Come celebrate MNA’s 100-year anniversary

On an unusually warm evening on Feb. 26, 1903, more than 300 nurses from across the commonwealth gathered at the historic Faneuil Hall in Boston to form an organization that would fight for legislation to regulate the practice of professional nursing in Massachusetts, which eventually resulted in the passage of the Nurse Practice Act, the legal underpinning for all nursing practice in our state. The next day, a Boston Globe headline succinctly told the story: “Nurses Organize.”

In the words of nursing historian Mary Ellen Doona, “The Massachusetts State Nurses Association was born that winter’s day – February 26, 1903; and the nurses made clear to the world, as had others in historical places before them, that they were willing to fight for their ideals and would prevail.”

As the 100-year anniversary of the MNA’s founding approaches, a committee of members has planned a special celebration to mark the occasion, providing nurses with a unique opportunity to gather together to celebrate and demonstrate “The Evolution of the Nursing Revolution.” The event will feature a special ceremony and press event in Gardner Auditorium at the State House in Boston at 3 p.m. (Note: previous mailings and promotion for this event touted a nurses’ candlelight march from the State House to Faneuil Hall, but this portion of the event was canceled because of concerns for public safety and the potential for inclement weather.) This will be followed by a rally and special celebration at Faneuil Hall at 5:30 p.m. (the details are a surprise, but nurses will not want to miss this show), culminating with cocktail reception and cake-cutting ceremony at Ned Divine’s in the Quincy Market Rotunda (next door to Faneuil Hall) at 6:30 p.m.

To make it easier for nurses to attend the event, the MNA is organizing buses to and from the event, which can be accessed from locations across the state. Buses also will take participants to Faneuil Hall from the State House. To learn more about bus transportation and to reserve a seat on the bus, please contact Dolores Neves at 781-830-5722; email dneves@marn.org. To expedite security checkpoint passage at the State House, please refrain from carrying non-essential belongings to the event.

“The primary objective of this event is to allow nurses to revel in their history and their accomplishments as a profession,” said Karen Higgins, MNA president. “However, we also wanted to use this milestone to underscore our continued commitment to fight for quality patient care. It is interesting that while the organization was formed to create a Nurse Practice Act to govern our nursing practice and protect the citizens of the commonwealth, our ability to fulfill our legal and ethical obligations to our patients is compromised by the lack of safe staffing and adequate working conditions.”

MNA files new legislation to regulate RN-to-patient ratios

The MNA is filing new legislation that would require all Massachusetts hospitals to adhere to Department of Public Health-established minimum RN-to-patient ratios as a condition of licensure by DPH. To date, 98 legislators have signed on to the bill, representing nearly 50 percent of the legislative body.

“To achieve this level of legislative interest this early in the process is a significant sign of the growing support for this important measure,” Charles Stefanini, MNA Director of Legislation and Government Affairs said at a December press conference at the State House. “We actually had legislators lining up to have an opportunity to add their name to this bill. The work we did in the last session, and the publicity and scientific research that has been generated in recent months has made RN staffing a hot-button issue for the upcoming session.”

The press event drew significant media coverage, resulting in several stories appearing in the state’s major newspapers, as well as generating a number of broadcasts on radio and television news stations.

The filing of the legislation follows the recent release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

The most recent study in the Journal of the American Medical Association (JAMA) shows that for each additional patient assigned to an RN, there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 8 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for nurses in Massachusetts to be assigned 6, 8 and even up to 10 patients on a given shift, placing thousands of patients at risk for serious complications and death (See related story on Page 6).

“The scientific evidence is clear and overwhelming: when nurses have too many patients, patients’ lives are in jeopardy. The evidence also makes clear that poor staffing conditions in Massachusetts hospitals have caused and are exacerbated by a growing lack of safe staffing and adequate working conditions.”
The Massachusetts Campaign for Single Payer Health Care (MASS-CARE), a coalition of over 80 labor, professional, health care provider, religious and advocacy organizations, including the MNA is proud to announce the new lead sponsors of a bill that will create a single payer health care system in Massachusetts. They are Sen. Steven Tolman (D-Brighton) and Rep. Frank Hynes (D-Marshfield).

Hynes stated, “I am pleased to have this opportunity to work with those who, for years, have been committed to the concept of universal health care access at a reasonable price. Our present health care system is collapsing; costs are rising exponentially; providers are overworked and underpaid; patients’ care is being limited. The time has come to halt the patchwork financing of this present system and adopt a new system which will assure all of adequate and appropriate health care.”

Entitled “The Massachusetts Health Care Trust,” the bill will guarantee every Massachusetts resident affordable, first class health care coverage by creating a single public entity called the Health Care Trust to replace multiple insurance bureaucracies now responsible for paying for health care.

Studies have shown that we already spend enough on health care in the Commonwealth to provide quality care for all our residents (including prescription drugs, long term care, and dental coverage) by consolidating the funding of health care, thereby capturing a large share of the 25-30 cents of every dollar that people pay for health care. This bill will also reduce administrative costs and paperwork, marketing and profits and spend it instead on providing care to the 418,000 Massachusetts residents who now have no insurance at all and to the many other “under insured”, with inadequate coverage.

Financially distressed health facilities would reap administrative savings and be assured secure budgets, allowing them to deliver high quality care. This bill would also restore individuals’ freedom to choose the health care professionals and facilities they prefer.

The past lead sponsor in the Senate, Robert Travaglini, is now the Senate president, who by tradition does not act as a lead sponsor on any legislation. The former lead sponsor in the House, Rep. Kevin Fitzgerald, retired at the end of last session. Both Travaglini and Fitzgerald have been instrumental in building support for single payer health care in the General Court.

The single payer movement was given a boost last month when former Vice President Al Gore said that he believed the only way to solve the crisis in health care was with a single payer system. As happened with the Children’s Health Insurance Plan (CHIP), once again Massachusetts can lead the nation in instituting needed health care reform.

Bill would guarantee affordable, first-class health care

**Tolman, Hynes sign on as new lead sponsors for single payer legislation**

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President's column

MNA turns 100 – something to be proud of, something to celebrate

By Karen Higgins

MNA President

The front and back page of this month’s Massachusetts Nurse highlight a significant event in the history of this organization, as well as a significant opportunity for nurses to do what we so rarely do – stop to revel in who we are and what we do as professionals.

On Feb. 26, 2003, we will indeed celebrate the 100th anniversary of the founding of our organization – an organization founded with the mission of establishing nursing in the Commonwealth as an independent profession dedicated to providing quality care to the public. This is in no small milestone. I’m not sure many members even realize how long this organization has existed and all that it has done to create the practice environment we now enjoy. Without the MNA, there would be no Nurse Practice Act to govern nursing practice, there would be no Board of Registration in Nursing, there would be no code of ethics for nurses, nor Massachusetts Nursing Agencies, nor any of the other advanced practice nurses would not have prescription authority, the unionization of nurses and all its benefits and advancements would not have occurred. Without the MNA and without the incredible work and dedication of hundreds and thousands of its members and leaders over these last hundred years, we would not know nursing as we know it today.

We need to acknowledge and celebrate these accomplishments. We need to gather together as a community of nurses and advocates to pause the evolution of the nursing profession which has occurred in Massachusetts because of so many nurses’ original and ongoing commitment to come together as a professional association to fight for nurses and for our patients. That is why I encourage every member who can to attend the special celebration we are planning for Feb. 26. Our 100th Anniversary Planning Committee has developed an exciting and memorable event that will properly mark this historic occasion. It will include a special ceremony in Gardner Auditorium at the State House (where so many decisions are made that govern our practice and affect our patients). This will be followed by a rally and celebration at Faneuil Hall, the birthplace of the American Revolution and the nursing revolution. Buses will be made available from throughout the state to transport you to and from the celebration, so you don’t need to worry about parking or driving in the city.

As part of the celebration, we intend to kickoff the event by giving nurses white carnations that they can ceremoniously place at the foot of the nurses’ statue in Nurses Hall. These carnations will symbolize those of our number who have left the profession because of the untenable conditions that now exist. We will also invite the media to cover this ceremony. We want to use this as an opportunity to send the message that the work and the mission of MNA and of all nurses cannot and will not be fulfilled unless and until they are provided a practice environment that allows them to practice safely. Of course, this means passing legislation to regulate RN-to-patient ratios in our hospitals as a first step.

Once nurses arrive at Faneuil Hall, we are planning a special “surprise” program that will acknowledge this milestone, while entertaining and rallying participants. You won’t want to miss this event. And finally, we will move next door to the Quincy Market Rotunda for a cocktail reception and birthday party, where we can kick back and enjoy the company and camaraderie of our friends and colleagues.

So please, plan on attending this event if you can. We’re also encouraging each of our bargaining units to organize a delegation of their members to come to the event with a sign or banner with their facility’s name on it, so we can identify all the local bargaining units that belong to the organization. In addition, schools of nursing are encouraged to also send a delegation with a banner.

This is one in a lifetime event for all of us. I hope you can be a part of our efforts to continue to make nursing history! ■

Joint effort to challenge nurse wage caps

By Kathy Perry

Vice President, Favorite Nurses Temps

In response to efforts by the state’s Health Care Financing Administration to implement and expand regulations that would effectively limit wages paid to agency nurses in the Commonwealth, the Massachusetts Nurses Association and the agency nurse group, Favorite Nurses, along with the Massachusetts Association of Nursing Agencies, have recently discussed joint strategies to seek an end to the regulations.

Nursing agencies in Massachusetts — typically high-wage employers — are now limited by regulation to rates tied to the wages paid by their lower-paying customers.

Legislation to repeal this rate setting was introduced by the agencies for consideration in next year’s legislative session. Additionally, the group is preparing a possible challenge to the regulation in the Massachusetts Supreme Judicial Court.

MNA Executive Director Julie Pinkham said it plainly in recent testimony before the Massachusetts Division of Healthcare Finance and Policy, “Regulation of wages is certainly not the way to solve the nursing crisis. It certainly is not going to help the patients of Massachusetts.”

Pinkham testified that the MNA believes the true solution to the problem of staffing in hospitals lies not with regulating wages, but with the implementation of regulations calling for minimum RN-to-patient ratios in Massachusetts hospitals. The MNA has just filed a bill, An Act Ensuring Quality Patient Care and Safe Registered Nurses Staffing, which would regulate RN-to-patient ratios in our hospitals as a first step.

The division, ignoring good advice, issued final regulations on Nov. 5 that restricted the agency rate wage component to year 2000 levels released by the Massachusetts Hospital Association and adjusted by a mere 2.2 percent per year consumer price index factor.

The division did this in spite of testimony provided by the firm of PricewaterhouseCoopers recommending use of a more relevant — and much higher — Massachusetts wage inflation index published by the Bureau of Labor Statistics.

The new regulations contained a surprising exception for travel nurses coming from more than 200 miles away from their assignment (in effect, from outside the state). These are just the nurses hospitals use to break strikes.

Therefore, by acting to suppress nurse wages in the midst of severe shortage, the regulation singles out already over-worked and under paid nurses in its misguided attempt to contain health care costs. This unequal and discriminatory treatment does not stop there.

The division adds insult to injury by favoring foreign nurses and nurses from other states over its own resident nurses.

Nurses interested in joining in the lawsuit should contact kathyperry@favoritenurses.com.

Diversity is alive and well at the MNA

The MNA Diversity Committee has worked hard over the past year and would like to share with our fellow MNA members and the nursing community-at-large our recent efforts and our goals.

Accomplishments for 2001 – 2002:

• Refined the goals and mission of the MNA Diversity Committee.
• Sponsored the educational program “Healthcare Rationing and Divided Loyalties” by Susan Herz JD, MPH at the MNA Annual Convention 2001.
• Presented reports to the MNA Board regarding military advertisements in the Massachusetts Nurse.
• Committee members served on the following MNA Committees: Convention Committee, Safe Staffing Steering Committee and the Nomination Committee.
• Exhibited the Diversity Committee Poster Presentation on “Assumptions” at the NERBNA Annual Convention and the MNA Annual Convention.

• Representatives from the Diversity Committee attended the Haitian Nurses Association Banquet.
• Hosted an educational exchange with a nursing student who is a board member to the Royal College of Nursing.
• Proposed recommendations for revisions to the MNA goals, missions and objectives to the MNA Board of Directors.
• Published the following articles in the Massachusetts Nurse:
  • “Experiences of a Japanese nurse transitioning to the United States,” by Harumi Mihara RN, MSN in the August 2001 issue.
  • “Questions raised about the Armed Forces Ads in MNA publications” by Beverly Danridge and Sharon McCollum in the September 2001 issue.

Diversity Committee goals for 2002 – 2003:

• Continue to publish diversity related articles in the Massachusetts Nurse
• Provide diversity education to the MNA staff and MNA members
• Review the MNA policies and propose recommendations to the MNA Board of Directors
• Develop a new diversity scholarship
• Explore coalition and networking opportunities with minority nursing organizations
• Explore mentorship opportunities with minority nursing students

The committee meets monthly at the MNA headquarters in Canton. We are actively seeking membership from the forefronts of the Diversity Committee. We extend this invitation to the membership at large to come to one of our upcoming meetings. For more information please contact Carol Mallia at 781-830-5755 or cmallia@mnarn.org. ■
MNA on Beacon Hill

Legislative session 2003-04: RNs moving forward

By Charles Stefanini
MNA Legislative Director

I want to begin by thanking all those that got themselves involved during the recent political campaigns this fall. Nurses throughout Massachusetts engaged in the political process to elect candidates that supported their ideals and their agenda. The time, effort and energy that so many people put forward is to be commended. Virtually everything that you do as a registered nurse and health care professional is affected by the decisions made by our elected officials. We must elect those that are supportive of issues important to us.

Most importantly, nurses used the elections as an opportunity to continue to talk about issues important to their profession - the ongoing nursing crisis, safe staffing legislation, recruitment and retention.

As the 2003-2004 legislative session begins in Massachusetts, we have much to look forward to.

For the 2003-2004 legislative session the MNA has filed legislation that would require all Massachusetts hospitals to adhere to minimum RN-to-patient ratios as a condition of licensure by Department of Public Health.

Congress stakes out health care positions

In mid-November, former Vice President Al Gore, a potential Democratic presidential candidate in 2004, surprised many when he declared that he has “reluctantly come to the conclusion” that a “single-payer” health system would be the best way to insure all people in the United States. Gore said, “We spend so much per person on health care, if we spent it in a different way, we could have not only the best health care system in the world, but we could have everyone covered.” During the 2000 presidential primaries, Gore lambasted Senator Bill Bradley’s call for universal coverage as being too costly.

The filing of the legislation follows the recent release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

The most recent study in the Journal of the American Medical Association (JAMA) shows that for each additional patient assigned to an RN, there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 10 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for RNs in Massachusetts to be assigned 6, 8, and even up to 10 patients on a given shift, placing thousands of patients at risk for serious complications and death.

The scientific evidence is clear and overwhelming; when nurses have too many patients, patient lives are in jeopardy.

Nurses are not alone in their desire for minimum RN-to-patient ratios. Support among the public for this legislation is strong in Massachusetts. A poll of Massachusetts residents found that more than 75 percent of the public supports legislation regulating RN-to-patient ratios. And last May, more than 80,000 Bay State residents signed petitions calling upon the legislature to pass a measure requiring an improved RN-to-patient ratio.

The work that so many of you have done has moved our issues forward and propelled their debate.

In order to pass a meaningful piece of legislation we must continue to work hard, educate the public and policymakers and get involved. Included in this issue you will find an article entitled, “What you can do to pass a measure requiring an improved RN-to-patient ratio.” This legislation will not pass without everyone’s involvement calling their legislators, writing their legislators and attending meetings and events in their area.

Capitol Hill Watch

One week later, Sen. Ted Kennedy (D-Mass.) gave a speech at the Harvard School of Public Health in which he said that he will push for universal health care, a Medicare prescription drug benefit and increased Medicare reimbursements for providers when Congress convenes in January. Kennedy indicated that he will introduce legislation that would require employers with five or more workers to provide health insurance coverage to workers and their dependents. Under Kennedy’s plan, employers would pay 75 percent of the cost of coverage and employees would pay 25 percent. The government would provide subsidies to low-income workers to help cover the cost of premiums. Kennedy estimates that his plan would provide coverage for 80 percent of the 41 million uninsured. For those who are unemployed or who work for small firms, Kennedy’s plan would create a program similar to Medicare to provide coverage. Those enrolled in the program would pay co-payments based on a sliding scale.

Vermont Gov. Howard Dean (D), who is expected to announce his bid for the presidency, has proposed expanding insurance coverage by implementing a system used in Vermont. Under the plan, Medicaid would cover everyone under age 23, with the federal government covering the cost of seniors enrolled in the program. Dean also supports providing tax credits to employers who offer health coverage.

Sen. John Kerry (D-Mass.) recently formed an exploratory committee to raise funds for a possible presidential campaign.

Upcoming health care issues

George W. Bush doesn’t want to make the same mistake his father did by neglecting domestic issues while bombing Iraq. With Republican control of the White House and Congress, some version of a privatized Medicare prescription drug benefit and a scaled back patients’ rights legislation are likely to become law. By the time of the 2004 elections, Bush wants to have something to tout.

Senate Republicans next year may use a special budget process called reconciliation to limit the scope of a Medicare prescription drug bill and prevent a Democratic filibuster. Under reconciliation, lawmakers would establish the cost of the program in a budget resolution, a move that would eliminate the “60-vote hurdle” that prevented passage of a prescription drug benefit in the Senate earlier this year. While that hurdle prevented the Democratic-controlled Senate from passing a good Medicare drug bill, it was also the only way it was able to stop the bogus bill passed by the Republican-controlled House.

The Senate Finance Committee next year will likely draft prescription drug benefit legislation based on a “tripartisan” bill that failed earlier this year. The bill — sponsored by Sens. Charles Grassley (R-Iowa), who will likely assume the chair of the Senate Finance Committee next year; Orrin Hatch (R-Utah); Olympia Snowe (R-Maine); John Breaux (D-La.); and James Jeffords (I-Vt.) — would cost $370 billion over 10 years. Under the legislation, Medicare beneficiaries would have to pay a $24 monthly premium and a $250 annual deductible, after which the federal government would cover 50 percent of their annual prescription drug costs up to $3,450. After Medicare beneficiaries spent $3,450 out-of-pocket, the government would cover 90 percent of their annual prescription drug costs. Republicans will likely address tax credits for the uninsured, malpractice tort reform, a scale-back patients’ rights bill as well as privatized drug coverage in the next Congress.

Health care costs continue to rise

Employers nationwide anticipate their health costs will rise 14.6 percent next year, on top of a 14.7 percent increase this year, a rate nearly seven times inflation and the sharpest rise since 1990, according to a new survey conducted by Mercer Human Resources Consulting. The National Survey of Employer-Sponsored Health Plans 2002 examined 2,900 public and private employers nationwide. According to the survey, increased hospital charges accounted for most of this year’s cost increase. Prescriptions drug prices also increased this year, but less than in past years — a 16.9 percent increase in 2002, compared with 17.8 percent in 2001 and 18.3 percent in 2000.
Because of conflicts, to be assigned 6, 8, and even up to 10 nurses per patient in Massachusetts hospitals. It is common for RNs in Massachusetts to work long hours and have high levels of stress. The most recent study in the Journal of the American Medical Association found that many RNs are subjected to physical and emotional abuse while working.

MNA-endorsed candidates elected

House
Cory Atkins, D-Concord
Garrett Bradley, D-Hingham
Jim Callahan, D-Sutton
Gale Candela, D-Woburn
Mark Carron, D-Sturbridge
Vincent Ciampa, D-Somerville
Edward Connelly, D-Concord
Mike Costello, D-Newburyport
Bob Coughlin, D-Duxbury
Robert DeLeo, D-Worcester
Paul Demakis, D-Boston
Christopher Donelan, D-Orange
Jamie Eldridge, D-Ashburnham
Mark Falzone, D-Saugus
Michael Festa, D-Danvers
John Fresolo, D-Winchester
William Galvin, D-Danvers

Senate
Steven Baddour, D-Lafayette
Barbara Lilian, D-Andover
Paul Loscosco, D-Holliston
Robert Nyman, D-Hanover
Vincent Pedone, D-Hanover
Alice Peisch, D-Wellesley
Michael Ruane, D-Dedham
Robert Spelane, D-Dedham
Harriett Stanley, D-Derry
Kathleen Teahan, D-Whitman
Walter Timothy, D-Milton
Tim Toomey, D-Cambridge

Colleen Garry, D-Duxbury
Anne Gobi, D-Spencer
Emile Goguen, D-Fitchburg
Mary Grant, D-Beacon Hill
Brian Knutti, D-Gardner
Peter Kocot, D-Northampton
David Linky, D-Natick
Barbara Litalien, D-Andover
Paul Loscosco, R-Holliston
Robert Nyman, D-Hanover
Vincent Pedone, D-Hanover
Alice Peisch, D-Wellesley
Michael Ruane, D-Dedham
Robert Spelane, D-Dedham
Harriett Stanley, D-Derry
Kathleen Teahan, D-Whitman
Walter Timothy, D-Milton
Tim Toomey, D-Cambridge
Brian Wallace, D-Boston
Martin Walsh, D-Boston
Steve Walsh, D-Lynn
Alice Wolf, D-Cambridge

Two RNs, Mary Grant (D-Beverly), left, and Jennifer Callahan, (D-Sutton), are among newly elected legislators. They joined MNA Executive Director Julie Pinkham, NursePLAN Chair Sandy Ellis and MNA President Karen Higgins at the Statehouse.

MNA proposes comprehensive 2003-2004 legislative agenda

The MNA engages in a comprehensive membership-driven process to file and work towards passage of legislation that addresses the concerns of its members. The following is a summary of the bills approved by the MNA's 2003-2004 legislative agenda.

- **An Act Relative to Quality Patient Care and Safe Registered Nurse Staffing.** This legislation would require all Massachusetts hospitals to adhere to Department of Public Health-established minimum RN-to-patient ratios as a condition of licensure by DPH. The filing follows the recent release of prominent research studies and reports that clearly demonstrate that safe staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

- **An Act Relative to Improvements in Private Duty Nursing Care for Developmentally Disabled Children.** This bill will improve the quality of care for children with developmental disabilities. The bill would mandate a comprehensive workplace violence prevention program, along with counseling and training programs to help prevent workplace violence.

- **An Act Relative to a Patient's Report Card of Nursing.** When nurses advocate for improvements in staffing and changes in skill mix ratios to improve patient care, the industry claims there is not data to support these claims. If this data is collected, facilities have a legal obligation to share it with policy makers or the public. This bill would mandate the collection of data from hospitals, clinics, long term care facilities and HMOs track and report to the public annual data regarding staffing levels and skill mix ratios; as well as nurse-sensitive patient outcomes, such as patient falls, nosocomial infections, bedsore, patient satisfaction and medical errors, readmission rates and length of stay. Lead sponsor: Rep. Cory Atkins.

- **An Act to Ensure Safe Medication Administration.** This bill would mandate that all licensed professionals may administer medications to patients. It would reverse regulatory changes which teach and mandate unlicensed direct care personnel to administer all schedules of medications in group home settings, after only a 16-hour course and state certification. Those who can self-administer, have family or have personal care attendants to aid with self-administration are exempt from the requirements of this legislation. It will also be structured to capture medication errors along with other systems, which collect this information. Lead sponsor: Rep. Marc Pacheco.

- **An Act Relative to a Registered Nurse Deputy Commissioner of Public Health.** Nursing plays an essential and distinct role in the safe delivery of health care. This bill would require nurses to have a dedicated and allocated budget to implement nursing policies. Lead sponsor: Acting Sen. Richard Moore.

See Agenda, Page 9
Acclaimed Medical Journals Show:

Safe RN-to-Patient Ratios
Save Lives

The MNA’s call to regulate RN-to-patient ratios has been substantiated by a number of research studies and reports. In the last six months, strong scientific evidence for this measure has been provided by some of the most respected medical/health care researchers.

Study in the Journal of the American Medical Association (JAMA)
— Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction, October 2002

A study of 232,000 surgical patient discharges found “the higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery.”

Each additional patient per nurse is associated with a 7 percent increase in mortality. The difference between 4 - 6 and 4 – 8 patients per nurse would be accompanied by 14 percent and 31 percent increases in mortality respectively. The researchers also found that each additional patient per nurse is associated with a 23 percent increase in burnout and a 15 percent increase in job dissatisfaction.

In conclusion the authors state that nurse staffing ratio legislation is a “credible approach to reducing mortality and increasing nurse retention in hospital practice” and … Improvements in nurse staffing resulting from the legislation could be accompanied by declines in nurse turnover.”

Study by the Harvard School of Public Health in the New England Journal of Medicine
— Nurse Staffing and the Quality of Care in Hospitals, May 30, 2002

A study of more than 6 million patient discharges at 799 hospitals in 11 states, including Massachusetts, found that registered nurse staffing has the biggest impact on patient outcomes.

The researchers found relationships between nurse staffing and six adverse patient outcomes—urinary tract infections, pneumonia, shock and cardiac arrest, upper gastrointestinal bleeding, failure to rescue, and length of hospital stay—in medical and major surgery patients treated in hospitals. They found higher RN staffing is associated with up to a 12 percent percent reduction in these adverse outcomes.

Report by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)
— Health Care at the Crossroads, Strategies for Addressing the Evolving Nursing Crisis, August 2002

The report states that inadequate staffing levels have been a factor in nearly a quarter of most serious life-threatening events that have been reported to the Commission in the last five years.

The JCAHO report analyzed more than 1,600 serious incidents from 1996 through 2002 and found that nurse staffing levels were a contributing factor in 50 percent of ventilator-related incidents, 42 percent of surgery-related incidents, 25 percent of transfusion incidents, 25 percent of delays in treatment, 25 percent of infant abductions, 19 percent of medication errors, 14 percent of inpatient suicides and 14 percent of patient falls.

According to the JCAHO report, “When there are too few nurses, patient safety is threatened and health care quality is severely compromised.”
Winning passage of our quality patient care/safe staffing legislation will require the support and activism of the nursing community. There are a number of ways individual nurses can become involved in the process of convincing the legislature to support and move this bill. Here are some simple suggestions.

Hold (or attend) a legislative briefing on safe staffing in your community.

A legislative briefing is a time for you and other RNs in your community to get together with local legislators and discuss the need for safe RN staffing. MNA staff and members of the Congress on Health Policy and Legislation will help you set up the briefing, contact legislators and provide background and training materials.

Setting up a legislative briefing is easy and is a great way to involve your nursing colleagues in your bargaining unit. Our goal is to have a briefing in approximately 20 senator districts in the state by the end of the first five months. We need your leadership to get this done.

As the year progresses, continue to check the Massachusetts Nurse, your local bargaining bulletin boards or the MNA website at www.massnurses.org to find out if and when legislative breakfasts may have been scheduled in your area and make sure you attend those briefings.

One of the first things to do after you have attended a legislative briefing is to encourage your colleagues to contact their legislators. It is imperative that you contact your legislators to explain the importance of safe staffing legislation to them. The ratio of nurses to patients assigned in the past has been too low and has resulted in the need for mandatory overtime and increased patient care requirements for RNs.

The MNA believes that safe staffing legislation is an important issue to nurses and to their patients. This legislation will help ensure that nurses have the time and resources to provide quality patient care.

How you can help pass RN-to-patient ratio legislation

Join the new MNA email network. Often the MNA needs to communicate with members and legislators quickly about pending bills. Members of the Email Network will be called on to take action and communicate with legislators on important issues throughout the year. Email kanderson@mnarn.org to sign up. Please include your name, home address, bargaining unit, and your current email address.

Have a member of the Congress on Health Policy & Legislation speak to members of your bargaining unit.

Encourage members of your bargaining unit to get more involved in the Campaign for Quality Patient Care by bringing the information to your unit. For more information please contact Kate Anderson at the MNA 781-830-5713, kanderson@mnarn.org.

Contact your senator and representative.

If they have signed on as a cosponsor of quality patient care/safe RN staffing legislation, thank them. If not, ask them to join 98 of their colleagues as a cosponsor. Provide them with some insight into your job as a front-line nurse. Tell them why you support safe staffing legislation. Share a personal story with them. For legislators’ contact information or if you don’t know who your legislator is, go to: www.wheredoivotcomea.com/elecinfoafrica.php or www.vote-smart.org/index.phtml.

Get support from non-nurses.

Do you belong to a parent/teacher organization (PTO), a church, a neighborhood group or a town committee? Arrange a time to present information on how RN staffing affects everyone. Invite your PTO to formally endorse the MNA legislation. Ask your town committee to pass a resolution supporting the quality patient care/safe RN staffing legislation. Invite seniors in your community group to get more involved by contacting their legislators. For more information or for materials, contact Jason Silva at the MNA, 781-830-5740 or jsilva@mnarn.org.

State Sen. Harriett Chandler, the longest standing member of the Joint Committee on Health Care was one of 98 legislators who have signed onto the MNA’s bill to regulate RN-to-patient ratios in hospitals.

by hospitals as a means of staffing hospitals in lieu of recruiting enough nurses to provide safe care.

• Clear language related to the role of the licensed nurse and the inability for institutions to delegate to unlicensed personnel duties which demand nursing expertise. Throughout the 1990’s, the hospital industry attempted to cut costs by replacing nurses with unlicensed personnel, which led to a deterioration in patient care, and helped create the current shortage of nurses.

• Strong consumer protections for safe RN staffing including a “prominent posting of the daily RN-to-patient ratios” on each unit; and

• Each facility will provide each patient and/or family member with a toll-free hotline number for the Division of Health Care Quality at DPH, which may be used to report inadequate nurse staffing. Such a complaint shall cause investigation by DPH to determine whether any violation of law or regulation by the facility has occurred and, if so, to levy a fine for substantiated violations.

In addition to this bill, the MNA will work with Senate Health Care Committee Chair Richard Moore on a comprehensive package of bills he has filed to address the nursing shortage. Included in his package is the Clara Barton Nursing Excellence Program, which would provide nursing scholarships for students entering the profession, establish student loan repayment programs, and a signing bonus for those who have demonstrated an excellence in nursing. It would provide grants to healthcare institutions and institutions of higher education for the establishment and maintenance of a mentoring and internship program for new nurses.

Senator Moore’s efforts last session helped establish a center for patient safety and to monitor medical errors in the commonwealth.
The road to victory begins with one small step

By Michael D’Intinosanto RN
Chair, MNA Congress on Health Policy and Legislation

A short two years ago, the staff nurses and allied health care professionals of the MNA set out on an historic journey to save our profession and protect our patients. Over 2,400 nurses, the largest gathering of registered nurses in one place in Massachusetts history, came together at Mechanics Hall in Worcester to cast an overwhelming vote in favor of an independent MNA. Our message and direction coming out of that meeting was heard loud and clear. The previously tried corporate-oriented solutions to the nursing crisis, unsafe staffing, and the only solution that will turn this tragedy around — legislation to mandate safe RN-to-patient ratios — were no longer going to stand by and watch the demise of our profession. We were going to take control of our destiny for the sake of our profession and the patients we serve.

Since that time, we have been singularly focused on the most important cause of the nursing crisis, unsafe staffing, and the only solution that will turn this tragedy around — legislation to mandate safe RN-to-patient ratios. Leading up to that March 2001 meeting, the MNA Congress on Health Policy and Legislation hosted the largest lobby day ever. Over 400 nurses came to the Great Hall at the Statehouse to reaffirm that we needed safe staffing ratios to stop the hemorrhaging of nurses from the profession. In the March 2001 MNA past president Denise Garlick called on us all to help carry the banner of our cause in any way possible.

Denise Garlick called on us all to help carry the banner of our cause in any way possible. Hundreds of our members went out into their communities to circulate petitions and gather signatures of public support for our RN staffing bill. More than 80,000 residents signed onto that petition in just nine days during National Nurses Week.

Time and again, we have answered those calls to action with ever increasing energy and intensity. This letter is a note of thanks to every member who has taken up the cause to protect our profession and our patients by participating in the legislative process. We extend our thanks to all of you who have done so much over these last two years.

Thanks to all of you who helped organize or attended the over 20 legislative briefings across the state. You helped to raise awareness in the legislature of our need for safe staffing, and increased support for our legislation. Thanks to all of you who attended lobby days in 2001 and 2002. With every story told, we won the support of another legislator.

Thanks to the Brockton Hospital nurses and all of you who supported them in their strike to win safe staffing and limits on mandatory overtime. Once again you showed the depth of commitment nurses have to protecting their patients.

Thanks to the nurses of Hale/Merrimack Valley Hospital in Haverhill, Whidden Hospital and Waltham Hospital, and all of you who supported them with your lobbying efforts to keep these community hospitals open. You helped assure their patients would get health care in their community.

Thanks to all of you who worked this fall to redraw our safe staffing bill. You helped to make it the best it could be.

Thanks to all of you who worked on special elections last year and on all the races for MNA endorsed candidates this year. Your efforts did not go unnoticed. Thanks to the MNA Board of Directors for its diligent leadership. Thanks too to the MNA staff who, without their commitment and focus to our cause, all this would not be possible.

Thanks to all of you who have taken steps, large and small, to get us where we are today. The members of the MNA are on the cutting edge of healthcare policy and legislation. When we went into the 2001/2002 legislative session, we filed our safe staffing with about a dozen sponsors. We closed the session with about 40, but in the process gained support of many more. This is evident in the list of sponsors for the 2003/2004 session. As of the filing deadline, we had 98 legislators signed on, nearly half of the house and senate. There are many others who, while they have not signed on, pledge their support. This would not have been possible without the work of so many. So, once again, Thank You.

Please check the list of sponsors of our safe staffing bill in this month’s newsletter. If your legislator is listed, please send them a note of thanks for supporting us.

Stay involved in the legislative process. For every small step taken by each of you, we come closer to victory. With your continued commitment, we will win this fight once and for all. ■

Safe staffing legislative sponsors

House of Representatives

Baker-Allen, D-Boston
Demetrius Atsalis, D-Barnstable
Ruth Bailer, D-Newton
John J. Binienda, D-Worcester
Deborah D. Blumer, D-Framingham
Garrett Bradley, D-Hingham
Jennifer Callahan, D-Sutton
Christine E. Canavan, D-Brockton
Gale Candas, D-Wilbraham
Mark Carron, D-Southbridge
Edward G. Connolly, D-Everett
Michael A. Costello, D-Beverly
Robert Coughlin, D-Dedham
Geraldine M. Creedon, D-Brockton
Deborah D. Blumer, D-Framingham
Karen Spilka, D-Ashland
Philip Travis, D-Rehoboth
Elizabeth Malia, D-Boston
Deborah D. Blumer, D-Framingham
Deborah D. Blumer, D-Framingham

Senate

Robert A. Antonioni, D-Leominster
Stephen Baddour, D-Methuen
Richard Tisei, R-Wakefield
Brian A. Joyce, D-Milton
Guy Glodis, D-Worcester
Kathi-Anne Reinstein, D-Revere
Cheryl Jacques, D-Needham
Michael Rush, D-Boston
Michael A. Costello, D-Newburyport
Robert Coughlin, D-Dedham
Geraldine M. Creedon, D-Brockton
Deborah D. Blumer, D-Framingham
Karen Spilka, D-Ashland
Philip Travis, D-Rehoboth
Elizabeth Malia, D-Boston
Deborah D. Blumer, D-Framingham
Deborah D. Blumer, D-Framingham

Save the Date

Lobby Day 2003
Tuesday, May 6
9 am - noon
Great Hall, Statehouse
In conjunction with National Nurses Week
...Agenda

From Page 5

who work in the delivery of health care. It would also address the risk of violence and the appropriate retirement compensation for those professionals who care for these populations in public sector settings. Lead sponsor: Sen. Gay Gladis.

An Act Relative to Assault and Battery on Health Care Providers. The bill would make it a felony to assault any health care worker while such person is treating or transporting another. The crime shall be punished by imprisonment in the house of correction for not more than two and one-half years or by imprisonment in the state prison for not more than five years, or by a fine of not more than $5,000, or by both such fine and imprisonment. Lead sponsor: Rep. Michael Rodrigues.

An Act Relative to Group 4 for Health Care Professionals. This legislation would place those state employed health care professionals who work with violent or potentially violent populations in Group 4 for the purposes of their retirement. Group 4 recognizes state employees who work in dangerous situations. Lead sponsor: Sen. Brian Joyce.

An Act Relative to Group 2 Employees. Elevates registered nurses and other health care professionals that are state employees to a "professional status" for the purposes of their retirement. They are currently considered "technical status" in the state system. Lead sponsor: Rep. Edward Connolly.

An Act Related to Interest Arbitration for Health Care Professionals. Provides for the use of binding interest arbitration in the case of a collective bargaining impasse with the state. The purpose is to expedite the process, ensuring a fair and objective settlement to contract negotiations. Lead sponsor: Sen. Thomas McGee.


An Act Regarding Insurance Equity for Registered Nurse First Assistants. Filed with the Association of Operating Room Nurses, Massachusetts Chapter One, this bill creates equity for RN first assistants with other paid providers of first assistant services. It prevents insurance companies from discriminating and refusing payment for first assistant services when they are provided by a registered nurse. Lead sponsor: Sen. Charles Shannon.

An Act Authorizing the Sale of “RN” Distinctive Registration Plates. This would create an RN vanity license plate with funding directed to provide scholarships for nursing with an emphasis on attracting a diverse population to enter and advance in the profession. Lead sponsor: Rep. Brian Knuuttila.

An Act Relative to Creating a “Difficult to Manage Unit” Within the Department of Mental Health. This legislation creates a Difficult to Manage Unit for women within the Department of Mental Health. The Department currently has such a unit for men. Lead sponsor: Rep. Patricia Haddad.

Latex Gloves. The MNA is working with Rep. Vincent Pedone on legislation relative to latex gloves.

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<th>Consent to Serve for the Massachusetts Nurses Association 2003 Elections</th>
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<td>MNA General Election</td>
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<td>• Secretary, General* (1 for 2 years)</td>
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<td>• District Director, Labor* (5 for two years) [1 per district]</td>
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<td>• Director At-Large, Labor* (4 for 2 years)</td>
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<td>• Labor Program Member* (1 for 2 years)</td>
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<td>Bylaws Committee (5 for 2 years) [1 per district]</td>
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<td>Congress on Nursing Practice (6 for 2 years)</td>
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<td>Congress on Health Policy &amp; Legislation (6 for 2 years)</td>
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<td>Congress on Health &amp; Safety (6 for 2 years)</td>
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<td>Center for Nursing Ethics &amp; Human Rights (2 for 2 years)</td>
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Please type or print — Do not abbreviate

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

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MNA Membership Number | MNA District |

Address

Cty State Zip

Home Phone | Work Phone |

Educational Preparation

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Signature of Member

Signature of Nominator (leave blank if self-nomination)

Postmarked Deadline: Preliminary Ballot: March 15, 2003
Final Ballot: June 15, 2003

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

• Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
• Expect a letter of acknowledgment (call by July 30 if none is received)
• Retain a copy of this form for your records.
• Form also available on MNA Web site: www.massnurses.org

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A survey of recent contract settlements by MNA local bargaining units

The power of collective bargaining and unionized nurses has been clearly demonstrated in recent months, as MNA bargaining units have successfully negotiated impressive contract settlements across the commonwealth. Below is summary of recent settlements reached and ratified by the MNA in the last three months of 2002, if you are a nurse working in a non-unionized health care facility/agency and wish to learn more about the benefits of collective bargaining and how to organize a union at your own health care facility, contact Eileen Norton in the MNA organizing department at 781-830-5777; enorton@mnarn.org

Memorial nurses ratify first contract granting 40 percent raises

The 800 registered nurses represented by the Massachusetts Nurses Association at UMass/Memorial Health Care who work at the Memorial Hospital Campus, Hahnemann Campus, and the Home Health and Hospice Campus ratified their first union contract in December, with more than 98 percent voting in favor. In a three-year agreement which grants nurses salary tops 100k per year, they will see their wages climb from $30.28 per hour to $43.03 per hour by December 2004. The increases will come in a series of six raises over the three years of the contract, which is retroactive to Jan. 1, 2002. More than half of the nurses in the unit are paid at that top step.

The contract agreement also limits mandatory overtime to eight times per year, and limits nurses to 12 hours of work per day. Nurses may refuse overtime if they feel too ill or fatigued to work. The contract also provides limits on floating the seniority rights to bump into another position if laid-off; two additional floating holidays for a total of 12 holidays; increases in many differentials; and the right to grieve and possibly arbitrate discipline by managers that are not based upon just cause.

Brigham & Women's Hospital RNs salary tops 100k per year

On Nov. 25, the nurses at Brigham & Women's Hospital ratified a new three-year agreement which grants nurses salary increases ranging between 20 – 24 percent depending on years of service. The agreement provides for a new 3 percent step at the top of the pay scale. Other highlights of the agreement were:

• increases in shift differentials, the weekend differential and on-call differential were also a part of the agreement. Mandatory overtime language was included in this contract for the first time. It limits mandatory overtime to eight hours per calendar quarter with no more than four hours in any mandatory overtime assignment. The nurse is also able to refuse this assignment if the nurse believes he/she cannot safely accept it. A limit on rotation to off shifts and rotation relative to weekends off is included. The contract outlines the role of preceptor, and allows for a differential of $15.00 per hour for nurses accepting the role of preceptor. Tuition reimbursement was increased and travel allowance increased to the IRS rate.

The bargaining unit's key goal was to make nurses' wages competitive with the Boston market. With a nursing shortage of about 70 positions at Cape Cod Hospital, the nurses felt strongly that they needed to stop the exodus of nurses to better-paying jobs.

Under the new contract, starting pay will be raised from $19.90 per hour to $23.38. Top-level registered nurses will see their pay go from $29.03 per hour currently to $39 in the third year of the contract.

Another attractive aspect of the three-year agreement is the hospital's pledge to maintain the current health insurance benefit. Full-time nurses at the hospital after one year get free individual health insurance and after 10 years get free family health care coverage.

Faulkner nurses win one-year raise to aid recruitment and retention

On Oct. 15, the Faulkner Hospital nurses ratified a new one-year wage/economic reopener. The nurse's focus of the re-opener was the hospital work environment and willingness to control them, e.g., with the use of lifting devices:

• a nurse on the hospital's value analysis committee which will show "end user" evaluation of new products, and an annual "back safety" program;

• and an ergonomic assessment of all new construction/renovations presented to the hospital's safety committee for action.

Two levels of per diem nurses were established based on shifts worked and minimum number of hours worked per month.

Carney nurses stand strong for a fair contract

In a public struggle for respect, the nurses of Carney Hospital used informational picketing and a widely publicized candlelight vigil to convince hospital management to grant them raises to make the Carney competitive with other facilities in the area. On Nov. 21 the Carney nurses ratified a new 3-year agreement which grants the nurses salary increase ranging between 15 -- 21 percent depending on years of service. The increase provides across of the board pay increases of 5-10 percent in the first year, 5 percent in the second and 5-6 percent in the third year, while maintaining the present 5 percent annual step raises. The contract also provides for a new 3 percent step at the top of the pay scale. Other highlights of the agreement include a substantial increase in tuition reimbursement benefits, a new tuition loan forgiveness program for new hires, enhancement of the RIF language, and new health and safety language.

Anna Jaques nurses win ground-breaking patient safety language

On Nov. 25, the Anna Jaques Hospital nurses of Newburyport ratified a new three-year agreement which grants nurses salary increases ranging between 20 – 24 percent depending on years of service. The agreement provides across-the-board increases of 8 percent in the first year, 4 percent in the second year and 4 percent in the third year. It also compresses the scale by eliminating Step three and adding employee safety as a benefit in the next contract cycle.

The contract agreement also limits mandatory overtime to eight times per year, and limits nurses to 12 hours of work per day. Nurses may refuse overtime if they feel too ill or fatigued to work. The contract also provides limits on floating the seniority rights to bump into another position if laid-off; two additional floating holidays for a total of 12 holidays; increases in many differentials; and the right to grieve and possibly arbitrate discipline by managers that are not based upon just cause.

Cape Cod, Falmouth Hospital nurses become tops on South Shore

Cape Cod Hospital and Falmouth Hospital nurses are now the state's highest-paid nurses south of Boston after the respective memberships of these two MNA bargaining units ratified a contract giving them raises of as much as 34 percent over the next 2½ years.

While nurses originally wanted an overall 28 percent increase over two years, they agreed to add an additional six months to the deal, granting raises from 28 to 34 percent depending on experience, years of employment and educational degree.

The bargaining unit's key goal was to make nurses' wages competitive with the Boston market. With a nursing shortage of about 70 positions at Cape Cod Hospital, the nurses felt strongly that they needed to stop the exodus of nurses to better-paying jobs.

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For further information contact Dorothy McCabe, 781-830-5714 or dmccabe@mnarn.org.
MNA Member Benefits Save You Money

MNA’s premier group benefits programs from affordable insurance to convenient credit help you get more out of your membership & your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. Savings are just a telephone call away.

Personal & Financial Services

PORTABLE HEALTH INSURANCE
ELLEN KAPLAN, GROUP HEALTH SPECIALISTS........................... (800) 604-3303 or (508) 875-3288
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

PROFESSIONAL LIABILITY INSURANCE
NURSES SERVICE ORGANIZATION ....................................(800) 247-1500 (8:00 AM to 6:00 PM)
Leading provider of professional liability insurance for nursing professionals with over 65,000 health care professionals insured.

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MBNA AMERICA ...................................................................(800) 847-7378
Exceptional credit card at a competitive rate includes $300,000 worth of HIV insurance protection.

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LEAD BROKERAGE GROUP ...................................................(800) 842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE
WILLIAM CLIFFORD........................................................................800-878-9921, Ext. 110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE
LESTER L. BURDICK, Inc..........................................................(800) 959-9955 or (978) 683-3400
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE
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Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM
AMERICAN GENERAL FINANCIAL GROUP/VALIC ....................(800) 448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

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WEST SPRINGFIELD
BATES FULLAM INSURANCE AGENCY .........................................(413) 737-3539
BOSTON
ROBERT S. CLARK INSURANCE AGENCY .....................................(800) 660-0168
LOWELL
JAMES L. CONNEY INSURANCE AGENCY ...................................(978) 459-0505
WORCESTER
LENNOX INSURANCE AGENCY ....................................................(781) 937-0050
FAIRFAX & POCAHONTAS
MURRAY & MACDONALD INSURANCE SERVICES ......................(800) 800-8990
TURNERS FALLS
PORTER CHAIU INSURANCE AGENCY ........................................(413) 863-4331
Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

DISCOUNT DENTAL & EYEWEAR PROGRAM
KENNETH FRANSSON or DAVE FRASER .................................(800) 697-4371
45% to 50% on dental services when utilizing network dentists. 10% to 60% discount on eyewear through nationwide vision providers. Only $7.55/month individual or $8.95 for family for MNA members.

For more information, call the Massachusetts Nurses Association at 1-800-882-2056, x726.
Notes from the Congress on Health and Safety

Health Care Without Harm: nurses play key role

By Peggy Wolff, M.S., A.P.R.N.

Health Care Without Harm (HCWH), which began in 1996, is an international campaign of more than 390 hospitals, health care facilities and environmental organizations. It was created to provide a remedy for the pollution from health care practices.

Issues that HCWH focuses on include:
1) reducing the incineration of health care waste globally and promoting safer alternatives;
2) developing and implementing a program aimed at using JACHO to promote environmentally sustainable health care;
3) replacing pesticides with an integrated pest management system;
4) phasing out PVC plastic;
5) reducing patients' exposure to DEHP-containing products;
6) reducing health care’s use of mercury; and,
7) implementing fragrance-free policies in the health care system.

Many nurses throughout the country actively participate in the HCWH Nurses’ Workgroup co-led by ANA's Susan Wilburn, MPH, RN, senior specialist in occupational safety and health and Barbara Satterl, RN, DrPH, University of Maryland School of Nursing.

In Massachusetts, members of the HCWH nurses’ workgroup include Evelyn Bain, MEd, RN, COHN-S, an associate director and the occupational safety and health specialist at MNA; Janice Homer, RN, and Gail Lenehan RN, EdD, members of MNA’s Congress on Health and Safety; and Peggy Wolff, RN, APRN, an environmental health consultant.

Current issues of the nurses’ workgroup include motivating and educating nurses to be change agents for environmental sustainability in health care; engaging nurses in advocating for state and national policies; and, activating nurses internationally about environmental state issues.

What can you do as a nurse do?
• Ask if your health care facility/organization (particularly nursing specialty organizations) is a member of HCWH. If it is not a member, get your facility/organization to join by contacting Jolie Patterson at 202-234-0091 or jtpatterson@hcwh.org.

• Participate in the nurses’ workgroup conference calls held the second Tuesday of each month at 3 p.m.


• Inquire about incineration, mercury, PVC, phthalate, pesticide and fragrance use at work. Choose one area of concern and team up with other “like-minded” people at work to create change.

• Recycle. Use red bags only for their intended purpose.

• Choose reusable products at work and in the home.

• Buy recycled paper that is 100 percent post-consumer waste and chlorine free.

• Be fragrance-free yourself and encourage others to discontinue the use of personal fragrances.

Peggy Wolff, RN, APRN, lives in Leverett, Mass., and is an environmental health consultant. She has written extensively on issues of environmental exposures to nurses and other workers. Peggy was instrumental in bringing MNA and Western MassCOSH together in 1999 to develop the grant proposal “Wheezing at Work: Work Related Asthma” which was funded by the Massachusetts Dept. of Industrial Accidents.

Applying OSHA to healthcare settings

By Evelyn I. Bain, M Ed, RN, COHN-S

Associate Director, Occupational Safety and Health Specialist

Twelve MNA members and others attended a daylong train-the-trainer program to help improve the health and safety of MNA members.

Provided by a grant from the Massachusetts Department of Industrial Accidents, the program was held in November at MNA headquarters. Participants learned that OSHA standards and the protections that they provide for the health and safety of workers in “general industry,” also apply to protect workers, including nurses, in healthcare settings.

MNA staff members Evie Bain and B. Elaine Mauger addressed the topics: All About OSHA, OSHA Standard 1910.1012 — Hazard Communication, OSHA Guidelines for Preventing Violence in Health Care and Social Service Settings and methods to move health and safety issues in the bargaining unit and with the employer.

MNA trainers included: Catherine Dicker, Joanne Whynot-Butler, Rosemary Connors, Patty Healey, Marcia Robertson, Janice Homer, Kathleen Opanaseset, Rosemary O’Brien, Nancy Mucciaccio, Elizabeth O’Connor, Nancy Adrian and Kathleen Sperrazza.

The goal of the grant is to train one or more members from each MNA local bargaining unit as a “Worksite Health and Safety Representative.” The Worksite Health and Safety Representative training programs are planned from January to June of 2003. They are four hours long, 9 a.m. to 1 p.m., with lunch following.

The grant provides for the trainers, along with Evie and B. Elaine, to take the program across the state, holding one training session in each MNA District and one training session for Unit 7 members.

Members may attend any session that is convenient for them. There is no fee to participate.

The following is a list of dates and locations for the training sessions:

February 12, District 4, King’s Grant, Danvers
March 12, District 3, site TBA
April 9, Unit 7, following State Council meeting at Indian Meadows, Marlboro
May 14, District 2, site TBA
June 18, District 1, District 1 Office, Northampton.

For additional information: call Evie Bain 781-830-5776 or e-mail eabin@mnarn.org or B. Elaine Mauger at 781-830-5754 or email mauger@mnarn.org. To register contact Susan Chub, 800-892-2056 x 723.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of Continuing Education by the American Nurses Credentialing Center’s Commission on Accreditation. To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session, and 3) complete the evaluation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this meeting/program.

New resource for improving indoor air quality


MNA Congress on Health and Safety member, Janice Homer RN, was a reviewer of the publication. Lara Sutherland, formerly of the Massachusetts Office of Technical Assistance and a valuable resource on many MNA projects, was a contributor to the project.

Labor Relations Leadership Workshops

All programs are 9 a.m. to 4 p.m.

Workshop 1: Groundwork For Success

Learn how:
• Your bargaining unit can work to accomplish your goal
• The MNA supports you in your union activities
• To use the labor-management and grievance processes to address everyday work issues and problems

Dates and locations:
• Wednesday, Jan. 22, MNA District 1 office
• Thursday, Feb. 13, MNA District 2 office
• Wednesday, March 5, MNA headquarters

Workshop 2: Fine-tuning Your Bargaining Unit

Learn how the MNA and your local bargaining unit can:
• Help you to achieve a safe work environment
• Push for legislation and regulations that insure safe practice
• Get your message out to whoever needs to hear it
• Participate in the Statewide Campaign for Safe Care
• Define the issue of “supervisors” and the union

Dates and locations:
• Wednesday, Feb. 5, MNA District 1 office
• Thursday, Feb. 27, MNA District 2 office
• Tuesday, March 25, MNA headquarters

Preregistration is required: Deadline is the Wednesday before each program.

Register by calling Cindy Langlois at 800-882-2056, x720.

Fee: non-member (agency fee payors) $25

Contact Hours: Each of the above continuing education activities has been approved for 7.2 contact hours by the Massachusetts Nurses Association which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Men and women are requested to avoid wearing scented personal products when attending this meeting/program.

Benefits Corner

MNA members save 20% at Tax Man

Members take 20 percent off the cost of professional tax preparation services provided by Tax Man Inc. at any of their 23 offices statewide (call 800-7-TAXMAN or visit their website www.taxman.com for a complete list of office locations and telephone numbers).

Tax preparation fees are based on the complexity of your tax return and the forms needed to file your tax return accurately, so you’ll never pay more than what your unique tax situation calls for.

Tax Man also offers 100 percent satisfaction guarantee on all tax services. To receive your 20 percent discount, present a valid MNA membership card at the time of service and enjoy stress-free tax preparation this year!
Anna Jaques nurses win extensive health and safety contract language

By Evelyn I. Bain, M Ed, RN, COHN-S
Associate Director, Occupational Safety and Health Specialist

Congratulations to the MNA nurses at Anna Jaques Hospital for ratifying a con-
tract that included extensive health and safety language. The negotiating committee
included Jeanine Cunningham, Bargaining Unit Chairperson, Janise Cashman, Sue
Keslof, Cindy Hopping, Joanne Blynn, Kay Marshall, Lucy McMilleon and Pat Coffey.
MNA nurses will now be represented on the hospital safety committee, the infection con-
trol committee, and won language to address issues related to prevention of workplace
violence and measures to reduce musculo-
skeletal injuries. MNA Associate Director B. 
Elaine Mauger negotiated the contract for the MNA nurses.

Health and safety contract language

A. Hospital safety committee: The hospital
agrees to have three representatives from
the collective bargaining unit sit on the
hospital Safety Committee. One of the
three representatives will be the
employee health nurse. The hospital
will make every endeavor to release
the nurses to attend these meetings.

B. Infections control committee: The
hospital agrees to maintain a preven-
tion program and provide training
that complies with OSHA’s blood-
borne standard and compliance
directive. The hospital agrees to have
at least two representatives from the
collective bargaining unit sit on the
infection control committee. One of
these representatives will be the
employee health nurse. The hospital
will make every endeavor to release
the nurses to attend these meetings.

C. Workplace Violence: Workplace vio-
ence is defined as physical assault,
threatening behavior or verbal abuse
occurring in the work setting (NIOSH).
The hospital recognizes the potential
for workplace violence and recognizes
its responsibility to provide a safe
environment for employees, patients,
medical staff and visitors. To meet this
responsibility the hospital has estab-
lished and implemented a number of
initiatives including, but not limited
to, a mechanism to address nursing
involvement in policy development of
security measures (safety commit-
tee), staff education in the recogni-
tion, avoidance and diffusion of poten-
tially violent situations, professional
debriefing of hospital personnel exposed to
in-hospital violence with options for
further counseling, the use of trained
security personnel and structural/
environmental deterrents and barriers
against acts of violence. Recognizing
that strategies to maintain a “zero
tolerance” environment implies
continual change, the hospital safety
committee carries the authority to
ensure implementation of safety poli-
cies, evaluate their effectiveness and
change policies or practices as needed.
Further, the hospital recognizes and supports the
individual nurse’s right to notify the police if he/she has
been assaulted as well as the hospital’s obligation to work
collaboratively with outside agencies as appropriate.

D. Ergonomic/musculoskeletal
injuries: Anna Jaques Hospital
recognizes ergonomic stress-
ors as “physical demands that have been associated with
certain musculoskeletal disor-
ders” (OSHA). The hospital is
committed to recognizing the
ergonomic stressors that exist
in the hospital work environ-
ment and to implementing
practical measures to control
such stressors. To that end, the hospital
agrees to the following strategies as a
minimum:

1. Lifting devices shall be readily
available. At least one represen-
tative from the bargaining unit
will sit on the hospital’s value
analysis committee (VAC). In
addition, the VAC will be
required to show evidence of
“end user” evaluation of new
products purchased for the pur-
pose of assisting in the lifting,
moving or transfer of patients
prior to purchase. All nurses may
make requests for the purchase of
additional or different devices for
lifting/moving/transfer of

patients. Requests may be made
in writing to the Vice President
of Patient Care. All requests will
be responded to in writing.

2. The hospital will run “back
safety” programs at least once a year which will
provide participants the oppor-
tunity to learn about practices
and equipment, including
patient handling equipment
that is effective in preventing
musculoskeletal injuries.

3. In all new construction/
renovations, an ergonomic
assessment will be conducted.
This will be presented to the
hospital’s safety committee for
action.
State announces voluntary smallpox vaccination plan

Nurses will play major role

Nurses will comprise the lions share of more than 12,000 health care workers scheduled to be vaccinated in January and February as part of the Commonwealth’s pre-event plan to protect the state’s residents against potential bioterrorism event. Initial plans call for the immunization of 7,500 – 8,000 hospital personnel, 1,000 health care workers to serve on regional community response teams and an additional 3,500 health nurses (including school nurses, visiting nurses and EMS personnel) who would be responsible for immunizing the general public in the event of a smallpox outbreak. Related stories about the smallpox vaccine, potential side effects, and other helpful information can be found below and on Pages 15 and 16.

The plan, was drafted by the Mass. Department of Public Health, the Massachusetts Smallpox Working Group of the Statewide Bioterrorism Task Force and Response Program Advisory Committee, which includes more than 60 agencies and organizations, with representation by the Occupational Health Nurse Organization. The plan was submitted to and approved by the Centers for Disease Control in December as part of a national mandate to develop a comprehensive smallpox preparedness plan.

The Pre-Event Vaccination Plan is the first phase of a three-phase plan to deal with a smallpox event. While this article will summarize the pre-event plan, future issues of the Massachusetts Nurse will address subsequent phases of the state’s effort to address the smallpox threat. Readers are encouraged to visit the MNA web site at www.massnurses.org for more extensive coverage of this issue as well as links to web sites that may provide additional helpful information for nurses.

The MNA and other health care provider groups and unions have been actively engaged in this process and have been raising questions about this plan and the best way to implement it to protect health care workers and the public. As of this writing, while the DPH has submitted the plan and it was approved by the CDC, the specific timeline for implementation was unclear. Attorneys for the state were charged with reviewing a number of issues and questions related to the vaccine and the process of immunizing health care workers.

Specific issues raised by the MNA related to this process include: concerns about who would pay for lost work time for employees who become ill from the vaccine, as well as for family members of workers who may become ill; and liability issues related to reactions to the vaccine for employees and their family. Public may be exposed to an immunized employee. The MNA also raised issues about the timeline for educating workers about the process and the need for immediate and comprehensive education around smallpox in general. Questions were also raised about the safety of the needles to be used to vaccinate employees. Again, as these issues are resolved and responded to, check the MNA web site for further details.

Hospital-based response teams

All 76 acute care hospitals with emergency departments (EDs) in Massachusetts have been designated as sites for care of potential smallpox cases and are included in this phase of the plan. Each hospital will be charged with recruiting approximately 100 employees at each facility to be immunized at selected hospitals sites selected to handle the vaccination process.

MDPH is in the process of soliciting comment and draft guidance that will provide to hospitals in identifying their health care teams. The proposed guidelines for nurse involvement in the teams is as follows:

<table>
<thead>
<tr>
<th>Health care worker position</th>
<th># of FTEs/hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED nurse</td>
<td>50% of all (avg. 20/hosp.)</td>
</tr>
<tr>
<td>ICU/Med-surg/pedi nurses</td>
<td>25</td>
</tr>
<tr>
<td>Occupational health nurse</td>
<td>1</td>
</tr>
<tr>
<td>Dialysis nurses</td>
<td>1</td>
</tr>
</tbody>
</table>

A health care systems approach is being encouraged whereby one hospital in each system will be responsible for implementing a screening, education, vaccination and follow-up program for all hospitals in the system. There are approximately 16 systems covering most of the hospitals, with the remaining hospitals being unaffiliated. Small unaffiliated hospitals will be encouraged to develop agreements with larger hospitals to vaccinate their staff, or may have their employees vaccinated at the vendor-run clinics.

In addition, 7 response teams, corresponding to the 7 bioterrorism preparedness regions being designated by DPH, and a select group of public health and health care workers across the state will also be vaccinated.

Regional smallpox response teams

In addition to hospital teams, DPH proposes to establish 16-person multi-disciplinary teams of first responders, medical and public safety personnel to be able to respond to smallpox cases within one to two hours of a suspected case. The Commonwealth of Massachusetts has been divided into 7 regions for care of potential bioterrorism preparedness, planning and response. One Smallpox Response Team will be established for each of the 7 regions.

The teams will investigate any suspect case of smallpox in the community and mitigate the hazard by closing off access to the area, isolating contacts of the suspect case until they can be interviewed, and safely transporting the suspect case to the hospital.

Under the direction of a regional bioterrorism coordinator, each of the 7 teams will include a total of 150 personnel, who will be available 24 hours/day.

The teams will provide the following functions: patient care and transport, specimen collection and transport, medical diagnosis, site security, control of the environment, contact investigation and event management. To fully staff teams, a total of 1,050 individuals will be vaccinated and trained.

Public health nurse/vaccinators

In addition, 3,000 public health nurses, including municipal nurses, school nurses and visiting nurses, and emergency technicians and paramedics from across the state will be trained and vaccinated to build capacity for future smallpox vaccination activities. These vaccinated and trained nurses will form the core of a cadre of trained health care providers who will be ready to implement mass smallpox vaccination clinics in the event of a bioterrorism attack. These nurses will be recruited with the assistance of the Statewide BT Preparedness and Response Program Advisory Committee, the MNA, the MDPH Office for School Health, The Mass. Association of School Nurses and the Mass. Association of Public Health Nurses.

Timeline for selection

Once legal issues have been resolved regarding the plan, best estimates are that recruitment of volunteers for the vaccinations will begin in January, and the first 1,050 volunteers will be fully staffed and trained by early February. The remainder will be on call for immediate and comprehensive education and training. Recruitment of volunteers for the vaccinations will take place in two phases; the first phase will result in a pool of 2,500 individuals, the second phase will result in a pool of 1,000 additional volunteers.

Nurses will be able to vaccinate their staff, or may have their employees vaccinated at the vendor-run clinics. Members of the 7 regional smallpox response teams, approximately 3,000 nurses, paramedics, public safety personnel will be vaccinated at these sites.

Process for screening vaccines

At both hospital and vendor-run clinics, all potential candidates for vaccination will undergo a thorough screening process.

General information sessions will be open to all potential vaccination candidates to explain the pre-event smallpox vaccination program. Potential candidates will receive an information packet prepared by the CDC that provides detailed information on the vaccine, side effects, informed consent information, a self screening form and other materials to help nurses make an informed decision.

Facts about the smallpox vaccine

Smallpox vaccine, which is made from a live virus related to the one that causes smallpox, is considered the most dangerous immunization for humans. Before the United States stopped routine smallpox vaccinations in 1972, life-threatening forms from vaccinations occurred at a rate of 15 per million among those who received their first smallpox vaccination, and the number included about one to two deaths.

Vulnerable people include pregnant women, babies younger than a year old and people with HIV, other immune disorders, some types of cancer, organ transplants or histories of severe problems like eczema. No one who lives with a person at high risk should be vaccinated, said Dr. Lisa Rotz, an epidemiologist with the bioterrorism research team at the Centers for Disease Control and Prevention.

Vaccination can also cause problems like soreness and swelling at the inoculation site. In recent trials of the vaccine on healthy young volunteers, about 40 percent to 50 percent had substantial local reactions, 30 percent felt impaired in their daily activities, and about 5 percent took time off from work or studies.

To reduce the chance of transmission, the CDC guidelines call for the vaccination site be covered with a gauze bandage and tape for two to three weeks, until the scab falls off. Vaccinated health care workers will wear special semipermeable bandages at work, because they are better than gauze at keeping contact with it like clothing or a bandage. Breaks in the skin caused by a cut or a rash.

The Israeli experience

Israel has successfully vaccinated more than 15,000 soldiers and public health workers against smallpox on a voluntary basis since July with virtually no severe side effects, senior Israeli officials say. “The United States has much to learn from Israel’s experience,” said Bruce A. Wagner, a senior MNA official.

Though as many as 30 to 50 percent of potential volunteers initially resisted being vaccinated, experts said, volunteer rates rose sharply after public health officials began discussing the program’s risks and benefits, and after medical professionals began being vaccinated.

Dr. Marcus concluded in an October report that after being inoculated, 5 percent of those vaccinated reported side effects like fevers, headaches, muscle pain, fatigue and weakness. Medical literature suggests that one in a million people is likely to die from the smallpox vaccine, and one in roughly 250,000 is likely to suffer serious side effects.

However, Israel uses the Lister vaccine strain, different from the strain used by the United States. Dr. Lev said that Lister was less virulent than the American strain and has fewer side effects. He said Israeli doctors and health professionals had screened out those with health conditions that precluded vaccination, or who were pregnant women or people with ailments that suppress the immune system.

There were only two problematic cases in Israel so far — one a woman with an immune disorder. She was not vaccinated but was infected by her husband, who was. She responded quickly to treatment and recovered fully, Dr. Lev said.
The MNA has been actively involved in the collaboration with the Massachusetts Department of Public Health (DPH) and other agencies to plan and make preparations for an act of bioterrorism that involves the smallpox virus. Clearly, registered nurses who function in all areas and venues of health care delivery, be it in the school system, public health departments, acute, community, home and long term care settings, will and must play an integral role in the provision of effective health service in the event of a bioterrorist attack. Consistent with this, nurses represent the majority of those health care workers slated to be vaccinated as part of the plan proposed by the DPH.

As to the plan that has been developed, we recognize the great efforts that have gone into its creation and we strongly support the decision to make participation by health care workers in the vaccination plan completely voluntary. However, there are a number of areas of concern that have not been sufficiently addressed to raise concerns within the MNA, among our members and in the broader nursing community. In light of the fact that the state is proposing to move towards rapid implementation of this plan, we wanted to take this opportunity to formalize these concerns by putting them in writing, as well as to make clear our position on these issues.

Concerns raised are as follows:

Need for information and education:
The implementation plan for this program is moving at a rapid pace, allowing little or no time for appropriate and comprehensive education of the workforce regarding the plan and the plan.

A first step, prior to any vaccination, must be the introduction of a mandatory education program on the smallpox vaccine for all potential smallpox responders, their household contacts and co-workers who may be exposed to the vaccine virus.

Safety of proposed vaccine:
The vaccine that has been chosen for use under this plan is more dangerous than that chosen and utilized to vaccinate the health care workforce in Israel. Given the risks involved with a large scale vaccination plan, utilization of a safer vaccine to minimize any negative impacts of this program would be preferable.

Safety of needles to deliver vaccination:
The needles proposed to be used are unsafe and fail to comply with the Needlestick Safety and Prevention Act of 2000 designed to protect health care workers and patients from accidental needlesticks. The MNA’s position is that the state should only implement a vaccination plan using the safest needle technology. In addition, it should be assured that the stoppers used on the vaccine vials are not made of latex, which may lead to allergic reactions among those who have latex sensitivities.

Workers’ compensation:
In the event an individual vaccinated is symptomatic or an exposed colleague of the vaccinated individual becomes symptomatic, there is a lack of clarity regarding what coverage shall exist under the state’s workers’ compensation law. A clear and direct answer on this issue has yet to be offered. We strongly urge that a definitive answer to this question be given and the information shared with volunteers before the plan is implemented. The MNA’s position is that workers’ compensation should be guaranteed, and that no worker should suffer financially for time lost due to illness or injury related to this plan.

Conclusion
This position statement identifies the outstanding concerns and issues of the MNA. Let us be clear: we agree that as a society we must prepare for the event of a bioterrorist attack, including, but not limited to smallpox. However, the timetable and the process proposed under this particular plan is fraught with problems at this time. If the ultimate goal is to generate broad-based participation among nurses and other health care workers, to allay their fears and to protect the public health, the current timetable and process may not succeed. We, therefore, urge the state to take the time and effort to address the concerns outlined, as well as those raised by other key participants in this process, to develop a plan that will protect the personal, financial and legal interests of the volunteer participants.

Again, the MNA remains committed to working with the DPH and all other interested parties to ensure that an effective preparedness plan is developed to protect the public’s safety and health. Pending adequate resolution of the important issues we have raised, the MNA cannot encourage participation by our members in the smallpox immunization plan.

CDC Fact Sheets:

Reactions to the smallpox vaccine
The smallpox vaccine prevents smallpox. For most people, it is safe and effective. Most people experience normal, typically mild reactions to the vaccine, which indicate that it is beginning to work. Some people may experience reactions that may require medical attention.

Normal, typically mild reactions
These reactions usually go away without treatment:
• The arm receiving the vaccination may be sore and red where the vaccine was given.
• The glands in the armpits may become large and sore.
• The vaccinated person may run a low fever.
• One out of 3 people may feel bad enough to miss work, school, or recreational activity or have trouble sleeping.

Serious reactions
In the past, about 1,000 people for every 1 million people vaccinated for the first time experienced reactions that, while not life-threatening, were serious. These reactions may require medical attention:
• A vaccine rash or outbreak of sores limited to one area. This is an accidental spreading of the vaccine virus caused by touching the vaccination site and then touching another part of the body or another person. It usually occurs on the genitals or a child’s diaper area or the eyes, where it can damage sight or lead to blindness. Washing hands with soap and water after touching the vaccine site will help prevent this (inadvertent inoculation).
• A widespread vaccinia rash. The virus spreads from the vaccination site through the blood. Sores break out on parts of the body away from the vaccination site (generalized vaccinia).
• A toxic or allergic rash in response to the vaccine that can take various forms (erythema multiforme).

Life-threatening reactions
Rarely, people have had very bad reactions to the vaccine. In the past, between 14 and 52 people per 1 million people vaccinated for the first time experienced potentially life-threatening reactions. These reactions require immediate medical attention:
• Eczema vaccinatum. Serious skin rash caused by widespread infection of the skin in people with skin conditions such as eczema or atopic dermatitis.
• Progressive vaccinia (or vaccinia necrosum). Ongoing infection of skin with tissue destruction frequently leading to death.
• Postvaccinal encephalitis. Inflammation of the brain.

People with certain medical conditions—including people with weakened immune systems or certain skin conditions—may be more likely to have these reactions and should not get the smallpox vaccine unless they have been exposed to smallpox.

Based on past experience, it is estimated that between 1 and 2 people out of every 1 million people vaccinated may die as a result of life-threatening reactions to the vaccine.

Who should not get vaccinated
Some people are at greater risk for serious side effects from the smallpox vaccine. Individuals who have any of the following conditions, or live with someone who does, should NOT get the smallpox vaccine unless they have been exposed to the smallpox virus:
• Eczema or atopic dermatitis. (This is true even if the condition is not currently active, mild or experienced as a child.)
• Skin conditions such as burns, chickenpox, shingles, impetigo, herpes, severe acne, or psoriasis. (People with any of these conditions should not get the vaccine until they have completely healed.)
• Weakened immune system. (Cancer treatment, an organ transplant, HIV, or medications to treat autoimmune disorders and other illnesses can weaken the immune system.)
• Pregnancy or plans to become pregnant within one month of vaccination.

In addition, individuals should not get the smallpox vaccine if they:
• Are allergic to the vaccine or any of its ingredients.
• Are younger than 12 months of age. However, the Advisory Committee on Immunization Practices (ACIP) advises against non-emergency use of smallpox vaccine in children younger than 18 years of age.
• Have a moderate or severe short-term illness. (These people should wait until they are completely recovered to get the vaccine.)
• Are currently breastfeeding.

Again, people who have been directly exposed to the smallpox virus should get the vaccine, regardless of their health status.

Don’t hesitate! If offered the smallpox vaccine, individuals should tell their immunization provider if they have any of the above conditions, or even if they suspect they might.
Another viewpoint
Vaccinate against war, not smallpox

As health care professionals, some of us are being called upon to receive the smallpox vaccine. We are being asked to become vaccinated against a virus that we have been told was eradicated. The obliteration of this disease marks one of the highest points of international cooperation.

Governments with competing ideologies, governments that were on a daily alert against each other, governments that were funding armed conflicts against each other all cooperated in eradicating smallpox. Western scientists cooperated with tribal healers, communists cooperated with capitalists, dictators cooperated with democratic leaders, people of all religions cooperated with each other. Yes, Muslims, Christians, Jews, Hindus, Buddhists, pantheists and atheists all cooperated to erase the threat of smallpox from the world.

Now the American people are being told that the scourge of smallpox is near upon us. We are being told that the international era of cooperation in combating worldwide diseases is over. We are being told that our health care system will protect us, that our armed might will protect us. As health care providers who are likely to be called upon to accept the smallpox vaccine, we say NO.

We say NO not out of fear for our own health. Every day we face the risk of infectious diseases at work. We have never shied away. We say NO not out of fear of side effects to the vaccine. We do not believe ourselves to have any risk factors for a bad reaction since we were vaccinated as children and had no problems. We say NO because vaccinating in the face of no known threat is wrong. It represents the use of health care as an extension of an aggressive military posture. A posture which our government has put forward prior to national debate. The posture that we as a nation have not only the right but also the responsibility to launch a preemptive war.

There is no true evidence of anyone preparing a smallpox attack. Those who are knowledgeable enough to launch a mass smallpox attack via aerosol distribution are also knowledgeable enough to know that it would not only backfire politically but that smallpox would spread worldwide, affecting their people as well. Those who are foolish enough to use suicidal methods to spread smallpox would ultimately be defeated, since we were able to defeat the original smallpox epidemics when the virus was spread by individuals unwittingly infected.

The government is using the fear of smallpox as a political tool to rally support for a wrong and possibly criminal policy. It reminds one of the 1950s. Those of us who were children then remember the fear of the communist nuclear attack. In gym classes, in civics classes and in health classes we were shown films of what would occur if the Russians sent atomic bombs and missiles at us. We had regular air raid drills to prepare us for such an event.

We sat under our desks and in hallways with our heads between our legs. We were told not to look at the flash of the explosion lest it blind us. Ads for backyard fallout shelters were in all the media. Fear abounded and bred hatred and a pro-war politic. A politic which led our democratically elected government to fund dictators throughout the world. A politic that led our democratically elected government to support military overthrow of democratically elected governments.

A politic which led government officials, charged with protecting our own freedoms, to brand the civil rights movement, the voting rights movement and even some of our unions and environmental movements as conspiracies run from Moscow. Let us not go there again.

We must use our healthcare abilities to build an international commitment to peace and human rights. Let us recognize our common problem, not only in the United States, but around the world. We have the knowledge and the know how to help our neighbors. Let us work to enhance international unity instead of creating one country's wealth with a few for appeasing the human rights of the many. Let us wage a peaceful campaign against all Weapons of Mass Destruction in all countries and by all governments.

As healthcare professionals we have pledged first to do no harm. We have pledged to use our skills to help all those in need regardless of their beliefs or their position in society. We will accept the smallpox vaccination when it is part of a worldwide effort to eradicate the disease. In that event the healthcare workers of Iraq would be inoculated as well.

Barry Adams, RN, Boston
Iris Biblowitz, RN, San Francisco, Calif.
Amelia M. Cabral, RN, Taunton
Catherine DeLorey, RN, Boston
Michael D’Intinosanto, RN, Winchester
Sandy Eaton, RN, Quincy
Robert Fine, RN, Arlington
Susan Flowers, RN, Indiana, Pa.
Teana Gillinson, RN, Stoughton
Patty Healey, RN, Northampton
Peggy Lynch, RN, Cambridge
Michael Lyon, MS, San Francisco, Calif.
Deborah Blaisdell Martin, RN, Walhamb
James Mouna, RN, Boston
Marc Sapir, MD, MPH, Berkeley, Calif.

Smallpox 2003: What nurses & others must know

Tuesday, February 25, 2003 • 8 a.m. - 4 p.m.
Best Western Hotel and Conference Center
181 Boston Post Road West • Marlboro

Fees: $55 MNA members; $75 all others
Registration: Contact Susan Chish at MNA at 781-821-4625 x 723 or 800-882-2056 x 723. Checks or credit cards accepted.

Presented by the MNA in cooperation with the Mass. Dept of Public Health

MNA positions available for election in 2003

All MNA members in good standing are eligible to run for any office in the upcoming election. Any member may nominate him/herself or another person by submitting a consent-to-serve form signed by the candidate. A consent-to-serve form is on Page 9. Election policies and procedures will be sent to those submitting nomination forms.

Positions are available for members of MNA Board of Directors, MNA Congresses, the Center for Ethics & Human Rights, the Nominations and Elections Committee, and Bylaws Committee for the 2003 MNA General Election as follows:

President, General*; Secretary, General; five District Directors, Labor; four At-Large Directors, Labor; three At-Large Directors, General; one Labor Program Member; five members of the Nominations & Elections Committee representing each district; five members of the Bylaws Committee; six members of each: Congress on Health & Safety, Policy & Legislation, Congress on Health & Safety; two members of the Center for Ethics & Human Rights.

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

Dates to remember for the MNA election:
• Preliminary Ballot Deadline (Postmarked) – March 15, 2003
• Final Ballot Deadline (Postmarked) – June 15, 2003
• Ballot Mailing – Sept. 1, 2003
• Ballot Return – Sept. 20, 2003

MNA incumbent office holders for 2003

Board of Directors
President
Karen Higgins (2001-2003)*

Vice President
Patrick Conroy (2002-2004)

Secretary
Sandy Eaton (2001-2003)*

Treasurer
Janet Gale (2002-2004)

District Directors, Labor
District 1
Patricia Healey (2002-2004)
Lois Cross (2000-2003)*

District 2
Edith Harrigan (2002-2004)

District 3
Stephanie Stevens (2002-2004)
Mary Marenego (1999-2003)*

District 4

Vacancy

District 5
Barbara Norton (2001-2003)*
Teana Gillinson (2001-2004)

Directors (At-Large/Labor)
Jan Spicer (1999-2003)*
Margaret O’Malley (2002-2004)
James Moura (2001-2003)*

Directors (At-Large/Labor)
Elizabeth Sparks (2000-2003)*
Kate Maker (2001-2004)
Sandy Ellis (2002-2004)

Directors (At-Large/Labor)
Richard Lambos (2000-2003)*
Elizabeth Joubert (2002-2004)
James Moura (2001-2003)*

Directors (At-Large/Labor)
Debra Righetto (2001-2004)
Nora Watts (2002-2004)
Jeanine Williams (2001-2003)*

Labor Program Member
Beth Gray-Nix (2001-2003)*

Nominations & Elections Committee
Jeanne Cunningham (2002-2004)**
John Duggan (2002-2004)**
M. Regina Gahan (2002-2004)**
Mary Goodwin (2002-2004)**
Kathleen Logan (2002-2004)**
Janice Homer (2001-2003)*
Kathryn F. Zalis (1999-2001)

** = Incumbent office holder
* = Unable to run for this office another term

Board of Directors’ seat open for MNA District 4

There is an opening on the MNA Board of Directors for appointment of a member from MNA District 4. If you are interested in serving on the board or want to learn more about this position, contact Rosemary Smith at 781-830-3740 to obtain a consent-to-serve form.
MNA sponsors two successful group trips to Sorrento

By Carol Mallia RN, MSN
Nurse and avid traveler

MNA partnered with Durgan Travel over two years ago to offer affordable European vacations to our members and their friends and families. The MNA’s plan is to offer trips priced around $1,500 per person and offer all-inclusive packages when possible. Because of our large membership of 20,000 nurses, the MNA can offer package pricing which cannot be obtained through the traditional travel sources. This year the interest in Sorrento, Italy was so great we had to add a second group which traveled a week later. Both groups enjoyed the riches that the Sorrento area had to offer in a slightly different order of events each day. Below is a description of the adventures of the first group.

The group began its journey from the MNA headquarters office where a motor coach met the group to take them to Logan Airport. After a comfortable flight on Lufthansa Airlines we arrived in Naples, Italy and were greeted by our escort for the week. Our motor coach toured us along the beautiful ocean-side road in route to our home-base hotel in Sorrento. We recharged our batteries at an open-air garden restaurant while our bags were delivered to our hotel rooms. After checking in many of the guests set out to explore the shops in the town and others opted to relax on the hotel’s roof deck or lounge by the pool. Dinner was served in grand style at the hotel that evening as the group got further acquainted with each other.

Our first day began with a guided walking tour of Sorrento which started with a tour of the Correale Museum to admire the private collection of fine art belonging to the Correale noble family. After the museum we walked over to a lemon grove to enjoy a local favorite, leemonchella. We then boarded small motor coaches and were taken to a wood carving factory and shop where we learned about the fine art of in-laid wood boxes and furniture. The tour continued on with a walking tour of the historic area of Sorrento. After a relaxing lunch at the hotel, we enjoyed a picturesque hillside tour of the local Marciano’s Farm. There we learned how olive oil and mozzarella are made in the old traditional Italian way. The highlight of the day was to taste home-made brochetta with this superb cheese and their home-made red wine.

The next day we were off by boat to the beautiful Isle of Capri. About half of the group opted to board a smaller boat to tour the scenic coast and others remained on the back side of the island while the other half of the group shopped in the seaside village. We took small buses up to the town of Capri and enjoyed a wonderful lunch at a cliff-side restaurant. Following lunch many of the group members headed up to Anna Capri to visit the sites and shops. We boarded the ferry back to Sorrento for dinner at the hotel.

The famous Amalfi Drive was the destination for Day 5 of our tour. Our guided excursion toured one of the most picturesque and famous roads in the world. With the hairpins along the edge of the mountain we saw many quaint villages. We stopped to explore the ancient marine town of Amalfi with the beautiful Cathedral of St. Andrew. After a short motor coach ride we arrived in the little town of Scala to enjoy a spectacular view and a delicious homemade pasta meal. The tour continued leisurely along the village of Ravello where we stopped to enjoy the town. Then it was back to our hotel for another delightful dinner.

Day 6 was spent touring the lost city of Pompeii and its excavations. Our knowledgeable guide explained the history of Pompeii which was a village built by the Romans in the year 80 BC. Following the eruption of Mount Vesuvius in the year 79 AC, Pompeii, a city of 20,000 people was buried for hundreds of years until excavation began in the 18th century. Pompeii is on the list of Wonders of the World and at least one quarter of the city remains to be excavated. Following our tour we enjoyed lunch at a local restaurant and departed for Naples for a panoramic city tour and tour of the downtown area.

Our last day in Sorrento was an open day in which many of the passengers just enjoyed the quaint shops and local cafés of Sorrento. Others in our tour took the local bus and headed to Positano a quaint village south of Sorrento, while others in the group boarded a boat to the Isle of Ischia a scenic island off the coast. The group reconvened later that evening to enjoy dinner at a local restaurant with live Neapolitan music. On our last full day of the tour, we departed our hotel early and headed to Rome. Our guide took us to visit the famous St. Peter’s Basilica in the Vatican City. We learned the history of the Vatican and toured inside to view the Pieta and the most magnificent mosaic art work in the world. In the afternoon we boarded the motor coach for a panoramic tour of Rome including a stop at the ancient ruins of the Colosseum and the most famous fountain in Rome, the Fountain of Trevi. Legend has it that if you toss a coin into the fountain standing backwards, your wish to return to Rome will be granted. The MNA will certainly have to plan another tour of Rome given all the passengers who made that wish.

For our last night of our tour, we stayed in a hotel in downtown Rome. At our final dinner together we were treated with the entertainment of classically trained opera singers who serenade us to traditional Italian music. The dinner proved to be a crowning touch to an extraordinary tour.

Our second tour group to Sorrento departed on a little over a week later and enjoyed the same grand style vacation as the first group. Though the days differed, the itinerary remained the same for their tour of the beautiful region of Sorrento.

If you would like to be part of future MNA/Durgan Travel tours, contact Carol Mallia at 781-830-5755 or email at cmallia@mnam.org to be on the mailing list. In 2003 we are planning a tour of Germany and Austria in late May and two tours of Montecatini Spa located in the Province of Tuscany, Italy in October. Please don’t miss the opportunities MNA and Durgan Travel are offering.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or email at cmallia@mnam.org

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Sorrento, Italy group members from the November 13-21 tour gather on the Isle of Capri.

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MNA is sponsoring

2 exciting group trips to Europe in 2003

**May 26 - June 4 – Germany and Austria $1,569**
This 10 day/8 night grand tour of the Tyrolean region will feature 6 nights in Austria and 2 nights in Germany. Trip includes tours of Innsbruck, Salzburg, Rothenberg, Munich, Rattenberg, Wattens and Vipitino. Air, transfers, hotel, breakfast and dinner daily as well as full sightseeing tours are included. Don’t miss this grand tour of the picturesque Tyrolean Region.

**October 19 - 27 – Montecatini Spa located in Tuscany Province, Italy $1469**
This all-inclusive trip to the Tuscany region of Italy includes tours to Florence, Venice, Pisa, Siena, San Gimignano while staying in the world famous spa city of Montecatini. Air, transfers, hotel, all meals as well as full sightseeing tours are included. Offered as an all-inclusive trip, this package is a great value.

*Prices listed are per person, double occupancy based on check or cash purchase. Applicable departure taxes are not included in the listed prices above.

To receive more information and a flyer on these European vacations, please contact Carol Mallia, RN, MSN, 781-830-5755 or email at cmallia@mnam.org
MNA Convention 2002
Organizing Our Future
October 2, 3 & 4, 2002
Clarion Hotel and Conference Center
Nantasket Beach, Hull, Mass.

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors and sponsors of the 2002 MNA Convention.

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Sponsors of the Safe Care Campaign Fundraiser
The MNA gratefully acknowledges the generous support of the sponsors of the Safe Care Campaign Fundraiser

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Andy Ferris
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Rosemary Smith
Shirley Duggan
Shirley Thompson
Staples Business Advantage
Teana Gilinson
Tom Breslin
Wendy McGill
99 Restaurants, Canton

Special thank you to Chris Stetkiewicz for her artistic creative design of the gift baskets
MNA Las Vegas Night fundraiser for Safe Care

From left, Janet Spicer, June Nichols, Joyce Berklee.

From left, Mike D’Intinosanto, Jim Moura, Carolyn Moss, Cece Buckley, Teana Gilinson, Denise Garlick, Linda Winslow.

MNA members had a ball and laid down a few bucks at the “Las Vegas Night” fundraiser for the Safe Care campaign, held in conjunction with the MNA Convention in October 2002.

Eileen Boyle, left, and Mary Grealish.

From left, Elaine Adams, Debbie Flight, Susan Vickory, Rosemary O’Brien and Peggy Donovan.

From left, Cathi Renzi, Jeanette Olsen, Peggy O’Malley.
MNA Annual Awards: Recognizing accomplishments and achievements

ELAINE COONEY LABOR RELATIONS AWARD
DEBRA RIGIERO AND RICHARD LAMBOS

The Elaine Cooney Labor Relations Award recognizes a Labor Relations program member who has made significant contributions to the professional, economic, and general welfare of nursing.

Debra Rigiero is co-chair of St. Vincent’s Hospital Bargaining Unit. Debra was instrumental in organizing the St. Vincent nurses to a successful union vote, a historic successful strike and garnering the support for nursing of the general Worcester community. Not content with this victory, she has continued to support other local unions in their struggle for justice and assumed leadership positions on the MNA district and state level. She presently serves as vice-president of District 2 and a member of the MNA Board of Directors. This award recognizes her numerous contributions to her colleagues and to nursing.

RICHARD LAMBOS

Richard Lambos has served for many years as chairman of the Martha’s Vineyard Hospital MNA bargaining unit. In this role he has successfully guided the nurses through negotiations on numerous labor relations agreements and has shown a tremendous commitment to the bargaining process. He has been active in labor relations at both the local and state levels. He has been a mentor and role model for the nurses at Martha’s Vineyard Hospital.

MENA EXCELLENCE IN NURSING PRACTICE AWARD
MELINDA DARRIGO AND DEZRA L. KENNEY

The MNA Excellence in Nursing Practice Award recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

Melinda Darrigo and Dezra Kenney are a team of two who exemplifies service: Service to his patients, his profession, his family and his community. As a night supervisor at the Templeton Developmental Center, he is responsible for supervising nursing staff providing services to residential clients who are developmentally disabled/dually diagnosed persons. As an active professional, he has served on multiple boards, committees, commissions, including NursePLAN, Statewide Campaign for Safe Care, the Blue Ribbon Commission on Legislation and as a member of the MNA Congress on Health Policy & Legislation. Michael is also active in his community and has served on a variety of committees in his town. In fact, there are very few MNA initiatives in which Michael has not been a participant. His nominator states that he “has always been a man of the highest personal integrity. He always conducts himself in a professional manner.”

KATHRYN MCGINN CUTLER ADVOCATE FOR HEALTH AND SAFETY AWARD
NANCY LESSIN

The MNA Kathryn McGinn Cutler Advocate for Health and Safety Award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for and on behalf of nurses and other healthcare workers.

Nancy Lessin began her career as a respiratory therapist, and then became a health outreach worker and co-founder and Director of the Ann Arbor Free Clinic in Michigan. She spent 20 years at MASCOR, an organization whose mission is to assist in efforts to improve health and safety conditions in workplaces in Eastern and Central Massachusetts. Currently, she is the Director of Safety Coordinator, Massachusetts AFL-CIO where her duties include developing, presenting and evaluating occupational safety and education, training and delivering those services to Unions in Massachusetts. She is the author of numerous articles and programs on worker safety and the role of unions and has been recognized for her work in the form of awards and commendations.

Frank M. Hynes Award

The Frank M. Hynes Award recognizes the work of an elected public official in Massachusetts who clearly demonstrates exceptional contributions to nursing and healthcare.

This year’s recipient of the Frank M. Hynes Award is Rep. Robert Spillane.

Robert Spillane, native of Worcester, was elected to the Massachusetts House of Representatives in 2000 and presently serves on the Joint Committee of Commerce and Labor and the Housing and Urban Development Committee. Spillane was a strong advocate for registered nurses even before taking office in 2000. He walked the picket line with St. Vincent nurses and supported MNA at many of our events in Worcester. After election, he supported the organizing efforts of the UMass Memorial Nurses. He became a co-sponsor for MNA’s quality patient care/safe RN staffing legislation, and offered his services as a spokesperson for this bill. He has pressed to restore funding to the state agencies that provide services to our most vulnerable citizens. Rep. Spillane stands out among his peers in his tireless advocacy for nursing. I quote, “Registration of nurses is the labor force and backbone of the healthcare industry.” We are truly fortunate to have him as an advocate.

MNA LEGISLATOR OF THE YEAR AWARD
SEN. JOHN KERRY

The MNA Legislator of the Year Award recognizes the work of a senior state legislator or a federal legislator who has clearly demonstrated exceptional contributions to nursing and healthcare.

This year’s recipient of this newly established award is U.S. Senator John Kerry.

Senator Kerry has been a strong advocate for nurses and the people we serve throughout his career in public service. In the present Health Care Crisis, Senator Kerry has stood with us and addressed both our present and future concerns. He is an original co-sponsor of S. 1597, The Nurse Reinvestment Act, which will award grants for nursing education, establish a National Nurse Service Corp. Scholarship Program and provide Public Service Announcements to promote the nursing profession, highlight its rewards and encourage individuals from diverse communities and backgrounds to enter nursing. This legislation, signed by President Bush is the largest public commitment to nursing in decades.

Senator Kerry’s commitment to nursing is most evident to our members when he personally brokered the settlement of the 103 day strike of our nurses at Brockton Hospital. Senator Kerry made it very clear at that time the Hospital Administrations have a responsibility to prevent unsafe staffing and the inappropriate use of mandatory overtime to staff the hospitals. It is imperative that our hospitals remain safe for the patients and for the nurses.

Senator Kerry has earned this award by his consistent and continuing commitment to nurses and the people they serve.

Nancy Lessin, a native of East Longmeadow, was elected to the Massachusetts House of Representatives in 2000 and presently serves on the Joint Committee of Commerce and Labor and the Housing and Urban Development Committee. Spillane was a strong advocate for registered nurses even before taking office in 2000. He walked the picket line with St. Vincent nurses and supported MNA at many of our events in Worcester. After election, he supported the organizing efforts of the UMass Memorial Nurses. He became a co-sponsor for MNA’s quality patient care/safe RN staffing legislation, and offered his services as a spokesperson for this bill. He has pressed to restore funding to the state agencies that provide services to our most vulnerable citizens. Rep. Spillane stands out among his peers in his tireless advocacy for nursing. I quote, “Registration of nurses is the labor force and backbone of the healthcare industry.” We are truly fortunate to have him as an advocate.

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Congratulations to the 2002 MNF scholarship recipients

The Massachusetts Nurses Foundation has selected the following applicants for scholarship funding. We are proud to say we this year we have awarded over $14,500 in scholarships. Through your donations, we are able to present the following scholarships for 2002:

**Baccalaureate Degree Scholarship**

**DOROTHY MAELLA CAMPBELL**

This scholarship is offered to students enrolled in a direct entry program for a baccalaureate/master’s degree in nursing.

Dorothy Majella Campbell of Boston has been selected to receive the Baccalaureate Degree Scholarship. A graduate of The Ulster Hospital in Northern Ireland, Dorothy is currently enrolled in the baccalaureate degree program at the University of Massachusetts in Boston. She is currently employed as a full-time staff nurse on the inpatient psychiatric unit at Cambridge Hospital.

**CATHERINE TINKHAM AWARD**

**DAVID ANDREW DENNENO**

Named for Catherine Tinkham, a founding member and long-standing supporter of the MNF awarded to the highest ranking* MS candidate.

David Andrew Denneno of Stoughton is the recipient of the Catherine Tinkham Award. David is enrolled in the MSN (Family Nurse Practitioner) Program at Regis College. He has earned a bachelor’s degree in biology, master’s degree in education, and received an associate’s degree in nursing from Massasoit Community College. He has been employed for the last 10 years in the Emergency Department at Quincy Medical Center. An active member of the MNA, David is involved in the Workplace Violence Task Force.

**MASTER’S DEGREE SCHOLARSHIP**

**MELINDA DARRIGO**

This scholarship is offered to students enrolled in a direct entry program for a baccalaureate/master’s degree in nursing.

Melinda Darrigo of Leominster is the 2002 recipient of the Master’s Degree Scholarship. Melinda is a graduate of Salem State College and is enrolled in the acute care nurse practitioner program, including a cardiac subspecialty at the Graduate School of Nursing Program at the University of Massachusetts Worcester. She is employed as a staff nurse in the cardiothoracic ICU at UMass Memorial Medical Center.

**EILEEN HODGMAN AWARD**

**LAUREN MARKO SAKODA**

Lauren Marko Sakoda of Brighton is the recipient of the Eileen Hodgman Award. Lauren is enrolled in the Direct Entry Program at Boston College where she will earn her Master’s in Nursing Science in pediatrics to become a Pediatric Nurse Practitioner. She is presently doing her synthesis clinical hours in a Pediatric Intensive Care Unit at the New England Medical Center Floating Hospital.

**ANNA MAURICE SCHOLARSHIP**

**DONNA BARRON HOWLETT**

Funded by a scholarship established by District 5, this scholarship is given annually to an MNA member, active in District 5 and pursuing a BS, MS or Doctoral degree. The Labor Relations Scholarship is funded annually by a grant established by the MNA Cabinet for Labor Relations. This scholarship is for an RN or health care professional, member of MNA, attending baccalaureate or master’s program in nursing, labor relations, or a related field.

Donna Barron Howlett of Quincy is the recipient of the Janet Dunphy Scholarship and the Labor Relations Scholarship. Donna is a graduate of Laboure Junior College and is enrolled in the baccalaureate degree in nursing program at Curry College. She is employed at Carney Hospital in the critical care unit and has served as the secretary/treasurer/negotiator and active MNA representative on the Carney Hospital bargaining unit.

**WORCESTER CITY HOSPITAL AID SOCIETY SCHOLARSHIP**

**KARA MARIE TRAVINSKI**

Funded by a sustaining scholarship, endowed by the Worcester City Hospital Aid Society, this $1,000 scholarship is awarded annually to a Worcester area high school senior attending a BSN program.

The Worcester City Hospital Aid Society Scholarship is awarded to Kara Marie Travinski of Southbridge. Kelly is a student at Southbridge High School and has been accepted to the nursing program at Villanova University. Kelly is a member of the National Honor Society and volunteered at Harrington Memorial Hospital Shadow Nurse Program.

**FLORENTINE FILMS AWARD**

**JEANNE HICKIE**

Named for the producers of “Sentimental Women Need Not Apply,” awarded to the highest ranking* District 1 candidate.

The 2001 Florentine Films Award is presented to Jeannine Hickey of Bradford. A graduate of Northern Essex Community College, Jeannine is enrolled in the College of Community & Public Service at the University of Massachusetts Boston.

The MNA awards process

Each year the MNA offers its members the opportunity to recognize their peers who have made significant contributions to nursing and the populations they serve. If you are interested in nominating a fellow nurse for a prestigious MNA award, this article will assist in describing how to nominate a candidate, and the awards selection process.

If you are interested in nominating someone, call MNA and obtain a copy of the award criteria. Each award has very specific criteria that needs to be followed by the nominators and the awards committee. Read through the criteria for the award. Once you are assured your nomination can fit the criteria, talk to the person you want to nominate. You must secure permission from the nominee to submit the application.

The nomination must be made by a member of MNA. There needs to be one letter of recommendation to support the nomination. When you write the nomination letter, keep the award criteria in front of you. For each criteria listed, your letter should contain a description or example of how your nominee meets this criteria. Remember, the purpose of this letter is to specify examples of the nominee’s qualifications, not to tell the Awards Committee what a great person your nominee is!

The awards committee members can only consider material that has been submitted as part of the nomination. If your letter cites examples of the nominee’s accomplishments that have no bearing on the award criteria, they cannot be considered! Make sure all the information is complete on the nomination form and the nomination meets the established deadline. No late nominations can be processed.

The awards committee members meet to review all the nomination materials and to select awards recipients. The awards committee members are appointed by the Board of Directors of MNA. All nominating information and the nomination process itself is kept confidential. Once the nominees have been selected, the Awards Committee make the recommendations to the Board of Directors. The final approval of awards nominees is given by the Board of Directors of MNA.

Once the Board of Directors completes their approval process, letters are sent to all award nominees and nominators informing them of the final award selections. The MNA awards are presented at an annual awards banquet during the annual MNA Convention in the fall.

The recognition of our nursing peers is both a privilege and a professional responsibility. We urge all members to take the opportunity to give recognition to their nursing colleagues.
### Emergency Medical Response to Hazardous Materials and Acts of Terrorism

**Description**
The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, the decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

**Speakers**
- Anthony Fucaloro, EMT
- Capt. Lawrence P. Ferazani
- Evie Bain, RN, M.Ed, COHNS

**Dates**
- Wednesday, January 22 (Snow date Jan. 29)

**Time**
- 9:00 – 5:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $45; all others, $65

**Contact hours**
- 6.9

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

**Description**
This program will enhance the nurse’s ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

**Speakers**
- Carol Mallia RN, MSN

**Dates**
- Tuesday, February 4 (Snow date: Feb. 11)

**Time**
- 6:00 – 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $45; all others, $65

**Contact hours**
- 4.1

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Verbal Self Defense for Nurses

**Description**
This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies are discussed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

**Speakers**
- Joe-Ann Fergus RN, BSN

**Dates**
- Wednesday, February 5 (Snow date: Feb. 12)

**Time**
- 6:00 – 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $45; all others, $65

**Contact hours**
- TBA

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Diabetes 2003: What Nurses Need to Know

**Session 1:** This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmaceutical interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.

**Session 2:** This session is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

**Speakers**
- Ann Miller, MS, RN, CS, CDE,
- Carol Mallia RN, MSN

**Dates**
- Session 1: Thursday, February 6 (Snow date: Feb. 20)
- Session 2: Thursday, February 13 (Snow date: Feb. 20)

**Time**
- 5:30 – 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $65 all others, $95 (Each session)

**Contact hours**
- 3.6 each session

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Basic Dysrhythmia Interpretation

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

**Speakers**
- Carol Mallia RN, MSN

**Dates**
- Tuesday, March 4 & 11 (Snow date: March 18)

**Time**
- 5:00 – 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $90; all others, $125

**Contact hours**
- 9.0

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Interpreting Laboratory Values

**Description**
This program will provide an overview of cardiac monitoring, treatment strategies and safe handling of neoplastic agents. Session 2 will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session 3 will include pain and symptom management, palliative care and an overview of Hospice care.

**Speakers**
- Marylou Gregory-Lee MSN, RNCS, OCN, Adult Nurse Practitioner
- Carol Mallia RN, MSN

**Dates**
- Thursday, March 6, 13 & 20 (Snow date: March 27)

**Time**
- 5:30- 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- Series: MNA members, $175; all others, $255

**Each session:** MNA members, $65; all others, $95

**Contact hours**
- 3.6 per program. Total for series: 10.8

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Mechanical Ventilation

**Description**
A three-part series designed for nurses to increase their knowledge in oncology nursing. The content of Session 1 of the series will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing, treatment strategies and safe handling of neoplastic agents. Session 2 will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session 3 will include pain and symptom management, palliative care and an overview of Hospice care.

**Speakers**
- Carol Mallia RN, MSN

**Dates**
- Tuesday, March 25

**Time**
- 5:00 – 9:00 p.m.

**Place**
- MNA Headquarters, Canton

**Fee**
- MNA members, $45; all others, $65

**Contact hours**
- 4.5

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### The Real Nursing World: Transition from Student to RN

**Description**
Don’t miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations & political action and career counseling. Area hospitals and other healthcare facilities will be available before and after the program to discuss employment opportunities.

**Speakers**
- Carol Mallia RN, MSN, facilitator

**Dates**
- April 3

**Time**
- 5:30 – 9:30 p.m.

**Place**
- Holiday Inn, Worcester

**Fee**
- Free to senior nursing students and faculty

**MNA contact**
- Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

### Applying OSHA to healthcare settings

**Free CE program. Complete details, Page 16.**
**Nursing Management of Central Lines**

**Description**  
This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

**Speakers**  
Mary Walsh RN, BS, CRNI, Infusion Therapy Specialist  
Marilyn Bernard RN, CRNI, Infusion Therapy Specialist

**Date**  
Thursday, April 24

**Time**  
5:30 – 8:30 p.m.

**Place**  
MNA Headquarters, Canton

**Fee**  
MNA members, $65; all others, $95

**Contact hours**  
3.0

**Special notes**  
Program limited to 20 participants.

**MNA contact**  
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Advanced Cardiac Life Support**

**Description**  
This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification and one day re-certification course. Recertification candidates must present a copy of their current ACLS card at the time of registration.

**Speakers**  
Carol Mailla, RN, MSN, and other instructors for the clinical sessions

**Dates**  
Tuesday, April 29 & May 6 (certification); May 6 (recertification)

**Time**  
9:00 – 5:00 p.m.

**Place**  
MNA Headquarters, Canton

**Fee**  
Certification: MNA members, $155; all others, $195  
Recertification: MNA members, $125; all others, $165

**Contact hours**  
16 for certification program

**Special notes**  
Light lunch provided. Enrollment limited to 48 participants.

**MNA contact**  
Susan Clish, 781-830-5723 or 800-882-2056, x727

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**Managing Cardiac & Respiratory Emergencies**

**Description**  
This course is designed for nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation, ABG interpretation and clinical management of respiratory distress will also be discussed.

**Speaker**  
Carol Mallia RN, MSN

**Date**  
Tuesday, June 10

**Time**  
5:00 – 9:00 p.m.

**Place**  
MNA Headquarters, Canton

**Fee**  
MNA members, $45; all others, $65

**Contact hours**  
4.0

**MNA contact**  
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Wound Care — Dressing for Success**

**Description**  
This program will provide a comprehensive overview of the factors effecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.

**Speaker**  
Carol Mallia RN, MSN, CWOCN

**Date**  
Thursday, June 5

**Time**  
5:00 – 9:00 p.m.

**Place**  
MNA Headquarters, Canton

**Fee**  
MNA members, $45; all others, $65

**Contact hours**  
4.5

**MNA contact**  
Susan Clish, 781-830-5723 or 800-882-2056, x727

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**Interpreting Laboratory Values**

**Description**  
This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

**Speaker**  
Carol Mallia RN, MSN

**Date**  
Monday, June 16

**Time**  
5:00 – 9:00 p.m.

**Place**  
MNA Headquarters, Canton

**Fee**  
MNA members, $45; all others, $65

**Contact hours**  
4.1

**MNA contact**  
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

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**Acute Care Nursing; 3-Program Series:** The three offerings of Wound Care — Dressing for Success, Managing Cardiac & Respiratory Emergencies and Interpreting Laboratory Values have been grouped for a reduced package price. *Register for all three and save $20.*

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**IMPORTANT INFORMATION FOR ALL COURSES**

**Registration**  
Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment**  
Payment may be made with MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021

**Refunds**  
Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

**Program Cancellation**  
MNA reserves the right to cancel programs when registration is insufficient.

**Contact Hours**  
Continuing Education Contact Hours are provided for all programs except Advanced Cardiac Life Support by the Massachusetts Nurses Association, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for Advanced Cardiac Life Support is provided by the Rhode Island State Nurses Association, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

*To successfully complete a program and receive contact hours, you must: 1. Sign in. 2. Be present for the entire time period of the session. 3. Complete the evaluation.*

**Chemical Sensitivity**  
Scents may trigger responses in those with chemical sensitivity. Please avoid wearing scented personal products and refrain from smoking when you attend MNA continuing education programs.
You are invited!

Come Celebrate
“The Evolution of the Nursing Revolution”
As MNA Marks its 100-Year Anniversary
February 26, 2003

5:00 p.m. Ceremony in Gardner Auditorium at the State House
5:30 p.m. Rally and Celebration at Faneuil Hall
6:30 p.m. Cocktail Reception and Party at Ned Devine’s in the Quincy Market Rotunda

In commemoration of our 100-year anniversary, the MNA is hosting an historic ceremony, rally and celebration for nurses at Faneuil Hall – the site of the founding meeting of MNA in 1903.

Join your colleagues to celebrate who we are as we continue our proud mission of nursing and patient advocacy. Don’t miss this chance to be a part of the biggest nursing birthday party of the century!

MNA will provide buses to and from the event from a variety of locations, as well as to Faneuil Hall from the State House. Call or email Dolores Neves at 781-830-5722; dneves@mnarn.org for information and details. Check the MNA website at www.massnurses.org for updates on the planning for this landmark event.

Directions to the Massachusetts State House*

North of Boston:
I-93 South to Central Artery. Take Exit 23 at Haymarket. Right at bottom of ramp onto New Chardon St. Keep left through set of lights. Left into Safe Harbor Garage, 50 New Sudbury St. On foot, turn left out of garage onto New Chardon St. Cross Cambridge St. Walk up Bowdoin St. The back of the State House is straight ahead.

South of Boston:
I-93 North to Central Artery. Take Chinatown/Kneeland St. Exit 21. Left onto Kneeland St. Kneeland St. becomes Stuart St. Go through 4 sets of lights. At Charles St. South, you must turn right. Follow directions for “West of Boston” from Charles St. South.

West of Boston:
Mass. Pike East to the Copley Square/Prudential Center Exit 22. Inside exit tunnel, keep right and follow signs for Copley Square. Outside tunnel, exit merges onto Stuart St. Keeping left, at 5th set of lights, you must turn left onto Charles St. South. Continue through the Boylston St. intersection. Turn right into The Boston Common Underground Garage. On foot, follow signs in garage to Beacon St./State House exits. Turn right out of garage onto Beacon St. The State House is on the left at the top of the hill.

Entrances are on Bowdoin St. (Handicapped entrance), Mount Vernon St., Derne St. and the main entrance is on Beacon St.

Directions to Faneuil Hall

Faneuil Hall is conveniently located within a block of three T-stops: The Green Line serves Government Center & Haymarket stops. Catch the Blue Line for access to the Aquarium stop. And to get to the State Street stop, grab the Orange Line.

North of Boston:
I-93 South. Take Logan Airport/Callahan Tunnel/Dock Square Exit 24. Continue straight to Surface Road (Faneuil Hall is on right-hand side). At the third set of lights take a right onto State St. Take the second left on Broad St., the garage entrance is on the right-hand side.

South & West of Boston:
I-93 North to Central Artery. Take Chinatown/Kneeland St. Exit 21. Left onto Kneeland St. Kneeland St. becomes Stuart St. Go through 4 sets of lights. At Charles St. South, you must turn right. Follow directions for “West of Boston” from Charles St. South.

West of Boston:
Mass. Pike East to the Copley Square/Prudential Center Exit 22. Inside exit tunnel, keep right and follow signs for Copley Square. Outside tunnel, exit merges onto Stuart St. Keeping left, at 5th set of lights, you must turn left onto Charles St. South. Continue through the Boylston St. intersection. Turn right into The Boston Common Underground Garage. On foot, follow signs in garage to Beacon St./State House exits. Turn right out of garage onto Beacon St. The State House is on the left at the top of the hill.

Entrances are on Bowdoin St. (Handicapped entrance), Mount Vernon St., Derne St. and the main entrance is on Beacon St.

*To expedite security checkpoint passage at the State House, please refrain from carrying non-essential belongings to the event. All bags will be checked by security upon entry to the State House.