Health, “as the number of ACEs in a young person’s life increases, so does the likelihood of cancer, depression, diabetes, alcoholism, smoking, heart disease and other conditions that most often show up in adulthood.”

Nurses and health professionals in the behavioral health field are likely already well versed in the effects ACEs may have on long term mental health, physical health, and incidences of suicide. But nurses working with medically comprised adults, including those with complicated metabolic conditions, may not be familiar with the physical, mental, and emotional effects that ACEs can have on a patient throughout their life. Likewise, nurses working in practice areas other than mental health may not be aware that support exists for persons who are living with ACEs.

The following ACEs quiz is available to adults online at no charge and may assist you in your practice. The quiz consists of ten yes/no questions. Every “yes” response is awarded one point.



ACEs Quiz

1. Before you turned 18, did a parent or other adult in the household often or very often swear at you, insult you, put you down or humiliate you? Or act in a way that made you afraid that you might be physically hurt?
 Yes No
2. Before you turned 18, did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?
 Yes No
3. Before you turned 18, did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with you?
 Yes No
4. Before you turned 18, did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn't look out for each other, feel close to each other, or support each other?
 Yes No
5. Before you turned 18, did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or too high to take care of you or to take you to the doctor if you needed it?
 Yes No
6. Before you turned 18, was a biological parent ever lost to you through divorce, abandonment, or other reason?
 Yes No
7. Before you turned 18, was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
 Yes No
8. Before you turned 18, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
 Yes No
9. Before you turned 18, was a household member depressed or mentally ill, or did a household member attempt suicide?
 Yes No
10. Before you turned 18, did a household member go to prison?
 Yes No

The Meaning Behind an ACE Score

The original ACE study measured ten types of childhood trauma. Five relate to the person, including physical abuse; verbal abuse; sexual abuse; physical neglect; and emotional neglect. The remaining five relate to other members of a family: a parent or caregiver who is an alcoholic; a mother who is a victim of domestic violence; a family member who is in jail; a family member with a diagnosed mental illness; and the disappearance of a parent through divorce, death or abandonment. Each trauma counts as a score of one. For example, a person who witnessed the abuse of a parent, witnessed a sibling abusing a sibling, lived with a parent with substance use disorder, would have an ACE score of three.

It is important to remember that a person's ACE score is meant to serve as an alert for nurses who are providing care for these vulnerable individuals. A rise in a person's ACE score results in a rise of their risk for disease. A person who has an ACE score of four or more is at serious risk for disease. The likelihood of chronic pulmonary disease increases 390%; hepatitis 240%; depression 460%; attempted suicide, 1,220% (<https://aces-toohigh.com.category/ace-study/>).

Adverse Childhood Experiences have an enormous influence on potential violence, victimization, and perpetration, and lifelong health and opportunity. To contend with the complexities of ACEs, the goal is to collaboratively create areas, communities, and a society in which every person can thrive (CDC, 2019).

Prevention and Care for Those at Risk of Adverse Childhood Experiences

Step 1: Understanding the ACE score

In the case of children, a high ACE score means that a child may be at risk of experiencing poor health outcomes later in life. However, a child's positive experiences and a protective support structure can act as a shield from adverse health events and life outcomes despite a history of previous challenges.

The CDC has developed a toolkit called Essentials for Childhood. This resource offers strategies to assure safe, stable, nurturing relationships and environments for all children and it is based upon four goals:

- Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent children from abuse and neglect.
- Goal 2: Use evidence versus opinion to inform actions.
- Goal 3: Create a culture for healthy children and families through programs that offer community-based support.
- Goal 4: Be the voice of these vulnerable children and adults. Advocate for community-based legislation and services that are accessible and affordable to address the consequences of adverse childhood traumas.

Step 2: Become an Advocate Through ACEs Connection

ACEs Connection is a worldwide virtual platform for all persons who care for and about individuals who have experienced adverse childhood experiences. The ACEs Network is looking for individuals with a passion to advocate for the prevention and treatment of persons at risk for ACEs. For more information about the network, visit www.acesconnection.com/join. You will be asked to register for the network and once your

request has been reviewed you will be able to access local, regional, and national resources to support at-risk children and adults who have been victims of ACEs.

Step 3: Stay Connected to the MNA

Throughout the upcoming year, the MNA will be offering programs focusing on ACEs and the nurse's role in caring for persons who are living with the risks/consequences of ACEs. We are fortunate to have national experts on ACEs in our state who are engaged in online communities, research and direct care. The MNA welcomes the opportunity to strengthen our relationships with these experts and allow our members to gain further expertise in caring for children who are at risk as well as adult survivors. ■



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The MNA in Pictures



The year-round bus drivers on Martha's Vineyard, who are part of the Amalgamated Transit Union, secured a winning contract in late July. The contract improves working conditions, wages and benefits, and it followed a strike that began on June 28 and that lasted for nearly a month. Throughout the strike, MNAers stood by their union brothers and sisters, doing everything from walking the picket line to donating money to the drivers' strike fund.



Registered nurse and MNA President Donna Kelly-Williams with Boston Mayor Marty Walsh at the Women for Walsh event at the Omni Parker House in the spring.



Somerville Hospital ED nurses and MNA leaders Lisa Valley-Shah and Kelly Lorusso attended the Cambridge Health Alliance Trustees meeting in July to advocate for patients who need access to 24-hour life-saving care and a health care safety net via the hospital's ED. The trustees refused to let the public comment during the meeting and voted to close the ED. The MNA expects that DPH will now hold a public meeting to determine if the Somerville ED is an essential service. We know it is and we will hold CHA accountable!



RNs from Cooley Dickinson Hospital, local friends, and MNA staff members took some time to relax and reconnect at a recent picnic held at Look Park in Northampton.



On Friday, June 7 MNA members and staff had a meet-and-greet with Congresswomen Lori Trahan (D-MA 3rd District; back row, red top), who took office in January, 2019. It was an opportunity for nurses who work at the MNA hospitals in her district to get to know their new member of Congress and share with her the current issues in their workplaces. In attendance were nurses and MNA staff representing Lawrence General Hospital; the HealthAlliance network; Holy Family Hospital – Methuen; Holy Family Hospital – Haverhill; Henry Heywood Hospital; Marlborough Hospital; and Nashoba Valley Medical Center.

— This Month in MNA History —



On September 17, 2012, State Representative Denise Garlick — registered nurse, former MNA president, and one of the MNA's strongest advocates on Beacon Hill — visited MNA headquarters in Canton to meet with the organization's Board of Directors during its monthly meeting. Since then, she has met almost annually with the Board in order to stay current on what is affecting the health and wellbeing of the Commonwealth's patients and nurses, as well as to discuss the MNA's legislative agendas and goals. She is both a valued friend and ally of the MNA.

At the Table

Brigham and Women's RNs Win Impressive New Contract

The Brigham and Women's Hospital RNs ratified a new two-year contract in June that improves their compensation, professional development opportunities, and ability to provide safe patient care. Highlights include:

Professional development

- An additional paid professional development day. Nurses can now also combine their professional days over two years, helping them attend longer or out-of-state professional conferences.

- Tuition reimbursement increase; allow tuition reimbursement for prerequisite courses without admission to a degree program.

Patient Care Conditions

- New language providing the option of a less acute assignment for charge nurses or giving them the ability to coordinate with the nurse director or nurse administrator about available resources and needs on a given unit and shift.

Compensation

- Effective on (and retroactive to) Oct. 7, 2018: 1% across the board and an additional 1.25% to Step 19.

- Effective Sept. 29, 2019: 1% across the board and an additional 1.25% to Step 19.
- This will result in raises of 12% over two years for nurses on wage steps and 4.5% for nurses at the top of scale.
- On-call differential increased to \$7.50/hour, retroactive to Oct. 7, 2018; Charge nurse differential increased to \$3.00/hour, retroactive to Oct. 7, 2018.
- New pension plan language which updates the assumptions used to calculate annuities while maintaining the overall benefits of the plan.

Northeast Health System RNs Ratify New Three-Year Contract

MNA members at Northeast Health Corporation's Beverly Hospital, Addison Gilbert Hospital, and Beverly Hospital at Danvers overwhelmingly ratified a new three-year contract in late July. The contract covers the period from April 1, 2019 to March 31, 2022. Highlights include:

Staffing

- In both the medical/surgical units and mother-baby unit at Beverly Hospital, there is now a cap on the number of patients that charge nurses can care for at one time (no more than three patients and two mother-baby couplets, Monday to Friday for an eight-hour period each day).
- A resource nurse will be added, 7 p.m. to 7 a.m. seven days a week, at both Addison Gilbert and Beverly Hospitals. These nurses will typically not have an assignment and will be available to help with codes, rapid responses, and patient care needs.

- Within 60 days following ratification a committee will be formed to collaborate on use of an acuity tool.

Health and Safety

- Nurses who receive worker's compensation as a result of workplace assault and who had to use their own earned time-off benefits during the first five days of their injury/leave will be credited their benefit days. Also, the hospital will support an RN who is assaulted, and the RN may take up to eight hours of paid time to seek or obtain victim services and/or meet with authorities regarding the assault.

Scheduling, Other Time-Off Benefits

- Added an additional weekend-day off to allow one full scheduled weekend as part of vacation time without needing to provide coverage for the weekend.
- Added the ability for nurses to swap shifts in the same pay period if it doesn't result in overtime.
- Modified the cancellation language so that, if canceled out of order, said nurse

can be exempt from the next cancellation.

- Enhanced meal-break language by removing limit that restricted nurses to eating in working areas for meal breaks unless "released" by a supervisor.
- Removed language that stated nurses need to exhaust their "employee illness banks" before being able to receive short-term disability benefits.

Compensation

- Year 1: 1% across-the-board increase; a new top step that is 1% above existing top step; a lump sum bonus of .5%.
- Year 2: 1% added to the top step; step adjustment for certain RNs not at the top of the wage scale; integration onto the wage scale for the most recently organized nurses working in the hospital system's Leland unit.
- Year 3: 1% across-the-board increase to all steps and scales; 1% increase added to the top step; a lump sum bonus of .5%.

Who's at the Table?

Atrius Health; Boston Medical Center; Burbank Hospital (UMass system); Cambridge Health Alliance; Leominster Hospital (UMass system); Nantucket Cottage Hospital (Partners system); Saint Vincent Hospital (Tenet system); Steward Nashoba Valley Medical Center (Steward system); Tobey Hospital (Southcoast system); *St. Luke's Hospital (Southcoast system); *Trinity Health at Home (Trinity Health system)

* newly organized; first contract

A voice for your patients. A say in your workplace. Improved wages.

Better benefits. A pension. Job security. In other words ...

Why Unions Matter for Young Nurses!

Unions bring people together, people who work in the same or similar jobs in the same company/hospital. Together, through the union, employees have a collective presence and a collective voice to address workplace issues. They work together to improve wages, hours, and working conditions.

Here are three ways unions, and the MNA in particular, are helping young professionals:

1. Economics: Members of unions tend to receive higher wages and better benefits than non-union employees in every type of work.

The Center of Economic and Policy Research (CEPR) reports that for workers between the ages of 18 and 29, unionization raises workers' wages by over 12% (about \$1.75 per hour). Besides wages things like overtime pay, shift differentials, and other economic items can be negotiated for unionized workers. Union members' benefits are written into a legally protected document known as a contract which the employer must follow.



2. Health, Wellbeing, and Security:

Members of unions generally have better working conditions than employees without unions. And when conditions are not good, they can use their collective strength to correct the problems. Union contracts generally have health and safety language to protect workers on the job; health insurance benefits which cannot be changed unless negotiated; and pension plans.

Younger workers in unions are about 17 percentage points more likely to have health insurance than those not in a union. All union members, through their collective voice, can also negotiate over the cost and structure of the health plan they participate in. Young unionized workers are also about 24 percentage points more likely to be in a pension plan than their non-union counterparts (Center for Economic and Policy Research).



Unions Then & Now

Many unions arose in the late 20th century to address the deplorable conditions in the textile, manufacturing, and other work industries. Over time, unions fought for child labor laws, health and safety language, and work-hour restrictions to address unsafe conditions and to improve the lives of workers. The conditions in most of those industries have vastly improved from years past ... all because of unions.

Today, according to a recent Gallup poll, 66% of people ages 18 to 34 approve of labor unions compared to 60% of people ages 35-54 and 62% of people ages 55 or older. (Jamie Lynn Burgess, 6/25/19 "Why young workers are embracing Labor Unions." <https://www.rewire.org/work/younger-workers-labor-unions>)



Who are Today's Union Workers?

There are plenty of workers in the United States who belong to unions. They know that having a voice in the work that they do is an important aspect of their jobs and lives. Young workers are now joining rank and file union members and embracing what unions can do to improve working conditions. (Jamie Lynn Burgess, 6/25/19 "Why young workers are embracing Labor Unions." <https://www.rewire.org/work/younger-workers-labor-unions>)

Nurses, nurse's aides, healthcare professionals, firefighters, college professors, graduate students, teachers, building trades, flight attendants, airline pilots, theater and stagehand workers, police officers, clerks, librarians, social workers, public sector employees, plumbers, electricians, construction workers, truck drivers, farmworkers, professional athletes and many other kinds of workers are union members.

All the people who work in these jobs have the same kinds of advantages in their work because they have a union. A union is simply a group of workers joining together to collectively bargain with their employer over wages, hours, and working conditions.





3. Voice: Members of unions have a say in how the work is done, and how people are treated, and, if there is a problem, their elected union representatives help them address it. As an example, registered nurses can negotiate enforceable contract language on many subjects related to their nursing practice, including staffing, health and safety protocols, and overtime.



Being a union member with the MNA has helped in my current job because I feel like I have job security, like I am protected, if God forbid, holding onto my job came down to a 'he said/she said' situation. I feel the union fights to protect my rights as a nurse, and we are a solid community. We care for one another. We have each other's best interests at heart, along with giving the best patient care possible.

Kathy Nuñez, RN; Northeast Health Systems and formerly with a non-union hospital



At my previous non-union hospital, the nurses didn't have an effective voice for change. I prefer to work at an MNA-represented hospital because, as members, we can stand up for and fight for appropriate and fair hiring practices, better wages, and improvements to our working conditions. Being part of the movement for the improvement of where we work and the safe care we need to deliver is paramount to the success of nursing.

Emma Dragon, RN; Cooley Dickinson Hospital, Northampton and formerly with a non-union hospital



If there is no union, employees are considered "employees at will," meaning the employer can unilaterally change, alter or adjust any of your working conditions. With a union, management must sit down with the members of the union and negotiate the impact of any changes they want to make.

Showing You the Money!

The minimum and maximum hourly rates of pay for 2019 at all MNA hospitals

Outlined below are the 2019 base hourly rates of pay (minus any differentials or overtime) for all MNA staff RNs [starting without experience; referred to here as the "Min"] and the top of the salary scale for all MNA nurses with commiserate experience [referred to here as the "Max"]. All rates of pay appropriately reflect annual step increases and annual wage increases that vary from 4% to 7%. Please note that these pay rates reflect 2019 only and will increase again for 2020. Additionally, RNs will receive annual wage increases and move along their scales annually unless they have reached maximum salary, at which point the salary increase applies but annual step increases do not. Additional scales exist for positions with additional responsibilities and advanced degrees.

REGION 1 (Western Mass)

	Min	Max
(Baystate) Franklin Medical Center	\$30.98	\$51.27
(Baystate) Noble Hospital	\$31.43	\$53.10
(Partners) Cooley Dickinson Hospital	\$32.75	\$54.67
Berkshire/North Adams Medical Center	\$36.74	\$56.85
(Trinity) Mercy Medical Center	\$34.89	\$54.29
(Trinity) Providence Hospital	\$36.33	\$51.28

REGION 2 (Central Mass)

	Min	Max
(UMass Medical Center) University Hospital	\$31.44	\$65.45
(UMass Medical Center) Memorial Hospital	\$31.44	\$65.45
(UMass Medical Center) Marlboro Hospital	\$33.03	\$59.76
(UMass Medical Center) Clinton Hospital	\$32.94	\$57.11
(UMass Medical Center) Leominster/Burbank	\$31.59	\$56.45
(Tenet) St. Vincent Medical Center	\$30.06	\$64.19
(Tenet) Metro-West Leonard Morse Hospital	\$30.96	\$65.92
(Partners) Newton-Wellesley Hospital	\$31.14	\$68.77
Heywood Hospital	\$32.95	\$66.76

REGION 3 (Southeastern Mass)

	Min	Max
(South Coast) Tobey Hospital	\$28.27	\$53.20
(Cape Cod Health) Cape Cod Hospital	\$29.29	\$57.35
(Cape Cod Health) Falmouth Hospital	\$29.29	\$57.35
Brockton Hospital	\$30.60	\$57.32
(Steward Health Care) Good Samaritan Hospital	\$29.50	\$58.89
(Steward Health Care) Morton Hospital	\$29.66	\$54.67
(Beth Israel/Lahey Health) Jordan Hospital	\$29.35	\$56.30
(Partners) Nantucket Hospital	\$34.03	\$63.20
(Partners) Martha's Vineyard Hospital	\$30.73	\$66.28

REGION 4 (Northeastern Mass)

	Min	Max
Lawrence General Hospital	\$31.83	\$61.50
(Beth Israel/Lahey Health) Northeast Health	\$29.35	\$57.22
(Beverly and Addison Gilbert Hospitals)		
(Beth Israel/Lahey Health) Anna Jacques Hospital	\$30.65	\$58.07
(Steward Health Care) Holy Family Hospital	\$30.91	\$54.40
(Steward Health Care) Merrimack Valley Hospital	\$30.09	\$53.92
(Steward Health Care) Nashoba Valley Hospital (in negs.)	\$29.00	\$50.00

REGION 5 (Metro Boston area)

	Min	Max
(Partners) Brigham and Women's Hospital	\$32.69	\$75.11
Boston Medical Center (2018; in negs.)	\$31.81	\$70.94
(Wellforce) Tufts Medical Center	\$33.18	\$67.57
Dana Farber	\$31.55	\$75.93
Cambridge Health Alliance		
Cambridge Hospital	\$34.37	\$66.96
Whidden Hospital	\$34.37	\$66.96
Somerville Hospital/Emergency Dept.	\$34.37	\$66.96
(Partners) Brigham and Women's Faulkner Hospital	\$31.14	\$69.31
(Steward Health Care) St. Elizabeth's Medical Center	\$32.45	\$68.69

The Massachusetts Small Necessities Leave Act

Whether Unionized or Not, You Have the Right to Incremental, Unpaid Time Away from Work for Your Child's Educational Needs and More

By Joe Twarog, Associate Director,
Labor Education & Training



Many workers in Massachusetts are unaware of a law that grants eligible employees unpaid time off from work to attend specific life events, such as parent-teacher conferences. It is called the Small Necessities Leave Act.

In 1998, Massachusetts enacted a law (M.G.L. c. 149, Sec. 52D) referred to as the Small Necessities Leave Act (SNLA). This act provides eligible employees with a total of 24 hours of unpaid leave during any 12-month period for certain family obligations. This law covers specific activities that are not covered under the Federal Family and Medical Leave Act of 1993 (FMLA).

The SNLA and the FMLA:

The 24 hours of leave allowed under the SNLA is in addition to the 12 weeks leave allowed under the FMLA. Furthermore, the 24 hours need not be taken all at once, but can be taken intermittently as long as it does not exceed 24 hours total.

To be eligible for the SNLA an employee must:

- Have been employed for at least 12 months with the employer.
- Have actually worked for at least 1,250 hours during the previous 12 months with that employer.
- Be employed at a place where there are 50 or more employees within 75 miles.

The purposes for which such a leave may be taken are:

- To participate in school activities directly related to the educational advancement of a son or daughter of the employee, such as parent-teacher conferences or interviewing for a new school.
- To accompany the son or daughter of the employee to routine medical or dental appointments, such as checkups or vaccinations.
- To accompany an elderly relative of the employee to routine medical or dental appointments or appointments for other professional services related to the elder's care, such as interviewing at nursing homes or group homes.

The employee must give seven days' notice of intent to take such a leave if the leave is foreseeable. However, if the need for the leave is not foreseeable, the employee must give notice as soon as practicable.

Leave can be calendar or fiscal year

The SNLA leave is generally unpaid leave but, similar to the FMLA, employees may use accrued paid time and have the leave paid or the employer may require that the employee use their accrued time. In a union setting, details such as these can be negotiated into the contract.

The "12-month period" in which the 24 hours of leave may be taken can be one of the following: the calendar year; a fiscal year; the employee's anniversary date; the 12-month period measured forward from the employee's first request for SNLA leave; or a rolling 12-month period measured backward from the date an employee uses any SNLA leave. Whatever method the employer uses to measure the 12-month period must be applied uniformly and consistently for all employees.

The employer may request from the employee certification to support the leave. Certification materials and the request for such leaves must be kept in the employee's personnel file for three years. However, records and documents relating to medical conditions or histories of family member must be kept as confidential materials in a file separate from the employee's personnel file.

Definitions:

The term "son or daughter" is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis. The son or daughter must either be under 18 years of age or 18 years of age or older and incapable of self-care because of mental or physical disability. The term "elderly relative" is defined as an individual of at least 60 years of age who is related by blood or marriage to the employee, including a parent. The term "school" is defined as a public or private elementary

or secondary school; a Head Start program assisted under the Head Start Act; or a children's day care facility licensed under G.L. c. 28A.

Enforcement of violations of the Act:

The statute is enforced by the office of the Massachusetts attorney general which may seek criminal action against an employer who violates the act. Violations would include:

- Failure to provide a leave properly requested.
- Failure to restore an employee to the position held by the employee prior to the leave.
- Discriminates against an employee for various actions related to the act.

For unionized employees, the employee may also grieve such violations using the contract's grievance and arbitration procedure.

While employers are encouraged to notify employees of their rights under the SNLA, the law does not specifically require that the employer post these rights at the workplace in the usual manner (on a bulletin board, in a break area, etc.). Therefore, it becomes more important that the union publicize and promote this comparatively little known leave in the facility, whether on the union's bulletin board, in a unit newsletter, in the contract, or in a memo to bargaining unit members.

For non-union employees, access to the law's benefits are the same, but promoting the law in your workplace the way a union would may unfortunately have some inherent risks. Regardless, the Commonwealth is obligated to protect and enforce this law equally for everyone.

Several other states offer various forms of SNL for school and other activities but for different allowable hours, among them are Nevada; North Carolina; Illinois; Rhode Island; Louisiana; Minnesota; District of Columbia; Vermont; California; New Jersey. ■

Following Public Hearings, DPH Finds ICUs at both Baystate Noble and Wing Hospitals 'Necessary for Preserving Access and Health'

The state Department of Public Health has found that the intensive care units at Baystate Noble and Wing hospitals are "necessary for preserving access and health" and that Baystate Health must prepare a plan showing how it will maintain services for area residents.

The findings — sent by letter to Baystate earlier this month — follow public meetings in which nurses, patients and residents advocated to keep the units open to ensure access to quality, life-saving treatment. They also include Baystate's pediatric unit at Noble Hospital.

"The ICUs at Noble and Wing are a vital part of those hospitals and the communities they serve," said Donna Kelly-Williams, RN and president of the Massachusetts Nurses Association. "Many patients rely on the ICU — patients who need the critical care at the moment they need it. Minutes, even seconds, count when a patient requires ICU-level care."

DPH's decision comes as a growing coalition of Western Massachusetts advocates continue to oppose Baystate's plan to eliminate mental health beds at its community hospitals in Greenfield, Palmer, and Westfield. That plan has drawn strong opposition from nurses, patients, mental health counselors, families, and elected officials. The Greenfield City Council is planning to hold public meetings about the proposal as it considers a vote urging Baystate to keep its acute mental health unit open at Baystate Franklin Medical Center.

"This decision by DPH that the ICUs in Palmer and Westfield are essential for area residents bolsters our case that closing mental health beds in three different communities would jeopardize access to quality care for thousands of patients," said Donna Stern, a psychiatric nurse and Chair of the MNA bar-

gaining committee at BFMC in Greenfield. "DPH officials cite similar concerns about transportation and the needs of community members in its ICU decision that we have previously raised about Baystate's plan to close our mental health units. Patients and their families need quality inpatient services close to home for access and quality recovery."

Baystate said in February it planned to close the mental health units in Greenfield, Palmer, and Westfield in about two years after opening a for-profit facility in Holyoke. It plans to close the ICUs and Noble's pediatric unit on Aug. 30, 2019.

At the state level, MNA nurses and numerous lawmakers are supporting a bill — An Act Relative to the Closing of Hospital Essential Services, (H.1139/S.672) — to strengthen the existing hospital closure law. Legislators held a hearing at the State House on the bill May 28.

"Baystate's proposed ICU and mental health closures are part of a long and harmful trend in the hospital industry. Baystate is closing services it deems not as valuable to its profit margins while decimating access for community members who have complex healthcare needs," Kelly-Williams said. "The elimination of essential hospital services has a profound negative effect on the care of patients and puts a strain on other, already overburdened health systems.

"The public deserves a stronger voice in these decisions and the Department of Public Health needs greater power to protect and preserve services that it deems essential for the health of these communities. It is wrong to allow vulnerable patients to suffer because these healthcare corporations can put their drive for profits ahead of their mission of providing care to all patients." ■

LEGISLATIVE UPDATE

State House Briefing

Hearing rooms on Beacon Hill have been packed in recent weeks with nurses and healthcare professionals wearing MNA blue and advocating for sound public policy that advances the nursing profession while protecting patients and their families.

Workplace Violence Prevention

On July 18, lawmakers heard testimony on An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (S.1427/H.1416), filed by Sen. Joan Lovely and Rep. Denise Garlick.

Assaults against healthcare workers account for nearly as many injuries as all other industries combined, according to the Occupational Health and Safety Administration. This legislation requires healthcare employers to perform an annual safety risk assessment and develop and implement programs to minimize the danger of workplace violence. It also provides time off for healthcare workers assaulted on the job to address legal issues; allows them to use their employer address instead of their home address to handle legal issues; and requires semiannual reporting of assaults to district attorneys.

Deb Falk, an emergency department nurse at St. Luke's Hospital in New Bedford, testified about the time an intoxicated, combative patient split her bicep with a punch, slapped her face, and injured her back.

"These are not just isolated incidents," Falk said. "We need to examine and address this like any other public health crisis."

Addressing the Mental Health Crisis

State lawmakers heard testimony on July 11 about legislation to help tackle the increasingly dangerous conditions experienced by patients and staff at mental health facilities like Worcester Recovery Center and Hospital, where a WCVB Channel 5 investigation this year revealed patient deaths, illicit drug use, and alarming rates of assaults.

An Act Relative to Creating Intensive Stabilization and Treatment Units within the Department of Mental Health (S.1163/H.1719), sponsored by Sen. Marc Pacheco and Rep. Patricia Haddad will create male and female Intensive Stabilization and Treatment units within the state Department of Mental Health. Patients exhibiting extreme aggression, highly assaultive behavior, and/or self-destructive behavior would be admitted to a specialized unit.

"As health care professionals on the front lines, we see the danger posed to our patients, co-workers, and ourselves by individuals who may become violent and we must take proactive steps to address these dangers," said MNA Vice President Karen Coughlin, a longtime DMH nurse.

An Act Relative to Creating a Pilot Program to Transfer High Acuity Behavioral Health and Dual Diagnosis Patients Away from Crowded Emergency Departments (S.1112/H.1064) was also heard at the hearing. It creates a pilot program at Taunton State Hospital to transfer medically stable, high acuity behavioral health and dual diagnosis patients away from overcrowded emergency departments until such time that an appropriate placement is found to meet the patient's needs.

Strengthening Hospital Closure Law

An Act Relative to the Closing of Hospital Essential Services (S.672/H.1139), sponsored by Sen. Julian Cyr and Rep. Ed Coppinger, was heard by lawmakers on May 28. The bill was created because Massachusetts hospital corporations have closed at least 27 hospitals or



Channel 5 coverage of the state's mental health crisis and the MNA's efforts to pass S.1163/H.1719.

hospital units over the last 10 years. At least nine of these were deemed "essential services" by the state Department of Public Health, but executives closed them anyway.

The bill extends the DPH notice period; requires hospitals proposing closures to notify the public before starting the DPH process; instructs the attorney general to seek an injunction; maintains essential services for the duration of the DPH process; and prohibits the hospital from licensure or expansion for three years from the date an essential service closes, until it is restored or until the DPH is satisfied with a modified plan.

"These closures have a ripple effect, impacting thousands of people," Baystate Franklin Medical Center RN Donna Stern said. "If the care we need is not local, it will limit access and hinder recovery."

Hospital Profit Transparency and CEO Pay

Massachusetts hospitals have a least \$1.5 billion in offshore accounts in places like the Cayman Islands and Bermuda, according to IRS 990 reports. They are holding this money overseas while closing essential services in Massachusetts, expanding out-of-state, and paying executives seven-figure salaries.

The Hospital Profit Transparency and Fairness Act (S.714/H.1144), sponsored by Sen. Michael Moore and Rep. Josh Cutler, requires hospitals to be transparent about their finances, and assess hospitals receiving taxpayer dollars that have an operating margin above a specific cap and those that provide compensation to a CEO greater than 100 times the hospital's lowest paid employee. The assessments will go into a newly created Medicaid Reimbursement Enhancement Fund.

"Given the high cost of health care, the public deserves to know what hospital executives are doing with public funds," Sen Moore said. "Transparency in regard to the use of those funds is critical to maintaining public trust." ■

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

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

The Ongoing Crisis of Sexual Harassment in Healthcare

Date: Wednesday, Oct. 2, 2019
Time: 8:30 a.m. – 4 p.m. (breakfast and lunch provided)
Location: Lombardo's, Randolph, MA

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

Date: Tuesday, Oct. 8, 2019
Time: 4:45 – 7:45 p.m. (dinner provided)
Location: Hilton Garden Inn, Pittsfield, MA

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

Date: Thursday, Oct. 10, 2019
Time: 5 – 7:30 p.m. (dinner provided)
Location: MNA Headquarters, Canton, MA

Advanced Cardiac Life Support (ACLS): Certification and Recertification

Dates: Monday, Oct. 21, 2019 and Monday, Oct. 28, 2019 (Certification); Monday, Oct. 28, 2019 (Recertification only)
Time: 8:30 a.m. – 5 p.m. (lunch provided)
Location: MNA Headquarters, Canton, MA

Best Practices in the Nursing Care of Stroke Patients

Date: Wednesday, Oct. 23, 2019
Time: 5 – 8:15 p.m. (dinner provided)
Location: MNA Headquarters, Canton, MA

Migraine: Enhance Your Nursing Knowledge

Date: Tuesday, Oct. 29, 2019
Time: 5:30 – 8 p.m. (dinner provided)
Location: The Manor, West Boylston, MA

Nursing Considerations in the Management of Patients with Antibiotic Resistant Infections

Date: Tuesday, Oct. 29, 2019
Time: 5 – 8:15 p.m. (dinner provided)
Location: Danversport Yacht Club, Danvers, MA

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

Date: Wednesday, Oct. 30, 2019
Time: 5:30 – 8 p.m. (dinner provided)
Location: Massachusetts Maritime Academy, Buzzards Bay, MA

All day event: Celiac Disease and Current Trends in Nutrition

Date: Thursday, Nov. 7, 2019
Time: 8:30 a.m. – 3 p.m. (lunch provided)
Location: Hadley Farms, Hadley, MA

Diabetes Management for Nurses

Date: Wednesday, Nov. 13, 2019
Time: 5:30 – 8:15 p.m. (dinner provided)
Location: Massachusetts Maritime Academy, Buzzards Bay, MA

Nursing Considerations in the Management of Patients with Antibiotic Resistant Infections

Date: Tuesday, Nov. 19, 2019
Time: 5:30 – 8:15 p.m. (dinner provided)
Location: Doubletree, Westborough, MA

Nursing Considerations in the Face of Escalating Healthcare Violence

Date: Tuesday, Nov. 19, 2019
Time: 5 – 8:15 p.m. (dinner provided)
Location: Danversport Yacht Club, Danvers, MA

Parkinson's Disease: A Nursing Perspective

Date: Wednesday, Nov. 20, 2019
Time: 5 – 7:45 p.m. (dinner provided)
Location: MNA Headquarters, Canton, MA

Breaking Bad: Disrupting the Trajectory of ACE to Illness

Date: Tuesday, Dec. 3, 2019
Time: 4:45 – 7:45 p.m. (dinner provided)
Location: Delaney House, Holyoke, MA

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CONVENTION 2019



Massachusetts Nurses Association

OCTOBER 17-18



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There's still time to register: www.MassNurses.org/Convention2019

Early Highlights from the MNA's Summer Photo Contest

Throughout the production of this edition of the MassNurse, submissions to the MNA's first-ever "Summer Photo Contest" were rolling in fast and furious! We didn't want to miss an opportunity to share some of the great pics we received, even though the contest was still underway when this edition went to print. More photos will come in the November edition, including an announcement of the winner of the \$300 Amex gift card! Many thanks to everyone who participated, and here's to hoping we can make this a #MNASummer tradition.



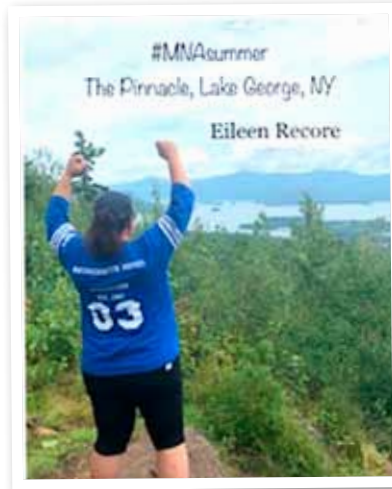
Beth Pkinnick, a retired nurse from Cape Cod Hospital, was the first contributor to our #MNASummer photo contest. No surprise that the first submitted photo came from the Cape!



Anne Rumizen, from Tufts Medical Center, keeps cool and shaded in her MNA hat during her hike in Maine's Acadia National Park.



The stars at night, are big and ... so are the boots apparently! Karen Duffy, a Brockton Hospital nurse, took in the sites around Texas on her recent trip to the Lone Star State.



A hike well worth the view! Eileen Recore, an MNA member from UMMC University campus, at the Pinnacle at Lake George, NY.



Sandy Keenan, from Tufts Medical Center, takes in the breathtaking view of Maine's Nubble Lighthouse.

Dan Rec, from Brigham & Women's Faulkner Hospital, reads up on the MNA's Labor School program from the comfort of his floating lounge chair.



Former MNA member and Unit 7 employee Jim Mullin shared this great photo, taken on the southeast coast of Iceland, even though he wasn't eligible for the \$300 gift card. It's an impressive photo that showcases not only Iceland's blustery weather, but also the ruggedness of the MNA's ever popular blue jackets!

Six Questions For Registered Nurses



Have you experienced any of the following?

- Has your staffing gotten worse instead of better?
- Are you caring for too many patients at one time?
- Do you have time to take care of your patients' needs?
- Is your hospital putting profits over safe patient care?
- Has your hospital merged into a bigger corporation?
Are services being cut?

Collective bargaining in today's health care environment is about more than just wages and benefits. It is about patient advocacy, protecting nursing practice, safe staffing levels, and ensuring a safe and healthy work environment for registered nurses and health care professionals.

*To talk with someone from the MNA, please call **781-821-4625** and ask to speak with an organizer or leave a message in the general mailbox. Your call will be promptly returned and will be kept confidential.*

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Make a Difference BY JOINING THE MNA'S Diversity Committee



The MNA's Diversity Committee proposes affirmative-action guidelines to the Board of Directors with the goal of increasing diversity in both the overall MNA membership and staff, as well as on the association's Board of Directors. This committee also monitors the implementation of associated guidelines and policies, and collaborates with the MNA and its structural units to increase diverse participation, representation, and leadership in a number of positions and roles throughout the association.

To learn more, contact the MNA's Joe-Ann Fergus at either 781-830-5741 or jfergus@mnarn.org.



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