Mass. BORN issues advisory

MNA questions role of paramedics in ICUs and ERs

As the hospital industry attempts to deal with a shortage of nurses who are willing to work at the hospital bedside in Massachusetts, the MNA has been on the lookout for the implementation of management strategies that attempt to deal with the shortage by replacing or substituting registered nurses with lesser qualified, unlicensed personnel. Such practices have been utilized in previous shortages with disastrous results, and in a number of reports and studies, such practices are cited as a cause of the current shortage we now face.

The MNA obtained a written opinion last month from the Massachusetts Board of Registration in Nursing regarding dangerous and misguided policies being implemented by the three Massachusetts hospitals that call for expanding the use of paramedics inside of hospitals to substitute for nurses in both intensive care units and emergency rooms.

The advisory from the BORN provides important guidance to nurses and nurse administrators that prohibits any delegation of nursing duties or tasks that require the judgement and assessment of a registered nurse to paramedics in the hospital setting. In the ICU, it is clear from the BORN advisory that paramedics cannot function beyond the scope of a typical PCA or nurses’ aide. In the emergency department, if a paramedic is to perform any duties beyond the PCA role, they can only do so under the direction and supervision of an MD. No nurse or nurse manager can delegate registered nursing duties of any kind to a paramedic without being in violation of the Nurse Practice Act. A full copy of the letter is on Page 12.

The MNA sought the ruling by the BORN after it learned of a program being implemented at the MetroWest Medical Center, a hospital owned by for-profit Tenet Corporation in Natick, which called for the use of paramedics in the intensive care unit to perform a variety of functions that are the exclusive purview of the registered nurse. During the same time period, the MNA was aware of a program being implemented at a hospital in the greater Boston area that signified percentages of RNs report complications, longer hospital stays, injury or harm to patients, medical/medication errors because of having to care for too many patients at once…and nearly one in three Massachusetts RNs report patient deaths resulting from having too many patients.

When you get off a shift…

By Charles Stefanini
MNA Legislative Director

And you are frustrated because you were assigned too many patients and couldn’t give the care you are licensed and trained to give…

And you are burned out with high patient loads.

And you are scared because you hope you didn’t miss something with a patient or give someone the wrong medication. . . .

And you know that something, must change now—that you and your colleagues can’t continue with being assigned too many patients...

Then call and write your state senator and state representative.

We know that many of you probably read this with great reluctance and trepidation—what can my local politician do to help me and my patients on a hospital floor? Sounds crazy, huh? But your local state legislators have the ability to pass a law to regulate and limit the number of patients you can be assigned, by law, in Massachusetts. Your state legislators are responsible for reimbursements paid to hospitals, Medicaid rates paid to hospitals and uncompensated care pool payments. They also have the ability to regulate registered nurse-to-patient ratios.

The issue of RN-to-patient ratios has never received more attention. The medical evidence is clear: RN-to-patient ratios save lives. A study in the New England Journal of Medicine found a strong and consistent link between RN staffing levels and patient outcomes. They attributed decreases in RN staffing levels to increases in various complications and infections. JCAHO, the accrediting board of the hospitals, reported that 25 percent of the most life-threatening incidents reported to them were attributable to RN staffing levels. A study in the journal of the American Medical Association found that, “The higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery.” Researchers found that for each patient over four on a typical medical/surgical floor there was a 7 percent increase in risk of complication and mortality. And most shockingly, a recent survey of Massachusetts registered nurses found that significant percentages of RNs report complications, longer hospital stays, injury or harm to patients, medical/medication errors because of having to care for too many patients at once…and nearly one in three Massachusetts RNs report patient deaths resulting from having too many patients.

You must communicate this to your legislators because they can do something about it.

Your state legislators are some of the most honorable, hard-working and committed professionals. They care about the issues and care about what their constituents think. You shouldn’t be afraid to call on them or ask for their support. That’s why they are there and that is their job.

Plain and simple, if they don’t hear from you they are unaware of the issues, and unaware of the problem, and they can’t do anything about it.

When you get off a shift… please turn to Page 5 for a guide on calling and writing your state legislators.
Hearing and Lobby Day on Oct. 8 for the Massachusetts Health Care Trust

The time has come for you to show your support for S.686 and single-payer health care in Massachusetts. A legislative public hearing will be at 10 a.m., Oct. 8 in Gardner Auditorium at the Statehouse.

Please attend the hearing in Boston and help lobby our legislators. Bus transportation can be arranged through MASS-CARE. Call Julia for more information or to RSVP: 617-723-7001 or 800-383-1973.

What the Massachusetts Health Care Trust does

This legislation guarantees that every Massachusetts resident has first class health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan. It creates a single public entity called the Health Care Trust to replace all the present public and private bureaucracy. The trust, appointed by the governor, will have representation from consumers, professionals and government. It will:

1. Oversee the delivery of health care services to Massachusetts’s residents, with emphasis on universality, rational and effective allocation of resources, preventive medicine and the need for health care choices to be made by provider and patient.

2. Collect and disburse funds for the purpose of providing comprehensive health care for all residents of the commonwealth. These funds will derive from current state and federal expenditures for medical care, additional public and private sources to be proposed by the Trust following completion of a study undertaken by the Legislature and sales taxes on products that tend to increase health care costs.

3. Negotiate or set fair and reasonable methods and rates of compensation with providers of medical services and with health care facilities and approve capital expenditures in excess of $500,000.

Why we need this bill

Massachusetts spends more on health care than any other state in the U.S., yet over a million of its residents have no health insurance or are underinsured! We already pay for health care many Massachusetts businesses would, on average, pay no more than they do now for health care. Coordinating funding through a single payer (Health Care Trust) will save enough in administrative costs to pay for the health care needs of all Massachusetts residents. Over time, savings from planning and positive changes in service delivery could also save.

Unlike our present health care system, the system created by this bill allows patients real choice. They can pick their provider or elect to enroll in HMOs. Care decisions will be made by patient and provider together with the goal of maximizing health rather than by insurance companies trying to maximize profits. Peer review, utilization review and capital spending approval requirements will prevent inappropriate uses of resources.

If your senator and/or representative is a co-sponsor or supporter.

If your legislator is not on the list, call and tell them that you expect them to sign on as a co-sponsor or supporter.

To locate your legislator, visit the Web site www.state.ma.us/lego/citytown.htm.

Supporters of S.686

Massachusetts’s voters have consistently supported a universal, single-payer health care system like the one that will be created by this bill. A 1986 referendum directing the Legislature to call on the U.S. Congress to enact a national health care program was approved by more than 66 percent of the voters statewide. A subsequent single-payer referendum in 1994 was approved by over half of the voters in eight districts. In 1998, voters in three legislative districts overwhelmingly approved a referendum question calling for a single payer health care system. Another local referendum in Eastham was overwhelmingly approved in 1999 and three in 2000.

A long list of organizations and groups support a single-payer health care system, including; the Mass Public Health Association; Mass Senior Action Council; United Auto Workers CAP Council; League of Women Voters; Unitarian Universalists; Latino Health Institute; and Massachusetts Nurses Association. MASS-CARE is the umbrella organization whose purpose is to develop and build grass roots support for such a system.
President’s column

By Karen Higgins, RN

Karen Higgins

While compiling a documentary of the MNA’s first 100 years, one of our researchers came across a Boston Globe news clip from 1926 where the MNA was protest- ing the inappropriate use by hospitals of untrained nurse assistants to replace trained registered nurses. It was yet another time of nursing shortage and the hospital industry was looking for a cheaper substitute for the RN. Unfortunately it’s an old and recurring story in nursing history.

As the spring follows the winter, so does the use of unlicensed, lesser qualified personnel to replace registered nurses follow the onset of a “nursing shortage.” Most nurses can remember the last time we were faced with a shortage. And throughout the 1990s, while there wasn’t a shortage, the industry, led by a bevy of high paid consultants, embarked on a decade-long effort to manipulate, deceive and downsize the nursing workforce, all with the aim of replacing nurses with lesser qualified, cheaper substitute, this time, to provide cheaper care to win managed care contractors from proliferating HMOs and managed care insurers.

Granted, they conducted no viable research to justify their actions, they never attempted to document or support these policies, and in every case, the experiments ended in abject failure, resulting in dissatisfied nurses and a dramatic deterioration in the safety and quality of patient care. Ultimately, these failures caused yet another shortage, this time of nurses who were unwilling to work under the insanities these conditions so-called “leaders of nursing” created.

For a chilling portrait of this process, I invite everyone to read the excellent every nurse in Massachusetts to read a new book Code Green: Money Driven Hospitals and the Dismantling of Nursing, by Dana Beth Weinberg, a Brandeis University researcher who examined the impact of restructuring at Beth Israel Deaconess Medical Center during the 1990s. There is an interview with Professor Weinberg in this month’s Massachusetts Nurse on Page 6. Her book, published by Cornell University Press, paints a vivid and unflattering portrait of the current nursing management philosophy—a philosophy that took the mecca of modern nursing and the birthplace of primary nursing and left it in shambles. It is interesting that the manage- ment practices described in this book are pretty much the norm for many hospitals throughout the commonwealth.

Now, as evidenced by the front-page story in this month’s issue, the story is once again again walking down the stupid and danger- ous path of deskilling and substituting RNs with less qualified caregivers. This time, it involves what appears to be a trend of using paramedics inside of hospitals, this time in emergency departments and intensive care units to substitute for RNs. At MetroWest Medical Center the hospital is proposing to create an “ICU Paramedic” position where these caregivers will perform auscultation of breath sounds and heart sounds, initiation of oxygen therapy, analysis of cardiac rhythms, monitoring patients with Swan-Ganz catheter, chest tubes, IV therapy and medication, suctioning of patients and the performance of sterile dressing changes, to name just some of the functions they have been assigned.

Thankfully, the Board of Registration in Nursing has responded to a letter from the MNA with a clear and concise interpretation of these practices that makes it quite clear that these practices are solely within the scope of nursing practice and are not to be delegated to paramedics, either by a staff nurse or a nurse manager. In other words, what they are trying to do is a violation of nursing practice.

The MNA, under its rights and through a power as a union, is fighting these practices through the collective bargaining process. We have published this information and are sharing it in this issue with the general nursing community so those non-unionized staff nurses and all nurse managers and supervisors will be aware that any attempt to delegate this approach in your hospital is both wrong and illegal, not to mention dangerous to patients.

If you are a nurse manager considering a plan that allows paramedics to perform these functions under your supervision, you would do so in violation of the Nurse Practice Act. If you are a staff nurse working in a facility that is using paramedics in this way, you would be wise to refuse to work with them. Accord- ing to information we have received from the UMass Medical School and hundreds of nurses in 18, where the MNA and hundreds of nurses had their way, where a nurse had a safe ratio of RNs that made the difference in patient care insurers.

The MNA has a message for the industry, and you have probably heard it: Beware of bad history being repeated at Beth Israel. Beware of bad history being repeated at your hospital and at your expense.

MNA files unfair labor practice charge in response

UMass Medical School continues to press anti-union agenda

The MNA, on behalf of its member RNs at the University of Massachusetts Medical School, recently filed a prohibitive practice charge against the medical school for bad- faith bargaining. The MNA also requested the intervention of the Massachusetts Mediation Board after the university rejected a good- faith proposal to reach an agreement at the last bargaining session.

The charge, filed with the Massachusetts Labor Relations Commission, follows the medical school’s insistence that the current RN bargaining unit be split in two, with approximately 23 adolescent psychiatric RNs receiving 16 percent less in wages than their colleagues, with an offer at the last negotiating session on August 13 that would have provided all bargaining RNs with the same wage increase while costing the medi- cal school just $79,000 over two years. When the medical school rejected the proposal without even engaging in a discussion with the bargaining RNs, the MNA requested the participation of the Massachusetts Mediation Board.

“During the last 15 months, these RNs have stood by each other despite repeated attempts by the hospital and to move forward by filing a charge with the labor relations commission and enlisting the support of a mediator.”

Most alarming to MNA representatives is the fact that medical school chancellor Dr. Aaron Lazar is turning a blind eye to these anti-union efforts, Cott said.

In an effort to educate Lazar about the situation, bargaining unit RNs recently met with the chancellor and gave him a letter high- lighting the specific contract language that aims to split the union while underpaying psychiatric RNs in an attempt to acquire – your professional practice rights. Paramedics are not registered nurses, LPNs are not registered nurses, patient care technicians, patient care associ- ates (or what every new name the industry consultants think up to give non nurses to replace nurses) are not registered nurses.

The science is clear and unequivocal, it is registered nurses that make the difference in patient care and patient safety. The law is clear: only registered nurses can do the job of registered nurses. There is not an alter- native model that registered nurses or the public who depend on them for their health and safety should accept, and that’s a model that is rich in RN staffing, a model like that of Beth Israel hospital before the consultants had their way, where a nurse had a safe ratio of patients with total control over the care of those patients.

Beware of bad history being repeated at your patients and at your expense.

See UMass, Page 4
MNA on Beacon Hill

Five things you can do to help pass MNA’s safe staffing legislation

Attend a safe staffing legislative briefing in your area
Your legislators will determine the future of the MNA safe staffing legislation. They need to hear from their RN constituents about what is happening on the frontlines of health care, so share your story! A schedule of upcoming briefings is listed on Page 5. For the most up-to-date schedule, visit www.msnurses.org and click on the Legislation & Government link.

Contact your state senator and state representative
Call, write or e-mail your legislators. Provide them with some insight into your job as a front-line nurse. Tell them why you support safe staffing legislation. Share a personal story with them. If you don’t know who your legislator is, visit www.thesedivest.com/bill/myn-electioninfo.php
For legislators’ contact information, including email addresses, visit www.state.ma.us/legis/legis.htm

Join the MNA activist e-mail network
Often the MNA needs to communicate with legislators quickly about pending bills. Members of the Rapid Response Network will be called on to communicate with legislators on important issues throughout the year. Send an e-mail message to kanderson@mnarn.org to sign up.

Get support from non-nurses
Do you belong to a parent/teacher organization (PTO), a church, a neighborhood group or a town committee? Arrange a time to present safe staffing legislation. Share a personal story with them. If you don’t know who your colleagues are, contact them and see if they know someone who might be interested in your area.

An Act Ensuring Quality Patient Care and Safe Registered Nurse Staffing: what the bill does

Currently, there are no legal or regulatory mandates to ensure patients receive a level of nursing care that is based on accepted standards of nursing practice or on their actual need for care. As the health care system has moved to a deregulated, free market system, where competition and cost drive the industry, the pressures to cut nurse staffing, and the resources allocated to nursing have escalated. This has resulted in dramatic cuts in nurse staffing levels and an increase in the number of patients each nurse is expected to care for.

This legislation attempts to reverse these trends by mandating nurse staffing which is sufficient to care for the planned and unplanned needs of patients. It is based on significant nursing research and experience. The major provisions of the legislation include:

- All acute care hospitals would be required to adhere to minimum RN-to-patient ratios as a condition of licensure by DPH.
- Minimum ratios are established for every type of unit/department in the hospital. The proposed law calls for one nurse for every four patients in medical/surgical units, where most patient care takes place. In emergency departments the proposed regula-

tions require between 1-to-1 to 1-to-3 depending on the severity of the patient’s conditions. Ratios are 1-to-1 in labor and, 1-to-2 for intensive care units and other units range from a 1-to-1 to 1-to-5 ratio.
- To provide flexibility in staffing, and to account for patients who require more care, the bill calls upon DPH to create an acuity-based patient classification system, which is a standardized formula for rating the acuity level of patients (a tool to measure how sick the patients are in a particular unit). Based on the acuity of the patients assigned to a nurse, the ratio would be improved (meaning the nurse would be assigned fewer patients) if those patients require more intensive care. This provision answers one of the key objections of the hospital industry, which has argued that establishing minimum ratios (without this acuity system), patients who need more care wouldn’t receive it.
- The bill prohibits the practice of assigning nurses mandatory over-time as a means of meeting the ratios. Mandatory overtime has been used by hospitals as a means of staffing hospitals in lieu of recruiting enough nurses to provide safe care.
- Clear language related to the role of the licensed nurse and the inability for institutions to delegate to unlicensed personnel duties which demand nursing expertise.
- The utilization of research by the designated quality assurance registered nurse to evaluate nursing services and nurse staffing, in relation to medical errors and patient outcomes.
- Strong consumer protections for safe RN staffing including a “prominent posting of the daily RN-to-patient ratios on each unit.”
- Each facility will provide each patient and/or family member with a toll-free hotline number for the Division of Health Care Quality at DPH, which may be used to report inadequate nurse staffing. Such complaints shall cause investigation by DPH to determine whether any violation of law or regulation by the facility has occurred and fines for such substantiated violations.
- Any fines collected in violation of said law shall be distributed to the Betsy Lehman Center for Patient Safety and Medical Errors.

...UMass

From Page 3

to divide the union by demanding that the adolescent psychiatric RNs accept wage increases of 2 percent and 1 percent, which is 16 percent less than the offer given to their colleagues.

“Thechildren come from horrendous backgrounds of abuse and neglect causing them to resort to violence and self-abuse,” said Susan Campbell, an RN who cares for many of the patients in the adolescent psychiatric unit. “But through proper care by dedicated and experienced nurses these kids have a chance at a better future.” But if we don’t have a competitive wage scale, recruitment and retention of experienced staff will be difficult and may jeopardize this program. And the administration’s attempts at union-busting are only making matters worse.”

In response to the medical school’s union-busting efforts, bargaining unit members—with support from elected officials and their brothers and sisters in other labor organizations—are planning numerous pro-union activities in the upcoming weeks.

“We’re completely prepared to take this issue to the next level,” said DiDonato, “because we need to let Dr. Lazare know that we’ll fight any efforts to bust this union.”
An interview with state Sen. Steven Tolman

The Massachusetts Nurse recently sat down with state Sen. Steven Tolman. Tolman serves the 2nd Suffolk and Middlesex District, which comprises Allston, Brighton, the Fenway and the Back Bay in Boston, Belmont, Watertown and North and West Cambridge. First elected to the House of Representatives in 1994, Tolman served for four years before winning an open seat to the state Senate in 1998. Tolman is serving in his third term in the Senate and is the assistant vice-chairman of the Ways and Means Committee. Tolman has also served as Watertown Housing Commissioner and is a member of the Democratic State Committee.

Tolman has been one of the most outspoken and articulate advocates of nursing and patient issues. He helped spearhead passage of the RN pin bill, whistleblower protection and has been an ardent supporter and co-sponsor of MNA’s safe staffing legislation as well as the Senate lead sponsor of the single-payer health bill.

Tolman’s legislative priorities include issues that effect seniors, children and working families, including health care, education, consumer protection and transportation.

Massachusetts Nurse: You have been a strong advocate for nursing issues during your career in office.

Tolman: Nurses are the backbone of our healthcare system and without them the system would not function. I am lucky to come from a family of nurses and I grew up seeing the important work they do day in and day out. My great aunt was an emergency room nurse at St. Elizabeth’s Hospital in Brighton, my sister-in-law is at Mass General and my sister Ceci is currently at St. Elizabeth’s.

Massachusetts Nurse: What issues do you believe will dominate the rest of the legislative session?

Tolman: I think the commonwealth’s continuing fiscal woes will remain at the forefront of our legislative agenda, at least for the foreseeable future. I also think the rising costs of healthcare are an issue that needs to be addressed, in particular the uncompensated care pool, prescription coverage for our seniors, and protecting our most vulnerable citizens.

Massachusetts Nurse: How does your background help prepare you to be an effective state legislator?

Tolman: I came out of the labor movement, which was a great training ground for elected office. My mentor in my union, Fred Kroll, taught me from the beginning that the job of a labor representative is more than working in the union. It is in our communities, in our churches, our schools, our central labor councils, in the Democratic party and most importantly it starts with being a good parent. I see my job as a legislator as being a voice for those who currently don’t have one.

Massachusetts Nurse: What are the main priorities of your legislative agenda for the remainder of the year?

Tolman: I am the lead sponsor of the single-payer healthcare bill and that is a major priority for the rest of this session. In addition, I am the lead sponsor of “An Act for a Healthy Massachusetts,” which would seek dangerous household toxins and replace them with non-toxic alternatives. I am also working with my colleagues in the Legislature to implement a statewide workplace smoking ban as well as significant auto insurance reform.

Massachusetts Nurse: You have built a strong track record on several high profile issues, including tobacco control and health care and consumer protection. Tell us about your interests and work on those issues.

Tolman: I think all of those issues directly impact our quality of life in the commonwealth and they are all things that everyone can relate to in terms of their own lives. We need to work to enact laws that protect the rights of consumers, that is why I sponsored the telemarketing do-not call list that was implemented earlier this year and why I have sponsored legislation regulating spam and junk emails. I am also proud of my role on working on tobacco control issues and I am currently working on banning smoking in the workplace statewide. Tobacco and second-hand smoke are killers and an individual’s right to breathe clean air is more important than someone else’s right to enjoy a cigarette.

Massachusetts Nurse: What would you tell the nurses out there reading this column about the importance of building a relationship with their local legislators?

Tolman: Building a relationship with your local legislators is the first step in effective advocacy. Legislators are people just like you and you should feel comfortable calling them on any issue you are concerned about. Never be afraid to call your legislators on an issue that is important to you.

Massachusetts Nurse: What do you enjoy most about your work as a state legislator?

Tolman: I enjoy being able to help people and making sure government is more accountable. It is an honor to be able to work on important issues for the people in my own district as well as for families across the commonwealth.

Massachusetts Nurse: What is your proudest success as a state legislator?

Tolman: Building friendships and relationships with other legislators and finding common ground on many important issues from implementing the human rights and genocide school curriculum frameworks, to passing the whistleblower law, to enacting the telemarketing do-not call list to protect consumers. Just knowing you have made a difference in the lives of the families across the commonwealth is extremely gratifying.

Meet with your legislator in September:
scheduled briefings about safe staffing

Join your colleagues in conveying the vital need for the legislators to work toward passage of H.1282, legislation to provide safe RN-to-patient staffing. In September, registered nurses will be meeting with their legislators in their home districts throughout the state of Massachusetts. This legislation is vital to protect patient safety and preserve quality care. It is critical that we have a good turnout of nurses from your legislative district at this meeting. Call Martha Campbell at 781-821-4625 to RSVP or via e-mail at mcampbell@mnarn.org. The following is the list of meetings scheduled with legislators in September:

<table>
<thead>
<tr>
<th>Date</th>
<th>Legislator</th>
<th>Time</th>
<th>Place</th>
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<tbody>
<tr>
<td>Sept. 3</td>
<td>Sen. Robert Antonioni</td>
<td>9 a.m.</td>
<td>District Office, 42 Main St., Leominster</td>
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<tr>
<td>Sept. 5</td>
<td>Sen. Susan Fargo</td>
<td>9 a.m.</td>
<td>Lincoln Library, 3 Bedford Rd.</td>
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<tr>
<td>Sept. 9</td>
<td>Rep. David Flynn</td>
<td>8 a.m.</td>
<td>District Office, 106 Hale St., Bridgewater</td>
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<tr>
<td>Sept. 9</td>
<td>Rep. Michael Ruane</td>
<td>10:30 a.m.</td>
<td>Statehouse Room 238</td>
</tr>
<tr>
<td>Sept. 10</td>
<td>Sen. Stephen Breuer</td>
<td>11 a.m.</td>
<td>District Office, 20 Common St., Barre</td>
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<tr>
<td>Sept. 10</td>
<td>Rep. Thomas Kennedy</td>
<td>6:30 p.m.</td>
<td>Brockton City Hall, GAR Room</td>
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<tr>
<td>Sept. 11</td>
<td>Rep. Vinny deMacedo</td>
<td>10:30 a.m.</td>
<td>Plymouth Public Library, 132 South St.</td>
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<tr>
<td>Sept. 12</td>
<td>Rep. Vincent Pedone</td>
<td>9 a.m.</td>
<td>District Office, Worcester Common Outlets, (around the corner from the food court)</td>
</tr>
<tr>
<td>Sept. 16</td>
<td>Rep. Rachel Kapielien</td>
<td>9:30 a.m.</td>
<td>Town Diner, 627 Mt. Auburn St., Watertown</td>
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<tr>
<td>Sept. 19</td>
<td>Rep. Peter Larkin</td>
<td>11 a.m.</td>
<td>District Office, 8 Bank Row, Pittsfield</td>
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<tr>
<td>Sept. 22</td>
<td>Sen. Marc Pacheco</td>
<td>9 a.m.</td>
<td>District Office, 4 Court St., Taunton</td>
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We ask that you arrive 20 minutes early to meet with MNA staff prior to the meeting. For updates on these meetings go to the MNA Web site at www.massnurses.org.

We look forward to seeing you.
New book examines hospitals and the dismantling of nursing

Dana Beth Weinberg’s new book, Code Green: Money Driven Hospitals and the Dismantling of Nursing examines hospitals, their money-focused management plans and the dismantling of nursing. Weinberg, a researcher at Brandeis University, discusses the implications of her findings.

Q: As a researcher, what prompted you to choose hospitals and the Beth Israel situation as the subject of your new book, Code Green?

So much of what happens in research involves serendipity. When I was a graduate student, my thesis advisor suddenly fell ill and landed at Beth Israel Deaconess Medical Center. She noticed that her nurses were harried and upset and interviewed them from her sickbed. Upon recovery, she told me that I should go do my dissertation there, since there was quite a story and, if I were lucky, might find that the story had to do with the Beth Israel Deaconess merger and its ill effects on the hospital, and especially on the front-line, staff. What I soon discovered was that the merger was only a small part of a much bigger and very important story about how hospital cost-cutting was changing the nature of nursing care and driving nurses from the bedside. When I initially chose to do research on the Beth Israel situation, it was because they had been through a messy merger. But when I decided to turn this research into a book, it was because Beth Israel was such an important example of how, in the midst of financial crisis, the hospital industry has withdrawn its support for the work that nurses do. For years Beth Israel, with its famous primary care nursing and professional practice model, had consciously structured itself as a sort of mecca for nurses. The story of how and why the hospital dismantled its nursing service was a striking, though by no means extreme, example of what has been happening to nursing as hospitals across the country cope with financial panic.

Q: What surprised you most about nursing and nursing care when you began to research your book?

I was amazed by how physically difficult nursing is. It had to lead and move patients and that these activities could cause back injuries. What I did not realize was how fast-paced nurses’ work is. The nurses warned me, before I began my research, that I would need to wear my sneakers to keep up with them. I certainly did. During the nine months that I shadowed nurses at Beth Israel Deaconess Medical Center, we jogged up and down the halls of the units. Not only did nurses dart quickly from room to room (and from supply room to patients’ rooms and from the nurses’ station to patients’ room, etc.), but even in the presence of patients, the action never stopped. The nurses’ hands were always busy. I was surprised and impressed by how their hands were constantly on the move, constantly in action.

Q: Your book is critical of many of the management strategies during the 1990s, showing that they have driven the current shortage we now face. Can you highlight the strategies you found most troublesome?

I was especially concerned by the practices that increased nurses’ workloads, either by reducing staffing levels or by cutting support services. The nurses in my study were so rushed and so worried about the level of care they could provide patients. What was most troubling was not any one particular strategy, but rather the way these strategies were implemented with a lack of understanding of how they would affect nurses and patients. Before I began my research, I held that there were creative ways to reorganize work in hospitals to maximize efficiency and quality. But again and again in my study, management introduced cost-cutting measures without asked nurses to figure out how to make it work. A better approach would be to change work practices – to make things work the same or better – and then remove whatever was not needed. To make matters worse, not only did hospital administrators implement changes without first studying the effects, but they were unwilling to listen to front-line nurses who complained about the problems that changes were causing. When I conducted my study, it was before all of the important new findings documenting the link between nurse-staffing and patient outcomes. In the absence of any data on quality, it was easy for administrators to dismiss nurses’ complaints about their work and about threats to patients as just so much bellyaching. In my study, administrators rationalized that no one liked change and that nurses just needed to learn to adjust their practice and their standards.

Q: Your book examines nurses’ perception of professionalism and their socialization to feel personally responsible for the care they delivered, even within a dysfunctional system. Could you discuss how this impacted nurses’ ability to cope with the problems they faced?

Great question. The nurses in Code Green demonstrated a high degree of commitment and sense of personal responsibility for patients. Their highly developed service ethic demanded that patients come first, regardless of nurses’ own personal needs. These professional values enabled nurses to give good care even in a bad situation, but this coping strategy had a serious downside. Nurses were socialized to give personal commitment and responsibility that if patients received poor care, many nurses blamed themselves and not the hospital that failed to support their work. With the reduced support for nursing care at the hospital, many nurses chose to speed up their work, stay late, and sacrifice their own personal comfort (i.e. not taking breaks, going to the bathroom, or eating meals) in order to provide care that met their professional standards. However, thinking that good practice depended upon the individual nurse and not the nurses’ setting, the nurses in this study did not actively try to change hospital practices—for example by going public with problems or bringing in a union. Instead, nurses adopted work practices that promised the fast track to burnout, sacrificing themselves to save patient care. Consequently, individual nurses did more with less, while the hospital got away with doing less with less.

Q: After walking alongside the nurses who are the subject of Code Green, what have you learned and what concerns you? One of the things that was so striking to me as I followed nurses was the lack of meaningful communication between nurses and physicians. Surgeons and nurses and physicians conveyed the immediate information necessary to expedite care, but there was so much important information that was lost. Most of the exchanges I witnessed were rushed, occurring in a matter of seconds, and usually took place over the phone, not face to face. Nurses struggled to find the time to document what was happening to their patients, but on the units where the nursing notes were separate from the rest of the provider notes, I never once saw a physician reading the nurses’ observations about patients’ responses to interventions. Given that error, patient safety, and continuity of care are the buzzwords of the day, I am very concerned that there is so little discussion (except from nurses) of ways to improve teamwork and communication between doctors and nurses.

Q: On June 18, you testified in support of H. 1282, our safe staffing bill. Can you explain why you support this legislation?

The events I chronicle in Code Green took place in 1999. At the time that I conducted this research, I hoped that things would soon get better. Instead, in the last four years I have watched them get worse. The changes that disintegrated the former Beth Israel Hospital as a caring hospital and a great place for nurses to work were adopted voluntarily, and that has not changed when money becomes a concern. Support for nursing was treated as a luxury option, not the cornerstone of good care. At the same time, good care became a relative standard—not bad given the lower services, they have not restored nurse staffing to optimal levels. Hospitals say that they cannot afford to hire more nurses, but they are not standing up and demanding more money so that they can provide patients with high quality care. Instead, they take an adversarial stance toward nurses who question the type of care their hospitals are enabling them to provide.

I believe that nurses and patients deserve more than lip service and standards that are lowered to achieve financial goals. We have seen what happens when quality care and support for nurses are voluntary. The hospitals in this country, through their action and inaction, have demonstrated that they will not change unless coerced. Legislation mandating staffing ratios is a necessary first step for stopping the declining quality of care in hospitals and for attracting nurses back to the bedside.
Safe Staffing Saves Lives
Pass H.1282
☑️ Understaffing of registered nurses is dangerous to patients. Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.

☑️ A study of six million patients reported in the New England Journal of Medicine show that patients without adequate nursing attention are more likely to die or suffer serious complications: the more nurses per patient the better the medical outcomes.

☑️ The Journal of the American Medical Association reported that in a study of 232,000 surgical patients the higher the patient-to-nurse ratio, the more likely there will be a death or serious complication. Each additional patient above four that a nurse cared for produced a 7 percent increase in mortality. If a nurse is caring for eight patients instead of four, there is a 31 percent increase in mortality.

☐️ The fact that nurses are burned out from high patient loads is causing them to leave the profession. One in three registered nurses under the age of 30 say they are planning to leave nursing within the next year.

To Preserve Quality Care and Protect Patient Safety join a growing list of organizations that support H.1282

- Ad Hoc Committee to Defend Healthcare
- AIDS Action Committee of Massachusetts
- AIDS Care Project
- Alzheimer’s Association, Mass. Chapter
- American Cancer Society
- American Diabetes Association of Greater Boston
- American Heart Association
- American Lung Association of Greater Norfolk County
- American Lung Association of Mass.
- American Psychiatric Nurses Association—New England Chapter
- Amyotrophic Lateral Sclerosis Association for Social Justice
- Boston AIDS Consortium
- Boston HealthCare for the Homeless Program
- Boston Women’s Commission
- Cambridge Women’s Commission
- Cape Organization for Rights of the Disabled
- Family Economic Initiative
- Favorite Nurses Favorite Temps
- Gay and Lesbian Advocates and Defenders
- Greater Boston Diabetes Society Health Care for All Independent Living Center of North Shore and Cape Ann, Inc.
- Jobs with Justice
- Jonathan M. Cole Mental Health Consumer Resource Center
- Lynn Health Task Force
- Mass. Asian AIDS Prevention Project
- Mass. Association of Councils on Aging
- Mass. Association of Nurse Anesthetists
- Mass. Association of Older Americans
- Mass. Association of Public Health Nurses
- Mass. Brain Injury Association
- Mass. Breast Cancer Coalition
- Mass. Coalition of Nurse Practitioners
- Mass. Federation of Teachers
- Mass. Human Services Coalition
- Mass. Immigrant and Refugee Advocacy Coalition
- Massachusetts Nurses Association
- Mass. School Nurse Organization
- Mass. Senior Action Council
- Mass. Society of Eye Physicians and Surgeons
- Massachusetts Nurses Association
- Massachusetts Spina Bifida Association
- MASSPIRG Mental Health Association, Inc.
- MetroWest AIDS Program
- MetroWest Latin American Center
- National Association of Social Workers – Massachusetts Chapter
- National Kidney Foundation of Mass., RI, NH, Vermont, Inc.
- Neighbor-to-Neighbor New England Coalition for Cancer Survivorship
- New England Patients Rights Group, Inc.
- Search For A Cure The Abortion Access Project
- The Consortium for Psychotherapy
- The Episcopal Diocese of Western Mass. Victory Programs, Boston Vineyard Health Care Access Program

Northeast Specialty Hospital RN's ratify contract

Nurses at the Northeast Specialty Hospital in Braintree and Natick recently ratified a new three-year contract. The contract will raise wages over the life of the agreement by approximately 11 to 13 percent depending on a nurse’s placement on the step scale. The nurses were able to make a significant breakthrough by negotiating annual step increases. Prior to this agreement nurses did not advance on the salary scale. Per diem rates were restructured and increased. In addition, the hospital will now offer a 12-hour shift program. Under this program, nurses will receive 40 hours pay for 36 hours work.

Collective bargaining update

From Page 1 alerted to a similar program utilizing paramedics to assume nursing functions in the emergency department at Lawrence General Hospital. The MNA also is clarifying the use of paramedics in the emergency department at Merrimack Valley Hospital in Haverhill. At MetroWest Medical Center, management created and filled positions with the title, “ICU Paramedic.” Under the supervision of the unit’s nursing management, the position’s job will include a clear statement that the ICU paramedics contribute to the “assessment, planning, implementing and evaluation of patient care.”

The ICU paramedic job description includes a number of functions that the MNA believes clearly fall only to RNs to perform, including: auscultation of breath sounds, heart sounds, initiation of oxygen therapy, analysis of cardiac rhythms and monitoring patients with Swan Ganz catheter; chest tubes; or cardiovascular and suctioning of patients.

The letter to the MNA from the BORN’s nursing practice coordinator Gino Gisari, MSN, RN, stated that none of these activities comply with the board’s criteria for delegation. If a nurse were to follow the hospital’s job description and delegate these tasks to one of the ICU paramedics, according to this ruling, he or she would be violating the Nurse Practice Act.

The MNA also asked for clarification as to the responsibility of nurse managers in allowing or sanctioning this level of delegation. The board’s response was again quite clear. The ruling states, “The regulations governing licensed nurses are the same regardless of job title or employment setting.”

According to Dorothy McCabe, MNA director of nursing who initiated the discussion with the BORN on this issue, “There is no ambiguity here. This job description, as written, is in direct violation of the Nurse Practice Act. Any nurse manager who participates in supervising paramedics in performing at this level, and any nurse who allows a paramedic to perform these tasks on their patients, is in direct opposition to and in conflict with the board of registration’s position on delegation.”

In another case, nurses at Merrimack Valley Hospital raised concerns to the MNA and with management when a paramedic assigned to the emergency department transported a patient to the ICU and proceeded to give a nurse order for that patient. The nurse wisely refused to accept the orders from a paramedic and insisted that she would only take orders from a physician.

Based on the BORN letter to MNA and on subsequent conversations with officials at the BORN, it is clear that the nurse acted accord-
Health and safety action on Beacon Hill in July

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

Hearings were held in July on three bills that affect the health and safety of MNA members and all who work in healthcare settings or receive health care in Massachusetts.

MNA staff and the Congress on Health and Safety testified before the Health Care Committee on a variety of bills. Evie Bain, Chris Pontus and Gail Lenehan submitted testimony in support of a bill to require posting the hazards associated with exposure to natural rubber latex in health care settings. Janice Homer spoke in support of a bill to reduce childhood exposures to toxic chemicals, including pesticides, in schools and health care institutions; and Kathy Sperrazza, Evie Bain and Chris Pontus submitted testimony in support of a bill to require an Office of Indoor Air Quality in the Massachusetts Department of Public Health.

James M. Brady, an attorney with Brady and Monac in Walpole, who has represented many nurses in workers’ compensation litigation who have lost their careers due to latex allergies, also presented testimony in support of the bill.

Chris Pontus’ testimony supporting the office of Indoor Air Quality

Thank you for this opportunity to support the establishment of an Office of Indoor/Air Quality.

One aspect of this office will help to ensure that well designed heating, ventilation and air conditioning systems are established in hospitals and other public buildings in Massachusetts.

The Associated Press reported on July 13 that the number of reported cases of Legionnaires’ disease has risen sharply this year, baffling federal and state health officials. The number of cases reached a total 624 as of last week, compared with 436 for the corresponding period last year. “There don’t seem to be any explanations yet,” said Brendan Flower, an economic intelligence officer with the C.D.C. in Atlanta. A “well-designed HVAC system can enhance the other facets of the built environment to offer a healing environment. C.S. Seth, P.E.

“Building-related illness, especially those associated with airborne infectious agents, continue to be a challenge for health care organizations that treat infectious patients and those who are susceptible to environmental microbes, such as Legionella,” said Seth, chair of the committee who wrote a manual on HVAC specifically to fill the gap left by existing resources related to HVAC design for health care facilities.

This Office of Indoor/Air Quality will help to ensure the quality of air for the public in the state of Massachusetts.

Evie Bain’s testimony supporting the posting bill for hazards associated with latex

Thank you for this opportunity to provide information in support of H.2803 and H.2804 acts relative to glove safety.

I am Evelyn Bain, RN, M Ed, COHN-S, Health and Safety Specialist for the Massachusetts Nurses Association. I have been extensively in nursing publications and lectured throughout Massachusetts, the United States and internationally on prevention of latex allergy in nurses, other health care workers and patients.

Exposure to latex (natural rubber latex), primarily through the continuous use of latex gloves has resulted in the following:

• 6 to 17 percent of nurses and other health care workers test positive for latex allergy.

• 73 percent of children with a medical condition known as Spina Bifida are latex allergic. Their allergy resulted from repeated exposure to latex gloves during surgical procedures that were necessary to correct conditions and latex catheters

In 1997, the National Institute for Occupational Safety and Health (NIOSH) recognized exposure to latex (natural rubber latex) as a hazard to the health of workers.

In June, the Occupational Safety and Health Administration (OSHA) noted that worker’s had died from latex allergy.

In 2001, over $2 million was appropriated for the Departments of Labor and Health and Human Services to study the escalating problem of latex allergy. Gloves made of non-latex synthetic materials are superior to latex gloves in passing viral and other blood borne pathogens (HIV, Hepatitis B and Hepatitis C viruses). Many non-latex synthetic glove materials are equal to or superior to latex gloves in passing viral permeability tests and protecting workers from exposure to these viruses. The quality and tactic properties of these synthetic gloves continuously improve.

In fact the FDA never required latex gloves to pass a test to determine if they would protect workers from exposure to viruses. Latex gloves and medical gloves in general are not required by the FDA to pass viral permeability testing.

Massachusetts satellite broadcast on emergency preparedness

By Christine Pontus MS, RN, COHN-S
Associate Director, Occupational Safety & Health

On July 8, representatives from the MNA participated in the Emergency Preparedness, Incident Command Systems and Connectivity Program. Produced by the Harvard Center for Public Health Preparedness in collaboration with the Massachusetts Department of Public Health the broadcast was down linked to 17 local community sites, with each site led by trained facilitators.

Diverse groups of approximately 650 people across the state were reached during this broadcast. The broadcast’s intent was to train and educate public health workers, healthcare providers and first line responders in aspects of bioterrorism and response.

The first of two interactive webcasts was educational, practical and widely disseminated basics of emergency preparedness. It specifically targeted the need for development and practice of core competencies in disaster management and preparedness.

The program focused on four goals:

1. Identification of key players in their local health and public safety infrastructure; strengthening local partnerships and enhancing the capacity of local networks.

2. Describing important principles of emergency preparedness, incident command, and connectivity (an integrative approach to problem solving, negotiation and conflict resolution designed to enhance preparedness planning and management).

3. Evaluation of the aspects or steps involved in pre- and post-event bio-terrorism preparedness planning. These broadcasts offered participating agencies and audience members an opportunity to:

• Share information and resources
• Solicit the wisdom and strength of local communities
• Highlight strategies for building partnerships and communicate effectively
• Discuss future directions for bioterrorism education and training efforts in Massachusetts and the New England area

4. Identify ways that public health practitioners and first responder’s interface with existing health management and support structures, and how they understand their role.

A second broadcast is tentatively scheduled for December. For more information, contact Chris Pontus at 770-963-6074 or by e-mail at Catherine_mckenna@state.ma.us. You can also visit the Massachusetts Department of Public Health Bioterrorism Preparedness and Response Web site at: www.state.ma.us/health/topics/bioterrorism/bt.htm

Through learning, collaboration and networking, this is an opportunity for MNA members to become an integral part in expanding and strengthening the public health infrastructure in Massachusetts.

During September the MNA has scheduled a full-day educational program on Emergency Medical Response and acts of Terrorism that includes a discussion of incident command. To register for the Sept. 10 or Dec. 13 program from 9 a.m.—5 p.m. to be held at the MNA headquarters in Canton, contact Theresa Yannetty at 781-830-5772, or 800-882-2056, x727.

Currently, the MNA has an Emergency Preparedness Task Force and welcomes new members to attend. If you have any questions or are interested in the task force please contact Chris Pontus at 781-830-5775 or via e-mail cpontus@mnamn.org.

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

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

Health care facilities in Massachusetts have successfully changed to non-latex synthetic gloves.

Many health care facilities, including the Johns Hopkins University Hospital in Maryland, Kaiser-Permanente Health Care Systems in California and Kent Hospital in Warwick, Rhode Island, have successfully and without any documented financial disaster, removed latex gloves from their facilities. This simple step has dramatically improved the health and safety of their workers and patients.

Posting information related to hazardous conditions is common in healthcare and other industries.

Due to the danger associated with latex allergies, a hazard warning sign will serve to provide workers and patients in the commonwealth with an opportunity to learn to avoid the irritating sign of latex allergy and to report them to their health and dental care providers.

This sign would simply state: “Natural rubber latex gloves are used in this facility. Exposure to latex may result in the development of an allergy. Allergic reactions to natural rubber latex can manifest by skin rash, hives, nasal and eye irritation, asthma, and shock. Should you or your family member experience allergic reaction symptoms, then you should contact your health care provider and report the symptoms as soon as possible.”

This warning was issued by the U. S. Centers for Disease Control, National Institute of Occupational Safety and Health (NIOSH) in 1997.

A packet of information on latex allergy was presented to lawmakers that included the latex allergy in health care fact sheet developed by the cooperation with Health Care Without Harm and available at the Health Care Without Harm Web site www.noaharm.org.

In general, the nursing community is involved in pre- and post-event bio-terrorism preparedness planning. These broadcasts offered participating agencies and audience members an opportunity to:

• Share information and resources
• Solicit the wisdom and strength of local communities
• Highlight strategies for building partnerships and communicate effectively
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$2 million research project aims to find out

How does working in the healthcare industry affect your health?

By Kathleen Sperrazza RN, BSN,
Nurse Researcher, PHASE Project and
Member of the MNA Congress on Health and Safety

The MNA with the support of Evie Bain, occupational health and safety coordina-
tor and the Congress on Health and Safety has collaborated with the research team to facilitate participation by nurses. Kathy Sperrazza, a member of the Congress is working as a nurse research consultant to the PHASE project. Our participation is intended to give much needed input about workplace concerns facing nurses, and to gain critical information about occupational health and safety issues for nurses in particular.

The PHASE in Healthcare research project uses focus groups as one method to collect information about the health and safety of workers in the healthcare industry today. It aims to learn how health and safety differs for various groups of healthcare workers. Nurses play the largest role in the healthcare industry and, as such, are a vital participant in the collection of information related to health and safety, particularly their own. The project will conduct a series of focus groups with MNA members who are employed in the hospital environment. The focus groups will address the following topics:

- Health and safety in the workplace
- Violence in healthcare workplaces
- How healthcare employers support a diverse workforce
- Workers’ compensation and return to work issues
- The impact of restructuring of the healthcare industry in Massachusetts

The focus groups will involve six to eight participants in a planned discussion to learn what participants think or feel about a specific topic. The dialogue generated among the focus group participants will help researchers learn about participants’ personal experiences. Participants will discuss how and why injuries happen, what effect such injuries have on workers’ health, and what might be done to prevent these injuries.

Participation by MNA members in the focus groups is very important to the research team and to the study. Any information you share will be kept strictly confidential. The focus groups will be designed to help participants feel comfortable sharing their comments. Nothing will be reported in a way that will make it possible to identify the person who said it and responses will not be linked with your name in any way. The focus groups will last for 1.5 hours and everyone who participates will receive $25 in cash on completion of the discussion. For more information or to participate, call Kathy Sperrazza at 781-239-0485.

Schedule for the PHASE focus groups

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 23</td>
<td>MNA Headquarters</td>
<td>4:30–6 p.m.</td>
<td>Health and Safety</td>
</tr>
<tr>
<td>Sept. 30</td>
<td>MNA Headquarters</td>
<td>6:30–8 p.m.</td>
<td>Workplace Violence</td>
</tr>
<tr>
<td>Oct. 22</td>
<td>District II Office</td>
<td>6:30–8 p.m.</td>
<td>Health and Safety</td>
</tr>
<tr>
<td>Oct. 29</td>
<td>UMass Lowell</td>
<td>6:30–8 p.m.</td>
<td>Workplace Violence</td>
</tr>
<tr>
<td>Nov. 4</td>
<td>MNA Headquarters</td>
<td>6:30–8 p.m.</td>
<td>Return to Work</td>
</tr>
<tr>
<td>Nov. 13</td>
<td>MNA Headquarters</td>
<td>6:30–8 p.m.</td>
<td>Diversity</td>
</tr>
<tr>
<td>Dec. 2</td>
<td>District II Office</td>
<td>6:30–8 p.m.</td>
<td>Restructuring</td>
</tr>
</tbody>
</table>

Other focus groups may be scheduled dependent upon need. Participation will be on a first come, first serve basis. For information about focus group participation or to sign up to participate please contact Kathy Sperrazza, nurse research consultant, PHASE in Healthcare Project at 781-239-0485 or via e-mail ksperrazza@hotmail.com

The study will examine different health care industry settings, including hospital and long-term care facilities (nursing homes). Labor unions that represent healthcare workers in Massachusetts, Local 285 of the Service Employees International Union (SEIU) and the MNA are also participating in the project.

The purpose of reporting is to identify chemical or other agents in the workplace that can cause or aggravate asthma so that exposures can be eliminated or controlled through engineering interventions. Your employer is required by law to provide a safe and healthful work environment that is free from recognized hazards.

Members attend 23rd annual SEAK National Workers’ Compensation and Occupational Medicine Seminar

Learning about legal aspects and administrative processes related to workers’ compensation have long been of interest to those MNA members and staff who work on issues of worker injuries and workplace safety. As a way of keeping up with the topics related to this issue, numerous MNA members recently attended the 23rd Annual SEAK National Workers’ Compensation and Occupational Medicine Seminar.

Each year the MNA is invited by Terri Arthur, presently the chairperson of the Congress on Health and Safety, to attend this conference. Arthur coordinates speakers for the conference and arranges for CE credits for nurses who attend. MNA members provide assistance with registration and conference administration activities during the week and then attend lectures and participate in programs as guests of SEAK.

MNA members and staff who attended this year’s conference included Rosemary O’Brien, David Dermen, Janet Butler, Evie Bain and Chris Pontus.

Hepatitis conference to be held in Connecticut

A two-day education and training conference for health providers, including physicians, physician assistants, nurses, psychologists, counselors, outreach workers, patient advocates and all others working with people who are affected or infected by hepatitis A, B and C, will be held Nov. 10 & 11 at the Hilton in Mystic, Conn.

For additional information visit the Web site www.HepatitisFoundation.org or call 1-800-891-0707.

Health & Safety Notes

Work-related asthma is a reportable health condition in Mass.

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Labor and Workforce Development, Division of Occupational Safety and Health Program. A specific form is required for reporting and it can be obtained by calling the MNA’s Health and Safety Program at 781-821-4625.

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Rosemary O’Brien (left), RN, co-chair Workplace Violence Task Force, hands a registration packet to Laura Labbe, a nursing student from Cape Cod Community College at the recent SEAK Workers’ Compensation Seminar that was held in Hyannis.
MNA Convention 2003
100 Years of Caring for the Commonwealth

October 15, 16 & 17, 2003
Mechanics Hall
321 Main Street, Worcester, Mass.

Convention schedule
All events are being held at Mechanics Hall in Worcester except where noted.

**Wednesday, October 15**
6:00–7:00 p.m. Cash Bar for Awards Banquet, Crowne Plaza Worcester
7:00 p.m. MNA Awards Banquet

**Thursday, October 16**
7:30 a.m. Registration and Continental Breakfast; Exhibits/Silent Auction open
8:30–9:30 a.m. A Primer for Nurses: “Worcester County’s Role in the Advancement of Women and Nursing”
9:30–10:30 a.m. Keynote Address: “Speaking Truth to Power: Social Change and Workplace Realities,” featuring Anita Hill
10:30–10:45 a.m. Coffee Break
Noon–2:00 p.m. MNA District 5 Annual Meeting Luncheon held at Crowne Plaza Worcester
Noon–2:00 p.m. Luncheon for MNA convention attendees; Exhibits/Silent Auction open
12:30–2:00 p.m. Unit 7 Business Meeting
2:00 p.m. Exhibits close
2:00–6:00 p.m. MNA Business Meeting
7:30 p.m. Improv Boston Dinner Theater held at Crowne Plaza Worcester. A very limited number of tickets will be sold at the door on a first-come, first-serve basis. We encourage purchasing advanced tickets. See registration form for details. Tickets $55 in advance; $65 at the door. Proceeds will benefit NursePLAN

**Friday, October 17**
7:30 a.m. Registration; Silent Auction
8:00–9:30 a.m. MNA NursePLAN full breakfast and meeting for all MNA members
9:30–10:30 a.m. MNA 100th Birthday Celebration, MNA District 2
10:30–10:45 a.m. Coffee Break
Noon–2:00 p.m. Luncheon with live auction
2:00 p.m. Silent Auction closes
2:00–3:30 p.m. Plenary Session: speaker to be announced

**MNA Business Meeting**
October 16, 2 p.m.
The MNA business meeting is open and free to all MNA members, regardless of whether you register for Convention.

**Featured speakers**

Anita Hill, Attorney
“Speaking Truth to Power: Social Change and Workplace Realities”
Thursday • 9:30–10:30 a.m.

Anita Hill is an attorney, legal professor and human rights activist. She reflects on the events before, during and after the Clarence Thomas hearings and states, “I did not choose the issue of sexual harassment, it chose me.” Hill, who has conducted research examining recent social and legal gains in today’s workplace, will share processes that can not only reduce conflict but that can enhance the workplace.

Paul McCarthy, President, Collective Bargaining Associates
“Capturing Power in the Health Care Arena”
Thursday • 10:45 a.m.–noon

Paul McCarthy is a labor union specialist who works closely with union officials to solve organizational problems and build union power and effectiveness. His motivational presentation will address both the capability and responsibility of organized nurses to create, apply and capture power in the health care arena. The focus will be on the long overdue “coming of age” of nurses’ unions and their becoming influential and active players in the development of health care policy in the U.S.

Larry Tye, Author and former Boston Globe reporter
“The Ten Commandments of Dealing with the Ungodly Press”
Friday • 10:45 a.m.–noon

Larry Tye is a former Boston Globe medical reporter and currently directs the Health Coverage Fellowship, which provides education and intensive training to 10 medical journalists from a variety of media. He has won a series of national reporting awards, is the author of “The Father of Spin” and is currently completing a new book. His topic will focus on how to get your message to the public and dealing with a persistent press.

**Hotel Information**
The MNA Convention 2003 is being hosted at The Crowne Plaza Worcester. The Crowne Plaza is offering a special convention room rate of $99/night for single, double or triple occupancy. (12.45% MA occupancy tax additional.) For reservations call The Crowne Plaza at 1-800-628-4240. Rooms at this rate available until 9/24/03.

**Refund Policy**
Requests for refunds will be accepted in writing until October 3, 2003. A $25 administration fee will be deducted from each registration refund. No refunds will be granted after October 3, 2003. On-site registration is contingent upon space.

**Chemical Sensitivity**
Attendees are requested to avoid wearing scented personal products when attending this program/meeting. Scents may trigger responses in those with chemical sensitivity.

**Contact Hours**
Continuing nursing education contact hours will be awarded 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.

**Questions**
Call MNA’s department of nursing at 1-800-882-2056, x 727.
MNA Convention 2003
Registration Form

Name ________________________________________________________________
Address ______________________________________________________________
City/State/Zip _________________________________________________________
Telephone: Day ________________________________________________________
            Evening _______________________________________________________  
I am a(n):  ❑ MNA Member  ❑ Full-time Student/Unemployed/Retired  ❑ Non-Member *  
* (Includes full time students [minimum 12 credits], unemployed, retired and student nurse association members.)
❑ Check here if you require vegetarian meals
❑ Check here if you require special assistance during convention 
    and please call the MNA at 800-882-2056, x727

Payment
Please mail this completed form with check made payable to MNA to: Massachusetts 
Nurses Association, 340 Turnpike Street, Canton, MA 02021. Tel. 800-882-2056, x727. 
Registration forms post marked prior to October 3, 2003 will be entered in a drawing 
and please call the MNA at 800-882-2056, x727.

3 Convention Packages: Thursday & Friday, October 16 & 17

Full Two-Day Convention Package — Thursday and Friday: 
Includes ALL events on Thursday (excluding Improv Boston) and Friday.
MNA Members $75  All Others $100  Reduced Members* $70  $
Please register below if you plan to attend these Thursday events:
❑ Unit 7 Business Meeting/Luncheon  • 12:30 p.m. n/c
❑ District 5 Annual Meeting/Luncheon  • 12:30 p.m. n/c

Thursday-Only Package: 
Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits, 
auction (excluding Improv Boston Dinner Theater).
MNA Members $35  All Others $45  Reduced Members* $30  $

Friday-Only Package: 
Includes ALL events on Friday: keynote, two plenary sessions, 
NursePLAN Breakfast, all meals, exhibits, auction.
MNA Members $40  All Others $50  Reduced Members* $35  $

Optional Ticketed Events

Awards Banquet  • Wednesday, October 15, 7 p.m.  • $40  $
Improv Boston Dinner Theater  • Thursday, October 16, 7:30 p.m. 
    Advance tickets  • $55  $ 
    (All proceeds from this event benefit NursePLAN)

Total Convention Fees

$  

Payment
Please mail this completed form with check made payable to MNA to: Massachusetts 
Nurses Association, 340 Turnpike Street, Canton, MA 02021. Tel. 800-882-2056, x727. 
Registration forms post marked prior to October 3, 2003 will be entered in a drawing 
to win a free convention registration. 
Payment may also be made by VISA or MasterCard.
Account # ____________________________________________________________
Exp. Date: ___________________________________________________________
Fax credit card registrations to: 781-821-4445.

For Office Use Only: 
Charge Code:  Ant:  Date:  Chk:  Sl. Date:  Init:  V/M/C

Donations needed for 
MNF Annual Auction!

We Need Your Help
The Massachusetts Nurses Foundation is preparing for its 20th Annual Silent 
& Live Auction to be held at the MNA Convention in October. Donations are 
needed to make this fundraising event a big success! Your tax-deductible donation 
helps the foundation raise funds to support nursing scholarships & research. 
Your support is appreciated:

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply 
mail or deliver your donation to the Massachusetts Nurses Foundation, 340 
Turnpike Street, Canton, MA 02021.
❑ Valuable Personal Items  ❑ Gift Certificates
❑ Craft Items  ❑ Memorabilia & Collectibles
❑ Works of Art  ❑ Vacation Packages
❑ All donations will be appreciated!

Improv Boston Dinner Theater 
and Late Night Dancing
At this year’s MNA Convention
To benefit NursePLAN— 
the political action committee of the MNA

Thursday, October 16 
7:30 p.m.
Crowne Plaza Worcester

Only $55 gets you:
❖ An evening of comedy with Improv Boston —Voted Boston's 
    Best Comedy by the Boston Phoenix Reader's Poll!
❖ A full plated dinner served in the beautiful Crowne Plaza!
❖ Late night dancing and karaoke!

Please note: a very limited number of tickets will be available at 
the door on a first-come first-serve basis for $65. We strongly 
encourage you to purchase tickets in advance.

Reserve your tickets now, either with your Convention 
Registration or by calling 781-821-4625, x725.
Dear Ms. McCabe and Ms. Anderson:

Thank you for your letter dated July 24, 2003 to the Massachusetts Board of Registration in Nursing (Board) in which you ask for the Board’s interpretation of the regulations at 244 CMR 3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel regarding a specific list of activities.

Unlicensed personnel may be used to complement the qualified licensed nurse in the performance of nursing functions, but such personnel cannot be used as a substitute for the qualified licensed nurse.

Pursuant to the Board’s regulations at 244 CMR 3.05 (5): Nursing Activities That May Not Be Delegated, the following functions may not be delegated to an unlicensed person by a licensed nurse:

a) Nursing activities which require nursing assessment and judgment during implementation;

b) Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up;

c) Formulation of the plan of nursing care and evaluation of the patient/client’s response to the care provided;

d) Administration of medications except as permitted by Massachusetts General Laws Chapter 94 C.

Using this as the regulatory framework, the following would not be in compliance with the Board’s criteria for delegation:

a) Auscultation of breath sounds & differentiation of wheezes, rhonchi & rales

b) Auscultation of heart sounds & identification of S1, S2, S3, and S4

c) Initiation of oxygen therapy

d) Analysis of cardiac rhythms

e) Monitoring patients with Swan-Ganz catheter; chest tubes; or cardioversion

In an intensive care unit, it may also be unacceptable to delegate suctioning because of the criticality of the patient. Delegation of nursing functions pursuant to the Board’s regulations and Board activities that are in support of patient care must be limited to nutrition, hydration, mobility, comfort, elimination, medication administration, and management of infection.

Last, you ask what is the nursing management’s responsibility related to assessment, delegation and implementation of these activities to unlicensed personnel in an intensive care setting. The regulations governing licensed nurses are the same regardless of job title or employment setting. I am enclosing additional information from the Board’s website regarding delegation that you will find useful.

Please feel free to contact me directly at (617) 727-9714 with questions.

Sincerely,

R. Gino Chisari, MSN, RN
Nursing Practice Coordinator
Massachusetts Board of Registration in Nursing

Massachusetts Nurses Association
Nursing Department
Associate Director - Full Time

Initiate or respond to regulatory and legislative activities on the state and national level related to nursing practice and workplace practice issues, health policy consultation and education. Provide expertise to MNA structural units and local bargaining units. Mass. licensed RN; min. 5 yrs. current nursing practice exp.; Master’s Deg. in Nursing or related field pref. Documented exp. in public policy and regulation. Pref. grant exp. as well as membership organization exp.

MNA (AA/EOE) represents over 22,000 registered nurses & healthcare professionals.

Excellent benefits; salary commensurate with experience.

Send resume to: Attention: S. Thompson
Massachusetts Nurses Association, 340 Tumpike Street
Canton 02021   Email: sthompson@mnarn.org   Fax: 781-821-4445

Application deadline is September 29, 2003.
8th annual golf tournament a big success

The Massachusetts Nurses Foundation—a non-profit organization whose mission is to support scholarship and research in nursing—held its eighth annual golf tournament on June 26 and was successful in raising over $18,000 for its scholarship programs.

More than 130 participants enjoyed the 18-hole Florida scramble style tournament at the Brookmeadow Country Club in Canton. The day’s events included an exciting $10,000 winner-take-all putting event and a buffet-style awards luncheon where tournament prizes and awards were presented.

The MNF thanks all of its sponsors, players and volunteers for helping to make this year’s tournament a success, including MNA District 3 for providing funding for 35 district members in this year’s tournament and MNA District 5 for generously contributing $10,000 to help the MNF meets its fundraising goal.

Other generous supporters of this year’s tournament included Corry Associates, MNA District 2, MNA District 4, McDonald & Associates and Renovation Specialists.

2003 MNF Golf Tournament
Proceeds benefit nursing scholarships

District 3 team members get ready to take on the course at Brookmeadow Country Club.

Kate Anderson, Cece Buckley, Karen Higgins and Julie Pinkham, all members of the District 5 team, on their way to the ninth hole.

New graduate nurse reaps MNA benefits

By Sandra Menard, RN, BSN

My experience with the MNA began during my junior year of nursing school. I had the opportunity to attend the program “The Real Nursing World – Transition From Student to RN.” I spoke with a panel of new graduate nurses and members of MNA regarding their experiences in various healthcare settings. I learned that the first year of working as a new graduate nurse is similar to another year of nursing school. As a new graduate nurse one constantly has to acquire new clinical skills and learn how to operate the various hospital equipment. Also, the program provided me with key elements on how to assess which preceptor and hospital would be beneficial to my career as a nurse.

In addition, I was able to take continuing education courses at MNA, which helped me tremendously with my nursing courses at school and the completion of an emergency medical technician course. I selected the basic dysrhythmia interpretation course and a three-part acute care nursing program, which included interpreting laboratory values, wound care dressing for success and managing cardiac and respiratory emergencies. Not only was I able to enhance my knowledge base but also I was able to meet nurses from area hospitals and learn the material via hands on approach. The classes were interactive and taught in a manner that a nursing student could easily follow and understand the material with ease.

Overall, my decision to become a member of MNA was due to the invitation of a coworker who is a nurse to accompany her to the diversity committee meeting, which was held the second Wednesday of the month. At first, I was hesitant to attend the meeting because I was only a senior nursing student and was unsure of how my presence would be welcomed. I made the decision to attend the meeting with an open mind and a desire to see the leadership role of fellow nurses. I was indeed impressed when I met with a number of nurses from various hospitals throughout Massachusetts. The nurses came from a variety of specialties including a nurse who worked for the federal Bureau of Prisons.

At first I was overwhelmed, but during the two hours the group discussed issues regarding the nursing shortage and recruitment and I actively gave my input as to various methods which hospitals can use to retain current nursing assistants who are nursing students upon graduation. I was able to collaborate with nursing colleagues and participate in a forum where issues, which are impacting the nursing profession, are discussed and solutions are put into action. The members of the diversity committee invited me to return to their following meetings, which I eagerly accepted.

Throughout the remainder of my senior year of nursing school I have met monthly with the group of men and women who, through their example, have demonstrated the many roles a nurse can have in healthcare decisions outside of the hospital setting. Upon passing the boards and accepting a staff position in the emergency department, I have become a member of the MNA and look forward to continuing with the diversity committee. I would like to personally extend an invitation to welcome you to our future meetings and I would encourage fellow nurses to take the initiative to participate in the many activities provided by MNA.
Nurses helping nurses

Peer Assistance Program expands with arrival of new members to Addictions Nursing Council

The MNA Addictions Nursing Council is a long-standing committee dedicated to enhancing the quality of care to nurses and others who have substance abuse problems. The committee members are nurses who share a common interest in addictions nursing and seek to provide education in the field of addictions nursing, consultation to issues related to addictions and sustain the efforts of the Peer Assistance Program.

In the early 1980s the MNA Addictions Council established the Peer Assistance Program to provide confidential support to nurse colleagues whose life, health and/or profession are affected by alcohol and/or other drugs. Over the years the volunteer peer assistants have been able to help hundreds of nurses with support and guidance. Volunteer peer assistants are nurses who volunteer their time and knowledge of recovery to assist other nurses with substance related problems.

The MNA Addictions Nursing Council has worked hard over the last year to update the program and train new peer assistants. The committee has developed new promotional materials of the program and plans to debut the program materials at the 16th Annual Cape Cod Symposium on Addictive Disorders in September. The group is also making plans for mass distribution to healthcare facilities in Massachusetts. It is the goal of the committee to spread the word to every nurse in Massachusetts that this confidential free program is available to assist any nurse who seeks help with a substance abuse problem. The committee believes that contact with a supportive peer assistant can help lessen the devastation in the life of a nurse struggling with addiction, preserve a career and return a valuable resource to the healthcare community.

The support offered by the MNA program is free and confidential. The benefit of the program is to offer support and advocacy and to have a rehabilitative rather than a disciplinary emphasis. The MNA Peer Support Program is not affiliated with any state regulatory, disciplinary or law enforcement agency. The program is, quite simply, nurses helping nurses.

We welcome you to visit the new Web site, www.peerassistance.com, for more information on the program. You can also request complimentary copies of the information packet, by calling 903-882-2056.

The MNA Addictions Nursing Council meets monthly, generally the third Monday of each month. If you would like more information on the committee and its efforts, please contact Carol Malia RN, MSN at 781-830-5755.
MNA supports Ovarian Cancer Awareness month

This year alone, an estimated 25,400 new cases of ovarian cancer will be diagnosed, and more than 14,000 lives will be claimed by this potentially deadly disease. In an effort to help raise the public’s awareness of this illness, the MNA is supporting the state’s Ovarian Cancer Awareness Campaign—an initiative that is celebrated throughout September during ovarian cancer awareness month.

Ovarian cancer is cancer that begins in the cells that constitute the ovaries, including surface epithelial cells, germ cells and the sex cord-stromal cells. The early symptoms of ovarian cancer often go undetected or are confused with other diseases. It is the deadliest form of gynecological cancer—having a mortality rate of nearly 50 percent within five years of diagnosis.

The goal of the ovarian cancer awareness campaign is to educate people about the disease and to encourage women to learn the facts about this form of gynecological cancer. According to information posted online at OvarianCancerAwareness.org, patients whose ovarian cancer is detected at its earliest stage have a five-year survival rate of over 90 percent, and it is good patient education that most often leads to these earliest detections.

OvarianCancerAwareness.org—an annual campaign sponsored by three ovarian cancer activist groups in Massachusetts—aims to provide women with those educational resources. The Massachusetts Division of the National Ovarian Cancer Coalition, the Ovarian Cancer Education Awareness Network at the Massachusetts General Hospital and the M. Patricia Cronin Foundation to Fight Ovarian Cancer, have come together for the second consecutive year to pool their resources to increase awareness of ovarian cancer. In addition, they have created a multi-level campaign that will take place in Massachusetts during Ovarian Cancer Awareness Month.

The campaign will include television, radio, transit, and print advertising created to drive traffic to the coalition’s Web site www.ovariancancerawareness.org. The 2002 campaign resulted in more than 40,000 hits to the site which provides information, promotes awareness of ovarian cancer, and provides links to each sponsoring organization’s Web site. For more information, visit www.ovariancancerawareness.org.

What is ovarian cancer?

Ovarian cancer is cancer that begins in the cells that constitute the ovaries, including surface epithelial cells, germ cells, and the sex cord-stromal cells. Cancer cells that metastasize from other organ sites to the ovary (most commonly breast or colon cancers) are not then considered ovarian cancer. According to the American Cancer Society, ovarian cancer accounts for 4 percent of all cancers among women and ranks fifth as a cause of their deaths from cancer. The American Cancer Society statistics for ovarian cancer estimate that there will be 25,400 new cases and 14,300 deaths in 2003. The death rate for this disease has not changed much in the last 50 years.

Potential risk factors

- Personal or family history of breast, ovarian, endometrial, prostate or colon cancer
- Hereditary nonpolyposis colorectal cancer or syndrome
- Increasing age
- Unexplained infertility, no pregnancies and no history of birth control pill usage
- Use of high-dose estrogen for long periods without progesterone
- North American or North European heritage, and/or Ashkenazi Jewish population
- Living in an industrialized country

Possible symptoms

Ovarian cancer is difficult to detect—especially in the early stages. This is partly due to the fact that these two small, almond-shaped organs are deep within the abdominal cavity, one on each side of the uterus. Symptoms may include:

- Unexplained change in bowel and/or bladder habits such as constipation urinary frequency, and/or incontinence
- Gastrointestinal upset such as gas, indigestion, and/or nausea
- Unexplained weight loss or weight gain
- Pelvic and/or abdominal pain or discomfort
- Pelvic and/or abdominal bloating or swelling
- A constant feeling of fullness
- Fatigue
- Abnormal or postmenopausal bleeding
- Pain during intercourse

Questions to ask your doctor

- How do I know my risk for developing ovarian cancer?
- If I am at increased risk, should I consider having my ovaries removed and at what age would be most appropriate?
- How useful is ultrasound in detecting ovarian cancer?
- If my ovaries are removed, can I still get ovarian cancer?
- What are the most commonly recommended screening options for ovarian cancer?
- What are the advantages to participating in an early detection program for ovarian cancer?

For more information, visit www.ovariancancerawareness.org.

MNA sponsoring walkers for Making Strides Against Breast Cancer

The MNA is joining the largest one-day walk in the nation to fight breast cancer. A team of MNA members, staff and friends will join efforts to raise funds and walk five miles around the Charles River in Boston on Oct. 12. We are recruiting walkers and sponsors. If you interested in participating please complete the form below.

I would like more information on becoming one of the MNA team walkers
I would like to support the team’s efforts with a donation.

Please make check payable to American Cancer Society—Making Strides.

Name: ____________________________________________
Mailing Address: __________________________________
Phone: __________________________________________
Email Address: ____________________________________

If you have questions, contact Carol Mallia at 781-830-5755 or cmallia@mnarn.org

A continuing education program presented by the MNA and the District 1 Education Committee

Cardiac & Pulmonary Pharmacology

This program will provide nurses, from all clinical practice settings, a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

When: Tuesday, Nov. 4
Where: Springfield Marriott
4:00 p.m. - Cocktails, Registration and Networking
4:45 p.m. - Buffet Dinner
5:00 - 9:00 p.m. - “Cardiac & Pulmonary Pharmacology” – Carol Mallia, RN, MSN
9:00 p.m. - Evaluations and Contact Hour Distributions

Contact hours: 4.2
Fee: Member, $25 B.U. Chair/Student/Retiree, $20 Non-Member, $30
Registration deadline: October 22 (no refunds after that date)
Make check payable to: District 1, MNA, 243 King St., Northampton, MA 01060

*This activity is provided by the Massachusetts Nurses Association. The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. To successfully complete this program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.
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 or 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 setting for 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; an excursion to Milazzo for a wine tasting and tour; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east cost of Sicily to Messina. Air, transfers, and all meals are included in this wonderful tour.

**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 cost 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, 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 Malila at 781-830-5755 or via e-mail at cmalila@mnarn.org.
**MNA Member Benefits Save You Money**

**Personal & Financial Services**

**PORTABLE HEALTH INSURANCE**
ELLEN KAPLAN, GROUP HEALTH SPECIALISTSisiert 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**
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Exceptional credit card at a competitive rate.

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**LONG TERM CARE INSURANCE**
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Flexible and comprehensive long-term care insurance at discount rates.

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Six-month disability protection program for non-occupational illnesses & accidents.

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Provides income when you are unable to work due to an illness or injury.

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Specializing in providing retrieval programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

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20% discount on tax preparation services.

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**WEST SPRINGFIELD**

**BATES FULLAM INSURANCE AGENCY** 413-737-3359

**BOSTON**

**ROBERT S. CLARK INSURANCE AGENCY** 800-660-0168

**LOWELL**

**JAMES L. CONNIE INSURANCE AGENCY** 978-459-0505

**WORBIAN**

**LENNON INSURANCE AGENCY** 781-937-0050

**FALMOUTH & FOCASSET**

**MURRAY & MACDONALD INSURANCE SERVICES** 800-800-8990

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**PARKIDGE ZCHAU INSURANCE AGENCY** 413-863-4331
Save up to 18% for all household members. For a no obligation quote visit www.nursesinsurance.com

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

**WHENHAM 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
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

**HEALTH CARRY APPAREL**
WORK ‘N GEAR DISCOUNT 800-WORKNGEAR (FOR STORE LOCATIONS)
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 #1281147.

**DISCOUNT MOVIE PASSES**
MNA MEMBERSHIP DEPARTMENT 800-882-2056, x726
Purchase discount movie passes for Showcase/National Amusements & AMC Theatres. 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 #00801502. Membership in Guest Privileges Frequent Traveler Program.

**DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS**
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The Official Ticket Center 877-406-4836
Discount admission to Orlando area attractions.

**ANNHEUSER-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, Fla.

**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@universal.orlando.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 Stekiewicz in the MNA membership department, 800-882-2056, x726.
MNA Continuing Education Courses
Your source for career training and advancement

Verbal Self Defense for Nurses

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

Speaker
Jo-Ann Fergus, RN, BSN

Date
Sept. 4

Time
6:00 – 9:00 p.m. (Light supper provided)

Place
MNA Headquarters, Canton

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

Contact hours*
3.3

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.

Speaker
Carol Mallia, RN, MSN

Date
Sept. 9

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

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.

Speakers
Anthony Fucaloro, EMT
Capt. Lawrence P. Ferazani
Christine Pontius, RN, MS, COHN-S

Date
Sept. 10

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

Special notes
Class limited to 25.

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

Basic Dysrhythmia Interpretation

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

Speaker
Carol Mallia, RN, MSN

Dates
Sept. 16 & 23

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

Place
MNA Headquarters, Canton

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

Contact hours*
9.0

Special notes
Class limited to 40.

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

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.

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

Date
Sept. 25

Time
5:00 – 8:30 p.m. (Light supper provided)

Place
MNA Headquarters, Canton

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

Special notes
Certificate of attendance will be awarded

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

Advanced Cardiac Life Support

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

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

Dates
Certification: Oct. 1 & 8
Recertification: Oct. 8 only

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

Place
MNA Headquarters, Canton

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

Special notes
16 for certification. No contact hours awarded for recertification.

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

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 environments, litigation process, case evaluation for compliance with standards of nursing/practice, nurse expert witness role, risk management and other important considerations. Professional certification will also be addressed.

Speakers
Barbara J. Levin, BSN, RN, OCN, LNCC; Tammy J. Murphy, RN, LNC; Kelly W. Sharley, RN, LNC; Jane Mihalsch, BSN, RN, LNCC; Erin Weber, BSN, RN, CCRN; Elaine Forni, BS, RN, LNCC

Dates
Oct. 9

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

Place
MNA Headquarters, Canton

Fee
MNA or AALNC members, $65; all others, $95

Special notes
Class limited to 25.

MNA contact
Susan Clish, 781-830-5723 or 800-882-2056, x723

Oncology Series for Nurses

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

Speaker
Mary Lou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

Dates
Oct. 21, 28 & Nov. 4

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

Place
MNA Headquarters, Canton

Fee
Series: MNA members, $175; all others, $225
Each session: MNA members, $65; all others, $95

Special notes
Completion of Session 1 is required for attendance at Session 2

MNA contact
Theresa Yannetty, 781-830-5727 or 800-882-2056, x727
**Diabetes 2003: What Nurses Need to Know**

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

**Session 1:**
- **Dates:** Oct. 23
- **Time:** 5:30 – 9:00 p.m. (Light supper provided)
- **Place:** MNA Headquarters, Canton
- **Fee:** MNA members, $65; all others, $95 (Each session)
- **Contact hours:** 3.6 per session
- **MNA contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

**Description**
- **Date:** Nov. 13
- **Time:** 5:30 – 8:30 p.m. (Light supper provided)
- **Place:** MNA Headquarters, Canton
- **Fee:** MNA members, $65; all others, $95
- **Contact hours:** Will be awarded
- **MNA contact:** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

**Compassion Fatigue**

**Description**
This program will discuss the occupational risk factors and the stressors associated with the helping profession. A profile of the health care professional prone to compassion fatigue will be identified, with specific application for nurses. The program will conclude with a discussion about various methodologies that can be used to reduce occupational stress.

**Speaker:** Donna White, RN, MSN, CADAC-II, CARN, NCCDN

**Dates**
- Nov. 6

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

**Place**
- MNA Headquarters, Canton

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

**Contact hours**
- 3.0

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

**Nursing Management of Central Lines**

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

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

**Dates**
- Nov. 13

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

**Place**
- MNA Headquarters, Canton

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

**Contact hours**
- Class limited to 20.

**MNA contact**
- Susan Clish, 781-830-5723 or 800-882-2056, x723

**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 Malia, RN, MSN

**Dates**
- November 18

**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**
- Susan Clish, 781-830-5723 or 800-882-2056, x723

**Cardiac and Pulmonary Pharmacology**

**Description**
This program will provide nurses from all clinical practice settings a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations for the major categories of cardiac and pulmonary medications.

**Speaker**
- Carol Malia, RN, MSN

**Dates**
- Dec. 2

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

**Place**
- MNA Headquarters, Canton

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

**Contact hours**
- 4.2

**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.

**Session 1:**
- **Date:** Oct. 23
- **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

**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, and vacuum-assisted closure devices will also be discussed.

**Speaker**
- Carol Malia, RN, MSN, CWOCN

**Date**
- Dec. 9

**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**
- Susan Clish, 781-830-5723 or 800-882-2056, x723

**Important Information for All Courses**

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

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

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

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

**Contact Hours**
Continuing Education Contact Hours are provided for all programs except “Advanced Cardiac Life Support” and “Anatomy of a Legal Nurse Consultant” 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.
Each additional patient above 4 that a nurse is assigned to care for produced a 7 percent increase in injury or death, a 23 percent increase in nurse burnout and a 15 percent increase in job dissatisfaction.

— Study by the Journal of American Medical Association

It Doesn’t Have To Be Like This!

Support H.1282:
A Bill to Set Mandatory RN-to-Patient Ratios

The Key to Protecting Your Patients and Your Nursing Practice
This bill would establish minimum RN-to-patient ratios on all hospital units and in all departments. All ratios would be the same for all three shifts. These ratios would also be adjusted based on patient acuity, the educational level of the nurse.

Specific RN-to-Patient Ratios Called for by H.1282

<table>
<thead>
<tr>
<th>Operating Room</th>
<th>1:2</th>
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<tbody>
<tr>
<td>- Under Anesthesia</td>
<td>1:1</td>
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<tr>
<td>- Post Anesthesia</td>
<td>1:2</td>
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<tr>
<td>Post Anesthesia Care Unit</td>
<td>1:1</td>
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<tr>
<td>- Under Anesthesia</td>
<td>1:2</td>
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<table>
<thead>
<tr>
<th>Emergency Department</th>
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<tbody>
<tr>
<td>- Emergency Critical Care</td>
<td>1:2*</td>
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<tr>
<td>- Emergency Trauma</td>
<td>1:1*</td>
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<tr>
<td>triage, radio, or other specialty registered nurse shall not be counted as part of this number.</td>
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<table>
<thead>
<tr>
<th>Labor and Delivery</th>
<th>1:1</th>
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<tbody>
<tr>
<td>- Active Labor</td>
<td>1:1</td>
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<tr>
<td>- Immediate Postpartum (one couplet)</td>
<td>1:2</td>
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<tr>
<td>- Postpartum (three couplets)</td>
<td>1:6</td>
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<tr>
<td>- Intermediate Care Nursery</td>
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<tr>
<td>- Well-baby Nursery</td>
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<thead>
<tr>
<th>Pediatrics</th>
<th>1:4</th>
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<tr>
<td>Psychiatric</td>
<td>1:4</td>
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<tr>
<td>Medical and Surgical</td>
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<tr>
<td>Telemetry</td>
<td>1:4</td>
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<tr>
<td>Observational/Out patient treatment</td>
<td>1:4</td>
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<tr>
<td>Transitional Care</td>
<td>1:5</td>
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<tr>
<td>Rehabilitation Unit</td>
<td>1:5</td>
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<tr>
<td>Specialty Care Unit, any unit not otherwise listed above shall be considered a specialty care unit</td>
<td>1:4</td>
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</tbody>
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Safe Ratios Save Lives