Responding to mounting evidence that inadequate RN staffing in hospitals threatens the safety of patients, the state’s Joint Committee on Health Care favorably reported out House Bill 1282—the MNA’s legislation that aims to regulate RN-to-patient ratios in Massachusetts hospitals—during its Nov. 19 executive session. Similar bills have been brought before the legislature in past sessions, but none had ever made it out of the Health Care Committee, making the MNA’s win a first-ever success.

Leading into the session, the proposed legislation had won broad public support and the endorsement of 64 of the state’s most influential health care and consumer advocacy groups, including the American Cancer Society, American Heart Association, American Lung Association, Health Care for All, League of Women Voters, Massachusetts Senior Action Council and the Massachusetts Nurses Association.

The bill had gained ground in the legislature following the release of numerous scientific studies and prestigious reports that clearly demonstrated the link between poor staffing and harm to patients—including a shocking report from the Massachusetts Department of Public Health (DPH) that said errors in Massachusetts hospitals had increased by one-third in the last three years and were up 76 percent from 1996. Referring to Nov. 19 as “a great day for Massachusetts patients,” Rep. Peter J. Koutoujian (D-Waltham), House Chair of the Health Care Committee said, “This legislation will not only protect patients and save lives, it will also save money—as dollars will no longer need to be added to the cost of healthcare each year because of deaths, complications and medical errors caused by nurses who have too many patients to care for at once.”

The bill’s sponsor, Rep. Christine Canavan, (D-Brockton), vice chair of the committee and her self an RN, said the legislation had been “carefully crafted” to provide the maximum degree of flexibility in patient care. “We took into account the criticism of previous bills and struck a balance between the needs of patients and the realities of today’s health care system,” she added.

The bill, H.1282 An Act Ensuring Quality Patient Care and Safe RN Staffing, would protect Massachusetts patients by ensuring they receive nursing care appropriate to the severity of their medical conditions. To ensure maximum flexibility, the bill also requires that the DPH develop an objective system for monitoring patients’ medical conditions so that staffing levels can be adjusted and improved to meet their needs.

The bill would set minimum staffing standards specific to every unit/department in a hospital in order to ensure that major disparities in care levels do not exist in the state’s hospitals. In addition, the proposed legislation includes specific language that provides that nothing in the bill “shall be deemed to preclude any facility from increasing the number of direct-care registered nurses.”

Currently there are no standards in existence for nurse staffing in Massachusetts hospitals, and no requirements for hospitals to provide an adequate level of nursing care. RN-to-patient ratios, which have been linked to a variety of patient complications and mortality in hospitals, can vary widely from facility to facility. It is not uncommon for nurses in Massachusetts to have seven, eight or even 10 patients at a time, when a safe ratio would be no more than four patients for a nurse on a typical hospital floor.

As a result of the Health Care Committee’s favorable report, the bill now moves to the House Ways and Means Committee and could arrive on the floor for a vote sometime next year. If passed, Massachusetts would become the second state to regulate RN-to-patient ratios in the nation. A similar bill was previously approved in California.

The new councils will also work in concert with the goals and mission of the statewide organization. To make the councils more inclusive of union members, each local bargaining unit within the boundaries of the council will have a seat on the board of directors, with elections held for seven other seats.

“This change will give every member an opportunity to be involved at a new and exciting level,” said Karen Higgins, RN and president of the association. “Just as important, it will allow the organization to provide a new level of service and resources to its members.”

Save the date

The MNA Labor Relations Department will be hosting the 2nd Annual Chair Assembly on Thursday Jan. 29, 2004, from 9 a.m. to 3 p.m. at the Radisson Hotel in Marlborough (same site as last year). There will also be a reception on Wednesday evening at the hotel. We are still preparing the program and will provide further updates.
More than 700 health care reform advocates attended a hearing by the Joint Committee on Health Care in the Statehouse’s Gardner Auditorium on Oct. 8 to show support for a comprehensive proposal to provide more secure health insurance coverage to all residents of Massachusetts. The hearing was on S.686, the Massachusetts Health Care Trust, which would create a single state insurance fund to replace the current patchwork of public and private insurance plans.

“Our current system is failing us on all three measures of an effective health care system—assuring access, quality and control of costs,” said Peggy O’Malley a leader with the Massachusetts Nurses Association who chairs MASS-CARE. “In just four years, annual health care expenditures in Massachusetts have risen from $36 billion to $48 billion, an increase of over eight percent a year.”

“The legislature needs to act before this crisis leads to a medical meltdown,” said state Sen. Steven Tolman (D-Brighton), a lead sponsor for the Health Care Trust legislation. “The number of uninsured is rising, hospitals are closing, emergency rooms are overflowing. Massachusetts can lead the way with a sensible plan that provides secure, quality care for everybody and one that will prevent us all from going broke.”

“A recent state report showed that 39 percent of every health care dollar goes to administrative costs,” testified Phil Mamber, president of the Massachusetts Senior Action Coalition. “Low income seniors are losing their insurance coverage when they need it the most. And Medicare now only pays half of a senior’s health care costs. Everyone needs to carry extra insurance and the cost of that is rising by double digits each year.”

“It is often said that a single-payer system doesn’t provide universal comprehensive care,” said Dr. Marcia Angell, senior lecturer in social medicine at Harvard Medical School. “That is a self-fulfilling prophecy, often propagated by those with a vested interest in the current system. The notion that we can somehow both increase access and contain costs by incremental reforms is what is truly unrealistic. A single-payer system is not just the best alternative for providing universal care while containing costs. It’s the only one.”

“Global budgets under single payer also allow for planning and cost containment that is not possible under the current system.”

“It’s an ironic tragedy that one out of every eight health care workers lacks insurance for the health care services they provide,” said Celia Wicold, president of SEIU Healthcare 1199, “It’s the only one.”

“The current patchwork insurance system prevents me from providing the quality care my patients deserve,” said Michael Kaplan, a family physician in practice in Lee, and a member of the Massachusetts Academy of Family Physicians, who submitted testimony. “I look forward to the day when a single monthly charge—instead of thousands of charges to hundreds of insurance companies—takes care of the payments. Also with a single payer insurance, decisions about the health needs of my patients will be made in the consultation where they belong.”

While at the Statehouse, hundreds of citizens visited their elected officials, urging them to become sponsors of the bill.

Joining Tolman in support of the legislation were Reps. Alice Wolf, Paul Demakis, Frank Hynes and John Scibak and Sen. Stanley Rosenberg. Other speakers included Boston City Councilor Michael Ross; Dr. Jennifer Child-Roshak, Mass. Academy of Family Physicians; Dr. Alan Sager, Boston University School of Public Health; Dr. John Goodson, Ad-Hoc Committee to Defend Health Care; Peter Knowlton, United Electric Workers; and Carol Knox, United Auto Workers.

Written testimony was submitted by U.S. Rep. James McGovern; Katie Murphy, RN and Framingham selectwoman; Timothy Murray, mayor of Worcester; John O’Neill, Somerville-Cambridge Elder Services; Dr. Sarah Kerekuk, North Center of Franklin County; social worker Richard Sherman; and Jill Wiley, associate director, Massachusetts Council of Churches.

To give the legislature additional encouragement, the Boston City Council passed a resolution in support of S.686 on Oct. 1. Similarly, the Massachusetts AFL-CIO unanimously passed a resolution at its convention on Oct. 2 that called for the federal government to pass legislation guaranteeing access to health care for every person in the United States.

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE) is a coalition of over 80 organizations working for a universal, single payer health care plan in Massachusetts.

Testimony of Margaret O’Malley, MASS-CARE chair, in favor of S.686

By Margaret O’Malley, RN

Chair, MASS-CARE

Sen. Moore, Rep. Koutoujian and members of the Joint Committee on Health Care, my name is Margaret O’Malley. I’m a registered nurse and the chairman of the Massachusetts Campaign for Single Payer Health Care. You have heard compelling testimony. Allow me to summarize the “take away” message, if you will.

In just four years, annual health care expenditures in Massachusetts have risen from $36 billion to $48 billion, an increase of over eight percent a year.”

“There is a solution. The good news is there is a solution. The Massachusetts Health Care Trust, which would expand the level of services provided to those who are currently considered ‘insured’ but face substantial gaps in their coverage,” Dr. Downs added. “Global budgeting under single payer also allows for planning and cost containment that is not possible under the current system.”

“It’s an ironic tragedy that one out of every eight health care workers lacks insurance for the health care services they provide,” said Celia Wicold, president of SEIU Healthcare 1199, “It’s the only one.”

“The current patchwork insurance system prevents me from providing the quality care my patients deserve,” said Michael Kaplan, a family physician in practice in Lee, and a member of the Massachusetts Academy of Family Physicians, who submitted testimony. “I look forward to the day when a single monthly charge—instead of thousands of charges to hundreds of insurance companies—takes care of the payments. Also with a single payer insurance, decisions about the health needs of my patients will be made in the consultation where they belong.”

While at the Statehouse, hundreds of citizens visited their elected officials, urging them to become sponsors of the bill.

Joining Tolman in support of the legislation were Reps. Alice Wolf, Paul Demakis, Frank Hynes and John Scibak and Sen. Stanley Rosenberg. Other speakers included Boston City Councilor Michael Ross; Dr. Jennifer Child-Roshak, Mass. Academy of Family Physicians; Dr. Alan Sager, Boston University School of Public Health; Dr. John Goodson, Ad-Hoc Committee to Defend Health Care; Peter Knowlton, United Electric Workers; and Carol Knox, United Auto Workers.

Written testimony was submitted by U.S. Rep. James McGovern; Katie Murphy, RN and Framingham selectwoman; Timothy Murray, mayor of Worcester; John O’Neill, Somerville-Cambridge Elder Services; Dr. Sarah Kerekuk, North Center of Franklin County; social worker Richard Sherman; and Jill Wiley, associate director, Massachusetts Council of Churches.

To give the legislature additional encouragement, the Boston City Council passed a resolution in support of S.686 on Oct. 1. Similarly, the Massachusetts AFL-CIO unanimously passed a resolution at its convention on Oct. 2 that called for the federal government to pass legislation guaranteeing access to health care for every person in the United States.

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE) is a coalition of over 80 organizations working for a universal, single payer health care plan in Massachusetts.

Nurses’ guide to single-payer reform

Advocates for single-payer health care system take their message to the House on Oct. 8 hearing.

At the hearing in the Statehouse’s Gardner Auditorium on Oct. 8, by the Joint Committee on Health Care, Massachusetts nurses, social workers, and family physicians took the stage to make the case for a single-payer health care system.

“Much of the increased spending for care would go to expand the level of services provided to those who are currently considered ‘insured’ but face substantial gaps in their coverage,” Dr. Downs added. “Global budgeting under single payer also allows for planning and cost containment that is not possible under the current system.”

“It’s an ironic tragedy that one out of every eight health care workers lacks insurance for the health care services they provide,” said Celia Wicold, president of SEIU Healthcare 1199, “It’s the only one.”

“The current patchwork insurance system prevents me from providing the quality care my patients deserve,” said Michael Kaplan, a family physician in practice in Lee, and a member of the Massachusetts Academy of Family Physicians, who submitted testimony. “I look forward to the day when a single monthly charge—instead of thousands of charges to hundreds of insurance companies—takes care of the payments. Also with a single payer insurance, decisions about the health needs of my patients will be made in the consultation where they belong.”

While at the Statehouse, hundreds of citizens visited their elected officials, urging them to become sponsors of the bill.

Joining Tolman in support of the legislation were Reps. Alice Wolf, Paul Demakis, Frank Hynes and John Scibak and Sen. Stanley Rosenberg. Other speakers included Boston City Councilor Michael Ross; Dr. Jennifer Child-Roshak, Mass. Academy of Family Physicians; Dr. Alan Sager, Boston University School of Public Health; Dr. John Goodson, Ad-Hoc Committee to Defend Health Care; Peter Knowlton, United Electric Workers; and Carol Knox, United Auto Workers.

Written testimony was submitted by U.S. Rep. James McGovern; Katie Murphy, RN and Framingham selectwoman; Timothy Murray, mayor of Worcester; John O’Neill, Somerville-Cambridge Elder Services; Dr. Sarah Kerekuk, North Center of Franklin County; social worker Richard Sherman; and Jill Wiley, associate director, Massachusetts Council of Churches.

To give the legislature additional encouragement, the Boston City Council passed a resolution in support of S.686 on Oct. 1. Similarly, the Massachusetts AFL-CIO unanimously passed a resolution at its convention on Oct. 2 that called for the federal government to pass legislation guaranteeing access to health care for every person in the United States.

The Massachusetts Campaign for Single Payer Health Care (MASS-CARE) is a coalition of over 80 organizations working for a universal, single payer health care plan in Massachusetts.

Help us influence the health care committee to report on S.686

If you are represented by any of the following legislators, please contact them, introduce yourself as a constituent and ask them to give a favorable report to S.686, the Massachusetts Health Care Trust.

Senators
- Richard Moore, Uxbridge (chair)
- Jarrett Barrios, Cambridge (vice-chair)
- Warren Chandler, Worcester
- Susan Fargo, Lincoln
- Bruce Tarr, Gloucester

Representatives
- Peter Koutoujian, Newton (chair)
- Christine Canavan, Brockton (vice-chair)
- William Galvin, Canton (chair)
- Colleen Garry, Dracut
- Thomas Golden, Lowell
- Rachel Kaprielian, Watertown
- Kathleen Teahan, Whitman
- Patricia Haddad, Somerset
- Bob Coughlin, Dedham
- Shirley Gomes, Harwich
- Susan Murray, Sharon

To find out your senator and/or representative is, call the MNA’s department of legislation at 1-800-882-2056.
President's column

MNA takes big step towards safer staffing; need to mobilize for final push

By Karen Higgins, RN

The Health Care Committee of the Massachusetts Nurses Association (MNA) presented its recommended bylaw changes to local boards of directors in May, in order to vote at the organization’s business meeting in Mechanics Hall in order to vote at the organization’s business meeting.

The suggested move from the district structure to the new regional council structure was put in motion after a vote by the MNA membership at the organization’s 2002 convention. The motion called for the leaders of the MNA districts to come together to explore ways for the MNA regional structure to be more responsive to the local membership. The group, with representation and participation by five of the four districts, held a series of meetings throughout the winter and spring and presented its recommended bylaw changes to local boards and to the MNA board in May.

The topic had garnered significant attention throughout that time, and members turned out in force to show their support for the proposed change at this year’s convention—with hundreds of nurses and health care professionals gathering in Mechanics Hall in order to vote at the organization’s business meeting.

“The overwhelming approval with which this vote passed represents important and exciting things to come for members of the Massachusetts Nurses Association,” said Julie Pinkham, executive director of the MNA. “The new structure will help us move the membership’s agenda even more effectively.”

Thank You

The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors and sponsors of the 2003 MNA Convention:

Sponsors:

ADVANCE Newsmagazines
AIG VAUC
Colonial Insurance Services
Districts 1, 2, 3, 4, 5
Frontier Capital Management
LEAD Brokerage
McDonald & Associates
Nurses Service Organization
UBS PaineWebber, Inc

Exhibitors:

ADVANCE Newsmagazines
Alexander’s Uniforms
Anna Maria College
Beacon Health Care Products
Boston Medical Center
Brigham and Women’s Hospital
Cambridge Health Alliance
Cape Cod Healthcare
Cingular Wireless
Colonial Insurance Services
Commonwealth Communities
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Doctor’s Research Group, Inc.
Fallon Clinic
Federal Bureau of Prisons
Hill-Rom Company

2003 MNA Convention
October 15, 16 & 17, 2003
Mechanics Hall, Worcester, MA
MNA on Beacon Hill

Congratulations! You’ve completed the first step in passing safe RN staffing

By Charles Stefanini
MNA Legislative Director

Congratulations MNA members! On Nov. 19 the Joint Committee on Health Care favorably passed H.1282, the Quality Patient Care/Safe RN Staffing legislation. This was a historic moment for registered nurses who have been working to protect patients and ensure quality patient care. This was the first time the bill received a favorable vote by the Health Care Committee, and its success due to your hard work and dedication. Everything you’ve put into this effort is paying off. You’ve advocated for RN-to-patient ratios through the public and your elected officials, and RNs everywhere are taking notice).

This effort is paying off. You’ve advocated for RN-to-patient ratios through the public and your elected officials, and RNs everywhere in Massachusetts have been working hard to pass H.1282 by:
- Phoning legislators
- Participating in letter-writing campaigns
- E-mailing legislators

All of these tactics work: legislators responded to the needs of their constituents and the phone calls, e-mail messages, letters and meetings with legislators all played an important role in your success. Much work still remains. Our next step is to move the bill favorably from the House Ways and Means Committee and then to votes in the full House and Senate before sending it to the governor’s desk. You must stay involved in the campaign by regularly contacting your legislators to advocate for the bill’s passage and let them know you want to see the bill passed. The bill’s success, the safety of patients and the future of your career depend on it.

We will continue to hold district meetings with legislators, deliver our message through the media, lobby the legislature and organize at the grassroots level—but success will ultimately depend on your continued help and involvement.

It was YOU who got H.1282 passed favorably by the Health Care Committee on November 19. It was your phone calls, your e-mail messages, your collection of signatures, and your meetings with legislators that made the difference.

If we keep up the momentum, together we will make RN-to-patient ratios law in Massachusetts.

Getting ready for round two: how to help move H.1282 through the House

Thank your legislators

Please call, write, and/or email your legislators today and thank them for helping to get H.12822 out of the health care committee with a favorable report. Go to www.massenurses.org, click on the box that says “write to legislators” and follow the links to send a thank you note to your representative and senator. Please personalize the letter, especially if your legislators followed up with you when you contacted them last week.

Write a letter to the editor

Go to www.massenurses.org, click on the box that says “write to legislators” and follow the links to write a letter to the editor of your local paper thanking your legislators – just click on the box that says “write a letter to the editor” and follow the links to personalize a sample letter and e-mail it off.

‘Talk to Ten’ postcard campaign

Talk to your colleagues, family, friends and neighbors and ask them to sign a postcard in support of safe staffing. To become involved in this campaign, talk to your bargaining unit chair or call the MNA at 781-830-5725.

Attend a legislative briefing in your area

We’ll mail you an invitation and a reminder when a legislative briefing is taking place in your neighborhood. Please share the invitation with all of the nurses you know in your area.

Keep up the great work and contact your legislators regularly

Nothing rings more true in the legislative process than the “squeaky wheel gets the grease.” Your legislators are elected to represent you interests—let them know what you are interested in, what issues matter to you, and when they’ve done a good job.


There are many steps that need to be taken before a bill becomes a law in Massachusetts. The favorable report on November 19 by the Health Care Committee was a huge step towards passage of this important bill; and it was with much excitement and pride that the MNA “checked” this item off of its “to do list.”

Here is what the check list looks like post-Nov. 19:
- Favorable report by the Joint Committee on Health Care
- Favorable vote by the House Ways and Means Committee
- Passage by the full House of Representatives and send to State Senate
- Favorable vote by the Senate Ways and Means Committee
- Passage by the state Senate
- To the governor’s desk for his signature or veto and override of veto if needed

Congress on Health Policy and Legislation

The Congress on Health Policy and Legislation is looking for volunteers to fill vacancies when they occur, and to help with our legislative efforts, including providing expert testimony on issues for which members have specialized knowledge and expertise. The Congress meets 10 times per year to set MNA’s legislative agenda, review health care legislation, assist in MNA’s lobbying efforts and host MNA’s annual Lobby Day. If interested, contact Charles Stefanini, MNA Director of Legislation and Government Affairs at 800-882-2056, x716 or e-mail at cstefanini@mnarn.org.
passed in California and will take effect on January 1, 2004. “The quality patient care/safe staffing bill will have a profound impact on the safety and quality of care provided to patients,” said Isaac BenEzra, president of the Massachusetts Senior Action Council and a member of the Coalition to Protect Massachusetts Patients—an alliance of organizations that is promoting passage of the bill. “This initiative will enhance the efforts of our organization by ensuring that seniors who are admitted to the hospital have access to the safest, most high-quality nursing care available. As an on-going commitment to our mission, the Massachusetts Senior Action Council proudly supports this important patient-safety initiative.”

“This is a major hurdle in a long fight to protect patients from what have become unsafe and even life-threatening staffing conditions in Massachusetts hospitals,” said Karen Higgins, RN and president of the MNA. “We applaud the Health Care Committee for its understanding of this issue and its commitment to guarantee every patient in Massachusetts hospitals the right to quality care.”

“We are delighted to see this important patient-safety initiative move forward,” said Carlos Alvarez, executive director of the American Lung Association of Massachusetts. “Our organization works tirelessly to educate and inform citizens about a variety of lung-related diseases and their causes, and we work even harder at finding disease-prevention techniques and treatments. But if patients are not getting the appropriate nursing care when they’re in the hospital, then our work is truly diminished.”

As the Legislature was preparing to recess for the holidays, pressure from nurses and the general public to move the bill forward intensified. In addition, the bill was given a boost in recent weeks by the release of some influential reports underscoring its need.

The DPH reported in late October that medical errors and patient complaints for the commonwealth’s hospitals jumped 32 percent in the last three years; 76 percent over the last seven. At nearly the same time, the prestigious Institute of Medicine of the National Academies joined the chorus of medical researchers who have found that “there is a clear relationship between staffing levels and patient safety.” A survey in October by Opinion Dynamics (ODC) found that 60 percent of Massachusetts voters attributed deterioration in the quality of hospital care to nurses having to care for too many patients and that 76 percent of registered nurses reported having too many patients to care for, and that the results were devastating to patients: nearly one in three nurses (29 percent) reported patient deaths directly attributable to having too many patients to care for, and two-thirds reported instances of patient complications or substandard care because of understaffing.

These studies followed earlier reports in some of the nation’s most prestigious medical and nursing journals, including the New England Journal of Medicine, The Journal of the American Medical Association, the Joint Commission on Accreditation of Healthcare Organizations, and other prestigious research journals revealing that the more patients an RN cares for, the higher the risk of injury, illness and mortality to those patients.

“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 continue to exacerbate a growing shortage of nurses who are willing to work in hospitals,” said Higgins. “Passage of this legislation is the key to improving care for our patients and to creating conditions that will retain and recruit the nurses we need to provide safe patient care.”
Creating a household/personal disaster plan

By Evelyn I. Bain
Associate Director/Coordinator, Health and Safety Program


While the questions and negotiations around emergency preparedness in the hospital and community setting continue, personal and household preparedness may often be neglected. Household preparedness goes beyond the milk, bread and batteries that we New Englanders gather like squirrels when snow is in the forecast.

Learning about your community will reveal what other industries—those that threaten your safety. Is there a nuclear power plant near your home? Or a chlorine storage tank? Or perhaps a railroad track that transports hazardous materials? Based on the answers to these questions, you should take the time to learn about the response plan that is in place for your specific community. Think about how you and your family fit into it. Where are the shelters that would be accessible during a time of need? Can you take your pets with you to shelters? The answer may be yes if a crate or carry case is part of your emergency equipment. But many shelters will not allow pets.

FEMA notes that families may be separated in a disaster. Do you plan for a day in which you must be on your own? Can you find a friend or relative that you will check in with? What will you need to know to get back together with them? FEMA’s Emergency Preparedness Task Force contact Betty Sparks, chairperson, through Clinton Puntus at 781-830-5754 or e-mail at cpuntus@mnarn.org.

References
(1) ref. OSHA 1910.132 Training and education on the use of appropriate PPE.
(2) ref. OSHA 1910.1020 Access to hazardous materials and emergency response.
(3) ref. OSHA 1910.1030 Blood borne Pathogens Standard.
(4) ref. OSHA 1910.1020.1 Access to employee exposure and medical records.
(5) ref. OSHA 1904.132 Training, and education on the use of appropriate PPE.

A nurse’s right to know: emergency preparedness

Questions developed by MNA member Liz O’Connor and Congress on Health and Safety member Janice Homer; adapted from the MNA’s “Guidelines for Terrorism.”

A nurse’s right to know: emergency preparedness

1. Have policies and procedures been developed for training nurses prior to an event of exposure or suspected exposure to products of a bio/chemical release/explosion?
   - What are the policies relative to informing nurses of actual or suspected exposures?
   - How do these policies address the expected response of nurses working in other areas than the ED?
   - Where is it kept?
   - Can it be accessed at any time?

2. What, when and how will training be conducted relative to the personal protective equipment that is required according to CDC/FEMA/OSHA guidelines or employee requests?
   - What assurances are there that personal protective equipment is available at all times?
   - How will it be kept?

3. What, when and how will training be conducted relative to decontamination following chemical or biological exposure?

4. What is the plan for immediate immunization of nurses if and/or when it is recommended by CDC/FEMA/OSHA?
   - Will you assure nurses the right to refuse immunization?

5. When/how will employees be informed of the process for reporting and recording exposure events to occupational/employee health?
   - How will you assure that exposure reports become part of the employee’s permanent health record and are filed in employee/employee health record for a period of 30 years plus the duration of employment? Will copies be provided to the affected employee?
   - How will you assure recording on the OSHA 301 report form or its equivalent of exposures to products of a bio/chemical exposure event for all exposed nurses?

6. How will the employer assure that there will be no cost to the employees for education, training, personal protective equipment, immunizations or the medical treatment following illness or injury from exposure to products of a bio/chemical releases/exposure or event?
   - Will the employer assure that the period of illness will not be deducted from any vacation/sick time previously earned by the employee?

For more information on the questions or the Emergency Preparedness Task Force contact Betty Sparks, chairperson, through Clinton Puntus at 781-830-5754 or e-mail at cpuntus@mnarn.org.

So you think it’s safe at work? Notes from the Congress on Health and Safety

It’s not only Emergency Departments

A nurse’s right to know: emergency preparedness

Creating a household/personal disaster plan

By Evelyn I. Bain
Associate Director/Coordinator, Health and Safety Program


While the questions and negotiations around emergency preparedness in the hospital and community setting continue, personal and household preparedness may often be neglected. Household preparedness goes beyond the milk, bread and batteries that we New Englanders gather like squirrels when snow is in the forecast.

Learning about your community will reveal what other industries—those that threaten your safety. Is there a nuclear power plant near your home? Or a chlorine storage tank? Or perhaps a railroad track that transports hazardous materials? Based on the answers to these questions, you should take the time to learn about the response plan that is in place for your specific community. Think about how you and your family fit into it. Where are the shelters that would be accessible during a time of need? Can you take your pets with you to shelters? The answer may be yes if a crate or carry case is part of your emergency equipment. But many shelters will not allow pets.

FEMA notes that families may be separated in a disaster. Do you plan for a day in which you must be on your own? Can you find a friend or relative that you will check in with? What will you need to know to get back together with them? FEMA’s Emergency Preparedness Task Force contact Betty Sparks, chairperson, through Clinton Puntus at 781-830-5754 or e-mail at cpuntus@mnarn.org.

References
(1) ref. OSHA 1910.132 Training and education on the use of appropriate PPE.
(2) ref. OSHA 1910.120 Hazardous Materials and Emergency Response.
Adding to the mounting evidence that inadequate RN staffing in hospitals threatens patient safety, a recent report by the Institute of Medicine (IOM) of the National Academies said, “The environment of nurses, the largest segment of health care workforce, needs to be substantially transformed to better protect patients from health care errors.”

The report called for changes in how nurse staffing levels are established and for mandatory limits on nurses’ work hours as part of a comprehensive plan to reduce problems that threaten patients. In a statement, the blue ribbon panel said, “Despite the growing body of evidence that better nurse staff levels result in safer patient care, nurses in some health care facilities may be overburdened. For instance, some hospital nurses may be assigned up to 12 patients per shift.”

There is a clear relationship between staffing levels and patient safety, said Donald M. Steinwachs of Johns Hopkins’s Bloomberg School of Public Health and chair of the Institute of Medicine Committee. “This is what MALong has been arguing,” said MNA President Karen Higgins, RN. “I couldn’t have put it more clearly myself. Fatigue and burnout by under-staffing, are causing errors in patient care.”

Higgins pointed to a number of other reports and surveys released in the last few months, including a survey by Public Health Report detailing a 76 percent increase in patient injuries, complaints and medication errors in Massachusetts hospitals. A recent survey of nurses in Massachusetts conducted by Opinion Dynamics Corporation found that a vast majority of nurses in Massachusetts attributed a rise in medical errors, complications and even patient deaths to the regular practice of nurses being assigned to on average 4.5 patients.

In addition, the report released the same week as the IOM study found that more than 60 percent of the general public said that a deterioration in the quality of care can be attributed to the understaffing of RNs in hospitals.

The IOM report also called upon the hospital industry to increase staffing levels to accommodate changes in patient volume on a given shift; it asked leaders of hospitals to grant front-line nurses the power and ability to stop admissions to units that are understaffed; and it called upon nursing leaders to develop methods to improve nursing staff retention. It also recommended that the number of RN-to-patient ratios be established in nursing homes, and for one RN for every two patients in hospital intensive care units.

The hospital industry has consistently refused to implement the type of changes that were recommended in the IOM report. Instead, it continues implementing staffing practices that place the health and safety of patients in jeopardy. As the National Academy panel said, “The solutions would seem obvious, but they aren’t being made because the culture of healthcare institutions is blocking changes.”

The report all focused on the widespread mistrust front-line nurses have for administrators within the health care system and identified past practices of the industry as an underlying cause of the problems that currently exist in the nation’s health care industry.

Higgins said the findings point to the urgent need for the Massachusetts Legislature to pass safe RN staffing legislation (H.1282). The bill accomplishes the goals set forth by the IOM report, and it would do so immediately once the bill was passed. “We can’t afford to wait for the health industry to do what it should have been doing for the last 15 years. Without regulations guaranteeing patients the care they deserve, we will never get it and people will most certainly die as a result.”

The MNA was among the first to develop a comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

H.1282, which aims to mandate minimum RN-to-patient ratios in all acute care hospitals in Massachusetts, was developed in response to studies by the New England Journal of Medicine, the Journal of the American Medical Association, JCAHO, and other prestigious researchers revealing that the more patients a registered nurse cares for, the higher the risk of injury, illness and mortality to those patients. The bill calls for the creation of a standardized patient classification system to adjust nurse staffing on a daily basis to provide the flexibility called for in the IOM report. It also would prohibit the use of forced overtime beyond the 12-hour limit set forth in the IOM report. It also calls for maintaining support systems for nurses to allow them to work to their optimum level as recommended in the IOM report.

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

The MNA was among the first to develop a comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Pinkham noted that the panel recommended a minimum nurse-patient ratio of one nurse for every two patients in Intensive Care Units (ICUs). But, she warned, “It was already proven in California/where ICU staffing levels have been regulated for three decades/what a piecemeal approach cannot work. California adopted comprehensive RN-to-patient ratios for all hospital units, similar to those proposed in H.1282, precisely because hospitals tried to evade the regulations by shifting patients who should have been in ICUs to other units.”

Internalizing what Mass. nurses have been saying about need for ratios.

Federal report links RN staffing to patient safety

• Educated Congress members on issues of eye movement desensitization and reprogramming—a therapy for post-traumatic stress disorder.

• Participated in the Annual SEAK Conference on Workers’ Compensation.

• Approved a health and safety research program related to evaluating the current health status of MNA members who were affected by poor ventilation at Brigham and Women’s Hospital. The Congress also developed a liaison with Umass Amherst to develop and analyze the survey using the research funds that were supplied through the Congress’ budget.

• Participated in Massachusetts Department of Health’s Needlestick Advisory Board; the Asthma Network; the Teen Injury Task Force; and the MICS Advisory Board.

• Provided testimony before the state’s Joint Committee on Health Care on Latex (hazards) Posting Bill; the AHT Chemical Reduction Bill; and on a bill that would develop the Office of Indoor Air Quality within the Massachusetts DPH.

• Welcomed Christine Pontus, MS, RN, COHN-S, as the second associate director for the Health and Safety Program in the MNA’s department of nursing.

Goals for 2002-2003

• Support activities to successfully complete requirements of the NORA Grant Applying OSHA to Healthcare Set- tings.

• Provide input and oversight in the development of the Health and Safety Program within the MNA’s depart- ment of nursing.

• Increase membership in the Congress on Health and Safety.

• Develop an on-line CE program with a Health and Safety Focus.
Whidden RNs hold picket as contract talks stall over salary, staffing issues

As contract talks continued to stall over concerns about poor working conditions, dangerous staffing levels and pay, the nurses’ union at Whidden Memorial Hospital in Everett held an informational picket outside the facility on Oct. 27.

The union decided to picket following its last negotiating session with hospital management on Oct. 21. The parties—who have been negotiating a new contract since March 27, 2003—had held seven sessions to date. The nurses’ contract expired on April 1, 2003.

More than 200 RNs, nurse practitioners and health care professionals are represented by the MNA at Whidden Memorial Hospital—which was absorbed into the Cambridge Health Alliance system in July 2001. The MNA also represents the RNs at Cambridge Health Alliance-owned Cambridge Hospital and Somerville Hospital.

“Pay parity is the overriding issue in dispute,” said Joanne Bartoszewicz, chair of the MNA at Whidden Memorial Hospital—said Joanne Bartoszewicz, chair of the MNA at Whidden Memorial Hospital—said Joanne Bartoszewicz, chair of the MNA at Whidden Memorial Hospital—which was absorbed into the Cambridge Health Alliance system in July 2001. The MNA also represents the RNs at Cambridge Health Alliance-owned Cambridge Hospital and Somerville Hospital. The study was the first to tie hospital death rates directly to nurse/patient caseload ratios. We found that for every additional patient added to a nurse/patient caseload after they have four patients already, there’s a 7 percent increase in the risk of death,” according to Linda Aiken, Ph.D., RN and the study’s author.

“This means that when a nurse at Whidden Memorial has to watch over eight patients on average, their patients’ risk of complicating or dying is about 30 percent higher than if they had the appropriate number of patients. The union has been trying for months to convince hospital management to improve staffing at the facility, and they filed numerous official reports of unsafe staffing in the past year as a result. These reports are filed by nurses when they are given a patient assignment that they believe “places their patient’s safety in jeopardy.”

In addition to pay and staffing issues, the union was outraged at the Cambridge Health Alliance’s demand to dramatically weaken its contract by seeking language changes that would remove longstanding protections the nurses have won over the years. This includes efforts by management to alter reduction in force provisions for the nurses; alter the ability of members to bid on new jobs; and change long-standing sick and other leave provisions.

The local nurse’s union at Whidden Memorial is one of the oldest in the state of Massachusetts,” Bartoszewicz said. “We’ve fought long and hard to win the rights and protections our contract provides. At the same time that this facility demands to pay us like second-class citizens in this system, they are also seeking the right to strip us of protections we’ve earned through more than 30 years of negotiations. This is no way to treat professionals—especially in the midst of a shortage of health care professionals.”

RNs at Tobey Hospital win fight to maintain insurance benefits

After numerous meetings with hospital administrators, a hard-core petition drive and a strategic media outreach effort, the bargaining unit at Wareham-based Tobey Hospital won its fight to maintain insurance benefits for a group of the unit’s part-time nurses.

The struggle with the administration at Southcoast Health System began after CEO John B. Day notified several of its part-time RNs that they were no longer eligible to purchase additional insurance benefits—despite the fact that they had been available to many past RNs for more than five years and that the nurses had paid for the benefits directly. The benefits included long and short-term disability, as well as additional life insurance for RNs and their families.

Mary Ellen Bossert, RN, co-chairperson of the bargaining unit at Tobey, was one of the 16-hour-a-week nurses who would have been affected by the change in benefits, and she was actively involved in working with members of her bargaining unit to build solidarity in the fight to protect the existing insurance programs. A major part of this initiative included a powerful and effective petition drive, which resulted in record numbers of nurses signing on in order to show their support.

According to Boisvert, the initial response from hospital management following the presentation of the petitions was to offer the part-time nurses additional hours in order to make them benefit eligible. For some nurses, this was an acceptable solution. Others, however, were not willing or able to commit to working additional hours on a regular basis—so the unit maintained its solidarity and continued to fight for the rights of its members.

Following the petition drive, RNs at Tobey implemented a strategic media outreach plan—an effort that resulted in an important, pro-union article being placed in The Standard-Times of New Bedford. Within days, the administration at Southcoast Health System agreed to continue the benefits.

An agreement between the bargaining unit and the hospital administration was signed in late October allowing the part-time RNs to continue working their 16 hours—with the original benefits intact. This victory would not have been possible without the affected nurses standing together against this injustice and without the support of their colleagues who were willing to sign their names to the petition.

Congratulations to all members of the MNA bargaining unit at Tobey Hospital. This was a small step towards the creation of an even stronger union.
Timothy Murray, mayor of Worcester, presents the MNA with a key to the city.

MNA Convention 2003

Anita Hill, attorney, legal professor and human rights activist, joins Annette Rafferty, founder of the Worcester-based Abby’s House, following their keynote addresses to a packed audience of MNA members in Mechanics Hall.

Paul McCarthy talks with unionized nurses about why they must capture the power of the health care industry.

Larry Tye, author and former Boston Globe reporter, talks with nurses about “dealing with the ungodly press.”

A snapshot from MNA’s annual business meeting.
MNA annual awards: celebrating the work and dedication of MNA nurses

**ELAINE COONEY LABOR RELATIONS AWARD**

**CeCe Crowell**, **Donna Kelly-Williams**, **Kathryn M. Logan and Mary E. Marrango**

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.

CeCe Crowell serves as clinical leader in the PACU at Jordan Hospi-
tal, where she has been an active member of the MNA bargaining unit. Despite personal illness, Crowell recently continued her work as co-chair and then chair to steer the bargaining unit through the longest contract arbitration hearing in MNA his-
tory. As a result, the unit a Jordan Hospital recently won a successful contract and earned the hospital’s commitment to establishing a 4 to 1 nursing ratio. Crowell has effec-
tively guided multiple grievance arbitrations; contributed to the professional welfare of nurses; worked as a provider of education to staff; worked as a preceptor for new nurses; and campaigned tirelessly for MNA’s safe staffing legislation.

Kathlyn Logan has worked as a staff nurse at the University of Massa-
echussets Medical Center in a variety of roles for more than 20 years. In her role as grievance chair—a position that is responsible for upholding the rights of nurses under the MNA contract—she has been professional in dealing with members’ individual needs and circumstances. Logan is an acknowledged expert in dealing with grievances, and has the unique ability to prevent problematic situations from escalating through her skill in conflict resolution. Her colleagues describe her as “prepared and professional in mind and appearance, and as always having the facts in hand” during her interactions. Logan is highly respected both by nurses and man-
agement. She has also contributed at the local, state and level, where she has been actively involved in organizing leadership roles and as nurse educator.

**MNA EXCELLENCE IN NURSING PRACTICE AWARD**

**Patricia Mayo and Lolita A. Roland**

The MNA Excellence in Nursing Practice Award recognizes an individual who demonstrates outstanding performance in nursing practice. This award publicizes the essential contributions that nurses across all practice settings make to the health care of our society.

Patricia Mayo’s nursing practice has included staff nurse and nursing leadership positions in medical/surgical nursing, intensive care nursing, oncology nursing, and intravenous therapy nursing at St. Vincent’s Hospital at Worcester Medical Center. Her nominator stated that “Patricia Mayo is the first person you think of when any problem arises.” Mayo continues to deliver quality patient care. As a member of the Board of Directors of MNA District 2, she has helped advance the practice goals of the profession.

The **MNA IMAGE OF THE PROFESSIONAL NURSE**

**Donna McCarter White**

The MNA Image of the Professional Nurse Award recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.

Donna White is an addiction specialist at Lemuel Shattuck Hospital, where she has been an advocate for nurses more than ten years and was actively involved in validating the problems at Brigham and Women’s Hospital that led to several nurses becoming seriously ill and disability. She has contributed significantly to nurses’ issues being addressed at the DPH in relation to latex allergies, needlestick injuries, air quality, reproductive hazards, occupational asthma and acute and chronic chemical poisoning. Pechter has not only supported nurses’ occupational health and safety efforts, but also has provided food to nurses and nurses support-
ers when they have had to walk a picket line. According to the nurses he works with, there is no other physician who has supported the work nurses do at Anna Jaques Hospital as strongly as Dr. Bentley.

Elise Pechter is certified as an industrial hygienist in comprehensive prac-
tice and is employed in her specialty at the Mas-
achusetts Department of Public Health. She has been an advocate for nurses for more than ten years and was actively involved in validating the problems at Brigham and Women’s Hospital that led to several nurses becoming seriously ill and disability. She has contributed significantly to nurses’ issues being addressed at the DPH in relation to latex allergies, needlestick injuries, air quality, reproductive hazards, occupational asthma and acute and chronic chemical poisoning. Pechter has not only supported nurses’ occupational health and safety efforts, but also has provided food to nurses and nurses support-
ers when they have had to walk a picket line. According to the nurses he works with, there is no other physician who has supported the work nurses do at Anna Jaques Hospital as strongly as Dr. Bentley.
Jennifer Callahan

The MNA Human Needs Service Award recognizes a member who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

Capt. Beverly Danridge is currently a senior health services program management consultant in the health services division, federal Bureau of Prisons, and in his recent past, has served as the director of nursing at the Devens facility. She is also the advocate for those within her care and a leader who is a change agent.

MNA Nursing Education Award

The MNA Nursing Education Award recognizes a member who is a nurse educator and has made significant contributions to professional nursing education, continuing education and staff development.

Roy Shay is a nurse clinician and educator on a medical/surgical unit at UMass Memorial Hospital, as well as a clinical educator for nursing programs at the University of Massachusetts Amherst and Fitchburg State College. His achievements as a nurse educator are numerous: he has authored nursing guides for new graduates; developed books on intravenous procedures; and includes orientation for all nursing. Shay’s role as a preceptor is also a sponsor and strong advocate of the MNA’s Safe Staffing legislation.

MNA Human Needs Service Award

The MNA Human Needs Service Award recognizes a member who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.

Judith Shindul-Rothschild Award

Nora Aldekon Watts

The Judith Shindul-Rothschild Leadership Award recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

Nora Watts has been employed as a staff nurse at New England Hospital for 20 years, where she has been in a leadership role as the co-chair of the nursing unit. As a member of MNA’s former Cabinet for Labor Relations and a current member of the board of directors, her leadership skills have contributed to realizing the goals and mission of the MNA.

Jeanne Ulmer

Jeanne Ulmer has been a staunch supporter of nurses who can proficiently and confidently function on a high-paced cardiac floor with complex patients. Shay is a superb educator who can make complex material understandable and valued, and she is an expert at updating all staff on advances in medical and nursing care.

MNF Scholarship Recipients, Next Page
At a packed reception on Oct. 18 the Massachusetts School Nurse Organization (MSNO) presented David Schildmeier, director of the MNA’s public communications department, with its 2003 MSNO Friend of School Nurses Award. The award was presented to Schildmeier during the MSNO’s annual fall meeting, which was held at the Hoagland-Pincus Conference Center in Shrewsbury.

The MSNO Friend of School Nurses Award is given annually to an individual who has been an outstanding spokesperson on behalf of school nurses. According to Kathy O’Neil, president of the MSNO, Schildmeier has been one of the organization’s most appreciated and active advocates.

“David’s continuous support for school nurses in the commonwealth makes him a true friend of MSNO,” said O’Neil. “His contributions to our work have been invaluable: from spearheading media initiatives, to assisting with MSNO advocacy day at the State House and speaking out on behalf of school nurses at public events across the state. We are honored to present him with this award, and we are honored to have him as a friend.”

Schildmeier, who has been leading the MNA’s public communications department for the last 10 years, has had the privilege of working closely with numerous school nurses during his tenure. Most recently, he toileled with school nurses from the city of Newton’s public health department on a successful initiative that resulted in the city taking impressive steps to keep a nurse in each of its 21 schools.

Founded in 1970, the Massachusetts School Nurse Organization is a growing non-profit organization with approximately 800 members, including school nurses, school administrators, public health nurses, practitioners, consultants, educators, and retired school nurses. It has a proud history of excellence in promoting and advancing the professional practice of school nursing throughout Massachusetts. Members are encouraged to take an active stance in decisions directly impacting school nursing, especially in the legislative, economic, and educational arenas.

Schildmeier received the Friend of School Nurses Award after being nominated for the honor by Marcia Buckminster, MSNO past president and legislative chairperson.
**Peripheral I.V. Therapy Program**

**Description:** This program introduces the RN to the theory of peripheral venipuncture. It includes anatomy and physiology of the peripheral circulatory system, fluid and electrolyte imbalance, infection control and legal issues of the practice of venipuncture. Classroom instruction will include procedural demonstration and return demonstration on I.V. arms. **Clinical experience will not be provided.**

<table>
<thead>
<tr>
<th>Speakers</th>
<th>Date</th>
<th>Time</th>
<th>Place</th>
<th>Fee</th>
<th>MNA contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist</td>
<td>Jan. 22, 2004 (Snow date: Jan. 29)</td>
<td>5:00 – 8:30 p.m. (Light supper provided)</td>
<td>MNA Headquarters, Canton</td>
<td>MNA members, $45; all others, $65</td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

**Contact hours:** 4.1

**Special notes:** Certificate of attendance will be awarded

---

**Nursing Management of Central Lines**

**Description:** This course provides an overview of central venous access devices, their indications, contraindications, and care. The session will also discuss the management of complications associated with CVCs.

<table>
<thead>
<tr>
<th>Speakers</th>
<th>Date</th>
<th>Time</th>
<th>Place</th>
<th>Fee</th>
<th>MNA contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Mallia, RN, MSN</td>
<td>March 16 &amp; 23, 2004</td>
<td>5:00 – 9:00 p.m. (Light supper provided)</td>
<td>MNA Headquarters, Canton</td>
<td>MNA members, $90; all others, $125</td>
<td>Liz Chmielinski, 781-830-5719 or 800-882-2056, x719</td>
</tr>
</tbody>
</table>

**Contact hours:** 9.0

**Special notes:** Class limited to 40.

---

**Diabetes 2004: What Nurses Need to Know**

**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 dysrythmias will also be discussed. Course will include a text book and require study between sessions one and two.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Dates</th>
<th>Time</th>
<th>Place</th>
<th>Fee</th>
<th>MNA contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Mallia, RN, MSN</td>
<td>March 18, 2004</td>
<td>5:30 – 9:00 p.m. (Light supper provided)</td>
<td>MNA Headquarters, Canton</td>
<td>MNA members, $65; all others, $95</td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

**Contact hours:** 3.6 per session

---

**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 and career counseling. Representatives from area hospitals and other healthcare facilities will be available before and after the program to discuss employment opportunities.

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Date</th>
<th>Time</th>
<th>Place</th>
<th>Fee</th>
<th>MNA contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Mallia, RN, MSN, facilitator</td>
<td>April 1, 2004</td>
<td>5:30 – 9:30 p.m.</td>
<td>Lombardo's Function Facility, Randolph</td>
<td></td>
<td>Theresa Yannetty, 781-830-5727 or 800-882-2056, x727</td>
</tr>
</tbody>
</table>

**Contact hours:** 3.0 per session

---

**More C.E. courses on next page**
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.

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

**Dates**
May 10, 2004

**Time**
9:00 a.m. – 5:00 p.m. (Lunch provided)

**Place**
MNA Headquarters, Canton

**Fee**
MNA members, $155; all others, $195

**Certification**
MNA members, $125; all others, $165

**Contact hours**
16 for certification. No contact hours awarded for recertification.

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

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, 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. Please reserve your space early.

**Speakers**
Anthony Fucaro, EMT
Capt. Lawrence P. Ferazani
Evie Bain, RN, MED, COHN-S

**Dates**
May 10, 2004

**Time**
9:00 a.m. – 5:00 p.m. (Lunch provided)

**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

Advanced Dysrhythmia Interpretation

**Description**
This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarction, the EKG abnormalities associated with toxic drug levels and electrolyte imbalances. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

**Speaker**
Carol Mallia, RN, MSN

**Dates**
May 11, 2004

**Time**
5:00 – 9:00 p.m. (Light supper provided)

**Place**
MNA Headquarters, Canton

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

**Contact hours**
3.2

**MNA contact**
Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Anatomy of a Legal Nurse Consultant

**Description**
This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role and its multifaceted components will be discussed, including: practice environment, litigation process, case evaluation for compliance with standards of nursing/healthcare practice, nurse expert witness role, risk management and other important considerations. Professional certification will also be addressed.

**Speakers**
Barbara J. Levin, BSN, RN, ONC, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Shanley, RN, LNC; Jane Mihalich, BSN, RN, LNCC, Erin Weber, BSN, RN, CCRN; Elaine Noren, BS, RN, LNCC

**Dates**
May 13, 2004

**Time**
5:30 – 8:30 p.m. (Light supper provided)

**Place**
MNA Headquarters, Canton

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

**Contact hours**
3.2

**MNA contact**
Liz Chmielinski, 781-830-5727 or 800-882-2056, x719

Psychophysiology of Mind/Body Healing

**Description**
This program, “Psychophysiology of Mind/Body Healing: Placebos and Miracles,” will provide nurses with evidence-based knowledge, in-depth information and insight into the whole person, based on a whole-health concept that is relationship centered.

**Date**
May 20, 2004

**Time**
5:30 – 9:00 p.m. (Light supper provided)

**Speaker**
Georgianna Donadio, D.C., M.Sc., Ph.D., Founder and Director, The New England School of Whole Health Education

**Contact hours**
TBA

**MNA contact**
Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Wound Care—Dressing for Success

**Description**
This program will provide a comprehensive overview of the factors affecting 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**
June 9, 2004

**Time**
5:00 – 9:00 p.m. (Light supper provided)

**Place**
MNA Headquarters, Canton

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

**Contact hours**
4.5

**MNA contact**
Theresa Yannetty, 781-830-5719 or 800-882-2056, x719

Managing Cardiac & Respiratory Emergencies

**Description**
This course is designed for registered 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**
June 15, 2004

**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

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**
June 22, 2004

**Time**
5:00 – 9:00 p.m. (Light supper provided)

**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

Acute Care Nursing: 3-Program Series

**Acute Care Nursing: 3-Program Series:** The MNA has grouped together the following courses at a significantly reduced rate: Wound Care—Dressing for Success (June 9); Managing Cardiac and Respiratory Emergencies (June 15); and Interpreting Laboratory Values (June 22). Register for this three-program series and save $20. See course descriptions as listed above for details.
C.E. Course Information
(See Pages 18-19 for course information)
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 the MNA contact person for the program 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 change speakers or cancel programs when registration is insufficient. In case of inclement weather, please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.
*Contact Hours
Continuing Education Contact Hours for all programs except “Advanced Cardiac Life Support” and “Anatomy of a Legal Nurse Consultant” are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Contact hours for “Advanced Cardiac Life Support” and “Anatomy of a Legal Nurse Consultant” are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. To successfully complete a program and receive contact hours or a certificate of attendance, 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 sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems
Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

BOSTON METROPOLITAN AREA
- Bournwood Hospital Health Care Professionals Support Group
  300 South St., Brookline
  Contact: Donna White or Gail Shaw, 617-469-0300, x305
  Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital DeMarmeffe Building, Room 116
  Contact: LeRoy Kelly, 508-881-3192
  Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy
  1354 Hancock Street, Suite 209, Quincy
  Contact: Terri O’Brien, 781-340-0405
  Meets: Tuesdays, 6:30–7:30 p.m.
- Recovering Nurses Group
  Caritas Norwood Hospital, Norwood
  Contact: Jacqueline Sitte, 781-341-2100
  Meets: Thursdays, 7–8 p.m.

CENTRAL MASSACHUSETTS
- Professional Nurses Group
  University of Massachusetts Medical Center
  107 Lincoln Street, Worcester
  Contacts: Lauree, 508-853-0517
  Carole, 978-568-1956
  Meets: Mondays, 6–7 p.m.

NORTHERN MASSACHUSETTS
- Baldpate Hospital
  Bungalow 1, Baldpate Road, Georgetown
  Facilitator: Joyce Afin, 978-552-2131, x19
  Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group
  Center for Addiction Behavior
  27 Salem Street, Salem
  Contact: Jacqueline Lyons, 978-697-2733
  Meets: Mondays, 6–7 p.m.
- Recovery Lifestyles
  First Congregational Church, Room 1
  100 West Foster Street, Metro
  Contact/Facilitator: Janice O’Neil, 617-979-0262
  Meets: Tuesdays, 6:30–7:30 p.m.

SOUTHERN MASSACHUSETTS
- PRN Group
  Pembroke Hospital
  199 Oak Street, Staff Dining Room, Pembroke
  Contact: Sharon Day, 508-375-6227
  Meets: Tuesdays, 6:30–8 p.m.

WESTERN MASSACHUSETTS
- Nurses Helping Nurses
  Bay State Medical Center, EAP Building
  50 Maple Street, Springfield
  Contact: Marge Balkiwitz
  Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group
  Franklin Hospital Lecture Room A, Greenfield
  Contact: Wayne Castryk, 413-774-2351
  Elliot Smolensky, 413-774-2871
  Meets: Wednesdays, 7–8 p.m.

OTHER AREAS
- Maguire Road Group
  For those employed at Private Health Care Systems
  Contact: John William, 508-834-7036
  Meets: Mondays
- Nurses for Nurses Group
  Hartford, Conn.
  Contacts: Joan, 203-623-3261
  Debbie, 203-671-406
  Rick, 203-237-1199
  Meets: Thursdays, 7–8 p.m.
- Nurses Peer Support Group
  Ray Conference Center
  345 Blackstone Blvd., Providence, R.I.
  Contact: Sharon Goldstein, 800-445-1195
  Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group
  Veteran’s Administration Hospital
  5th Floor Lounge (take a right off of the elevators)
  Manchester, N.H.
  Contacts: Deirdre M., 603-647-8852
  Sandy, 603-566-6482
  Meets: Tuesdays, 7–8:30 p.m.
**Benefits Corner**

Just in time for tax season: discount tax preparation service from TaxMan

Take 20 percent off the cost of professional tax preparation services provided by TaxMan, Inc. at any of their 24 offices located throughout Massachusetts and New Hampshire. Call 1-800-7-TAXMAN or visit 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. Tax Man 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.

---

**MASSACHUSETTS NURSE**

*Massachusetts Nurse* accepts unsolicited articles, photography, press releases, and other pieces for consideration as editorial material. Submission by deadline dates does not ensure publication in any issue. All submission copies and ideas should be sent to:

Editor, Massachusetts Nurse
340 Turnpike Street
Canton, MA 02021
781-830-5718 or 800-882-2056, x718
e-mail: jjohnson@mnarn.org

---

**MNA Announces**

**More Exciting Group Travel Trips**

*Reserve Early, Space is Limited*

**Western Caribbean Cruise**: $799* inside cabin/$899* outside cabin
Feb. 1–8, 2004
Join this exotic cruise to four ports in the Western Caribbean. The ship will depart Tampa and arrive in Grand Cayman early Tuesday morning for a full day to explore the international shops of George Town and indulge in the many water sports along Seven Mile Beach. We will sail overnight to Costa Maya, Mexico, to enjoy a wide variety of activities at the newly built entertainment complex with shops, lagoons and water sports. Your fun in Mexico continues in Cozumel, the jewel of the Yucatan. Your last destination is Belize, a country lush with vivid tropical flowers and beauty beyond belief. Cruise aboard Carnival Cruise Line’s “Inspiration.” Carnival has transformed itself into a far more upscale cruise product with a contemporary vacation for all age groups. Most everything has been dramatically upgraded from food to service, and its onboard entertainment has always been the best afloat! Includes air from Boston, transfers, seven-night cruise with all meals and complete day and evening social and entertainment programs. You also have the option to obtain your year’s worth of contact hours (7.5) while on board the ship during the days at sea!**

**Northern Italy lakes tour**: $1,599*
May 19–27, or May 26–June 3, 2004
Back by popular demand, the MNA is offering this nine day/seven night, all-inclusive tour of Italy. This trip will feature Innsbruck Austria and the Italian cities of Venice, Trento, Milan, Verona, and Padua as well as the wonderful village towns in the famous Lake Garda Region. During this tour we will visit the Imperial Palace in Innsbruck, the Dolomites, the Brenner Pass, the Duomo in Milan, and see Leonardo da Vinci’s famous painting of the “Last Supper.” You will also tour the Grand Canal to St. Marks Square in Venice, visit the setting for Shakespeare’s “Romeo and Juliet” and tour the university city of Padua. Air, transfers, hotel and all meals are included in this wonderful tour. This trip is sure to fill quickly.

**Taormina, Sicily tour**: 1,599*
Oct. 27–Nov. 4, or Oct. 29–Nov. 6, 2004
Taormina—a world class resort area situated on the east coast of Sicily—was rated by a *Travel and Leisure* magazine readers’ poll to be the number one destination in Europe. This nine day/seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east cost of Sicily to Messina. Air, transfers, hotel and all meals are included in this wonderful tour.

*Prices listed are per person, double occupancy based on check purchase.

**Minimum of 20 passengers required to host contact hour programs.**

More information on the contact hour programs will be distributed with the flyer for this trip. Applicable departure taxes are not included in the listed prices above.

For more information, contact Carol Mallia at 781-830-5755 or via e-mail at cmallia@mnarn.org.
MNA Member Benefits Save You Money

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 a.m. to 6:00 p.m.)
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

CREDIT CARD PROGRAM
MBNA AMERICA ................................................................800-847-7378
Exceptional credit card at a competitive rate.

TERM LIFE INSURANCE
LEAD BROKERAGE GROUP.............................................800-842-0804
Term life insurance offered at special cost discounts.

LONG TERM CARE INSURANCE
WILLIAM CLIFFORD..........................................................800-878-9921, x110
Flexible and comprehensive long-term care insurance at discount rates.

SHORT TERM DISABILITY INSURANCE
NEW ENGLAND INSURANCE SPECIALIST LLC.............800-959-9931 or 617-242-0909
Six-month disability protection program for non-occupational illnesses & accidents.

LONG TERM DISABILITY INSURANCE
LEAD BROKERAGE GROUP.............................................800-842-0804
Provides income when you are unable to work due to an illness or injury.

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

DISCOUNT TAX PREPARATION SERVICE
TAXMAX INC.....................................................................800-7TAXMAN
20% discount on tax preparation services.

Products & Services

AUTO/HOMEOWNERS INSURANCE
MANSFIELD
COLONIAL INSURANCE SERVICES..............................800-571-7773 or 508-339-3047

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

FALMOUTH & POCOSET
MURRAY & MACDONALD INSURANCE SERVICES...........800-800-8990

TURNER FALLS
PARTRIDGE ZECHA INSURANCE AGENCY......................413-863-4331
Save up to 18% for all household members. For a no obligation quote visit www.massnurses.org.com

DISCOUNT DENTAL & EYEWEAR PROGRAM
CREATIVE SOLUTIONS GROUP........................................800-308-0374
Best benefits—a healthcare savings plan that cuts the cost of healthcare expenses. Discounts on dental, eyecare and chiropractic expenses.

DIGITAL PAGERS
INTERNET PAGING................................................................800-977-1997
Discount digital pager program.

LONG DISTANCE TELEPHONE SERVICE
ALLIANCE SERVICES.......................................................888-922-SAVE
4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service—7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

CELLULAR TELEPHONE SERVICE
CIRCULAR WIRELESS......................................................800-894-5500
Lowest rate possible $8.95/month plus $.37/minute peak with free nights (7:00 p.m. to 6:59 a.m.)—an MNA exclusive & free weekends.

JIFFY LUBE DISCOUNT
MNA MEMBERSHIP DEPARTMENT..................................800-882-2056, x726
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE
MASS BUYING POWER..................................................781-929-4900
A consumer referral service offering super savings on products & services. Visit their Web site at www.massbuy.com (Password MBP)

DISCOUNT ELECTRONICS & APPLIANCES
HOME ENTERTAINMENT DISTRIBUTORS........................800-232-0872 or 781-828-4555
Home electronics & appliances available at discount prices for MNA members.

OIL NETWORK DISCOUNT
COMFORT CRAFTED OIL BUYING NETWORK................800-649-7473
Lower your home heating oil costs by 10 – 15%.

WRENTHAM VILLAGE PREMIUM OUTLETS
Simply present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

SIGHT CARE VISION SAVINGS PLAN
MNA MEMBERSHIP DEPARTMENT..................................800-882-2056, x726
Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work ‘n Gear discount card at any Massachusetts Work ‘n Gear store.

Travel & Leisure

HERTZ CAR RENTAL DISCOUNT
HERTZ...........................................................................800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#128147.

DISCOUNT MOVIE PASSES
MNA MEMBERSHIP DEPARTMENT..................................800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

DISCOUNT HOTEL & TRAVEL PRIVILEGES
CHOICE HOTELS INTERNATIONAL (SOS PROGRAM)........800-258-2847
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00010102. Membership in Guest Privileges Frequent Traveler Program.

DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS
EXECUTIVE TOUR & TRAVEL SERVICE.........................800-272-4707 (RESERVATIONS)

CENTRAL FLORIDA AREA ATTRACTIONS
THE OFFICIAL TICKET CENTER ........................................877-406-4836
Discount admission to Orlando area attractions.

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT
MNA MEMBERSHIP DEPARTMENT..................................800-882-2056, x726
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fl.

UNIVERSAL STUDIOS MEMBER EXTRAS
Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices or e-mail member.extras@universalorlando.com for information.

MNA’s premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.
Help Us Uncap Nurses’ Wages

As a direct result of lobbying by the nursing home industry, Massachusetts, through its Division of Health Care Finance and Policy, has capped the rates nursing agencies can charge and thus has capped the wages that agencies can pay to their nurses. The regulation ties the wages agencies can pay to the median wage paid by healthcare facilities. The law limits nurses’ wages, is anti-competitive, and in fact is designed to keep nurses’ wages low. Moreover, the scheme actually favors travel nurses from outside the state over Massachusetts’ own resident nurses.

We need your help to protect agency nursing in Massachusetts, to lift the cap on your wages, and to protect your jobs from being given to out-of-state travel nurses at higher pay rates.

The Division will soon issue proposed rates for the upcoming year, probably in mid-November. At that time, the Division will hold a public hearing and receive comments from interested parties, after which the rates will be made final. We do not anticipate that the new rates will be substantially better than the old and, in any event, they will still be artificially low and will force nurses out of nursing and local operating agencies out of Massachusetts. It is imperative that agencies and nurses educate the Division about how the rates will operate to lower all nurses’ wages. As a practical matter, this legislation is nothing but price protectionism for the benefit of nursing homes and hospitals.

What can you do?

You can help fight this legislation in two ways.

• First, you can appear at the Division’s hearing. We’ll let you know as soon as the date is set – just watch the “News” page at our website at www.favoritenurses.com or, better yet, go there to sign up for our newsletter and you’ll receive the information automatically.

• Second, you can join in a Favorite Nurses complaint to be filed with the Massachusetts Supreme Judicial Court seeking relief from the final rates once they are issued. An earlier lawsuit filed by Favorite Nurses and the American Staffing Association successfully convinced the Court to reverse previous unfair regulations. We believe that we will need to resort to litigation again to get relief from the anticipated new rates. We need your input and help.

Have you been affected in any of the following ways:

• Have your hourly wages been reduced due to the wage-cap regulations?
• Have you begun working outside the Commonwealth of Massachusetts since the regulations were imposed?
• Did you leave the field of nursing altogether as a result of the changes in wages? Do you know someone who did?
• Have you been unable to afford continuing education or other training due to pay changes?
• Have you experienced any other negative situation as a result of the legislation and regulations regarding agency nursing rates?
• Has your agency gone out of business?

If you or someone you know has experienced any of these hardships, please contact us so we can use your experience as proof of the negative consequences caused by these legislative changes.

To support our complaint, please contact Kathy Perry at Favorite Nurses immediately.

We’ll be glad to assist you in preparing and submitting your written statement in support of these changes. Please immediately reply to KPerry@favoritenurses.com or call Favorite Nurses anytime at 1-800-676-3456.

~ Help us protect nursing in the Commonwealth of Massachusetts ~
~ Help us protect your current and future income ~
~ Help protect patients in need of good nursing in Massachusetts ~
~ Help Favorite Nurses keep Massachusetts nurses in nursing! ~
Attention unit chairs & co-chairs

The MNA Labor Relations Department will be hosting the 2nd Annual Chair Assembly von Thursday Jan. 29, 2004, from 9 a.m. to 3 p.m. at the Radisson Hotel in Marlborough (same site as last year). There will also be a reception on Wednesday evening at the hotel. We are still preparing the program and will provide further updates.

NURSE MATES’

WANTED: ENERGETIC, ARTICULATE, ORGANIZED LEADER.

Nurse Mates is looking for a Nurse Advisory Board Leader to assist us in gaining insight into the product needs of nurses. This is an opportunity to directly influence the design of footwear, apparel and accessories specifically for the nursing profession.

The successful leader will possess excellent communication, interpersonal and leadership skills. Compensation and perks provided. Occasional travel will be required.

If you have a few hours each month to dedicate to this effort, please forward your resume and letter of interest to:

Nurse Mates Advisory Leader
Email: nursemates@hhbrown.com
Fax: 603-880-1836
8 Hampshire Dr., Hudson, NH 03051

MORTON HOSPITAL AND MEDICAL CENTER

Morton Hospital and Medical Center is a busy community hospital centrally located in south-eastern Massachusetts. We are committed to delivering high-quality, compassionate care to the communities we serve and are looking for dedicated people to join our team. We offer:

- Top salaries and benefits
- Flexible schedules
- A close-knit, friendly and supportive work environment
- An easy commute and free parking
- Free in-house CEUs and educational opportunities

Current career opportunities include:

- MDS Coordinator, 40 hours (Transitional Care Unit)
- Registered nurses—ER (8- and 12-hour shifts, experience preferred), ICU (evenings), PCU (nights), Medical/Surgical (evenings and nights) and Transitional Care Unit (nights)
- Per diem opportunities available in specialty areas based on work experience

Emergency Department RNs: Come Grow With Us!

This fall we began a renovation project in our ED. Designed with input from Emergency nurses and physicians, the new ED will have nearly twice the treatment capacity and include a number of advanced features to enhance patient care and staff efficiency and satisfaction. If you love the fast pace, constant variety, challenges and rewards of high-acuity Emergency Nursing, Morton Hospital is the place for you!

Please contact Lillian Tetreault or Jennifer Redding:
Tel: (508) 828-7062 Fax: (508) 828-7160
e-mail: ltetreault@mortonhospital.org
Or apply online at www.mortonhospital.org

Want Safe Staffing?
Then Get Political with NursePLAN

If you truly want safe staffing for your patients and your profession, then you need to get political with NursePLAN—the MNA’s political action committee (PAC).

NursePLAN is dedicated to raising and contributing funds to political candidates who support the nursing profession, patient safety and quality health care:

- NursePLAN ranked as one of the state’s top 20 PACs in 2002.
- Last November, NursePLAN endorsed candidates who were successful in 18 out of 23 state primary races and 51 out of 56 state general election races.
- One MNA-endorsed candidate won by just 12 votes, due in large to the impressive number of nurses who came out to vote.

Efforts like these are also having an enormous influence on the legislature’s continued movement forward to pass the MNA’s safe staffing legislation. We have accomplished a great deal on this front already, but your support is still needed.

If you want safe staffing, then you need to get political. Help us ensure that candidates who support the nursing profession are elected.

Contribute today, and please consider making a donation that will allow you to earn a limited edition, 100th anniversary MNA jacket. Doing so is simple and easy—just complete and return the attached form. Thank you for getting political with NursePLAN.

NursePLAN Contribution Form

Name: ________________________________
Mailing Address: __________________________
Phone: __________________________ Email: ______________________________
Employer*:_______________________ Occupation*: ___________________________

*state law requires that contributors of $200 or more per year provide this information
Some sizes are special order and will take up to 8 weeks to be delivered.

Please check one:
❑ Donation of $100 or more. Please make check payable to NursePLAN. Amount enclosed________
❑ Donation of $85 and:
  ❑ I already donate at least $5/month to NursePLAN via Union Direct.
  ❑ Sign me up to become a monthly NursePLAN donor in addition.
  ❑ I would like to contribute the additional amount of (PLEASE CIRCLE ONE)

  $5/month $10/month $20/month Other $_____/month

Signature: ________________________________ Date: __________________________

MNA baseball cap makes a fashion statement

Available for $11 each or two for $19 (including postage), these 100 percent cotton hats have a navy blue rim and a beige cap. The MNA logo is silk screened in navy blue on the front. To order, contact Rosemary Smith in the MNA’s membership department, 781-830-5741 or send checks directly to: MNA Membership Dept., 340 Turnpike Street, Canton, MA 02021.
One small step…

With the Health Care Committee’s favorable approval of H.1282 on November 19, MNA members were able to take their first step toward something they’ve worked at for more than nine years: the legislative approval and subsequent implementation of mandatory RN-to-patient ratios.

One giant leap…

But the Health Care Committee’s approval doesn’t just represent “the first step.” Instead, it represents something bigger, something more important, and something more powerful: a first-of-its-kind, giant leap forward for patients, nurses, health care advocates and citizens of the commonwealth who have fought long and hard for H.1282.

In the spirit of the nation’s greatest pioneers, explorers and frontiersmen, congratulations and thank you for continuing to support H.1282.